

EASTSIDE UNION SCHOOL DISTRICT 2023/2024 UNREPRESENTED PREMIUM RATES

Effective October 1st, 2022, administrative, classified management and confidential employees may choose between Anthem Blue Cross, Kaiser 1, or the Bronze Plan. All changes are made through your MYCVT portal. All plan options include Delta Dental and Medical Eye Services 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: \$1,250 Family: \$2,500			
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: \$1,305.97 75% Rate: \$693.79	Composite Rate: \$1,118.97 75% Rate: \$553.54	Composite Rate: \$1,018.97 75% Rate: \$478.54	Composite Rate: \$996.97 75% Rate: \$462.04

PLAN NUMBER	KAISER 1 w/CHIRO	KAISER 2 w/CHIRO	KAISER 3 w/CHIRO	KAISER 5 w/CHIRO
Individual/ Family Deductible(s)	∅	∅	∅	∅
Co-Insurance:	Paid at 100%*			
Calendar Year: Out Of Pocket Maximum:	Individual: \$1,500 Family: \$3,000			
Doctor Visits:	\$10 co-pay	\$15 co-pay	\$20 co-pay	\$35 co-pay
Emergency Room:	\$100 co-pay, waived if admitted as in-patient			
Prescription Retail:	\$15 generic/\$30 brand	\$15 generic/\$30 brand	\$30 generic/\$60 brand	\$30 generic/\$60 brand
Mail Order:	\$10 generic/\$20 brand	\$10 generic/\$20 brand	\$20 generic/\$40 brand	\$10 generic/\$44 brand
Monthly payroll deduction:	Composit Rate: \$281.36	Composit Rate: \$240.36	Composit Rate: \$176.36	Composit Rate: \$132.36

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: \$6,350 Family: \$12,700
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/\$50 brand
Mail Order:	\$20 generic/\$50 brand	\$50 generic/\$100 brand
Monthly payroll deduction:	Composit Rate: \$159.36	Composite Rate: \$0.00 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.