WILLOWS UNIFIED SCHOOL DISTRICT
MANAGEMENT & CONFIDENTIAL EMPLOYEE HEALTH INSURANCE ELECTION
OCTOBER 2025 - SEPTEMBER 2026

BENEFIT **	PLAN 2A	PLAN 8C	PLAN 10C	WELLNESS-Rx C	HDHP - 1	HDHP - 2	CVT BRONZE
Calendar Year Deductible:					*No individual limit applies to family*	*No individual limit applies to family*	
Individual	$ 0	$ 500	$ 2,000	$ 500	$1,600	$2,600	$ 5,000
Family	$ 0	$ 1,000	$ 4,000	$ 1,000	$3,200	$5,200	$ 10,000
Coinsurance	Paid at 100%	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 80% 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: $ 3,250 Family: $ 6,500	Individual: $ 6,350 Family: $ 12,700	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: $ 6,000 Family: $ 12,000 *Family=Employee+1 or more covered dependent(s). No one individual will pay more than $6,000.*	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.	$ 30 MDLIVE - Paid at 100% for non-emergency medical, dermatology & behavioral health consultations.	Paid at 80% after deductible is met 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.	Paid at 80% 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					Subject to deductible, then	Subject to deductible, then	Subject to deductible, then
Retail	$ 5 / $ 22	$ 7 / $ 25 / $ 40	$ 7 / $ 25 / $ 40	$ 7 / $ 25 / $ 40	$25 / $50	$25 / $50	$ 25 / $ 50
Mail Order	$ 10 / $ 44	$ 15 / $ 60 / $ 90	$ 15 / $ 60 / $ 90	$ 15 / $ 60 / $ 90	$50 / $100	$50 / $100	$ 50 / $ 100
Monthly Premium Cost:							
Medical + Rx	2,466.00	1,881.00	1,444.00	2,133.00	1,431.00	1,278.00	1,096.00
Dental (Basic, Unlimited Annual Max)	136.27	136.27	136.27	136.27	136.27	136.27	136.27
Vision (Plan B, $10 Copay)	18.98	18.98	18.98	18.98	18.98	18.98	18.98
Life ($150,000)	14.25	14.25	14.25	14.25	14.25	14.25	14.25
Annual Health Insurance Cost	$31,626.00	$24,606.00	$19,362.00	$27,630.00	$19,206.00	$17,370.00	$15,186.00
Monthly Payroll Deduction	**$2,635.50**	**$2,050.50**	**$1,613.50**	**$2,302.50**	**$1,600.50**	**$1,447.50**	**$1,265.50**

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

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