

Amador County Office of Education
 CVT Health Insurance Rates
 October 1, 2020 through September 30, 2021
 Certificated

	MONTHLY RATE	ANNUAL PLAN RATE	ANNUAL RATE HEALTH-RX DENTAL-VISION	ANNUAL DISTRICT CAP 100% FTE	12 MONTH CAP 100% H-D-V LESS CAP	11 MONTH CAP 100% H-D-V LESS CAP
DELTA DENTAL Basic, \$2000 Annual Maximum	\$112.60	\$1,351.20				
VSP Plan C \$0 Deductible	\$29.04	\$348.48				
HEALTH PLANS:					ESTIMATED MONTHLY COST TO EMPLOYEE FOR HEALTH-RX, DENTAL AND VISION INSURANCE**	
Anthem Blue Cross						
PPO 1A 100%*						
RX 5/22 (30 Days) 10/44 (90 Days) \$10 Doctor Visits PCP Calendar Year Out of Pocket: Individual \$1,250; Family \$2,500						
Employee Only	\$1,142.00	\$13,704.00	\$15,403.68	(\$10,050)	\$446.14	\$486.70
Employee + 1	\$1,964.00	\$23,568.00	\$25,267.68	(\$10,050)	\$1,268.14	\$1,383.43
Employee + Family	\$2,478.00	\$29,736.00	\$31,435.68	(\$10,050)	\$1,782.14	\$1,944.15
PPO 4A 90%*						
RX 5/22 (30 Days) 10/44 (90 Days) \$20 Doctor Visits PCP Calendar Year Out of Pocket: Individual \$1,250; Family \$2,500						
Employee Only	\$1,013.00	\$12,156.00	\$13,855.68	(\$10,050)	\$317.14	\$345.97
Employee + 1	\$1,742.00	\$20,904.00	\$22,603.68	(\$10,050)	\$1,046.14	\$1,141.24
Employee + Family	\$2,198.00	\$26,376.00	\$28,075.68	(\$10,050)	\$1,502.14	\$1,638.70
PPO 6A 80%*						
RX 5/22 (30 Days) 10/44 (90 Days) \$20 Doctor Visits PCP Calendar Year Out of Pocket: Individual \$2,000; Family \$4,000						
Employee Only	\$933.00	\$11,196.00	\$12,895.68	(\$10,050)	\$237.14	\$258.70
Employee + 1	\$1,605.00	\$19,260.00	\$20,959.68	(\$10,050)	\$909.14	\$991.79
Employee + Family	\$2,024.00	\$24,288.00	\$25,987.68	(\$10,050)	\$1,328.14	\$1,448.88
PPO 9A 80%*						
RX 5/22 (30 Days) 10/44 (90 Days) \$35 Doctor Visits PCP Calendar Year Out of Pocket: Individual \$5,000; Family \$10,000						
Employee Only	\$754.00	\$9,048.00	\$10,747.68	(\$10,050)	\$58.14	\$63.43
Employee + 1	\$1,297.00	\$15,564.00	\$17,263.68	(\$10,050)	\$601.14	\$655.79
Employee + Family	\$1,636.00	\$19,632.00	\$21,331.68	(\$10,050)	\$940.14	\$1,025.61
PPO Wellness 90%*						
RX 7/25/40 (30 Days) 15/60/90 (90 Days) \$20 Doctor Visits PCP Calendar Year Out of Pocket: Individual \$1,750; Family \$5,250						
Employee Only	\$941.00	\$11,292.00	\$12,991.68	(\$10,050)	\$245.14	\$267.43
Employee + 1	\$1,619.00	\$19,428.00	\$21,127.68	(\$10,050)	\$923.14	\$1,007.06
Employee + Family	\$2,042.00	\$24,504.00	\$26,203.68	(\$10,050)	\$1,346.14	\$1,468.52
HDHP 1 90%*						
RX Paid at 90* after deductible is met Calendar Year Out of Pocket: Individual \$4,250; Family \$8,500 (NOTE: Family = Employee with one or more covered dependents)						
Employee Only	\$631.00	\$7,572.00	\$9,271.68	(\$10,050)	(\$64.86)	(\$70.76)
Employee + 1	\$1,086.00	\$13,032.00	\$14,731.68	(\$10,050)	\$390.14	\$425.61
Employee + Family	\$1,369.00	\$16,428.00	\$18,127.68	(\$10,050)	\$673.14	\$734.33
PPO BRONZE 70%*						
RX Subject to deductible, then 25/50 (30 Days) RX Subject to deductible, then 50/100 (90 Days) Calendar Year Out of Pocket: Individual \$6,350; Family \$12,700						
Employee Only	\$522.00	\$6,264.00	\$7,963.68	(\$10,050)	(\$173.86)	(\$189.67)
Employee + 1	\$898.00	\$10,776.00	\$12,475.68	(\$10,050)	\$202.14	\$220.52
Employee + Family	\$1,133.00	\$13,596.00	\$15,295.68	(\$10,050)	\$437.14	\$476.88
* For Covered expenses only: See "Plan Matrix"						
** The monthly rate for the cost to the employee is based on current rates. Actual calculations are based on rates from July thru September and October through June.						
Note: If you are working half time or more but less than full time, you will receive a prorated contribution towards your health and welfare benefits.ACUSD contract. Please see article 16.2 of the ACOE contract.						

