

Amador County Unified School District  
 CVT Health Insurance Rates  
 October 1, 2021 through September 30, 2022  
 Classified

	MONTHLY RATE	ANNUAL PLAN RATE	ANNUAL RATE HEALTH-RX	ANNUAL DISTRICT CAP	12 MONTH CAP 100% H-D-V	11 MONTH CAP 100% H-D-V	4.1 to 6 Hrs	4.1 to 6 Hrs	4 Hrs	4 Hrs
							PT 12 MON CAP 75% H-D-V	PT 11 MON CAP 75% H-D-V	PT 12 MON CAP 50% H-D-V	PT 11 MON CAP 50% H-D-V
			DENTAL-VISION	100% FTE	LESS CAP	LESS CAP	LESS CAP	LESS CAP	LESS CAP	LESS CAP
<b>DELTA DENTAL</b>	\$128.12	\$1,537.44								
Basic, Unlimited Annual Maximum										
<b>VSP</b>	\$18.07	\$216.84								
Plan B \$10 Deductible										
<b>ESTIMATED MONTHLY COST TO EMPLOYEE FOR HEALTH-RX, DENTAL AND VISION INSURANCE**</b>										
<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	\$16,238.28	(\$10.050)	\$515.69	\$562.57	\$725.07	\$790.98	\$934.44	\$1,019.39
Employee + 1	\$2,076.00	\$24,912.00	\$26,666.28	(\$10.050)	\$1,384.69	\$1,510.57	\$1,594.07	\$1,738.98	\$1,803.44	\$1,967.39
Employee + Family	\$2,619.00	\$31,428.00	\$33,182.28	(\$10.050)	\$1,927.69	\$2,102.93	\$2,137.07	\$2,331.34	\$2,346.44	\$2,559.75
<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	\$14,606.28	(\$10.050)	\$379.69	\$414.21	\$589.07	\$642.62	\$798.44	\$871.03
Employee + 1	\$1,842.00	\$22,104.00	\$23,858.28	(\$10.050)	\$1,150.69	\$1,255.30	\$1,360.07	\$1,483.71	\$1,569.44	\$1,712.12
Employee + Family	\$2,324.00	\$27,888.00	\$29,642.28	(\$10.050)	\$1,632.69	\$1,781.12	\$1,842.07	\$2,009.53	\$2,051.44	\$2,237.93
<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	\$13,598.28	(\$10.050)	\$295.69	\$322.57	\$505.07	\$550.98	\$714.44	\$779.39
Employee + 1	\$1,698.00	\$20,376.00	\$22,130.28	(\$10.050)	\$1,006.69	\$1,098.21	\$1,216.07	\$1,326.62	\$1,425.44	\$1,555.03
Employee + Family	\$2,142.00	\$25,704.00	\$27,458.28	(\$10.050)	\$1,450.69	\$1,582.57	\$1,660.07	\$1,810.98	\$1,869.44	\$2,039.39
<b>PPO 9A 80%*</b>										
RX 5/22 (30 Days) 10/44 (90 Days)										
Calendar Year Out of Pocket: Individual \$5,000; Family \$10,000										
Employee Only	\$797.00	\$9,564.00	\$11,318.28	(\$10.050)	\$105.69	\$115.30	\$315.07	\$343.71	\$524.44	\$572.12
Employee + 1	\$1,371.00	\$16,452.00	\$18,206.28	(\$10.050)	\$679.69	\$741.48	\$889.07	\$969.89	\$1,098.44	\$1,198.30
Employee + Family	\$1,730.00	\$20,760.00	\$22,514.28	(\$10.050)	\$1,038.69	\$1,133.12	\$1,248.07	\$1,361.53	\$1,457.44	\$1,589.93
<b>PPO Wellness 90%*</b>										
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										
Employee Only	\$994.00	\$11,928.00	\$13,682.28	(\$10.050)	\$302.69	\$330.21	\$512.07	\$558.62	\$721.44	\$787.03
Employee + 1	\$1,710.00	\$20,520.00	\$22,274.28	(\$10.050)	\$1,018.69	\$1,111.30	\$1,228.07	\$1,339.71	\$1,437.44	\$1,568.12
Employee + Family	\$2,157.00	\$25,884.00	\$27,638.28	(\$10.050)	\$1,465.69	\$1,598.93	\$1,675.07	\$1,827.34	\$1,884.44	\$2,055.75
<b>HDHP 1 80%*</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	\$9,758.28	(\$10.050)	(\$24.31)	(\$26.52)	\$185.07	\$201.89	\$394.44	\$430.30
Employee + 1	\$1,147.00	\$13,764.00	\$15,518.28	(\$10.050)	\$455.69	\$497.12	\$665.07	\$725.53	\$874.44	\$953.93
Employee + Family	\$1,447.00	\$17,364.00	\$19,118.28	(\$10.050)	\$755.69	\$824.39	\$965.07	\$1,052.80	\$1,174.44	\$1,281.21
<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	\$8,378.28	(\$10.050)	(\$139.31)	(\$151.97)	\$70.07	\$76.43	\$279.44	\$304.84
Employee + 1	\$950.00	\$11,400.00	\$13,154.28	(\$10.050)	\$258.69	\$282.21	\$468.07	\$510.62	\$677.44	\$739.03
Employee + Family	\$1,197.00	\$14,364.00	\$16,118.28	(\$10.050)	\$505.69	\$551.66	\$715.07	\$780.07	\$924.44	\$1,008.48
<b>PPO Opt-Out with Premium, Rx Opt-Out with Premium</b>										
Employee Only	\$442.00	\$5,304.00	\$7,058.28	(\$10.050)	(\$249.31)	(\$271.97)	(\$39.94)	(\$43.57)	\$169.44	\$184.84
Employee + 1	\$442.00	\$5,304.00	\$7,058.28	(\$10.050)	(\$249.31)	(\$271.97)	(\$39.94)	(\$43.57)	\$169.44	\$184.84
Employee + Family	\$442.00	\$5,304.00	\$7,058.28	(\$10.050)	(\$249.31)	(\$271.97)	(\$39.94)	(\$43.57)	\$169.44	\$184.84

