



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

Plan Year: October 1, 2025 - September 30, 2026

CERTIFICATED RETIREES UNDER 65

Updated:9/30/25

MEDICAL PLAN OPTIONS								
MEDICAL & PRESCRIPTION PLANS		1A	4A	WELLNESS	8A	10D	HDHP-3	BRONZE
PREMIUM COST	Single	\$2,159	\$1,926	\$1,782	\$1,623	\$1,159	\$854	\$924
	Couple	\$3,713	\$3,314	\$3,066	\$2,792	\$1,995	\$1,467	\$1,590
	Family	\$4,684	\$4,181	\$3,868	\$3,523	\$2,516	\$1,852	\$2,006
CALENDAR YEAR DEDUCTIBLE	Single	\$0	\$100	\$500	\$500	\$2,000	\$6,500	\$5,000
	Couple	\$0	\$200	\$1,000	\$1,000	\$4,000	\$13,000	\$10,000
	Family	\$0	\$200	\$1,000	\$1,000	\$4,000	\$13,000	\$10,000
COPAY	Your cost after deductible is met	0%	10%	10%	20%	20%	30%	30%
CALENDAR YEAR OUT - OF - POCKET MAXIMUM	Per Individual	\$1,250	\$1,250	<b>\$1,750</b>	\$3,250	\$6,350	\$8,000	\$7,000
	Per Family	\$2,500	\$2,500	<b>\$3,500</b>	\$6,500	\$12,700	\$16,000	\$14,000
	Per individual in a family	\$1,250	\$1,250	<b>\$1,750</b>	\$3,250	\$6,350	\$8,000	\$7,000
OFFICE VISIT COPAY		\$10	\$20	\$20 Primary \$40 Specialty	\$30	Paid at 80% after deductible is met	\$60 Primary \$90 Specialty after deductible is met	\$60 up to 3 visits/ Pd at 70% after deductible is met
MD LIVE COPAY		\$0	\$0	\$0	\$0	\$0	Paid after deductible is met	\$0

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 \$150 Brand Deductible <b>Mail Order (90 day supply):</b> \$25 Generic \$100 Brand Preferred \$250 Brand Non-Preferred	<b>Retail (30 day supply):</b> <b>Paid after deductible is met</b> \$25 Generic \$50 Brand Name  <b>Mail Order (90 day supply):</b> \$50 Generic \$100 Brand Preferred

VISION & DENTAL	SINGLE	COUPLE	FAMILY
VISION C -\$15 Copay	\$14.84	\$27.56	\$42.43
DENTAL	\$69.62	\$126.09	\$181.27

District CAP: \$11,004.80

\* Please contact Business Services Department at [cusdbusiness@colusa.k12.ca.us](mailto:cusdbusiness@colusa.k12.ca.us) for couple rates if one member is the age of 65.