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Kaiser - Select Areas						
Kaiser 1 100%*						
RX 5/10 (30 Days) 10/20 (31-60 Days) 15/30 (61-100 Days) \$10 Office Copay						
Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000						
Employee Only	\$1,107.00	\$13,284.00	\$14,983.68	(\$10,050)	\$411.14	\$448.52
Employee + 1	\$1,903.00	\$22,836.00	\$24,535.68	(\$10,050)	\$1,207.14	\$1,316.88
Employee + Family	\$2,400.00	\$28,800.00	\$30,499.68	(\$10,050)	\$1,704.14	\$1,859.06
Kaiser 2 100%*						
RX 5/10 (30 Days) 10/20 (31-60 Days) 15/30 (61-100 Days) \$15 Office Copay						
Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000						
Employee Only	\$1,093.00	\$13,116.00	\$14,815.68	(\$10,050)	\$397.14	\$433.24
Employee + 1	\$1,878.00	\$22,536.00	\$24,235.68	(\$10,050)	\$1,182.14	\$1,289.61
Employee + Family	\$2,369.00	\$28,428.00	\$30,127.68	(\$10,050)	\$1,673.14	\$1,825.24
Kaiser 6 100%*						
RX 10/20 (30 Days) 20/40 (31-60 Days) 30/60 (61-100 Days) \$25 Office Copay						
Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000						
Employee Only	\$1,071.00	\$12,852.00	\$14,551.68	(\$10,050)	\$375.14	\$409.24
Employee + 1	\$1,842.00	\$22,104.00	\$23,803.68	(\$10,050)	\$1,146.14	\$1,250.33
Employee + Family	\$2,323.00	\$27,876.00	\$29,575.68	(\$10,050)	\$1,627.14	\$1,775.06
Kaiser Wellness 100%						
RX 10/25 (30 Days) 20/50 (31-60 Days) 30/75 (61-100 Days) \$20 Office Copay						
Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000						
Employee Only	\$862.00	\$10,344.00	\$12,043.68	(\$10,050)	\$166.14	\$181.24
Employee + 1	\$1,481.00	\$17,772.00	\$19,471.68	(\$10,050)	\$785.14	\$856.52
Employee + Family	\$1,868.00	\$22,416.00	\$24,115.68	(\$10,050)	\$1,172.14	\$1,278.70
Kaiser Bronze Active 60%						
RX Generic Paid at 70%* (Not to exceed \$50) 100-Day supply Deductible does not apply						
RX Brand Paid at 60%* (Not to exceed \$100) 100-Day Supply Deductible does not apply, * Certain brand name drugs have a \$250 deductible						
Calendar Year Out of Pocket: Individual \$6,000, Family 12,000.						
Employee Only	\$604.00	\$7,248.00	\$8,947.68	(\$10,050)	(\$91.86)	(\$100.21)
Employee + 1	\$1,038.00	\$12,456.00	\$14,155.68	(\$10,050)	\$342.14	\$373.24
Employee + Family	\$1,309.00	\$15,708.00	\$17,407.68	(\$10,050)	\$613.14	\$668.88
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