



CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS CERTIFICATED RETIREE UNDER THE AGE OF 65

PLAN YEAR: OCTOBER 1, 2020 - SEPTEMBER 30, 2021

MEDICAL PLAN OPTIONS							
	1A	4A	WELLNESS	8A	10D	BRONZE	HDHP-3
MONTHLY PREMIUM- Single (Health & Prescription)	\$1,711	\$1,527	\$1,413	\$1,287	\$920	\$744	\$768
MONTHLY PREMIUM-*Couple (Health & Prescription)	\$2,943	\$2,626	\$2,430	\$2,214	\$1,583	\$1,280	\$1,321
MONTHLY PREMIUM-*Family (Health & Prescription)	\$3,713	\$3,314	\$3,066	\$2,793	\$1,996	\$1,614	\$1,666
INDIVIDUAL DEDUCTIBLE	\$0	\$100	\$500	\$500	\$2,000	\$5,000	\$1,500
FAMILY DEDUCTIBLE	\$0	\$200	\$1,000	\$1,000	\$4,000	\$10,000	\$3,000
COINSURANCE (after deductible is met)	100%	90%	90%	80%	80%	70%	60%
CALENDAR OUT OF POCKET MAX PER INDIVIDUAL	\$1,250	\$1,250	\$1,750	\$3,250	\$6,350	\$6,350	\$6,250
CALENDAR OUT OF POCKET MAX PER FAMILY	\$2,500	\$2,500	\$3,500	\$6,500	\$12,700	\$12,700	\$12,500
OFFICE VISIT COPAY	\$10	\$20	\$20 Primary \$40 Specialty	\$30	Pd at 80% after deductible is met	\$60 up to 3 visits	Pd at 60% after deductible is met
MD LIVE COPAY	\$5	\$5	\$5	\$5	\$5	\$5	Pd at 60% after deductible is met

PRESCRIPTION PLAN NAME	A	WELLNESS	D	BRONZE	HDHP-3
<i>Prescription plans are paired with a medical plan as listed above. Example: 1A Medical Plan includes the 'A' Prescription Plan</i>	Retail (30 day supply): \$5 Generic \$22 Brand Name Mail Order (90 day supply): \$10 Generic \$44 Brand Name	Retail (30 day supply): \$7 Generic \$25 Preferred Brand Name \$40 Non-Preferred Brand Mail Order (90 day supply): \$15 Generic \$60 Preferred Brand Name \$90 Non-Preferred Brand	Retail (30 day supply): \$10 Generic \$40 Brand Preferred \$100 Brand Non-Preferred Mail Order (90 day supply): \$25 Generic \$100 Brand Preferred \$250 Brand Non-Preferred	Subject to Deductible, then: Retail (30 day supply): no more than \$25 generic no more than \$50 brand Mail Order (90 day supply): no more than \$50 generic no more than \$100 brand	Paid at 60% AFTER deductible is met

VISION & DENTAL	SINGLE	COUPLE	FAMILY
VISION B-\$15 Copay	\$9.88	\$18.36	\$28.27
DENTAL	\$69.80	\$126.42	\$181.74

* Please contact Business Services Department at cusdbusiness@colusa.k12.ca.us for couple rates if one member is 65 or over.