



# CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS MANAGEMENT/BOARD/CONFIDENTIAL MEMBERS

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

MEDICAL PLAN OPTIONS							
	4B	WELLNESS	8C	10D	HDHP-1	HDHP-3	BRONZE
<b>MONTHLY PREMIUM- (Health &amp; Prescription)</b>	<b>\$1,903</b>	<b>\$1,775</b>	<b>\$1,565</b>	<b>\$1,146</b>	<b>\$1,192</b>	<b>\$1,016</b>	<b>\$987</b>
INDIVIDUAL DEDUCTIBLE	\$100	\$500	\$500	\$2,000	\$1,400	\$1,500	\$5,000
FAMILY DEDUCTIBLE	\$200	\$1,000	\$1,000	\$4,000	\$2,800	\$3,000	\$10,000
COINSURANCE (after deductible is met)	90%	90%	80%	80%	90%	60%	70%
CALENDAR OUT OF POCKET MAX PER INDIVIDUAL	\$1,250	\$1,750	\$3,250	\$6,350	\$4,250	\$6,250	\$6,350
CALENDAR OUT OF POCKET MAX PER FAMILY	\$2,500	\$3,500	\$6,500	\$12,700	\$8,500	\$12,500	\$12,700
OFFICE VISIT COPAY	\$20	\$20 Primary \$40 Specialty	\$30	Pd at 80% after deductible is met	Pd at 90% after deductible is met	Pd at 60% after deductible is met	\$60 up to 3 visits
MD LIVE COPAY	\$5	\$5	\$5	\$5	Pd at 90% after deductible is met	Pd at 60% after deductible is met	\$5

PRESCRIPTION PLAN NAME	B	C / WELLNESS	D	HDHP	BRONZE
<i>Prescription plans are paired with a medical plan as listed above. Example: 3B Medical Plan includes the 'B' Prescription Plan</i>	<b>Retail (30 day supply):</b> \$7 Generic \$15 Preferred Brand Name \$30 Non-Preferred Brand  <b>Mail Order (90 day supply):</b> \$15 Generic \$35 Preferred Brand Name \$70 Non-Preferred Brand	<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	<b>HDHP-1</b> Paid at 90% after deductible is met  <b>HDHP-3</b> Paid at 60% after deductible is met	<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	4B	WELLNESS	8C	10D	HDHP-1	HDHP-3	BRONZE
<b>Misc. Information:</b>  <i>Management/Board/Confidential employees pay insurance premiums one month in advance: Example-The premium paid in August is for the month of September coverage.</i>  Monthly CAP: \$876.98  <i>Employee cost will differ from listed prices for late starts or mid year hires</i>	Medical/Prescription	\$1,903.00	\$1,775.00	\$1,565.00	\$1,146.00	\$1,192.00	\$1,016.00	\$987.00
	Vision B \$15 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 Package Cost/Mo	\$2,047.30	\$1,919.30	\$1,709.30	\$1,290.30	\$1,336.30	\$1,160.30	\$1,131.30
	Total Annual Package Cost	\$24,567.60	\$23,031.60	\$20,511.60	\$15,483.60	\$16,035.60	\$13,923.60	\$13,575.60
	Less District Paid Annual CAP	-\$10,523.76	-\$10,523.76	-\$10,523.76	-\$10,523.76	-\$10,523.76	-\$10,523.76	-\$10,523.76
	Total Annual Cost to Employee	\$14,043.84	\$12,507.84	\$9,987.84	\$4,959.84	\$5,511.84	\$3,399.84	\$3,051.84
	<b>11 Month Employee Cost (Contract Aug-June)</b>	<b>\$1,276.71</b>	<b>\$1,137.08</b>	<b>\$907.99</b>	<b>\$450.89</b>	<b>\$501.08</b>	<b>\$309.08</b>	<b>\$277.44</b>
<b>12 Month Employee Cost (Contract July - June)</b>	<b>\$1,170.32</b>	<b>\$1,042.32</b>	<b>\$832.32</b>	<b>\$413.32</b>	<b>\$459.32</b>	<b>\$283.32</b>	<b>\$254.32</b>	