

EASTSIDE UNION SCHOOL DISTRICT 2023/2024 CERTIFICATED HEALTH INSURANCE RATES

Effective October 1st, 2022, certificated employees may choose between Blue Cross PPO, Blue Cross Wellness, Kaiser HMO, Kaiser Wellness HDHP-2 or Bronze Plan. To select your new plan please utilize the mycvr online portal (<https://mycvr.cvtrust.org>) to initiate your selections.

PPO Plans

PLAN NUMBER	BLUE CROSS PPO 3A	BLUE CROSS PPO 5V	BLUE CROSS PPO 8V	BLUE CROSS PPO 9V	Wellness
Individual/ Family Deductible(s):	Individual: \$100 Family: \$200	Individual: \$100 Family: \$200	Individual: \$500 Family: \$1,000	Individual: \$1,000 Family: \$2,000	Individual: \$500 Family: \$1,000
Co-Insurance:	Paid at 90% after deductible is met		Paid at 80% after deductible is met		Paid at 90% after deductible is met
Out-Of-Pocket Annual Max:	\$1,250 Ind/ \$2,500 Family		\$3,200 Ind/ \$6,500 Family		\$1,750 Ind/ \$3,500 Family
Doctors Visits:	\$20 co-payment		\$30 co-payment		\$20 co-payment
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
Prescription Retail:	\$5 generic/\$22 brand	\$0 generic/\$30 brand	\$0 generic/\$30 brand	\$0 generic/\$30 brand	\$7 generic/\$25 pref/\$40 non-pref
Mail Order:	generic/\$44 brand	generic/\$60 brand	generic/\$60 brand	generic/\$60 brand	\$15 generic/\$60 pref/\$90 non-pref

Dental 1	3D1	31A	5D1	51A	8D1	81A	9D1	91A	WD1	WA1
Monthly payroll deduction	Composite Rate: \$1,096.47 75% Rate: \$531.47		Composite Rate: \$905.47 75% Rate: \$388.22		Composite Rate: \$566.47 75% Rate: \$133.97		Composite Rate: \$371.47 75% Rate: \$0.00		Composite Rate: \$851.47 75% Rate: \$347.72	
Dental 2	3D2	32A	5D2	52A	8D2	82A	9D2	92A	WD2	WA2
Monthly payroll deduction	Composite Rate: \$1,185.73 75% Rate: \$620.73		Composite Rate: \$994.73 75% Rate: \$477.48		Composite Rate: \$655.73 75% Rate: \$223.23		Composite Rate: \$460.73 75% Rate: \$76.98		Composite Rate: \$940.73 75% Rate: \$436.98	

PLAN NUMBER	HDHP 2	Bronze Plan
Individual/ Family Deductible(s):	Individual: \$2,000 Family: \$4,000	Individual: \$5,000 Family: \$10,000
Co-Insurance Max:	Paid at 80% after deductible is met	
Out-Of-Pocket Annual Max:	\$5,250 Ind/ \$10,000 Family	\$6,350 Ind/ \$12,700 Family
Doctors Visits:	Paid at 80% after deductible is met	
Emergency Room:	Paid at 80% after deductible is met	
Prescription Retail:	Paid 80% after deductible is met	\$25 generic/\$50 brand
100 Day Fill:	Paid 80% after deductible is met	\$50 generic/\$100 brand

Dental 1	HD1	H1A	BD1	Z1A
Monthly payroll deduction	Composite Rate: \$53.47 75% Rate: \$0.00		Composite Rate: \$0.00 75% Rate: \$0.00	
Dental 2	HD2	H2A	BD2	Z2A
Monthly payroll deduction	Composite Rate: \$142.73 75% Rate: \$0.00		Composite Rate: \$45.73 75% Rate: \$0.00	

If you want to pre-tax your premiums, you are REQUIRED to complete an AFLAC ENROLLMENT FORM (Salary redirection/Reduction Agreement)

1) 75% rate eligibility, all the 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.

2) First 3 visits covered in full after \$60 co-pay per visit; remaining visits paid at 70% after deductible is met.

HMO Plans

PLAN NUMBER	KAISER 1 w/Chiro	KAISER 2 w/Chiro	KAISER 3 w/Chiro	KAISER 4 w/Chiro
Individual/ Family Deductible(s)	0	0	0	0
Co-Insurance:	Paid at 100% after deductible is met		Paid at 100% after deductible is met	
Out-Of-Pocket Annual Max:	\$1,500 Ind/ \$3,000 Family		\$1,500 Ind/ \$3,000 Family	
Doctors Visits:	\$10 co-payment		\$20 co-payment	
Emergency Room:	\$100 co-pay waived if admitted as in-patient		\$100 co-pay waived if admitted as in-patient	
Prescription Retail:	\$15 generic/\$10 brand	\$15 generic/\$30 brand	\$30 generic/\$60 brand	\$30 generic/\$75 brand
100 Day Fill:	\$10 generic/\$20 brand	\$10 generic/\$20 brand	\$20 generic/\$40 brand	\$20 generic/\$40 brand

Dental 1	K11	1R1	K21	2R1	K31	3R1	K41	4R1
Monthly payroll deduction	Composit Rate: \$258.86		Composit Rate: \$217.86		Composit Rate: \$153.86		Composit Rate: \$194.86	
Dental 2	K12	1R2	K22	2R2	K32	3R2	K42	4R2
Monthly payroll deduction	Composit Rate: \$348.12		Composit Rate: \$307.12		Composit Rate: \$243.12		Composit Rate: \$284.12	

PLAN NUMBER	KAISER Wellness	
Individual/ Family Deductible(s)	0	
Co-Insurance:	Paid at 100% after deductible is met	
Out-Of-Pocket Annual Max:	\$1,500 Ind/ \$3,000 Family	
Doctors Visits:	\$20 co-payment	
Emergency Room:	\$100 co-pay waived if admitted as in-patient	
Prescription Retail:	\$30 generic/\$65 brand	
100 Day Fill:	\$20 generic/\$50 brand	

Dental 1	KW1	WK1
Monthly payroll deduction	Composit Rate: \$136.86	
Dental 2	KW2	WK2
Monthly payroll deduction	Composit Rate: \$226.12	

Vision Premiums are included in all plan options.

Dependents are eligible for insurance.

Employees are responsible to update MyCVT for any life event, i.e:

*Marriage/Divorce (marriage certificate/divorce decree required)

*Birth/Adoption (birth certificate/adoption papers required)

*Loss/Acquisition of coverage (documents required)

Dental 1: 70/30 PPO, \$2,000 ANNUAL MAXIMUM, 4 CLEANINGS, NITROUS OXIDE

Dental 2: UNLIMITED ANNUAL MAXIMUM, 4 CLEANINGS, PROSTHODONTICS/IMPLANTS
70/80/90/100, NITROUS OXIDE, ORTHODONTICS ANULTS/CHILDREN \$4,000 MAXIMUM