

WILLOWS UNIFIED SCHOOL DISTRICT
CERTIFICATED EMPLOYEE HEALTH INSURANCE ELECTION
OCTOBER 2026 - SEPTEMBER 2027

BENEFIT **	PLAN 3A	PLAN 7C	PLAN 9C	WELLNESS-Rx C	HDHP - 1	HDHP - 3	CVT BRONZE
Calendar Year Deductible:					No individual limit applies to family	No individual limit applies to family	
Individual Family	\$ 100 \$ 200	300 600	\$ 1,000 \$ 2,000	\$ 500 \$ 1,000	\$ 1,700 \$ 3,400	\$ 6,500 \$ 13,000	\$ 7,000 \$ 10,000
Coinsurance	Paid at 100% 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 90% after deductible is met	Paid at 70% after deductible is met	Paid at 70% after deductible is met
Calendar Year Out-of-Pocket Maximum	Individual: \$ 2,500 Family: \$ 5,000	Individual: \$ 3,500 Family: \$ 7,000	Individual: \$ 5,500 Family: \$ 11,000	Individual: \$ 3,500 Family: \$ 7,000	Individual: \$ 5,000 Family: \$ 10,000	Individual: \$ 8,000 Family: \$ 16,000	Individual: \$ 7,000 Family: \$ 14,000
(includes medical/pharmacy deductible, coinsurance, and copays)					Family=Employee+1 or more covered dependent(s). No one individual will pay more than \$5,000.	Family=Employee+1 or more covered dependent(s). No one individual will pay more than \$8,000.	
Doctor Visits Copay (Primary Care & Specialty Physician)	\$20 Primary Care \$40 Specialist MDLIVE - Paid at 100% for non-emergency medical, dermatology & behavioral health consultations.	\$30 Primary Care \$60 Specialist MDLIVE - Paid at 100% for non-emergency medical, dermatology & behavioral health consultations.	\$35 Primary Care \$70 Specialist 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.	Subject to deductible, then \$60 copay 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 \$120 copay per visit. MDLIVE - Paid 100% for non-emergency medical, dermatology & behavioral health consultations.
Prescription Drugs					Subject to deductible, then \$25 / \$50 \$50 / \$100	Subject to deductible, then \$25 / \$50 \$50 / \$100	Subject to deductible, then \$25 / \$50 \$50 / \$100
Retail	\$ 5 / \$ 22 \$ 10 / \$ 44	\$ 7 / \$ 25 / \$ 40 \$ 15 / \$ 60 / \$ 90	\$ 7 / \$ 25 / \$ 40 \$ 15 / \$ 60 / \$ 90	\$ 7 / \$ 25 / \$ 40 \$ 15 / \$ 60 / \$ 90	\$ 7 / \$ 25 / \$ 40 \$ 15 / \$ 60 / \$ 90	\$ 7 / \$ 25 / \$ 40 \$ 15 / \$ 60 / \$ 90	\$ 7 / \$ 25 / \$ 40 \$ 15 / \$ 60 / \$ 90
Mail Order							
Monthly Premium Cost:							
Medical + Rx (Employee Only)	1,406.00	1,212.00	984.00	1,254.00	840.00	631.00	685.00
Medical + Rx (Employee + Spouse)	2,518.00	2,169.00	1,761.00	2,244.00	1,505.00	1,129.00	1,227.00
Medical + Rx (Employee + Children)	2,067.00	1,782.00	1,446.00	1,843.00	1,236.00	928.00	1,007.00
Medical + Rx (Employee + Family)	3,051.00	2,630.00	2,135.00	2,720.00	1,824.00	1,369.00	1,487.00
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	\$1,605.04	\$1,393.41	\$1,144.68	\$1,439.23	\$987.59	\$759.59	\$818.50
Employee + Spouse	\$2,877.43	\$2,496.70	\$2,051.61	\$2,578.52	\$1,772.33	\$1,362.15	\$1,469.06
Employee + Child(ren)	\$2,451.47	\$2,140.56	\$1,774.01	\$2,207.11	\$1,544.92	\$1,208.92	\$1,295.11
Employee + Family	\$3,524.92	\$3,065.65	\$2,525.65	\$3,163.83	\$2,186.38	\$1,690.01	\$1,818.74

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

Open enrollment is online through <https://mycvtrust.org/>

Please make your selection during open enrollment, August 13th through September 3th, 2026