



CALIFORNIA'S VALUED TRUST (CVT) PPO PLAN OPTIONS

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

CLASSIFIED

Updated: 6/20/2025

MEDICAL PLAN OPTIONS								
MONTHLY PREMIUM- (Medical & Prescription)		3B	WELLNESS	8C	10D	HDHP-1	HDHP-3	BRONZE
		\$2,715	\$2,433	\$2,144	\$1,571	\$1,631	\$1,224	\$1,329
CALENDAR YEAR DEDUCTIBLE	Per Individual	\$100	\$500	\$500	\$2,000	\$1,700	\$6,500	\$5,000
	Per Family	\$200	\$1,000	\$1,000	\$4,000	\$3,400	\$13,000	\$10,000
COPAY	Your cost after deductible is met	0%	10%	20%	20%	10%	30%	30%
CALENDAR YEAR OUT - OF - POCKET MAXIMUM	Per Individual	\$1,250	\$1,750	\$3,250	\$6,350	\$5,000	\$8,000	\$7,000
	Per Family	\$2,500	\$3,500	\$6,500	\$12,700	\$10,000	\$16,000	\$14,000
	Per individual in a family	\$1,250	\$1,750	\$3,250	\$6,350	\$5,000	\$8,000	\$7,000
OFFICE VISIT COPAY		\$20	\$20 Primary \$40 Specialty	\$30	Paid at 80% after deductible is met	Paid at 90% after deductible is met	\$60 Primary \$90 Specialty after deductible is met	\$60 up to 3 visits/ Paid at 70% after deductible is met
MD LIVE COPAY		\$0	\$0	\$0	\$0	Paid after deductible is met	Paid after deductible is met	\$0

PRESCRIPTION PLAN NAME	B	C / Wellness	D	HDHP-1 / HDHP-3 / Bronze
<i>Prescription plans are paired with a medical plan as listed above. Example: 3B Medical Plan includes the 'B' Prescription Plan</i>	Retail (30 day supply): \$7 Generic \$15 Preferred Brand Name \$30 Non-Preferred Brand	Retail (30 day supply): \$7 Generic \$25 Preferred Brand Name \$40 Non-Preferred Brand	Retail (30 day supply): \$10 Generic \$40 Brand Preferred \$100 Brand Non-Preferred \$150 Brand Deductible	Retail (30 day supply): Paid after deductible is met \$25 Generic \$50 Brand Name
	Mail Order (90 day supply): \$15 Generic \$35 Preferred Brand Name \$70 Non-Preferred Brand	Mail Order (90 day supply): \$15 Generic \$60 Preferred Brand Name \$90 Non-Preferred Brand	Mail Order (90 day supply): \$25 Generic \$100 Brand Preferred \$250 Brand Non-Preferred	Mail Order (90 day supply): \$50 Generic \$100 Brand Preferred

DISTRICT & EMPLOYEE COST	PLAN CHOICES	Plan 3B	WELLNESS	Plan 8C	10D	HDHP-1	HDHP-3	BRONZE
Misc. Information: Classified employees pay insurance premiums one month in advance : Example-The premium paid in August is for September coverage. District Paid Monthly Cap 10 month employee: \$1,071.15 11 month employee: \$973.77 12 month employee: \$892.63	Medical/Prescription	\$2,715.00	\$2,433.00	\$2,144.00	\$1,571.00	\$1,631.00	\$1,224.00	\$1,329.00
	Vision B \$15 Copay	\$16.99	\$16.99	\$16.99	\$16.99	\$16.99	\$16.99	\$16.99
	Dental Unlimited Annual	\$127.79	\$127.79	\$127.79	\$127.79	\$127.79	\$127.79	\$127.79
	Total Package Cost	\$2,859.78	\$2,577.78	\$2,288.78	\$1,715.78	\$1,775.78	\$1,368.78	\$1,473.78
	Total Annual Package Cost	\$34,317.36	\$30,933.36	\$27,465.36	\$20,589.36	\$21,309.36	\$16,425.36	\$17,685.36
	Less District Paid Annual CAP	-\$10,711.52	-\$10,711.52	-\$10,711.52	-\$10,711.52	-\$10,711.52	-\$10,711.52	-\$10,711.52
	Total Annual Cost to Employee	\$23,605.84	\$20,221.84	\$16,753.84	\$9,877.84	\$10,597.84	\$5,713.84	\$6,973.84
<i>Employee cost will differ from listed prices for late starts or mid year hires</i>	10 Month Employee Cost (Contract Aug-May)	\$2,360.58	\$2,022.18	\$1,675.38	\$987.78	\$1,059.78	\$571.38	\$697.38
	11 Month Employee Cost (Contract Aug-June)	\$2,145.99	\$1,838.35	\$1,523.08	\$897.99	\$963.44	\$519.44	\$633.99
	12 Month Employee Cost (Contract July-June)	\$1,967.15	\$1,685.15	\$1,396.15	\$823.15	\$883.15	\$476.15	\$581.15