

Amador County Unified School District  
CVT Health Insurance Rates  
October 1, 2020 through September 30, 2021  
Classified

	MONTHLY RATE	ANNUAL PLAN RATE	ANNUAL RATE HEALTH-RX	ANNUAL DISTRICT CAP	12 MONTH CAP 100% H-D-V	11 MONTH CAP 100% H-D-V	4.1 to 6 Hrs	4.1 to 6 Hrs	4 Hrs	4 Hrs
							PT 12 MON CAP 75% H-D-V	PT 11 MON CAP 75% H-D-V	PT 12 MON CAP 50% H-D-V	PT 11 MON CAP 50% H-D-V
			DENTAL-VISION	100% FTE	LESS CAP	LESS CAP	LESS CAP	LESS CAP	LESS CAP	LESS CAP
<b>DELTA DENTAL</b>	\$128.12	\$1,537.44								
Basic, Unlimited Annual Maximum										
<b>VSP</b>	\$18.07	\$216.84								
Plan B \$10 Deductible										
<b>ESTIMATED MONTHLY COST TO EMPLOYEE FOR HEALTH-RX, DENTAL AND VISION INSURANCE**</b>										
<b>HEALTH PLANS:</b>										
<b>Anthem Blue Cross</b>										
<b>PPO 1A 100%*</b>										
RX 5/22 (30 Days) 10/44 (90 Days)										
Calendar Year Out of Pocket: Individual \$1,250; Family \$2,500										
Employee Only	\$1,142.00	\$13,704.00	\$15,458.28	(\$10,050)	\$450.69	\$491.66	\$660.07	\$720.07	\$869.44	\$948.48
Employee + 1	\$1,964.00	\$23,568.00	\$25,322.28	(\$10,050)	\$1,272.69	\$1,388.39	\$1,482.07	\$1,616.80	\$1,691.44	\$1,845.21
Employee + Family	\$2,478.00	\$29,736.00	\$31,490.28	(\$10,050)	\$1,786.69	\$1,949.12	\$1,996.07	\$2,177.53	\$2,205.44	\$2,405.93
<b>PPO 4A 90%*</b>										
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	\$13,910.28	(\$10,050)	\$321.69	\$350.93	\$531.07	\$579.34	\$740.44	\$807.75
Employee + 1	\$1,742.00	\$20,904.00	\$22,658.28	(\$10,050)	\$1,050.69	\$1,146.21	\$1,260.07	\$1,374.62	\$1,469.44	\$1,603.03
Employee + Family	\$2,198.00	\$26,376.00	\$28,130.28	(\$10,050)	\$1,506.69	\$1,643.66	\$1,716.07	\$1,872.07	\$1,925.44	\$2,100.48
<b>PPO 6A 80%*</b>										
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	\$12,950.28	(\$10,050)	\$241.69	\$263.66	\$451.07	\$492.07	\$660.44	\$720.48
Employee + 1	\$1,605.00	\$19,260.00	\$21,014.28	(\$10,050)	\$913.69	\$996.75	\$1,123.07	\$1,225.16	\$1,332.44	\$1,453.57
Employee + Family	\$2,024.00	\$24,288.00	\$26,042.28	(\$10,050)	\$1,332.69	\$1,453.84	\$1,542.07	\$1,682.25	\$1,751.44	\$1,910.66
<b>PPO 9A 80%*</b>										
RX 5/22 (30 Days) 10/44 (90 Days)										
Calendar Year Out of Pocket: Individual \$5,000; Family \$10,000										
Employee Only	\$754.00	\$9,048.00	\$10,802.28	(\$10,050)	\$62.69	\$68.39	\$272.07	\$296.80	\$481.44	\$525.21
Employee + 1	\$1,297.00	\$15,564.00	\$17,318.28	(\$10,050)	\$605.69	\$660.75	\$815.07	\$889.16	\$1,024.44	\$1,117.57
Employee + Family	\$1,636.00	\$19,632.00	\$21,386.28	(\$10,050)	\$944.69	\$1,030.57	\$1,154.07	\$1,258.98	\$1,363.44	\$1,487.39
<b>PPO Wellness 90%*</b>										
RX 7/25/40 (30 Days) 15/60/90 (90 Days) \$20 PCP Doctor Visits										
Calendar Year Out of Pocket: Individual \$1,750; Family \$3,500										
Employee Only	\$941.00	\$11,292.00	\$13,046.28	(\$10,050)	\$249.69	\$272.39	\$459.07	\$500.80	\$668.44	\$729.21
Employee + 1	\$1,619.00	\$19,428.00	\$21,182.28	(\$10,050)	\$927.69	\$1,012.03	\$1,137.07	\$1,240.43	\$1,346.44	\$1,468.84
Employee + Family	\$2,042.00	\$24,504.00	\$26,258.28	(\$10,050)	\$1,350.69	\$1,473.48	\$1,560.07	\$1,701.89	\$1,769.44	\$1,930.30
<b>HDHP 1 80%*</b>										
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	\$9,326.28	(\$10,050)	(\$60.31)	(\$65.79)	\$149.07	\$162.62	\$358.44	\$391.03
Employee + 1	\$1,086.00	\$13,032.00	\$14,786.28	(\$10,050)	\$394.69	\$430.57	\$604.07	\$658.98	\$813.44	\$887.39
Employee + Family	\$1,369.00	\$16,428.00	\$18,182.28	(\$10,050)	\$677.69	\$739.30	\$887.07	\$967.71	\$1,096.44	\$1,196.12
<b>PPO BRONZE 70%*</b>										
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	\$8,018.28	(\$10,050)	(\$169.31)	(\$184.70)	\$40.07	\$43.71	\$249.44	\$272.12
Employee + 1	\$898.00	\$10,776.00	\$12,530.28	(\$10,050)	\$206.69	\$225.48	\$416.07	\$453.89	\$625.44	\$682.30
Employee + Family	\$1,133.00	\$13,596.00	\$15,350.28	(\$10,050)	\$441.69	\$481.84	\$651.07	\$710.25	\$860.44	\$938.66
<b>PPO Opt-Out with Premium, Rx Opt-Out with Premium</b>										
Employee Only	\$418.00	\$5,016.00	\$6,770.28	(\$10,050)	(\$273.31)	(\$298.16)	(\$63.94)	(\$69.75)	\$145.44	\$158.66
Employee + 1	\$418.00	\$5,016.00	\$6,770.28	(\$10,050)	(\$273.31)	(\$298.16)	(\$63.94)	(\$69.75)	\$145.44	\$158.66
Employee + Family	\$418.00	\$5,016.00	\$6,770.28	(\$10,050)	(\$273.31)	(\$298.16)	(\$63.94)	(\$69.75)	\$145.44	\$158.66

