

EASTSIDE UNION SCHOOL DISTRICT 2024/2025 UNREPRESENTED PREMIUM RATES

All changes are made through your MYCVT portal. All plan options include Delta Dental and EyeMed coverage.

| PLAN NUMBER | BLUE CROSS PPO 1A | BLUE CROSS PPO 3A | BLUE CROSS PPO 4B | BLUE CROSS PPO 5B |
|--|--|--|--|--|
| Calendar Year Deductible: | ∅ | Individual: \$100 Family: \$200 | Individual: \$100 Family: \$200 | Individual: \$5,000 Family: \$10,000 |
| Co-insurance: | Paid at 100% | Paid at 100% after deductible is met | Paid at 90% after deductible is met | Paid at 70% after deductible is met |
| Calendar Year: Out Of Pocket Maximum: | Individual: \$1,500 Family: \$3,000 | | | |
| Doctor Visits: | \$10 co-pay | \$20 co-pay | \$20 co-pay | \$30 co-pay |
| Emergency Room: | \$175 non-emergent co-pay/\$100 emergent co-pay | \$175 non-emergent co-pay/\$100 emergent co-pay | \$175 non-emergent co-pay/\$100 emergent co-pay | \$175 non-emergent co-pay/\$100 emergent co-pay |
| Prescription Retail: | \$5 generic/\$22 brand | \$5 generic/\$22 brand | \$7 generic/\$15 pref/\$30 non-pref | \$7 generic/\$15 pref/\$30 non-pref |
| Mail Order: | \$10 generic/\$44 brand | \$10 generic/\$44 brand | \$15 generic/\$35 pref/\$70 non-pref | \$15 generic/\$35 pref/\$70 non-pref |
| Monthly payroll deduction: | Composite Rate: \$1,425.26 75% Rate: \$783.26 | Composite Rate: \$1,229.26 75% Rate: \$636.26 | Composite Rate: \$1,124.26 75% Rate: \$557.26 | Composite Rate: \$1,101.26 75% Rate: \$540.26 |

| PLAN NUMBER | KAISER 1 w/CHIRO | KAISER 3 w/CHIRO | KAISER 5 w/CHIRO | KAISER 8 w/CHIRO |
|--|--|--|--|--|
| Individual/ Family Deductible(s) | ∅ | ∅ | ∅ | Individual: \$1,000 Family: \$2,000 |
| Co-Insurance: | Paid at 100%* | | | |
| Calendar Year: Out Of Pocket Maximum: | Individual: \$1,500 Family: \$3,000 | | | Individual: \$3,000 Family: \$6,000 |
| Doctor Visits: | \$10 co-pay | \$20 co-pay | \$35 co-pay | \$20 co-pay |
| Emergency Room: | \$100 co-pay, waived if admitted as in-patient | \$100 co-pay, waived if admitted as in-patient | \$100 co-pay, waived if admitted as in-patient | \$100 co-pay, waived if admitted as in-patient |
| Prescription Retail: | \$15 generic/\$30 brand | \$30 generic/\$60 brand | \$30 generic/\$60 brand | \$10 generic/\$30 brand |
| Mail Order: | \$10 generic/\$20 brand | \$20 generic/\$40 brand | \$10 generic/\$44 brand | \$30 generic/\$90 brand |
| Monthly payroll deduction: | Composit Rate: \$454.65 | Composit Rate: \$336.65 | Composit Rate: \$286.65 | Composit Rate: \$128.65 |

| PLAN NUMBER | KAISER WELLNESS W/CHIRO | BRONZE PLAN |
|--|--|---|
| Individual/ Family Deductible(s) | ∅ | Individual: \$5,000 Family: \$10,000 |
| Co-Insurance: | Paid at 100%* | Paid at 70% after deductible is met |
| Calendar Year: Out Of Pocket Maximum: | Individual: \$1,500 Family: \$3,000 | Individual: \$7,000 Family: \$14,000 |
| Doctor Visits: | \$20 co-pay | \$60 copay first 3-- 70% after ded. is met |
| Emergency Room: | \$100 co-pay, waived if admitted as in-patient | \$250 co-pay, co-pay waived if admitted as in-patient |
| Prescription Retail: | \$30 generic/\$75 brand | \$25 generic copay/\$50 brand copay |
| Mail Order: | \$20 generic/\$50 brand | \$50 generic copay/\$100 brand copay |
| Monthly payroll deduction: | Composit Rate: \$317.65 | Composite Rate: \$12.26 75% Rate: \$0.00 |

* 75% RATE ELIGIBILITY, ALL THE FOLLOWING APPLY:

1) 75% rate elligibility, all th following apply: 1. Spouse enrolled in a CVT PPO; 2. Both individuals cover each other as a dependent; 3. Both districts are on composite rates. If you qualify for the 75% rate , please notify Human Resources.