

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

	MONTHLY RATE	ANNUAL PLAN RATE	ANNUAL RATE HEALTH-RX DENTAL-VISION	ANNUAL DISTRICT CAP 100% FTE	12 MONTH	11 MONTH	4.1 to 6 Hrs	4.1 to 6 Hrs	4 Hrs	4 Hrs
					CAP 100% H-D-V LESS CAP	CAP 100% H-D-V LESS CAP	PT 12 MON CAP 75% H-D-V LESS CAP	PT 11 MON CAP 75% H-D-V LESS CAP	PT 12 MON CAP 50% H-D-V LESS CAP	PT 11 MON CAP 50% H-D-V LESS CAP
DELTA DENTAL										
Basic, Unlimited Annual Maximum										
Employee Only	\$63.09	\$757.08								
Employee + 1	\$114.29	\$1,371.48								
Employee + Family	\$164.29	\$1,971.48								
VSP										
Plan C \$5 Deductible										
Employee Only	\$10.79	\$129.48								
Employee + 1	\$20.06	\$240.72								
Employee + Family	\$30.88	\$370.56								
HEALTH PLANS:										
Anthem Blue Cross										
PPO 1A 100%*										
RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$1,250; Family \$3,750										
Employee Only	\$1,142.00	\$13,704.00	\$14,590.56	(\$10.050)	\$378.38	\$412.78	\$587.76	\$641.19	\$797.13	\$869.60
Employee + 1	\$1,964.00	\$23,568.00	\$25,180.20	(\$10.050)	\$1,260.85	\$1,375.47	\$1,470.23	\$1,603.88	\$1,679.60	\$1,832.29
Employee + Family	\$2,478.00	\$29,736.00	\$32,078.04	(\$10.050)	\$1,835.67	\$2,002.55	\$2,045.05	\$2,230.96	\$2,254.42	\$2,459.37
PPO 4A 90%*										
RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$1,250; Family \$2,500										
Employee Only	\$1,013.00	\$12,156.00	\$13,042.56	(\$10.050)	\$249.38	\$272.05	\$458.76	\$500.46	\$668.13	\$728.87
Employee + 1	\$1,742.00	\$20,904.00	\$22,516.20	(\$10.050)	\$1,038.85	\$1,133.29	\$1,248.23	\$1,361.70	\$1,457.60	\$1,590.11
Employee + Family	\$2,198.00	\$26,376.00	\$28,718.04	(\$10.050)	\$1,555.67	\$1,697.09	\$1,765.05	\$1,925.50	\$1,974.42	\$2,153.91
PPO 6A 80%*										
RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$2,000; Family \$4,000										
Employee Only	\$933.00	\$11,196.00	\$12,082.56	(\$10.050)	\$169.38	\$184.78	\$378.76	\$413.19	\$588.13	\$641.60
Employee + 1	\$1,605.00	\$19,260.00	\$20,872.20	(\$10.050)	\$901.85	\$983.84	\$1,111.23	\$1,212.25	\$1,320.60	\$1,440.65
Employee + Family	\$2,024.00	\$24,288.00	\$26,630.04	(\$10.050)	\$1,381.67	\$1,507.28	\$1,591.05	\$1,735.69	\$1,800.42	\$1,964.09
PPO 8A 80%*										
RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$3,250; Family \$6,500										
Employee Only	\$845.00	\$10,140.00	\$11,026.56	(\$10.050)	\$81.38	\$88.78	\$290.76	\$317.19	\$500.13	\$545.60
Employee + 1	\$1,453.00	\$17,436.00	\$19,048.20	(\$10.050)	\$749.85	\$818.02	\$959.23	\$1,046.43	\$1,168.60	\$1,274.84
Employee + Family	\$1,833.00	\$21,996.00	\$24,338.04	(\$10.050)	\$1,190.67	\$1,298.91	\$1,400.05	\$1,527.32	\$1,609.42	\$1,755.73
PPO Wellness 90%*										
RX 7/25/40 (30 Days) 15/60/90 (90 Days) Calendar Year Out of Pocket: Individual \$1,750; Family \$3,500										
Employee Only	\$941.00	\$11,292.00	\$12,178.56	(\$10.050)	\$177.38	\$193.51	\$386.76	\$421.91	\$596.13	\$650.32
Employee + 1	\$1,619.00	\$19,428.00	\$21,040.20	(\$10.050)	\$915.85	\$999.11	\$1,125.23	\$1,227.52	\$1,334.60	\$1,455.93
Employee + Family	\$2,042.00	\$24,504.00	\$26,846.04	(\$10.050)	\$1,399.67	\$1,526.91	\$1,609.05	\$1,755.32	\$1,818.42	\$1,983.73
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	\$8,458.56	(\$10.050)	(\$132.62)	(\$144.68)	\$76.76	\$83.73	\$286.13	\$312.14
Employee + 1	\$1,086.00	\$13,032.00	\$14,644.20	(\$10.050)	\$382.85	\$417.65	\$592.23	\$646.06	\$801.60	\$874.47
Employee + Family	\$1,369.00	\$16,428.00	\$18,770.04	(\$10.050)	\$726.67	\$792.73	\$936.05	\$1,021.14	\$1,145.42	\$1,249.55
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	\$7,150.56	(\$10.050)	(\$241.62)	(\$263.59)	(\$32.25)	(\$35.18)	\$177.13	\$193.23
Employee + 1	\$898.00	\$10,776.00	\$12,388.20	(\$10.050)	\$194.85	\$212.56	\$404.23	\$440.97	\$613.60	\$669.38
Employee + Family	\$1,133.00	\$13,596.00	\$15,938.04	(\$10.050)	\$490.67	\$535.28	\$700.05	\$763.69	\$909.42	\$992.09
PPO Opt-Out with Premium, Rx Opt-out with Premium										
Employee Only	\$418.00	\$5,016.00	\$5,902.56	(\$10.050)	(\$345.62)	(\$377.04)	(\$136.25)	(\$148.63)	\$73.13	\$79.78
Employee + 1	\$418.00	\$5,016.00	\$6,628.20	(\$10.050)	(\$285.15)	(\$311.07)	(\$75.78)	(\$82.66)	\$133.60	\$145.75
Employee + Family	\$418.00	\$5,016.00	\$7,358.04	(\$10.050)	(\$224.33)	(\$244.72)	(\$14.96)	(\$16.31)	\$194.42	\$212.09

