



## CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS

### CERTIFICATED EMPLOYEES-COUPLES (both covered by CVT with composit rate structure)

PLAN YEAR: OCTOBER 1, 2021 - SEPTEMBER 30, 2022

MEDICAL PLAN NAME							
	1A	4A	WELLNESS	8A	10D	HDHP-3	BRONZE
<b>MONTHLY PREMIUM- (Health &amp; Prescription)</b>	<b>\$1,618</b>	<b>\$1,435</b>	<b>\$1,331</b>	<b>\$1,197</b>	<b>\$860</b>	<b>\$762</b>	<b>\$740</b>
INDIVIDUAL DEDUCTIBLE	\$0	\$100	\$500	\$500	\$2,000	\$1,500	\$5,000
FAMILY DEDUCTIBLE	\$0	\$200	\$1,000	\$1,000	\$4,000	\$3,000	\$10,000
COINSURANCE (after deductible is met)	100%	90%	90%	80%	80%	60%	70%
CALENDAR OUT OF POCKET MAX PER INDIVIDUAL	\$1,250	\$1,250	\$1,750	\$3,250	\$6,350	\$6,250	\$6,350
CALENDAR OUT OF POCKET MAX PER FAMILY	\$2,500	\$2,500	\$3,500	\$6,500	\$12,700	\$12,500	\$12,700
OFFICE VISIT COPAY	\$10	\$20	\$40	\$30	<small>Pd at 80% after deductible is met</small>	<small>Pd at 60% after deductible is met</small>	<small>\$60 up to 3 visits</small>
MD LIVE COPAY	\$5	\$5	\$5	\$5	\$5	\$40	\$5

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

DISTRICT & EMPLOYEE COST	PLAN CHOICES	1A	4A	Wellness	8A	10D	HDHP-3	BRONZE
<b>Misc Information:</b>	Medical/Prescription	\$1,617.75	\$1,434.75	\$1,331.25	\$1,197.00	\$859.50	\$762.00	\$740.25
<i>Certificated employees pay insurance premiums one month in <b>advance</b>: Example-The premium paid in August is for September coverage.</i>	Vision B \$10 Copay	\$16.18	\$16.18	\$16.18	\$16.18	\$16.18	\$16.18	\$16.18
	Dental Unlimited Annual	\$128.12	\$128.12	\$128.12	\$128.12	\$128.12	\$128.12	\$128.12
	Total Monthly Package Cost	\$1,762.05	\$1,579.05	\$1,475.55	\$1,341.30	\$1,003.80	\$906.30	\$884.55
<i>Monthly premium cost is calculated for 12 months of insurance. Employee monthly premium contributions are averaged annually and deducted in each end of month pay check.</i>	Total Annual Package Cost	\$21,144.60	\$18,948.60	\$17,706.60	\$16,095.60	\$12,045.60	\$10,875.60	\$10,614.60
	Less Annual District Paid CAP	(\$10,504.80)	(\$10,504.80)	(\$10,504.80)	(\$10,504.80)	(\$10,504.80)	(\$10,504.80)	(\$10,504.80)
	Total Annual Cost to Employee	\$10,639.80	\$8,443.80	\$7,201.80	\$5,590.80	\$1,540.80	\$370.80	\$109.80
<i>Employee cost will differ from listed monthly prices for late starts or mid year hires</i>	<b>11 Month Employee Cost (Contract Aug-June)</b>	<b>\$967.25</b>	<b>\$767.62</b>	<b>\$654.71</b>	<b>\$508.25</b>	<b>\$140.07</b>	<b>\$33.71</b>	<b>\$9.98</b>
	<b>12 Month Employee Cost (Contract July-June)</b>	<b>\$886.65</b>	<b>\$703.65</b>	<b>\$600.15</b>	<b>\$465.90</b>	<b>\$128.40</b>	<b>\$30.90</b>	<b>\$9.15</b>