

California's Valued Trust Breakdown - Certificated 2017/18

Plan 8 PPO- RxB		
Employee	Emp +1	Emp + Family
80% -20% Co-Ins.	80% -20% Co-Ins.	80% -20% Co-Ins.
500 Deductible	500/1,500 Deductible	500/1,500 Deductible
<i>Medical</i>	<i>Medical</i>	<i>Medical</i>
758.00	1,304.00	1,645.00
<i>Dental</i>	<i>Dental</i>	<i>Dental</i>
57.43	57.43	57.43
<i>Vision</i>	<i>Vision</i>	<i>Vision</i>
13.68	13.68	13.68
Total	Total	Total
829.11	1,375.11	1,716.11

Plan 6 PPO- RxB		
Employee	Emp +1	Emp + Family
80% -20% Co-Ins.	80% -20% Co-Ins.	80% -20% Co-Ins.
250 Deductible	250/750 Deductible	250/750 Deductible
<i>Medical</i>	<i>Medical</i>	<i>Medical</i>
836.00	1,439.00	1,815.00
<i>Dental</i>	<i>Dental</i>	<i>Dental</i>
57.43	103.99	149.50
<i>Vision</i>	<i>Vision</i>	<i>Vision</i>
13.68	24.73	37.72
Total	Total	Total
907.11	1,567.72	2,002.22

Plan 3 PPO- RxA		
Employee	Emp +1	Emp + Family
100% Co-Ins.	100% Co-Ins.	100% Co-Ins.
100 Deductible	100/300 Deductible	100/300 Deductible
<i>Medical</i>	<i>Medical</i>	<i>Medical</i>
949.00	1,633.00	2,061.00
<i>Dental</i>	<i>Dental</i>	<i>Dental</i>
57.43	103.99	149.50
<i>Vision</i>	<i>Vision</i>	<i>Vision</i>
13.68	24.73	37.72
Total	Total	Total
1,020.11	1,761.72	2,248.22

*NCSOS covers Plan 8 as amounts shown above
Covers Medical as Emp, Emp +1, Emp + family
Covers Dental and Vision as Emp only.*

Plan 1 PPO- RxA		
Employee	Emp +1	Emp + Family
100% Co-Ins.	100% Co-Ins.	100% Co-Ins.
0 Deductible	0/0 Deductible	0/0 Deductible
<i>Medical</i>	<i>Medical</i>	<i>Medical</i>
1,027.00	1,766.00	2,229.00
<i>Dental</i>	<i>Dental</i>	<i>Dental</i>
57.43	103.99	149.50
<i>Vision</i>	<i>Vision</i>	<i>Vision</i>
13.68	24.73	37.72
Total	Total	Total
1,098.11	1,894.72	2,416.22

HDHP 2		
Employee	Emp +1	Emp + Family
2,000 Deductible	2,000/6,000 Deductible	2,000/6,000 Deductible
<i>Medical</i>	<i>Medical</i>	<i>Medical</i>
513.00	884.00	1,115.00
<i>Dental</i>	<i>Dental</i>	<i>Dental</i>
57.43	103.99	149.50
<i>Vision</i>	<i>Vision</i>	<i>Vision</i>
13.68	24.73	37.72
Total	Total	Total
584.11	1,012.72	1,302.22

Bronze Plan		
Employee	Emp +1	Emp + Family
<i>Medical</i>	<i>Medical</i>	<i>Medical</i>
472.00	812.00	1,025.00
<i>Dental</i>	<i>Dental</i>	<i>Dental</i>
57.43	103.99	149.50
<i>Vision</i>	<i>Vision</i>	<i>Vision</i>
13.68	24.73	37.72
Total	Total	Total
543.11	940.72	1,212.22