

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

	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 \$5 Deductible	\$23.98	\$287.76				
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 PCP Doctor Visits Calendar Year Out of Pocket: Individual \$1,250; Family \$2,500						
Employee Only	\$1,142.00	\$13,704.00	\$15,342.96	(\$10,050)	\$441.08	\$481.18
Employee + 1	\$1,964.00	\$23,568.00	\$25,206.96	(\$10,050)	\$1,263.08	\$1,377.91
Employee + Family	\$2,478.00	\$29,736.00	\$31,374.96	(\$10,050)	\$1,777.08	\$1,938.63
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						
Employee Only	\$1,013.00	\$12,156.00	\$13,794.96	(\$10,050)	\$312.08	\$340.45
Employee + 1	\$1,742.00	\$20,904.00	\$22,542.96	(\$10,050)	\$1,041.08	\$1,135.72
Employee + Family	\$2,198.00	\$26,376.00	\$28,014.96	(\$10,050)	\$1,497.08	\$1,633.18
PPO 6A 80%* RX 5/22 (30 Days) 10/44 (90 Days) \$20 PCP Doctor Visits Calendar Year Out of Pocket: Individual \$2,000; Family \$4,000						
Employee Only	\$933.00	\$11,196.00	\$12,834.96	(\$10,050)	\$232.08	\$253.18
Employee + 1	\$1,605.00	\$19,260.00	\$20,898.96	(\$10,050)	\$904.08	\$986.27
Employee + Family	\$2,024.00	\$24,288.00	\$25,926.96	(\$10,050)	\$1,323.08	\$1,443.36
PPO 10A 80%* RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$6,350; Family \$12,700						
Employee Only	\$653.00	\$7,836.00	\$9,474.96	(\$10,050)	(\$47.92)	(\$52.28)
Employee + 1	\$1,123.00	\$13,476.00	\$15,114.96	(\$10,050)	\$422.08	\$460.45
Employee + Family	\$1,417.00	\$17,004.00	\$18,642.96	(\$10,050)	\$716.08	\$781.18
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	\$12,930.96	(\$10,050)	\$240.08	\$261.91
Employee + 1	\$1,619.00	\$19,428.00	\$21,066.96	(\$10,050)	\$918.08	\$1,001.54
Employee + Family	\$2,042.00	\$24,504.00	\$26,142.96	(\$10,050)	\$1,341.08	\$1,463.00
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)						
Employee Only	\$631.00	\$7,572.00	\$9,210.96	(\$10,050)	(\$69.92)	(\$76.28)
Employee + 1	\$1,086.00	\$13,032.00	\$14,670.96	(\$10,050)	\$385.08	\$420.09
Employee + Family	\$1,369.00	\$16,428.00	\$18,066.96	(\$10,050)	\$668.08	\$728.81
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	\$7,902.96	(\$10,050)	(\$178.92)	(\$195.19)
Employee + 1	\$898.00	\$10,776.00	\$12,414.96	(\$10,050)	\$197.08	\$215.00
Employee + Family	\$1,133.00	\$13,596.00	\$15,234.96	(\$10,050)	\$432.08	\$471.36

* 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 Days) \$10 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000						
Employee Only	\$1,107.00	\$13,284.00	\$14,922.96	(\$10,050)	\$406.08	\$443.00
Employee + 1	\$1,903.00	\$22,836.00	\$24,474.96	(\$10,050)	\$1,202.08	\$1,311.36
Employee + Family	\$2,400.00	\$28,800.00	\$30,438.96	(\$10,050)	\$1,699.08	\$1,853.54
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	\$14,754.96	(\$10,050)	\$392.08	\$427.72
Employee + 1	\$1,878.00	\$22,536.00	\$24,174.96	(\$10,050)	\$1,177.08	\$1,284.09
Employee + Family	\$2,369.00	\$28,428.00	\$30,066.96	(\$10,050)	\$1,668.08	\$1,819.72
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	\$11,982.96	(\$10,050)	\$161.08	\$175.72
Employee + 1	\$1,481.00	\$17,772.00	\$19,410.96	(\$10,050)	\$780.08	\$851.00
Employee + Family	\$1,868.00	\$22,416.00	\$24,054.96	(\$10,050)	\$1,167.08	\$1,273.18

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