ESTIMATED MONTHLY COST TO EMPLOYEE FOR HEALTH-RX, DENTAL AND VISION INSURANCE**

* 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.

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Kaiser - Select Areas										
Kaiser 1 100%*										
RX 5/10 (30 Days) 10/20 (31-60 Days) 15/30 (61-100) \$10 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000										
Employee Only	\$1,107.00	\$13,284.00	\$14,170.56	(\$10,050)	\$343.38	\$374.60	\$552.76	\$603.01	\$762.13	\$831.41
Employee + 1	\$1,903.00	\$22,836.00	\$24,448.20	(\$10,050)	\$1,199.85	\$1,308.93	\$1,409.23	\$1,537.34	\$1,618.60	\$1,765.75
Employee + Family	\$2,400.00	\$28,800.00	\$31,142.04	(\$10,050)	\$1,757.67	\$1,917.46	\$1,967.05	\$2,145.87	\$2,176.42	\$2,374.28
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	\$14,002.56	(\$10,050)	\$329.38	\$359.32	\$538.76	\$587.73	\$748.13	\$816.14
Employee + 1	\$1,878.00	\$22,536.00	\$24,148.20	(\$10,050)	\$1,174.85	\$1,281.65	\$1,384.23	\$1,510.06	\$1,593.60	\$1,738.47
Employee + Family	\$2,369.00	\$28,428.00	\$30,770.04	(\$10,050)	\$1,726.67	\$1,883.64	\$1,936.05	\$2,112.05	\$2,145.42	\$2,340.46

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