

## CALIFORNIA'S VALUED TRUST

Certificated Medical Plan Rates (Monthly)

Effective October 1, 2021

Plan: Perscription Plan:	PPO-3 RX-B	PPO-5 RX-B	WELL-1 RX-C	PPO-7 RX-B	PPO-9 RX-B	HDHP 3	BRONZE
Employee/Composite:	\$2,136	\$2,033	\$1,914	\$1,880	\$1,543	\$1,107	\$1,076
<b>Retirees/Tiered:</b>							
Retiree Only	\$1,666	\$1,588	\$1,494	\$1,470	\$1,212	\$812	\$788
Retiree + One Dependent	\$2,866	\$2,732	\$2,570	\$2,529	\$2,085	\$1,397	\$1,355
Retiree + Family	\$3,615	\$3,446	\$3,242	\$3,190	\$2,630	\$1,762	\$1,710

	Dental-Plan D-2	Vision Plan B
Employee/Composite:	\$89.85	\$16.18
<b>Retirees/Tiered:</b>		
Retiree Only	\$48.95	\$9.88
Retiree + One Dependent	\$88.65	\$18.36
Retiree + Family	\$127.45	\$28.27

**District Contribution:**

\$1,041.66 Monthly

\$12,500 Annually