

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

	MONTHLY RATE	ANNUAL PLAN RATE	ANNUAL RATE HEALTH-RX DENTAL-VISION	ANNUAL DISTRICT CAP 100% FTE	12 MONTH	11 MONTH	4.1 to 6 Hrs	4.1 to 6 Hrs	4 Hrs	4 Hrs
					CAP 100% H-D-V LESS CAP	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
DELTA DENTAL										
Basic, Unlimited Annual Maximum										
Employee Only	\$63.09	\$757.08								
Employee + 1	\$114.29	\$1,371.48								
Employee + Family	\$164.29	\$1,971.48								
VSP										
Plan C \$5 Deductible										
Employee Only	\$10.79	\$129.48								
Employee + 1	\$20.06	\$240.72								
Employee + Family	\$30.88	\$370.56								
HEALTH PLANS:										
Anthem Blue Cross										
PPO 1A 100%*										
RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$1,250; Family \$3,750										
Employee Only	\$1,207.00	\$14,484.00	\$15,370.56	(\$10.050)	\$443.38	\$483.69	\$652.76	\$712.10	\$862.13	\$940.51
Employee + 1	\$2,076.00	\$24,912.00	\$26,524.20	(\$10.050)	\$1,372.85	\$1,497.65	\$1,582.23	\$1,726.06	\$1,791.60	\$1,954.47
Employee + Family	\$2,619.00	\$31,428.00	\$33,770.04	(\$10.050)	\$1,976.67	\$2,156.37	\$2,186.05	\$2,384.78	\$2,395.42	\$2,613.19
PPO 4A 90%*										
RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$1,250; Family \$2,500										
Employee Only	\$1,071.00	\$12,852.00	\$13,738.56	(\$10.050)	\$307.38	\$335.32	\$516.76	\$563.73	\$726.13	\$792.14
Employee + 1	\$1,842.00	\$22,104.00	\$23,716.20	(\$10.050)	\$1,138.85	\$1,242.38	\$1,348.23	\$1,470.79	\$1,557.60	\$1,699.20
Employee + Family	\$2,324.00	\$27,888.00	\$30,230.04	(\$10.050)	\$1,681.67	\$1,834.55	\$1,891.05	\$2,062.96	\$2,100.42	\$2,291.37
PPO 6A 80%*										
RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$2,000; Family \$4,000										
Employee Only	\$987.00	\$11,844.00	\$12,730.56	(\$10.050)	\$223.38	\$243.69	\$432.76	\$472.10	\$642.13	\$700.51
Employee + 1	\$1,698.00	\$20,376.00	\$21,988.20	(\$10.050)	\$994.85	\$1,085.29	\$1,204.23	\$1,313.70	\$1,413.60	\$1,542.11
Employee + Family	\$2,142.00	\$25,704.00	\$28,046.04	(\$10.050)	\$1,499.67	\$1,636.00	\$1,709.05	\$1,864.41	\$1,918.42	\$2,092.82
PPO 8A 80%*										
RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$3,250; Family \$6,500										
Employee Only	\$893.00	\$10,716.00	\$11,602.56	(\$10.050)	\$129.38	\$141.14	\$338.76	\$369.55	\$548.13	\$597.96
Employee + 1	\$1,536.00	\$18,432.00	\$20,044.20	(\$10.050)	\$832.85	\$908.56	\$1,042.23	\$1,136.97	\$1,251.60	\$1,365.38
Employee + Family	\$1,938.00	\$23,256.00	\$25,598.04	(\$10.050)	\$1,295.67	\$1,413.46	\$1,505.05	\$1,641.87	\$1,714.42	\$1,870.28
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	\$994.00	\$11,928.00	\$12,814.56	(\$10.050)	\$230.38	\$251.32	\$439.76	\$479.73	\$649.13	\$708.14
Employee + 1	\$1,710.00	\$20,520.00	\$22,132.20	(\$10.050)	\$1,006.85	\$1,098.38	\$1,216.23	\$1,326.79	\$1,425.60	\$1,555.20
Employee + Family	\$2,157.00	\$25,884.00	\$28,226.04	(\$10.050)	\$1,514.67	\$1,652.37	\$1,724.05	\$1,880.78	\$1,933.42	\$2,109.19
HDHP 1 90%*										
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	\$8,890.56	(\$10.050)	(\$96.62)	(\$105.40)	\$112.76	\$123.01	\$322.13	\$351.41
Employee + 1	\$1,147.00	\$13,764.00	\$15,376.20	(\$10.050)	\$443.85	\$484.20	\$653.23	\$712.61	\$862.60	\$941.02
Employee + Family	\$1,447.00	\$17,364.00	\$19,706.04	(\$10.050)	\$804.67	\$877.82	\$1,014.05	\$1,106.23	\$1,223.42	\$1,334.64
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	\$552.00	\$6,624.00	\$7,510.56	(\$10.050)	(\$211.62)	(\$230.86)	(\$2.24)	(\$2.45)	\$207.13	\$225.96
Employee + 1	\$950.00	\$11,400.00	\$13,012.20	(\$10.050)	\$246.85	\$269.29	\$456.23	\$497.70	\$665.60	\$726.11
Employee + Family	\$1,197.00	\$14,364.00	\$16,706.04	(\$10.050)	\$554.67	\$605.09	\$764.05	\$833.50	\$973.42	\$1,061.91
PPO Opt-Out with Premium, Rx Opt-out with Premium										
Employee Only	\$442.00	\$5,304.00	\$6,190.56	(\$10.050)	(\$321.62)	(\$350.86)	(\$112.25)	(\$122.45)	\$97.13	\$105.96
Employee + 1	\$442.00	\$5,304.00	\$6,916.20	(\$10.050)	(\$261.15)	(\$284.89)	(\$51.78)	(\$56.48)	\$157.60	\$171.93
Employee + Family	\$442.00	\$5,304.00	\$7,646.04	(\$10.050)	(\$200.33)	(\$218.54)	\$9.05	\$9.87	\$218.42	\$238.28

ESTIMATED MONTHLY COST TO EMPLOYEE FOR HEALTH-RX, DENTAL AND VISION INSURANCE**

* 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) \$10 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000										
Employee Only	\$1,162.00	\$13,944.00	\$14,830.56	(\$10,050)	\$398.38	\$434.60	\$607.76	\$663.01	\$817.13	\$891.41
Employee + 1	\$1,998.00	\$23,976.00	\$25,588.20	(\$10,050)	\$1,294.85	\$1,412.56	\$1,504.23	\$1,640.97	\$1,713.60	\$1,869.38
Employee + Family	\$2,520.00	\$30,240.00	\$32,582.04	(\$10,050)	\$1,877.67	\$2,048.37	\$2,087.05	\$2,276.78	\$2,296.42	\$2,505.19
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	\$1,148.00	\$13,776.00	\$14,662.56	(\$10,050)	\$384.38	\$419.32	\$593.76	\$647.73	\$803.13	\$876.14
Employee + 1	\$1,973.00	\$23,676.00	\$25,288.20	(\$10,050)	\$1,269.85	\$1,385.29	\$1,479.23	\$1,613.70	\$1,688.60	\$1,842.11
Employee + Family	\$2,488.00	\$29,856.00	\$32,198.04	(\$10,050)	\$1,845.67	\$2,013.46	\$2,055.05	\$2,241.87	\$2,264.42	\$2,470.28

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