

Amador County Unified School District
 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	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	150% RULE CAP 100% 12 Month
DELTA DENTAL Basic, \$2000 Annual Maximum	\$112.60	\$1,351.20									
VSP Plan B \$10 Deductible	\$18.07	\$216.84									
HEALTH PLANS: Anthem Blue Cross					ESTIMATED MONTHLY COST TO EMPLOYEE FOR HEALTH-RX, DENTAL AND VISION INSURANCE**						
PPO 1A 100%* RX 5/22 (30 Days) 10/44 (90 Days) \$10 PCP Doctor Visits Calendar Year Out of Pocket: Individual \$1,250; Family \$2,500	\$2,041.00	\$24,492.00	\$26,060.04	(\$10,050)	\$1,334.17	\$1,455.46	\$1,543.55	\$1,683.87	\$1,752.92	\$1,912.28	\$823.92
PPO 4A 90%* RX 5/22 (30 Days) 10/44 (90 Days) \$20 PCP Doctor Visits Calendar Year Out of Pocket: Individual \$1,250; Family \$2,500	\$1,811.00	\$21,732.00	\$23,300.04	(\$10,050)	\$1,104.17	\$1,204.55	\$1,313.55	\$1,432.96	\$1,522.92	\$1,661.37	\$651.42
PPO 6C 80%* RX 7/25/40 (30 Days) 15/60/90 (90 Days) \$20 PCP Doctor Visits Calendar Year Out of Pocket: Individual \$2,000; Family \$4,000	\$1,640.00	\$19,680.00	\$21,248.04	(\$10,050)	\$933.17	\$1,018.00	\$1,142.55	\$1,246.41	\$1,351.92	\$1,474.82	\$523.17
PPO 10D 80%* RX 10/40/100 (30 Days) 25/100/150 (90 Days) PCP 80% after deductible is met Calendar Year Out of Pocket: Individual \$6,350; Family \$12,700	\$1,085.00	\$13,020.00	\$14,588.04	(\$10,050)	\$378.17	\$412.55	\$587.55	\$640.96	\$796.92	\$869.37	\$106.92
PPO Wellness 90%* 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	\$1,681.00	\$20,172.00	\$21,740.04	(\$10,050)	\$974.17	\$1,062.73	\$1,183.55	\$1,291.14	\$1,392.92	\$1,519.55	\$553.92
HDHP 1 80%* 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)	\$1,128.00	\$13,536.00	\$15,104.04	(\$10,050)	\$421.17	\$459.46	\$630.55	\$687.87	\$839.92	\$916.28	\$139.17
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	\$934.00	\$11,208.00	\$12,776.04	(\$10,050)	\$227.17	\$247.82	\$436.55	\$476.23	\$645.92	\$704.64	(\$6.33)
PPO Opt-Out (Medical and RX) Dental and Vision are required Must re-enroll for opt out each year during open enrollment	\$747.00	\$8,964.00	\$10,532.04	(\$10,050)	\$40.17	\$43.82	\$249.55	\$272.23	\$458.92	\$500.64	(\$146.58)

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Kaiser - Select Areas (Amador County Cities: Ione or Plymouth and other areas outside of Amador based on Kaiser's rules)											
Kaiser 1 100%*	\$2,067.00	\$24,804.00	\$26,372.04	(\$10,050)	\$1,360.17	\$1,483.82	\$1,569.55	\$1,712.23	\$1,778.92	\$1,940.64	NA
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											
Kaiser 2 100%*	\$2,038.00	\$24,456.00	\$26,024.04	(\$10,050)	\$1,331.17	\$1,452.19	\$1,540.55	\$1,680.59	\$1,749.92	\$1,909.00	NA
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											
Kaiser 6 100%*	\$1,977.00	\$23,724.00	\$25,292.04	(\$10,050)	\$1,270.17	\$1,385.64	\$1,479.55	\$1,614.05	\$1,688.92	\$1,842.46	NA
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											
Kaiser Wellness	\$1,615.00	\$19,380.00	\$20,948.04	(\$10,050)	\$908.17	\$990.73	\$1,117.55	\$1,219.14	\$1,326.92	\$1,447.55	NA
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											
Kaiser Bronze 60%*	\$968.00	\$11,616.00	\$13,184.04	(\$10,050)	\$261.17	\$284.91	\$470.55	\$513.32	\$679.92	\$741.73	NA
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											

* 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. Please see article 16.2 of the ACUSD contract.