



**CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS  
 CERTIFICATED RETIREE WITH MEDICARE (65 AND OLDER)  
 PLAN YEAR: OCTOBER 1, 2021 - SEPTEMBER 30, 2022**

| MEDICAL PLAN OPTIONS                                    |                |                |                |                                   |
|---|----------------|----------------|----------------|-----------------------------------|
|   | 1A             | 4A             | 8A             | 10D                               |
| <b>MONTHLY PREMIUM- Single</b> (Health & Prescription)  | <b>\$510</b>   | <b>\$476</b>   | <b>\$434</b>   | <b>\$300</b>                      |
| <b>MONTHLY PREMIUM- *Couple</b> (Health & Prescription) | <b>\$976</b>   | <b>\$904</b>   | <b>\$815</b>   | <b>\$564</b>                      |
| <b>MONTHLY PREMIUM- *Family</b> (Health & Prescription) | <b>\$1,330</b> | <b>\$1,225</b> | <b>\$1,097</b> | <b>\$760</b>                      |
| INDIVIDUAL DEDUCTIBLE                                   | \$0            | \$100          | \$500          | \$2,000                           |
| FAMILY DEDUCTIBLE                                       | \$0            | \$200          | \$1,000        | \$4,000                           |
| COINSURANCE (after deductible is met)                   | 100%           | 90%            | 80%            | 80%                               |
| CALENDAR OUT OF POCKET MAX PER INDIVIDUAL               | \$1,250        | \$1,250        | \$3,250        | \$6,350                           |
| CALENDAR OUT OF POCKET MAX PER FAMILY                   | \$2,500        | \$2,500        | \$6,500        | \$12,700                          |
| OFFICE VISIT COPAY                                      | \$10           | \$20           | \$30           | Pd at 80% after deductible is met |
| MD LIVE COPAY   | \$5            | \$5            | \$5            | \$5                               |

| PRESCRIPTION PLAN NAME  | A   | D   |
|---|---|---|
| <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><br>\$5 Generic<br>\$22 Brand Name<br><br><b>Mail Order (90 day supply):</b><br>\$10 Generic<br>\$44 Brand Name | <b>Retail (30 day supply):</b><br>\$10 Generic<br>\$40 Brand Preferred<br>\$100 Brand Non-Preferred<br><br><b>Mail Order (90 day supply):</b><br>\$25 Generic<br>\$100 Brand Preferred<br>\$250 Brand Non-Preferred |

| 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](mailto:cusdbusiness@colusa.k12.ca.us) for couple rates if one member is under the age of 65.*