

Amador County Unified School District
 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			
Composite		\$24.52	
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	\$1,225.00
PPO-6 RX-A			
Employee Only		\$1,458.00	\$428.00
Employee + 1		\$2,508.00	\$812.00
Employee + Family		\$3,164.00	\$1,101.00
PPO-10 RX-D			
Employee Only		\$972.00	\$300.00
Employee + 1		\$1,672.00	\$564.00
Employee + Family		\$2,110.00	\$760.00
WELL-1 RX C			
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	
Medicare Supplement 1 RX-C			
Employee Only			\$449.00
Employee + 1			\$858.00
Employee + Family			\$1,167.00
Kaiser - Select Areas (Ione & Plymouth)			
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			
Employee Only		\$1,471.00	
Employee + 1		\$2,529.00	
Employee + Family		\$3,190.00	
Kaiser Bronze			
Employee Only		\$856.00	
Employee + 1		\$1,471.00	
Employee + Family		\$1,855.00	

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