

Amador County Unified School District  
 CVT Health Insurance Rates  
 October 1, 2018 through September 30, 2019  
 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
<b>DELTA DENTAL</b> Basic, \$2000 Annual Maximum	\$115.36	\$1,384.32				
<b>VSP</b> Plan C \$5 Deductible	\$25.17	\$302.04				
<b>HEALTH PLANS:</b>					<b>ESTIMATED MONTHLY COST TO EMPLOYEE FOR HEALTH-RX, DENTAL AND VISION INSURANCE**</b>	
<b>Anthem Blue Cross</b>						
<b>PPO 1A 100%*</b>						
RX 5/22 (30 Days) 10/44 (90 Days) \$10 PCP Doctor Visits Calendar Year Out of Pocket: Individual \$1,250; Family \$3,750						
Employee Only	\$1,087.00	\$13,044.00	\$14,730.36	(\$10,050)	\$390.03	\$425.49
Employee + 1	\$1,869.00	\$22,428.00	\$24,114.36	(\$10,050)	\$1,172.03	\$1,278.58
Employee + Family	\$2,358.00	\$28,296.00	\$29,982.36	(\$10,050)	\$1,661.03	\$1,812.03
<b>PPO 4A 90%*</b>						
RX 5/22 (30 Days) 10/44 (90 Days) \$20 PCP Doctor Visits Calendar Year Out of Pocket: Individual \$1,250; Family \$3,750						
Employee Only	\$964.00	\$11,568.00	\$13,254.36	(\$10,050)	\$267.03	\$291.31
Employee + 1	\$1,658.00	\$19,896.00	\$21,582.36	(\$10,050)	\$961.03	\$1,048.40
Employee + Family	\$2,092.00	\$25,104.00	\$26,790.36	(\$10,050)	\$1,395.03	\$1,521.85
<b>PPO 6A 80%*</b>						
RX 5/22 (30 Days) 10/44 (90 Days) \$20 PCP Doctor Visits Calendar Year Out of Pocket: Individual \$2,000; Family \$6,000						
Employee Only	\$888.00	\$10,656.00	\$12,342.36	(\$10,050)	\$191.03	\$208.40
Employee + 1	\$1,527.00	\$18,324.00	\$20,010.36	(\$10,050)	\$830.03	\$905.49
Employee + Family	\$1,927.00	\$23,124.00	\$24,810.36	(\$10,050)	\$1,230.03	\$1,341.85
<b>PPO 10A 80%*</b>						
RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$6,350; Family \$12,700						
Employee Only	\$621.00	\$7,452.00	\$9,138.36	(\$10,050)	(\$75.97)	(\$82.88)
Employee + 1	\$1,068.00	\$12,816.00	\$14,502.36	(\$10,050)	\$371.03	\$404.76
Employee + Family	\$1,347.00	\$16,164.00	\$17,850.36	(\$10,050)	\$650.03	\$709.12
<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	\$12,426.36	(\$10,050)	\$198.03	\$216.03
Employee + 1	\$1,539.00	\$18,468.00	\$20,154.36	(\$10,050)	\$842.03	\$918.58
Employee + Family	\$1,942.00	\$23,304.00	\$24,990.36	(\$10,050)	\$1,245.03	\$1,358.21
<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	\$601.00	\$7,212.00	\$8,898.36	(\$10,050)	(\$95.97)	(\$104.69)
Employee + 1	\$1,033.00	\$12,396.00	\$14,082.36	(\$10,050)	\$336.03	\$366.58
Employee + Family	\$1,303.00	\$15,636.00	\$17,322.36	(\$10,050)	\$606.03	\$661.12
<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	\$7,650.36	(\$10,050)	(\$199.97)	(\$218.15)
Employee + 1	\$855.00	\$10,260.00	\$11,946.36	(\$10,050)	\$158.03	\$172.40
Employee + Family	\$1,079.00	\$12,948.00	\$14,634.36	(\$10,050)	\$382.03	\$416.76

\* 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 Days) \$10 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000						
Employee Only	\$1,049.00	\$12,588.00	\$14,274.36	(\$10,050)	\$352.03	\$384.03
Employee + 1	\$1,804.00	\$21,648.00	\$23,334.36	(\$10,050)	\$1,107.03	\$1,207.67
Employee + Family	\$2,275.00	\$27,300.00	\$28,986.36	(\$10,050)	\$1,578.03	\$1,721.49
<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	\$14,118.36	(\$10,050)	\$339.03	\$369.85
Employee + 1	\$1,781.00	\$21,372.00	\$23,058.36	(\$10,050)	\$1,084.03	\$1,182.58
Employee + Family	\$2,246.00	\$26,952.00	\$28,638.36	(\$10,050)	\$1,549.03	\$1,689.85
<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	\$817.00	\$9,804.00	\$11,490.36	(\$10,050)	\$120.03	\$130.94
Employee + 1	\$1,404.00	\$16,848.00	\$18,534.36	(\$10,050)	\$707.03	\$771.31
Employee + Family	\$1,771.00	\$21,252.00	\$22,938.36	(\$10,050)	\$1,074.03	\$1,171.67

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