

Amador County Unified School District
 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	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	150% RULE CAP 100% 12 Month
DELTA DENTAL Basic, \$2000 Annual Maximum	\$112.60	\$1,351.20									
VSP Plan B \$10 Deductible	\$18.07	\$216.84									
HEALTH PLANS: Anthem Blue Cross					ESTIMATED MONTHLY COST TO EMPLOYEE FOR HEALTH-RX, DENTAL AND VISION INSURANCE**						
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	\$2,157.00	\$25,884.00	\$27,452.04	(\$10,050)	\$1,450.17	\$1,582.00	\$1,659.55	\$1,810.41	\$1,868.92	\$2,038.82	\$910.92
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	\$1,913.00	\$22,956.00	\$24,524.04	(\$10,050)	\$1,206.17	\$1,315.82	\$1,415.55	\$1,544.23	\$1,624.92	\$1,772.64	\$727.92
PPO 6C 80%* RX 7/25/40 (30 Days) 15/60/90 (90 Days) \$20 PCP Doctor Visits Calendar Year Out of Pocket: Individual \$2,000; Family \$4,000	\$1,731.00	\$20,772.00	\$22,340.04	(\$10,050)	\$1,024.17	\$1,117.28	\$1,233.55	\$1,345.69	\$1,442.92	\$1,574.09	\$591.42
PPO 10D 80%* RX 10/40/100 (30 Days) 25/100/150 (90 Days) PCP 80% after deductible is met Calendar Year Out of Pocket: Individual \$6,350; Family \$12,700	\$1,146.00	\$13,752.00	\$15,320.04	(\$10,050)	\$439.17	\$479.09	\$648.55	\$707.50	\$857.92	\$935.91	\$152.67
PPO Wellness 90%* RX 7/25/40 (30 Days) 15/60/90 (90 Days) \$20 PCP Doctor Visits Calendar Year Out of Pocket: Individual \$1,750; Family \$3,500	\$1,775.00	\$21,300.00	\$22,868.04	(\$10,050)	\$1,068.17	\$1,165.28	\$1,277.55	\$1,393.69	\$1,486.92	\$1,622.09	\$624.42
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)	\$1,192.00	\$14,304.00	\$15,872.04	(\$10,050)	\$485.17	\$529.28	\$694.55	\$757.69	\$903.92	\$986.09	\$187.17
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	\$987.00	\$11,844.00	\$13,412.04	(\$10,050)	\$280.17	\$305.64	\$489.55	\$534.05	\$698.92	\$762.46	\$33.42
PPO Opt-Out (Medical and RX) Dental and Vision are required Must re-enroll for opt out each year during open enrollment	\$789.00	\$9,468.00	\$11,036.04	(\$10,050)	\$82.17	\$89.64	\$291.55	\$318.05	\$500.92	\$546.46	(\$115.08)

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Kaiser - Select Areas (Amador County Cities: Ione or Plymouth and other areas outside of Amador based on Kaiser's rules)											
Kaiser 1 100%*	\$2,170.00	\$26,040.00	\$27,608.04	(\$10,050)	\$1,463.17	\$1,596.19	\$1,672.55	\$1,824.59	\$1,881.92	\$2,053.00	NA
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											
Kaiser 2 100%*	\$2,140.00	\$25,680.00	\$27,248.04	(\$10,050)	\$1,433.17	\$1,563.46	\$1,642.55	\$1,791.87	\$1,851.92	\$2,020.28	NA
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											
Kaiser 6 100%*	\$2,077.00	\$24,924.00	\$26,492.04	(\$10,050)	\$1,370.17	\$1,494.73	\$1,579.55	\$1,723.14	\$1,788.92	\$1,951.55	NA
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											
Kaiser Wellness	\$1,696.00	\$20,352.00	\$21,920.04	(\$10,050)	\$989.17	\$1,079.09	\$1,198.55	\$1,307.50	\$1,407.92	\$1,535.91	NA
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											
Kaiser Bronze 60%*	\$1,017.00	\$12,204.00	\$13,772.04	(\$10,050)	\$310.17	\$338.37	\$519.55	\$566.78	\$728.92	\$795.19	NA
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											

* 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. Please see article 16.2 of the ACUSD contract.