

Amador County Office of Education  
 CVT Health Insurance Rates  
 October 1, 2018 through September 30, 2019  
 Classified

	MONTHLY RATE	ANNUAL PLAN RATE	ANNUAL RATE HEALTH-RX DENTAL-VISION	ANNUAL DISTRICT CAP 100% FTE	12 MONTH	11 MONTH	4.1 to 6 Hrs	4.1 to 6 Hrs	4 Hrs	4 Hrs
					CAP 100% H-D-V LESS CAP	CAP 100% H-D-V LESS CAP	PT 12 MON CAP 75% H-D-V LESS CAP	PT 11 MON CAP 75% H-D-V LESS CAP	PT 12 MON CAP 50% H-D-V LESS CAP	PT 11 MON CAP 50% H-D-V LESS CAP
<b>DELTA DENTAL</b>										
Basic, Unlimited Annual Maximum										
Employee Only	\$64.64	\$775.68								
Employee + 1	\$117.08	\$1,404.96								
Employee + Family	\$168.31	\$2,019.72								
<b>VSP</b>										
Plan C \$5 Deductible										
Employee Only	\$11.33	\$135.96								
Employee + 1	\$21.05	\$252.60								
Employee + Family	\$32.42	\$389.04								
<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 \$3,750										
Employee Only	\$1,087.00	\$13,044.00	\$13,955.64	(\$10,050)	\$325.47	\$355.06	\$534.85	\$583.47	\$744.22	\$811.88
Employee + 1	\$1,869.00	\$22,428.00	\$24,085.56	(\$10,050)	\$1,169.63	\$1,275.96	\$1,379.01	\$1,504.37	\$1,588.38	\$1,732.78
Employee + Family	\$2,358.00	\$28,296.00	\$30,704.76	(\$10,050)	\$1,721.23	\$1,877.71	\$1,930.61	\$2,106.11	\$2,139.98	\$2,334.52
<b>PPO 4A 90%*</b>										
RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$1,250; Family \$3,750										
Employee Only	\$964.00	\$11,568.00	\$12,479.64	(\$10,050)	\$202.47	\$220.88	\$411.85	\$449.29	\$621.22	\$677.69
Employee + 1	\$1,658.00	\$19,896.00	\$21,553.56	(\$10,050)	\$958.63	\$1,045.78	\$1,168.01	\$1,274.19	\$1,377.38	\$1,502.60
Employee + Family	\$2,092.00	\$25,104.00	\$27,512.76	(\$10,050)	\$1,455.23	\$1,587.52	\$1,664.61	\$1,815.93	\$1,873.98	\$2,044.34
<b>PPO 6A 80%*</b>										
RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$2,000; Family \$6,000										
Employee Only	\$888.00	\$10,656.00	\$11,567.64	(\$10,050)	\$126.47	\$137.97	\$335.85	\$366.38	\$545.22	\$594.79
Employee + 1	\$1,527.00	\$18,324.00	\$19,981.56	(\$10,050)	\$827.63	\$902.87	\$1,037.01	\$1,131.28	\$1,246.38	\$1,359.69
Employee + Family	\$1,927.00	\$23,124.00	\$25,532.76	(\$10,050)	\$1,290.23	\$1,407.52	\$1,499.61	\$1,635.93	\$1,708.98	\$1,864.34
<b>PPO 8A 80%*</b>										
RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$3,250; Family \$9,750										
Employee Only	\$804.00	\$9,648.00	\$10,559.64	(\$10,050)	\$42.47	\$46.33	\$251.85	\$274.74	\$461.22	\$503.15
Employee + 1	\$1,382.00	\$16,584.00	\$18,241.56	(\$10,050)	\$682.63	\$744.69	\$892.01	\$973.10	\$1,101.38	\$1,201.51
Employee + Family	\$1,745.00	\$20,940.00	\$23,348.76	(\$10,050)	\$1,108.23	\$1,208.98	\$1,317.61	\$1,437.39	\$1,526.98	\$1,665.80
<b>PPO Wellness 90%*</b>										
RX 7/25/40 (30 Days) 15/60/90 (90 Days) Calendar Year Out of Pocket: Individual \$1,750; Family \$5,250										
Employee Only	\$895.00	\$10,740.00	\$11,651.64	(\$10,050)	\$133.47	\$145.60	\$342.85	\$374.01	\$552.22	\$602.42
Employee + 1	\$1,539.00	\$18,468.00	\$20,125.56	(\$10,050)	\$839.63	\$915.96	\$1,049.01	\$1,144.37	\$1,258.38	\$1,372.78
Employee + Family	\$1,942.00	\$23,304.00	\$25,712.76	(\$10,050)	\$1,305.23	\$1,423.89	\$1,514.61	\$1,652.30	\$1,723.98	\$1,880.71
<b>HDHP 1 90%*</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	\$601.00	\$7,212.00	\$8,123.64	(\$10,050)	(\$160.53)	(\$175.12)	\$48.85	\$53.29	\$258.22	\$281.69
Employee + 1	\$1,033.00	\$12,396.00	\$14,053.56	(\$10,050)	\$333.63	\$363.96	\$543.01	\$592.37	\$752.38	\$820.78
Employee + Family	\$1,303.00	\$15,636.00	\$18,044.76	(\$10,050)	\$666.23	\$726.80	\$875.61	\$955.21	\$1,084.98	\$1,183.61
<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	\$497.00	\$5,964.00	\$6,875.64	(\$10,050)	(\$264.53)	(\$288.58)	(\$55.16)	(\$60.17)	\$154.22	\$168.24
Employee + 1	\$855.00	\$10,260.00	\$11,917.56	(\$10,050)	\$155.63	\$169.78	\$365.01	\$398.19	\$574.38	\$626.60
Employee + Family	\$1,079.00	\$12,948.00	\$15,356.76	(\$10,050)	\$442.23	\$482.43	\$651.61	\$710.84	\$860.98	\$939.25

**ESTIMATED MONTHLY COST TO EMPLOYEE FOR HEALTH-RX, DENTAL AND VISION INSURANCE\*\***

\* 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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<b>Kaiser - Select Areas</b>										
<b>Kaiser 1 100%*</b>										
RX 5/10 (30 Days) 10/20 (31-60 Days) 15/30 (61-100) \$10 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000										
Employee Only	\$1,049.00	\$12,588.00	\$13,499.64	(\$10,050)	\$287.47	\$313.60	\$496.85	\$542.01	\$706.22	\$770.42
Employee + 1	\$1,804.00	\$21,648.00	\$23,305.56	(\$10,050)	\$1,104.63	\$1,205.05	\$1,314.01	\$1,433.46	\$1,523.38	\$1,661.87
Employee + Family	\$2,275.00	\$27,300.00	\$29,708.76	(\$10,050)	\$1,638.23	\$1,787.16	\$1,847.61	\$2,015.57	\$2,056.98	\$2,243.98
<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	\$1,036.00	\$12,432.00	\$13,343.64	(\$10,050)	\$274.47	\$299.42	\$483.85	\$527.83	\$693.22	\$756.24
Employee + 1	\$1,781.00	\$21,372.00	\$23,029.56	(\$10,050)	\$1,081.63	\$1,179.96	\$1,291.01	\$1,408.37	\$1,500.38	\$1,636.78
Employee + Family	\$2,246.00	\$26,952.00	\$29,360.76	(\$10,050)	\$1,609.23	\$1,755.52	\$1,818.61	\$1,983.93	\$2,027.98	\$2,212.34

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