

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

	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
DELTA DENTAL Basic, \$2000 Annual Maximum	\$112.60	\$1,351.20				
VSP Plan C \$5 Deductible	\$23.98	\$287.76				
HEALTH PLANS: Anthem Blue Cross						
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						
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
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						
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
PPO 6A 80%* RX 5/22 (30 Days) 10/44 (90 Days) \$20 PCP Doctor Visits 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
PPO 10A 80%* 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
PPO Wellness 90%* RX 7/25/40 (30 Days) 15/60/90 (90 Days) Calendar Year Out of Pocket: Individual \$1,750; Family \$3,500						
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
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)						
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
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						
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
PPO Opt-Out with Premium, Rx Opt-Out with Premium						
Employee Only	\$442.00	\$5,304.00	\$6,942.96	(\$10,050)	(\$258.92)	(\$282.46)
Employee + 1	\$442.00	\$5,304.00	\$6,942.96	(\$10,050)	(\$258.92)	(\$282.46)
Employee + Family	\$442.00	\$5,304.00	\$6,942.96	(\$10,050)	(\$258.92)	(\$282.46)

* 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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Kaiser - Select Areas						
Kaiser 1 100%*						
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
Kaiser 2 100%*						
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
Kaiser Wellness 100%*						
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	\$12,498.96	(\$10,050)	\$204.08	\$222.63
Employee + 1	\$1,555.00	\$18,660.00	\$20,298.96	(\$10,050)	\$854.08	\$931.72
Employee + Family	\$1,962.00	\$23,544.00	\$25,182.96	(\$10,050)	\$1,261.08	\$1,375.72

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