California's Valued Trust

Healthcare Benefits for the Education Community

PPO Health Plans

October 1, 2026 – September 30, 2027

The chart below outlines plan changes for the upcoming renewal year.
Red indicates change.

BENEFIT	Calendar Year Deductible	Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Office Visit Copay	Hospital Emergency Room
PPO 1	$0	Individual: $1,500 Family: $3,000	Primary Care $10 Copay Specialist Physician $20 Copay	$200 Copay (Copay waived if admitted as inpatient) After copay, paid at 100%
PPO 2	$0	Individual: $1,500 Family: $3,000	Primary Care $20 Copay Specialist Physician $40 Copay	$200 Copay (Copay waived if admitted as inpatient) After copay, paid at 100%
PPO 3	Individual: $100 Family: $200	Individual: $2,500 Family: $5,000	Primary Care $20 Copay Specialist Physician $40 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%
PPO 4	Individual: $150 Family: $300	Individual: $2,500 Family: $5,000	Primary Care $20 Copay Specialist Physician $40 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%
PPO 5	Individual: $200 Family: $400	Individual: $2,500 Family: $5,000	Primary Care $30 Copay Specialist Physician $60 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%
PPO 6	Individual: $250 Family: $500	Individual: $3,500 Family: $7,000	Primary Care $20 Copay Specialist Physician $40 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%
PPO 7	Individual: $300 Family: $600	Individual: $3,500 Family: $7,000	Primary Care $30 Copay Specialist Physician $60 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%
PPO 8	Individual: $500 Family: $1,000	Individual: $4,500 Family: $9,000	Primary Care $30 Copay Specialist Physician $60 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%
PPO 9	Individual: $1,000 Family: $2,000	Individual: $5,500 Family: $11,000	Primary Care $35 Copay Specialist Physician $70 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%
PPO 10	Individual: $2,000 Family: $4,000	Individual: $6,500 Family: $13,000	Primary Care Paid at 80% after deductible met Specialist Physician Paid at 80% after deductible met	$200 Copay (Copay waived if admitted as inpatient)After deductible is met, copay then paid at 80%

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PPO HDHP 1	Individual: $1,700 Family: $3,400	Individual: $5,000 Family: $10,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than $5,000.	Primary Care Paid at 90% after deductible is met Specialist Physician Paid at 90% after deductible is met	Paid at 90% after deductible is met
PPO HDHP 2	Individual: $2,600 Family: $5,200	Individual: $6,000 Family: $12,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than $6,000.	Primary Care Paid at 80% after deductible is met Specialist Physician Paid at 80% after deductible is met	Paid at 80% after deductible is met
PPO HDHP 3	Individual: $6,500 Family: $13,000	Individual: $8,000 Family: $16,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than $8,000.	Primary Care Subject to deductible then $60 copay per visit Specialist Physician Subject to deductible then $120 copay per visit	Paid at 70% after deductible is met
PPO BRONZE	Individual: $5,000 Family: $10,000	Individual: $7,000 Family: $14,000	Primary Care First three visits covered in full after $60 copay per visit; Remaining visits paid at 70% after deductible is met Specialist Physician Subject to deductible then $120 copay per visit	Subject to Deductible, then $200 Copay (copay waived if admitted as inpatient)
PPO WELLNESS	Individual: $500 Family: $1,000	Individual: $3,500 Family: $7,000	Primary Care $20 Copay Specialist Physician $40 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%

EPO Health Plans

October 1, 2026 – September 30, 2027

The chart below outlines plan changes for the upcoming renewal year.
Red indicates change.

BENEFIT	Calendar Year Deductible	Calendar Year Out of Pocket Maximum (includes medical/pharmacy deductible, coinsurance, and copays)	Office Visit Copay	Hospital Emergency Room
EPO PREMIER	Individual: $100 Family: $200	Individual: $2,500 Family: $5,000	Primary Care $20 Copay Specialist Physician $40 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 100%
EPO PRIME	Individual: $250 Family: $500	Individual: $3,500 Family: $7,000	Primary Care $10 Copay Specialist Physician $20 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 90%
EPO SAVER	Individual: $500 Family: $1,000	Individual: $4,500 Family: $9,000	Primary Care $30 Copay Specialist Physician $60 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%
EPO VALUE	Individual: $2,000 Family: $4,000	Individual: $6,500 Family: $13,000	Primary Care $45 Copay Specialist Physician $90 Copay	$200 Copay (Copay waived if admitted as inpatient) After deductible is met, copay then paid at 80%
EPO HSA	Individual: $1,700 Family: $3,400	Individual: $5,000 Family: $10,000 Family = Employee with 1 or more covered dependents. No one individual will pay more than $5,000.	Primary Care Paid at 80% after deductible is met Specialist Physician Paid at 80% after deductible is met	Paid at 80% after deductible is met