



BUCKEYE UNION SCHOOL DISTRICT

P.O. Box 4768, El Dorado Hills, CA 95762
5049 Robert J. Mathews Parkway, El Dorado Hills, CA 95762
(530) 677-2261 - (916) 985-2183 Fax (916) 934-0920
www.buckeyeusd.org

TO: Buckeye Union School District Variable Hour Employees
FROM: Human Resources, Buckeye Union School District
RE: Affordable Care Act and Health Insurance Marketplace

The Patient Protection and Affordable Care Act ("ACA") was signed into law on March 23, 2010. Buckeye Union School District has already implemented mandates regarding dependent care coverage to age 26, lifetime limits, cost of health plans reported on W-2 forms, Summary of Benefits and Coverage available to employees to compare health plans (see the link at www.buckeyeusd.org), etc.

The newest mandate requires employers to share information about the new Health Insurance Marketplace. Attached is a notice from the U.S. Department of Labor with general information about the Health Insurance Marketplace. You may find specific details about the Health Insurance Marketplace on the internet at: <https://www.healthcare.gov/>.

This newest mandate requires employers to offer health insurance to variable hour employees, those that work 30 hours or more per week for an extended period of time. Buckeye Union School District has determined to offer health coverage to all variable hour employees, including substitutes.

You are being offered and are eligible to sign up for health insurance as an Intervention Teacher. If you elect coverage, you must sign up within 30 days of your first date of employment, during our annual open enrollment in September, or if you have an approved status change. If you elect health coverage, you will be responsible to pay the entire premium cost on a monthly basis. Please see the cost information below for the 2025-26 school year:

Plan	Monthly Cost
CVT Bronze Plan - Employee only	\$771.00
CVT Bronze Plan - Employee plus child(ren)	\$1,133.00

Attached is a summary plan description for the CVT Bronze Plan; this plan meets the minimum value standard and, therefore, meets the individual essential health coverage required by the Affordable Care Act. You may also visit www.cvtrust.org for information or contact them at 800-288-9870. Individuals must obtain minimum essential health coverage or be subject to a penalty.

If you would like to sign up for the CVT Bronze Plan, please contact Dana Rizzuto (Payroll), Aly Perkins (Certificated Personnel), or Karen Crofut (Classified Personnel) at 530-677-2261.

Your signature acknowledges receipt of the following:

- A copy of this memo
- Notice from the US Dept. of Labor with Information about the Health Insurance Marketplace
- PPO Bronze Plan Summary of Benefits

Print Name

Signature

Date

Buckeye School
(530)677-2277 • (916)933-2333

Silva Valley School
(916)933-3767 • (530)677-8953

Blue Oak School
(530)676-0164 • (916)933-5149

William Brooks School
(916)933-6618 • (530)677-2875

Oak Meadow School
(530)672-3890 • (916)939-9640

Camerado Springs Middle School
(916)933-9746 • (530)677-9818

Rolling Hills Middle School
(530)677-1658 • (916)933-0584

Valley View Charter Montessori
(530)676-2490 • (916)933-9290

CALIFORNIA'S VALUED TRUST
PPO BRONZE PLAN with Anthem Blue Cross and CVS/caremark
October 1, 2025 – September 30, 2026

CVT PARTNER	BENEFIT	PPO BRONZE	
Anthem Blue Cross Network, utilization management and medical claims administration	Calendar Year Deductible	Individual: \$5,000 Family: \$10,000	
	Coinsurance	Paid at 70%* after deductible is met	
	Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Individual: \$7,000 Family: \$14,000	
	Doctor Visits	Primary Care – First 3 visits covered in full after \$60 copay per visit; Remaining visits paid at 70%* after deductible is met Specialist - Subject to deductible, then \$70 copay per visit	
	Preventive Care / Immunizations	Paid at 100%*	
	Outpatient Laboratory	Paid at 70%* after deductible is met	
	Outpatient Radiology	Paid at 70%* after deductible is met	
	Durable Medical Equipment	Paid at 70%* after deductible is met	
	Ambulance – Ground / Air	Paid at 70%* after deductible is met	
	Outpatient Surgery	Paid at 70%* after deductible is met	
	Hospital Inpatient	Paid at 70%* after deductible is met; Unlimited days, semi-private room	
	Hospital Emergency Room	Subject to deductible, then \$250 copay (copay waived if admitted as in-patient)	
	Urgent Care	Subject to deductible, then \$120 copay	
	Home Health Care	Paid at 70%* after deductible is met Limited to 100 visits per calendar year	
	Physical Therapy**	Paid at 70%* after deductible is met (Copay, if applicable)	
	Chiropractic**	Paid at 70%* after deductible is met (Copay, if applicable)	
	Acupuncture	Paid at 70%* after deductible is met (Copay, if applicable) Maximum of 12 visits per calendar year	
Value Added Benefits	Telehealth by MDLIVE	Paid at 100%* for non-emergency medical, dermatology, behavioral health and primary care visits. Call 1-888-632-2738 or visit www.mdlive.com/CVT	
	Virtual Physical Therapy by SimpleTherapy	Paid at 100%* Call 1-800-644-2478 for virtual musculoskeletal (MSK) benefits	
CVS/caremark Network and utilization management	Prescription Drugs†	Retail Subject to deductible, then \$25 Generic Copay \$50 Brand Copay (30- day supply)	Mail Order Subject to deductible, then \$50 Generic Copay \$100 Brand Copay (90- day supply)
		If you are enrolled in the PrudentRx Copay Program your out-of-pocket cost for specialty medications will be \$0. If you do not enroll in the PrudentRx Copay Program, you will be subject to a 30% coinsurance for your specialty medications.	

*For Covered Expenses Only: When using Non-PPO & Other Health Care Providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible & percentage copay. All percentages are based on payments to preferred hospitals, physicians and other network providers.

** Non-Par Providers limited to a combined maximum of 13 visits per year.

†For GLP-1 information, visit www.cvtrust.org/glp1

This summary is for comparison purposes only. Please refer to the actual benefit booklet for complete benefits www.cvtrust.org/plan-documents



ACA BENEFIT ELIGIBLE Active	Emp	Emp +
Health Two tier Rates	Only	Child(ren)
Anthem PPO Bronze	\$771.00	\$1,133.00