



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

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

CERTIFICATED

Updated: 6/20/2025

MEDICAL PLAN OPTIONS								
MONTHLY PREMIUM (Medical & Prescription)		1A	4A	WELLNESS	8A	10D	BRONZE	HDHP-3
		\$2,954	\$2,621	\$2,433	\$2,185	\$1,571	\$1,329	\$1,224
CALENDAR YEAR DEDUCTIBLE	Per Individual	\$0	\$100	\$500	\$500	\$2,000	\$5,000	\$6,500
	Per Family	\$0	\$200	\$1,000	\$1,000	\$4,000	\$10,000	\$13,000
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	\$1,750	\$3,250	\$6,350	\$7,000	\$8,000
	Per Family	\$2,500	\$2,500	\$3,500	\$6,500	\$12,700	\$14,000	\$16,000
	Per individual in a family	\$1,250	\$1,250	\$1,750	\$3,250	\$6,350	\$7,000	\$8,000
OFFICE VISIT COPAY		\$10	\$20	\$20 Primary \$40 Specialty	\$30	Paid at 80% after deductible is met	\$60 up to 3 visits/ Pd at 70% after deductible is met	\$60 Primary Specialty after deductible is met \$90 after deductible is met
MD LIVE COPAY		\$0	\$0	\$0	\$0	\$0	\$0	Paid after deductible is met

PRESCRIPTION PLAN NAME	A	WELLNESS	D	HDHP-3 & BRONZE
Prescription plans are paired with a medical plan as listed above. Example: 1A Medical Plan includes the 'A' Prescription Plan	<b>Retail (30 day supply):</b> \$5 Generic \$22 Brand Name	<b>Retail (30 day supply):</b> \$7 Generic \$25 Preferred Brand Name \$40 Non-Preferred Brand	<b>Retail (30 day supply):</b> \$10 Generic \$40 Brand Preferred \$100 Brand Non-Preferred \$150 Brand Deductible	<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> \$10 Generic \$44 Brand Name	<b>Mail Order (90 day supply):</b> \$15 Generic \$60 Preferred Brand Name \$90 Non-Preferred Brand	<b>Mail Order (90 day supply):</b> \$25 Generic \$100 Brand Preferred \$250 Brand Non-Preferred	<b>Mail Order (90 day supply):</b> \$50 Generic \$100 Brand Preferred

DISTRICT & EMPLOYEE COST	PLAN CHOICES	1A	4A	WELLNESS	8A	10D	BRONZE	HDHP-3
<b>Misc. Information:</b>  Certificated employees pay insurance premiums one month in <b>advance</b> : Example-Premium paid in August is for September coverage.  Monthly premium cost is calculated for 12 months of insurance. Employee monthly premium contributions are averaged annually and deducted in each end of month pay check.  <b>District Paid Monthly Cap</b> 10 month employee: \$1100.48 11 month employee: \$1000.44 12 month employee: \$917.07	Medical/Prescription	\$2,954.00	\$2,621.00	\$2,433.00	\$2,185.00	\$1,571.00	\$1,329.00	\$1,224.00
	Vision C \$15 Copay	\$24.28	\$24.28	\$24.28	\$24.28	\$24.28	\$24.28	\$24.28
	Dental Unlimited Annual	\$127.79	\$127.79	\$127.79	\$127.79	\$127.79	\$127.79	\$127.79
	Total Monthly Package Cost	\$3,106.07	\$2,773.07	\$2,585.07	\$2,337.07	\$1,723.07	\$1,481.07	\$1,376.07
	Total Annual Package Cost	\$37,272.84	\$33,276.84	\$31,020.84	\$28,044.84	\$20,676.84	\$17,772.84	\$16,512.84
	<b>Less Annual District Paid CAP</b>	<b>(\$11,004.80)</b>	<b>(\$11,004.80)</b>	<b>(\$11,004.80)</b>	<b>(\$11,004.80)</b>	<b>(\$11,004.80)</b>	<b>(\$11,004.80)</b>	<b>(\$11,004.80)</b>
	<b>Total Annual Cost to Employee</b>	\$26,268.04	\$22,272.04	\$20,016.04	\$17,040.04	\$9,672.04	\$6,768.04	\$5,508.04
Employee cost will differ from listed monthly prices for late starts and year hires	<b>10 Month Employee Cost (Contract Aug-May)</b>	<b>\$2,626.80</b>	<b>\$2,227.20</b>	<b>\$2,001.60</b>	<b>\$1,704.00</b>	<b>\$967.20</b>	<b>\$676.80</b>	<b>\$550.80</b>
	<b>12 Month Employee Cost (Contract July-June)</b>	<b>\$2,189.00</b>	<b>\$1,856.00</b>	<b>\$1,668.00</b>	<b>\$1,420.00</b>	<b>\$806.00</b>	<b>\$564.00</b>	<b>\$459.00</b>