Amador County Office of Education CVT Health Insurance Rates October 1, 2021 through September 30, 2022 Certificated Retirees

		Monthly Rate	
DELTA DENTAL		,	
Employee Only		\$61.35	
Employee + 1		\$111.11	
Employee + Family		\$159.73	
VSP		*******	
Plan C \$0 Deductible			
Employee Only		\$17.74	
Employee + 1		\$32.96	
Employee + Family		\$50.75	
HEALTH PLANS:	Anthem Blue Cross	Under Age 65	Medicare A & B
PPO-1 RX-A			
Employee Only		\$1,810.00	\$510.00
Employee + 1		\$3,113.00	\$976.00
Employee + Family		\$3,927.00	\$1,330.00
PPO-4 RX-A		, ,	. ,
Employee Only		\$1,615.00	\$476.00
Employee + 1		\$2,777.00	\$904.00
Employee + Family		\$3,504.00	\$2,412.00
PPO-6 RX-A		+-,	* /
Employee Only		\$1,494.00	\$457.00
Employee + 1		\$2,569.00	\$863.00
Employee + Family		\$3,242.00	\$2,254.00
PPO-9 RX-A		ψο,Ξ :Ξ:σσ	ΨΞ,ΞΘΘΘ
Employee Only		\$1,224.00	\$412.00
Employee + 1		\$2,105.00	\$767.00
Employee + Family		\$2,656.00	\$1,896.00
WELL-1 RX C		+ =,000.00	* 1,000100
Employee Only		\$1,494.00	
Employee + 1		\$2,570.00	
Employee + Family		\$3,242.00	
HDHP 1		+-,	
Employee Only		\$954.00	
Employee + 1		\$1,641.00	
Employee + Family		\$2,070.00	
CVT Bronze Plan		,-,-,-,-	
Employee Only		\$788.00	
Employee + 1		\$1,355.00	
Employee + Family		\$1,710.00	
	Select Areas	, ,	
Kaiser 1			
Employee Only		\$1,585.00	
Employee + 1		\$2,725.00	
Employee + Family		\$3,438.00	
Kaiser 2		+-,	
Employee Only		\$1,533.00	
Employee + 1		\$2,635.00	
Employee + Family		\$3,324.00	
Kaiser 6		F=,==30	
Employee Only		\$1,471.00	
Employee + 1		\$2,529.00	
Employee + Family		\$3,190.00	
Kaiser Bronze		40,.00.00	
Employee Only		\$856.00	
Employee + 1		\$1,471.00	
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\$1,855.00

Employee + Family

NOTE: Once you have dropped a plan, you can not add it back.