\* 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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					LESS CAP	LESS CAP	LESS CAP	LESS CAP	LESS CAP	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	\$15,698.28	(\$10,050)	\$470.69	\$513.48	\$680.07	\$741.89	\$889.44	\$970.30
Employee + 1	\$1,998.00	\$23,976.00	\$25,730.28	(\$10,050)	\$1,306.69	\$1,425.48	\$1,516.07	\$1,653.89	\$1,725.44	\$1,882.30
Employee + Family	\$2,520.00	\$30,240.00	\$31,994.28	(\$10,050)	\$1,828.69	\$1,994.93	\$2,038.07	\$2,223.34	\$2,247.44	\$2,451.75
<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	\$15,530.28	(\$10,050)	\$456.69	\$498.21	\$666.07	\$726.62	\$875.44	\$955.03
Employee + 1	\$1,973.00	\$23,676.00	\$25,430.28	(\$10,050)	\$1,281.69	\$1,398.21	\$1,491.07	\$1,626.62	\$1,700.44	\$1,855.03
Employee + Family	\$2,488.00	\$29,856.00	\$31,610.28	(\$10,050)	\$1,796.69	\$1,960.03	\$2,006.07	\$2,188.43	\$2,215.44	\$2,416.84
<b>Kaiser 5 100%*</b>										
RX 10/20 (30 Days) 20/40 (31-60 Days) 30/60 (61-100 Days) \$35 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000										
Employee Only	\$1,101.00	\$13,212.00	\$14,966.28	(\$10,050)	\$409.69	\$446.93	\$619.07	\$675.34	\$828.44	\$903.75
Employee + 1	\$1,893.00	\$22,716.00	\$24,470.28	(\$10,050)	\$1,201.69	\$1,310.93	\$1,411.07	\$1,539.34	\$1,620.44	\$1,767.75
Employee + Family	\$2,387.00	\$28,644.00	\$30,398.28	(\$10,050)	\$1,695.69	\$1,849.84	\$1,905.07	\$2,078.25	\$2,114.44	\$2,306.66
<b>Kaiser 7 100%*</b>										
RX 10/30 (30 Days) 20/60 (31-60 Days) 30/90 (61-100 Days) \$35 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000										
Employee Only	\$1,070.00	\$12,840.00	\$14,594.28	(\$10,050)	\$378.69	\$413.12	\$588.07	\$641.53	\$797.44	\$869.93
Employee + 1	\$1,839.00	\$22,068.00	\$23,822.28	(\$10,050)	\$1,147.69	\$1,252.03	\$1,357.07	\$1,480.43	\$1,566.44	\$1,708.84
Employee + Family	\$2,320.00	\$27,840.00	\$29,594.28	(\$10,050)	\$1,628.69	\$1,776.75	\$1,838.07	\$2,005.16	\$2,047.44	\$2,233.57
<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	\$12,614.28	(\$10,050)	\$213.69	\$233.12	\$423.07	\$461.53	\$632.44	\$689.93
Employee + 1	\$1,555.00	\$18,660.00	\$20,414.28	(\$10,050)	\$863.69	\$942.21	\$1,073.07	\$1,170.62	\$1,282.44	\$1,399.03
Employee + Family	\$1,962.00	\$23,544.00	\$25,298.28	(\$10,050)	\$1,270.69	\$1,386.21	\$1,480.07	\$1,614.62	\$1,689.44	\$1,843.03

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