

Amador County Unified School District
 CVT Health Insurance Rates
 October 1, 2021 through September 30, 2022
 Mgmt-Conf Retirees

Monthly Rate			
DELTA DENTAL			
Employee Only		\$61.35	
Employee + 1		\$111.11	
Employee + Family		\$159.73	
VSP			
Employee Only		\$14.64	
Employee + 1		\$27.21	
Employee + Family		\$41.90	
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		\$1,494.00	\$457.00
Employee + 1		\$2,569.00	\$863.00
Employee + Family		\$3,242.00	\$1,166.00
PPO-10 RX-A			
Employee Only		\$1,070.00	\$388.00
Employee + 1		\$1,840.00	\$716.00
Employee + Family		\$2,322.00	\$953.00
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			
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	

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