

## TEACHERS, SCHOOL PSYCHOLOGISTS, SCHOOL NURSES AND SCHOOL COUNSELORS (CTA)

**Negotiated Monthly Benefit Cap: \$1,175.00**

**Plan Year: October 1, 2020 through September 30, 2021**

Teachers and Psychologists working 75% or more of a full-time equivalent receive the full benefit cap.  
Those working less than 75% receive a pro-ration of the cap.

**INSURANCE CARRIER – CALIFORNIA’S VALUED TRUST (CVT)**  
[www.cvtrust.org](http://www.cvtrust.org)

Medical Provider Network:	Blue Cross	<a href="http://www.bluecrossca.com">www.bluecrossca.com</a>
Dental Provider:	Delta Dental	<a href="http://www.deltadentalca.org">www.deltadentalca.org</a>
Vision Provider:	Vision Service Plan	<a href="http://www.vsp.com">www.vsp.com</a>
Life Insurance Provider:	Sun Life Financial	<a href="http://www.sunlife-usa.com">www.sunlife-usa.com</a>
Income Protection Provider:	Standard Insurance Co.	<a href="http://www.standard.com/cta">www.standard.com/cta</a>

<b>Medical Plan Options</b> (employees may choose any one of the following medical plans)	<b>Employee’s Out-of-Pocket Cost for Family Coverage</b>
CVT PPO Plan 1 / A:      No Deductible Coinsurance: 100% \$10 copay Prescriptions: \$5 Generic / \$22 Brand	\$1340.89 per month
CVT PPO Plan 3 / A:      Deductible: \$100 Individual / \$200 Family Coinsurance: 100% \$20 copay Prescriptions: \$5 Generic / \$22 Brand	\$1,158.89 per month
CVT PPO Plan 7 / A:      Deductible: \$250 Individual / \$500 Family Coinsurance: 80/20 \$30 copay Prescriptions: \$5 Generic / \$22 Brand	\$889.89 per month
CVT PPO Plan 8 / A:      Deductible: \$500 Individual / \$1,000 Family Coinsurance: 80/20 \$30 copay Prescriptions: \$5 Generic / \$22 Brand	\$723.89 per month
Wellness Plan / C :      Deductible: \$500 Individual / \$1,000 Family Coinsurance: 90/10 \$20 copay Prescriptions: \$7 / \$25 / \$40	\$920.89 per month
CVT PPO HDHP2:      Deductible: \$2,000 Individual / \$4,000 Family Coinsurance: 80/20 Prescriptions: Paid at 80% after deductible is met	\$147.89 per month
CVT Bronze Plan      Deductible: \$5,000 Individual / \$10,000 Family Coinsurance: 70/30 Prescriptions: \$25 / \$50 (Subject to deductible)	\$52.89 per month
HMO – Kaiser Plan 1:      No Deductible Coinsurance: 100% \$10 copay Prescriptions: \$5 / \$10 / \$20 / \$30	\$1,034.89 per month
HMO – Kaiser Plan 2:      No Deductible \$15 copay Prescriptions: \$5 / \$10 / \$20 / \$30	\$1,005.89 per month

<b>Dental Plan</b> Dental Provider: Delta Dental <a href="http://www.deltadentalca.org">www.deltadentalca.org</a>	<b>Employee's Out-of-Pocket Cost For Family Coverage</b>
Delta Dental – Incentive Plan: \$1,200 per person annual maximum; Ortho lifetime maximum of \$500 per person (adult and child)	\$95.44

<b>Vision Plan</b> Vision Provider: Vision Service Plan <a href="http://www.vsp.com">www.vsp.com</a>	<b>Employee's Out-of-Pocket Cost For Family Coverage</b>
Vision Service Plan – Plan B: \$10 copay	\$18.07

<b>Life Insurance Plans</b>	<b>Employee's Out-of-Pocket Cost For Family Coverage</b>
California's Valued Trust: \$10,000 employee coverage	\$1.05
Sun Life Financial: \$40,000 employee coverage; \$5,000 spouse coverage With Option to "Buy-up"	Employer Paid

<b>Income Protection (optional)</b> Income Protection Provider: Standard <a href="http://www.standard.com/cta">www.standard.com/cta</a>	<b>Employee's Out-of-Pocket Cost</b>
Standard	Premium is based on employee's annual salary

**Note:** Eligible employees have the option to choose a medical plan that best suits their needs; however, all eligible employees receive the same dental, vision, and life insurance plans. Income Protection is optional at the employee's expense.