

Amador County Office of Education  
 CVT Health Insurance Rates  
 October 1, 2021 through September 30, 2022  
 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
<b>DELTA DENTAL</b> Basic, \$2000 Annual Maximum	\$112.60	\$1,351.20				
<b>VSP</b> Plan C \$0 Deductible	\$29.04	\$348.48				
<b>HEALTH PLANS:</b>					<b>ESTIMATED MONTHLY COST TO EMPLOYEE FOR HEALTH-RX, DENTAL AND VISION INSURANCE**</b>	
<b>Anthem Blue Cross</b>						
<b>PPO 1A 100%*</b>						
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	\$1,207.00	\$14,484.00	\$16,183.68	(\$10,050)	\$511.14	\$557.61
Employee + 1	\$2,076.00	\$24,912.00	\$26,611.68	(\$10,050)	\$1,380.14	\$1,505.61
Employee + Family	\$2,619.00	\$31,428.00	\$33,127.68	(\$10,050)	\$1,923.14	\$2,097.97
<b>PPO 4A 90%*</b>						
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	\$1,071.00	\$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	\$2,324.00	\$27,888.00	\$29,587.68	(\$10,050)	\$1,628.14	\$1,776.15
<b>PPO 6A 80%*</b>						
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	\$987.00	\$11,844.00	\$13,543.68	(\$10,050)	\$291.14	\$317.61
Employee + 1	\$1,698.00	\$20,376.00	\$22,075.68	(\$10,050)	\$1,002.14	\$1,093.24
Employee + Family	\$2,142.00	\$25,704.00	\$27,403.68	(\$10,050)	\$1,446.14	\$1,577.61
<b>PPO 9A 80%*</b>						
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	\$797.00	\$9,564.00	\$11,263.68	(\$10,050)	\$101.14	\$110.33
Employee + 1	\$1,371.00	\$16,452.00	\$18,151.68	(\$10,050)	\$675.14	\$736.52
Employee + Family	\$1,730.00	\$20,760.00	\$22,459.68	(\$10,050)	\$1,034.14	\$1,128.15
<b>PPO Wellness 90%*</b>						
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	\$994.00	\$11,928.00	\$13,627.68	(\$10,050)	\$298.14	\$325.24
Employee + 1	\$1,710.00	\$20,520.00	\$22,219.68	(\$10,050)	\$1,014.14	\$1,106.33
Employee + Family	\$2,157.00	\$25,884.00	\$27,583.68	(\$10,050)	\$1,461.14	\$1,593.97
<b>HDHP 1 90%*</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	\$667.00	\$8,004.00	\$9,703.68	(\$10,050)	(\$28.86)	(\$31.48)
Employee + 1	\$1,147.00	\$13,764.00	\$15,463.68	(\$10,050)	\$451.14	\$492.15
Employee + Family	\$1,447.00	\$17,364.00	\$19,063.68	(\$10,050)	\$751.14	\$819.43
<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	\$552.00	\$6,624.00	\$8,323.68	(\$10,050)	(\$143.86)	(\$156.94)
Employee + 1	\$950.00	\$11,400.00	\$13,099.68	(\$10,050)	\$254.14	\$277.24
Employee + Family	\$1,197.00	\$14,364.00	\$16,063.68	(\$10,050)	\$501.14	\$546.70
<b>PPO Opt-Out with Premium</b>						
Employee Only	\$442.00	\$5,304.00	\$7,003.68	(\$10,050)	(\$253.86)	(\$276.94)
Employee + 1	\$442.00	\$5,304.00	\$7,003.68	(\$10,050)	(\$253.86)	(\$276.94)
Employee + Family	\$442.00	\$5,304.00	\$7,003.68	(\$10,050)	(\$253.86)	(\$276.94)

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* 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.						
<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	\$1,162.00	\$13,944.00	\$15,643.68	(\$10,050)	\$466.14	\$508.52
Employee + 1	\$1,998.00	\$23,976.00	\$25,675.68	(\$10,050)	\$1,302.14	\$1,420.52
Employee + Family	\$2,520.00	\$30,240.00	\$31,939.68	(\$10,050)	\$1,824.14	\$1,989.97
<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	\$1,148.00	\$13,776.00	\$15,475.68	(\$10,050)	\$452.14	\$493.24
Employee + 1	\$1,973.00	\$23,676.00	\$25,375.68	(\$10,050)	\$1,277.14	\$1,393.24
Employee + Family	\$2,488.00	\$29,856.00	\$31,555.68	(\$10,050)	\$1,792.14	\$1,955.06
<b>Kaiser 6 100%*</b>						
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	\$1,125.00	\$13,500.00	\$15,199.68	(\$10,050)	\$429.14	\$468.15
Employee + 1	\$1,934.00	\$23,208.00	\$24,907.68	(\$10,050)	\$1,238.14	\$1,350.70
Employee + Family	\$2,440.00	\$29,280.00	\$30,979.68	(\$10,050)	\$1,744.14	\$1,902.70
<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	\$905.00	\$10,860.00	\$12,559.68	(\$10,050)	\$209.14	\$228.15
Employee + 1	\$1,555.00	\$18,660.00	\$20,359.68	(\$10,050)	\$859.14	\$937.24
Employee + Family	\$1,962.00	\$23,544.00	\$25,243.68	(\$10,050)	\$1,266.14	\$1,381.24
<b>Kaiser Bronze Active 60%</b>						
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	\$634.00	\$7,608.00	\$9,307.68	(\$10,050)	(\$61.86)	(\$67.48)
Employee + 1	\$1,090.00	\$13,080.00	\$14,779.68	(\$10,050)	\$394.14	\$429.97
Employee + Family	\$1,375.00	\$16,500.00	\$18,199.68	(\$10,050)	\$679.14	\$740.88
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