WILLOWS UNIFIED SCHOOL DISTRICT
CERTIFICATED EMPLOYEE HEALTH INSURANCE ELECTION
OCTOBER 2025 - SEPTEMBER 2026

BENEFIT **	PLAN 2A	PLAN 3A	PLAN 7C	PLAN 9C	WELLNESS-Rx C	HDHP - 1	CVT BRONZE
Calendar Year Deductible: Individual Family	 $ 0 $ 0	 $ 100 $ 200	 $ 250 $ 500	 $ 1,000 $ 2,000	 $ 500 $ 1,000	*No individual limit applies to family* $1,600 $3,200	 $ 5,000 $ 10,000
Coinsurance	Paid at 100%	Paid at 100% after deductible is met	Paid at 80% after deductible is met	Paid at 80% after deductible is met	Paid at 90% after deductible is met	Paid at 90% after deductible is met	Paid at 70% after deductible is met
Calendar Year Out-of-Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: $1,250 Family: $2,500	Individual: $ 1,250 Family: $2,500	Individual: $ 2,000 Family: $4,000	Individual: $ 5,000 Family: $10,000	Individual: $ 1,750 Family: $3,500	Individual: $ 5,000 Family: $ 10,000 *Family=Employee+1 or more covered dependent(s). No one individual will pay more than $5,000.*	Individual: $ 7,000 Family: $14,000
Doctor Visits Copay (Primary Care & Specialty Physician)	$ 20 MDLIVE - Paid at 100% for non-emergency medical, dermatology & behavioral health consultations.	$ 20 MDLIVE - Paid at 100% for non-emergency medical, dermatology & behavioral health consultations.	$ 30 MDLIVE - Paid at 100% for non-emergency medical, dermatology & behavioral health consultations.	$ 35 MDLIVE - Paid at 100% for non-emergency medical, dermatology & behavioral health consultations.	$20 Primary Care $40 Specialist MDLIVE - Paid at 100% for non-emergency medical, dermatology & behavioral health consultations.	Paid at 90% after deductible is met MDLIVE - Paid at 100% ***after deductible is met*** for non-emergency medical, dermatology & behavioral health consultations.	**Primary Care**: First 3 visits covered in full after $60 copay per visit; Remaining visits-Paid at 70% after deductible is met. **Specialty**: Subject to deductible then $70 copay. **MDLIVE** - Paid 100% for non-emergency medical, dermatology & behavioral health consultations.
Prescription Drugs Retail Mail Order	 $ 5 / $ 22 $ 10 / $ 44	 $ 5 / $ 22 $ 10 / $ 44	 $ 7 / $ 25 / $ 40 $ 15 / $ 60 / $ 90	 $ 7 / $ 25 / $ 40 $ 15 / $ 60 / $ 90	 $ 7 / $ 25 / $ 40 $ 15 / $ 60 / $ 90	Subject to deductible, then $25 / $50 $50 / $100	Subject to deductible, then $ 25 / $ 50 $ 50 / $ 100
Monthly Premium Cost:							
Medical + Rx (Employee Only)	1,381.00	1,339.00	1,155.00	937.00	1,194.00	801.00	652.00
Medical + Rx (Employee + Spouse)	2,471.00	2,397.00	2,066.00	1,677.00	2,137.00	1,434.00	1,168.00
Medical + Rx (Employee + Children)	2,029.00	1,969.00	1,697.00	1,377.00	1,755.00	1,177.00	959.00
Medical + Rx (Employee + Family)	2,995.00	2,906.00	2,505.00	2,033.00	2,591.00	1,738.00	1,416.00
Dental (*Employee Only*)	55.31	55.31	55.31	55.31	55.31	55.31	55.31
Dental (*Employee + 1*)	102.33	102.33	102.33	102.33	102.33	102.33	102.33
Dental (*Employee + Family*)	154.30	154.30	154.30	154.30	154.30	154.30	154.30
Vision (*Employee Only*)	8.55	8.55	8.55	8.55	8.55	8.55	8.55
Vision (*Employee +1*)	15.88	15.88	15.88	15.88	15.88	15.88	15.88
Vision (*Employee + Family*)	24.45	24.45	24.45	24.45	24.45	24.45	24.45
Life ($15,000)	1.43	1.43	1.43	1.43	1.43	1.43	1.43
Employee Only	**$1,577.77**	**$1,531.95**	**$1,331.23**	**$1,093.41**	**$1,373.77**	**$945.04**	**$782.50**
Employee + Spouse	**$2,826.15**	**$2,745.43**	**$2,384.33**	**$1,959.97**	**$2,461.79**	**$1,694.88**	**$1,404.70**
Employee + Child(ren)	**$2,410.01**	**$2,344.56**	**$2,047.83**	**$1,698.74**	**$2,111.11**	**$1,480.56**	**$1,242.74**
Employee + Family	**$3,463.83**	**$3,366.74**	**$2,929.29**	**$2,414.38**	**$3,023.11**	**$2,092.56**	**$1,741.29**

**11 monthly payments from October thru September; no deduction in July*

Open enrollment is online through https://mycvt.cvtrust.org/

Please make your selection during open enrollment, August 14th through September 4th, 2024