

Amador County Office of Education
 CVT Health Insurance Rates
 October 1, 2018 through September 30, 2019
 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
DELTA DENTAL Basic, \$2000 Annual Maximum	\$115.36	\$1,384.32				
VSP Plan C \$0 Deductible	\$30.49	\$365.88				
HEALTH PLANS:					ESTIMATED MONTHLY COST TO EMPLOYEE FOR HEALTH-RX, DENTAL AND VISION INSURANCE**	
Anthem Blue Cross						
PPO 1A 100%*						
RX 5/22 (30 Days) 10/44 (90 Days) \$10 Doctor Visits PCP Calendar Year Out of Pocket: Individual \$1,250; Family \$3,750						
Employee Only	\$1,087.00	\$13,044.00	\$14,794.20	(\$10,050)	\$395.35	\$431.29
Employee + 1	\$1,869.00	\$22,428.00	\$24,178.20	(\$10,050)	\$1,177.35	\$1,284.38
Employee + Family	\$2,358.00	\$28,296.00	\$30,046.20	(\$10,050)	\$1,666.35	\$1,817.84
PPO 4A 90%*						
RX 5/22 (30 Days) 10/44 (90 Days) \$20 Doctor Visits PCP Calendar Year Out of Pocket: Individual \$1,250; Family \$3,750						
Employee Only	\$964.00	\$11,568.00	\$13,318.20	(\$10,050)	\$272.35	\$297.11
Employee + 1	\$1,658.00	\$19,896.00	\$21,646.20	(\$10,050)	\$966.35	\$1,054.20
Employee + Family	\$2,092.00	\$25,104.00	\$26,854.20	(\$10,050)	\$1,400.35	\$1,527.65
PPO 6A 80%*						
RX 5/22 (30 Days) 10/44 (90 Days) \$20 Doctor Visits PCP Calendar Year Out of Pocket: Individual \$2,000; Family \$6,000						
Employee Only	\$888.00	\$10,656.00	\$12,406.20	(\$10,050)	\$196.35	\$214.20
Employee + 1	\$1,527.00	\$18,324.00	\$20,074.20	(\$10,050)	\$835.35	\$911.29
Employee + Family	\$1,927.00	\$23,124.00	\$24,874.20	(\$10,050)	\$1,235.35	\$1,347.65
PPO 9A 80%*						
RX 5/22 (30 Days) 10/44 (90 Days) \$35 Doctor Visits PCP Calendar Year Out of Pocket: Individual \$5,000; Family \$10,000						
Employee Only	\$718.00	\$8,616.00	\$10,366.20	(\$10,050)	\$26.35	\$28.75
Employee + 1	\$1,234.00	\$14,808.00	\$16,558.20	(\$10,050)	\$542.35	\$591.65
Employee + Family	\$1,557.00	\$18,684.00	\$20,434.20	(\$10,050)	\$865.35	\$944.02
PPO Wellness 90%*						
RX 7/25/40 (30 Days) 15/60/90 (90 Days) \$20 Doctor Visits PCP Calendar Year Out of Pocket: Individual \$1,750; Family \$5,250						
Employee Only	\$895.00	\$10,740.00	\$12,490.20	(\$10,050)	\$203.35	\$221.84
Employee + 1	\$1,539.00	\$18,468.00	\$20,218.20	(\$10,050)	\$847.35	\$924.38
Employee + Family	\$1,942.00	\$23,304.00	\$25,054.20	(\$10,050)	\$1,250.35	\$1,364.02
HDHP 1 90%*						
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	\$601.00	\$7,212.00	\$8,962.20	(\$10,050)	(\$90.65)	(\$98.89)
Employee + 1	\$1,033.00	\$12,396.00	\$14,146.20	(\$10,050)	\$341.35	\$372.38
Employee + Family	\$1,303.00	\$15,636.00	\$17,386.20	(\$10,050)	\$611.35	\$666.93
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	\$497.00	\$5,964.00	\$7,714.20	(\$10,050)	(\$194.65)	(\$212.35)
Employee + 1	\$855.00	\$10,260.00	\$12,010.20	(\$10,050)	\$163.35	\$178.20
Employee + Family	\$1,079.00	\$12,948.00	\$14,698.20	(\$10,050)	\$387.35	\$422.56
* 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.ACUSD contract. Please see article 16.2 of the ACOE contract.						

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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	\$1,049.00	\$12,588.00	\$14,338.20	(\$10,050)	\$357.35	\$389.84
Employee + 1	\$1,804.00	\$21,648.00	\$23,398.20	(\$10,050)	\$1,112.35	\$1,213.47
Employee + Family	\$2,275.00	\$27,300.00	\$29,050.20	(\$10,050)	\$1,583.35	\$1,727.29
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	\$1,036.00	\$12,432.00	\$14,182.20	(\$10,050)	\$344.35	\$375.65
Employee + 1	\$1,781.00	\$21,372.00	\$23,122.20	(\$10,050)	\$1,089.35	\$1,188.38
Employee + Family	\$2,246.00	\$26,952.00	\$28,702.20	(\$10,050)	\$1,554.35	\$1,695.65
Kaiser 6 100%*						
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						
Employee Only	\$1,016.00	\$12,192.00	\$13,942.20	(\$10,050)	\$324.35	\$353.84
Employee + 1	\$1,746.00	\$20,952.00	\$22,702.20	(\$10,050)	\$1,054.35	\$1,150.20
Employee + Family	\$2,202.00	\$26,424.00	\$28,174.20	(\$10,050)	\$1,510.35	\$1,647.65
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	\$817.00	\$9,804.00	\$11,554.20	(\$10,050)	\$125.35	\$136.75
Employee + 1	\$1,404.00	\$16,848.00	\$18,598.20	(\$10,050)	\$712.35	\$777.11
Employee + Family	\$1,771.00	\$21,252.00	\$23,002.20	(\$10,050)	\$1,079.35	\$1,177.47
Kaiser Bronze Active 60%						
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.						
Employee Only	\$573.00	\$6,876.00	\$8,626.20	(\$10,050)	(\$118.65)	(\$129.44)
Employee + 1	\$984.00	\$11,808.00	\$13,558.20	(\$10,050)	\$292.35	\$318.93
Employee + Family	\$1,241.00	\$14,892.00	\$16,642.20	(\$10,050)	\$549.35	\$599.29
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