

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

	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 \$5 Deductible	\$23.98	\$287.76				
<b>HEALTH PLANS:</b> <b>Anthem Blue Cross</b>						
<b>PPO 1A 100%*</b> RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$1,250; Family \$2,500						
Employee Only	\$1,207.00	\$14,484.00	\$16,122.96	(\$10,050)	\$506.08	\$552.09
Employee + 1	\$2,076.00	\$24,912.00	\$26,550.96	(\$10,050)	\$1,375.08	\$1,500.09
Employee + Family	\$2,619.00	\$31,428.00	\$33,066.96	(\$10,050)	\$1,918.08	\$2,092.45
<b>PPO 4A 90%*</b> 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	\$14,490.96	(\$10,050)	\$370.08	\$403.72
Employee + 1	\$1,842.00	\$22,104.00	\$23,742.96	(\$10,050)	\$1,141.08	\$1,244.81
Employee + Family	\$2,324.00	\$27,888.00	\$29,526.96	(\$10,050)	\$1,623.08	\$1,770.63
<b>PPO 6A 80%*</b> 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	\$13,482.96	(\$10,050)	\$286.08	\$312.09
Employee + 1	\$1,698.00	\$20,376.00	\$22,014.96	(\$10,050)	\$997.08	\$1,087.72
Employee + Family	\$2,142.00	\$25,704.00	\$27,342.96	(\$10,050)	\$1,441.08	\$1,572.09
<b>PPO 10A 80%*</b> RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$6,350; Family \$12,700						
Employee Only	\$690.00	\$8,280.00	\$9,918.96	(\$10,050)	(\$10.92)	(\$11.91)
Employee + 1	\$1,187.00	\$14,244.00	\$15,882.96	(\$10,050)	\$486.08	\$530.27
Employee + Family	\$1,498.00	\$17,976.00	\$19,614.96	(\$10,050)	\$797.08	\$869.54
<b>PPO Wellness 90%*</b> RX 7/25/40 (30 Days) 15/60/90 (90 Days) Calendar Year Out of Pocket: Individual \$1,750; Family \$5,250						
Employee Only	\$994.00	\$11,928.00	\$13,566.96	(\$10,050)	\$293.08	\$319.72
Employee + 1	\$1,710.00	\$20,520.00	\$22,158.96	(\$10,050)	\$1,009.08	\$1,100.81
Employee + Family	\$2,157.00	\$25,884.00	\$27,522.96	(\$10,050)	\$1,456.08	\$1,588.45
<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	\$9,642.96	(\$10,050)	(\$33.92)	(\$37.00)
Employee + 1	\$1,147.00	\$13,764.00	\$15,402.96	(\$10,050)	\$446.08	\$486.63
Employee + Family	\$1,447.00	\$17,364.00	\$19,002.96	(\$10,050)	\$746.08	\$813.91
<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	\$8,262.96	(\$10,050)	(\$148.92)	(\$162.46)
Employee + 1	\$950.00	\$11,400.00	\$13,038.96	(\$10,050)	\$249.08	\$271.72
Employee + Family	\$1,197.00	\$14,364.00	\$16,002.96	(\$10,050)	\$496.08	\$541.18

\* 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.

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

	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>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	\$15,582.96	(\$10,050)	\$461.08	\$503.00
Employee + 1	\$1,998.00	\$23,976.00	\$25,614.96	(\$10,050)	\$1,297.08	\$1,415.00
Employee + Family	\$2,520.00	\$30,240.00	\$31,878.96	(\$10,050)	\$1,819.08	\$1,984.45
<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	\$15,414.96	(\$10,050)	\$447.08	\$487.72
Employee + 1	\$1,973.00	\$23,676.00	\$25,314.96	(\$10,050)	\$1,272.08	\$1,387.72
Employee + Family	\$2,488.00	\$29,856.00	\$31,494.96	(\$10,050)	\$1,787.08	\$1,949.54
<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	\$10,860.00	(\$10,050)	\$67.50	\$73.64
Employee + 1	\$1,555.00	\$18,660.00	\$18,660.00	(\$10,050)	\$717.50	\$782.73
Employee + Family	\$1,962.00	\$23,544.00	\$23,544.00	(\$10,050)	\$1,124.50	\$1,226.73

\* 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.