



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

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

MEDICAL PLAN OPTIONS							
	1A	4A	WELLNESS	8A	10D	HDHP-3	BRONZE
MONTHLY PREMIUM- Single (Health & Prescription)	\$1,810	\$1,615	\$1,494	\$1,361	\$972	\$812	\$788
MONTHLY PREMIUM-*Couple (Health & Prescription)	\$3,113	\$2,777	\$2,570	\$2,340	\$1,672	\$1,355	\$1,355
MONTHLY PREMIUM-*Family (Health & Prescription)	\$3,927	\$3,504	\$3,242	\$2,953	\$2,110	\$1,710	\$1,710
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	\$20 Primary \$40 Specialty	\$30	Pd at 80% after deductible is met	Pd at 60% after deductible is met	\$60 up to 3 visits
MD LIVE COPAY	\$5	\$5	\$5	\$5	\$5	Pd at 60% after deductible is met	\$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	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

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 65 or over.