\* 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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					CAP 100% H-D-V	CAP 100% H-D-V	PT 12 MON CAP 75% H-D-V	PT 11 MON CAP 75% H-D-V	PT 12 MON CAP 50% H-D-V	PT 11 MON CAP 50% H-D-V
<b>Kaiser - Select Areas</b>										
<b>Kaiser 1 100%*</b>										
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	\$15,038.28	(\$10,050)	\$415.69	\$453.48	\$625.07	\$681.89	\$834.44	\$910.30
Employee + 1	\$1,903.00	\$22,836.00	\$24,590.28	(\$10,050)	\$1,211.69	\$1,321.84	\$1,421.07	\$1,550.25	\$1,630.44	\$1,778.66
Employee + Family	\$2,400.00	\$28,800.00	\$30,554.28	(\$10,050)	\$1,708.69	\$1,864.03	\$1,918.07	\$2,092.43	\$2,127.44	\$2,320.84
<b>Kaiser 2 100%*</b>										
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	\$14,870.28	(\$10,050)	\$401.69	\$438.21	\$611.07	\$666.62	\$820.44	\$895.03
Employee + 1	\$1,878.00	\$22,536.00	\$24,290.28	(\$10,050)	\$1,186.69	\$1,294.57	\$1,396.07	\$1,522.98	\$1,605.44	\$1,751.39
Employee + Family	\$2,369.00	\$28,428.00	\$30,182.28	(\$10,050)	\$1,677.69	\$1,830.21	\$1,887.07	\$2,058.62	\$2,096.44	\$2,287.03
<b>Kaiser 5 100%*</b>										
RX 10/20 (30 Days) 20/40 (31-60 Days) 30/60 (61-100 Days) \$35 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000										
Employee Only	\$1,049.00	\$12,588.00	\$14,342.28	(\$10,050)	\$357.69	\$390.21	\$567.07	\$618.62	\$776.44	\$847.03
Employee + 1	\$1,802.00	\$21,624.00	\$23,378.28	(\$10,050)	\$1,110.69	\$1,211.66	\$1,320.07	\$1,440.07	\$1,529.44	\$1,668.48
Employee + Family	\$2,273.00	\$27,276.00	\$29,030.28	(\$10,050)	\$1,581.69	\$1,725.48	\$1,791.07	\$1,953.89	\$2,000.44	\$2,182.30
<b>Kaiser 7 100%*</b>										
RX 10/30 (30 Days) 20/60 (31-60 Days) 30/90 (61-100 Days) \$35 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000										
Employee Only	\$1,019.00	\$12,228.00	\$13,982.28	(\$10,050)	\$327.69	\$357.48	\$537.07	\$585.89	\$746.44	\$814.30
Employee + 1	\$1,752.00	\$21,024.00	\$22,778.28	(\$10,050)	\$1,060.69	\$1,157.12	\$1,270.07	\$1,385.53	\$1,479.44	\$1,613.93
Employee + Family	\$2,209.00	\$26,508.00	\$28,262.28	(\$10,050)	\$1,517.69	\$1,655.66	\$1,727.07	\$1,884.07	\$1,936.44	\$2,112.48
<b>Kaiser Wellness 100%*</b>										
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	\$12,098.28	(\$10,050)	\$170.69	\$186.21	\$380.07	\$414.62	\$589.44	\$643.03
Employee + 1	\$1,481.00	\$17,772.00	\$19,526.28	(\$10,050)	\$789.69	\$861.48	\$999.07	\$1,089.89	\$1,208.44	\$1,318.30
Employee + Family	\$1,868.00	\$22,416.00	\$24,170.28	(\$10,050)	\$1,176.69	\$1,283.66	\$1,386.07	\$1,512.07	\$1,595.44	\$1,740.48

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