

Amador County Unified School District
 CVT Health Insurance Rates
 October 1, 2017 through September 30, 2018
 Mgmt, Admin, Confidential

NOTE: The estimated monthly cost column DOES NOT reflect the one time retro of \$250 or the portion of the retro based on your FTE CAP for those hired prior to January 1, 2018.	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	\$115.35	\$1,384.20				
VSP Plan C \$5 Deductible	\$25.17	\$302.04				
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 \$3,750						ESTIMATED MONTHLY COST TO EMPLOYEE FOR HEALTH-RX, DENTAL AND VISION INSURANCE**
Employee Only	\$1,027.00	\$12,324.00	\$14,010.24	(\$10,050)	\$330.02	\$360.02
Employee + 1	\$1,766.00	\$21,192.00	\$22,878.24	(\$10,050)	\$1,069.02	\$1,166.20
Employee + Family	\$2,229.00	\$26,748.00	\$28,434.24	(\$10,050)	\$1,532.02	\$1,671.29
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 \$3,750						
Employee Only	\$912.00	\$10,944.00	\$12,630.24	(\$10,050)	\$215.02	\$234.57
Employee + 1	\$1,569.00	\$18,828.00	\$20,514.24	(\$10,050)	\$872.02	\$951.29
Employee + Family	\$1,981.00	\$23,772.00	\$25,458.24	(\$10,050)	\$1,284.02	\$1,400.75
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 \$6,000						
Employee Only	\$841.00	\$10,092.00	\$11,778.24	(\$10,050)	\$144.02	\$157.11
Employee + 1	\$1,447.00	\$17,364.00	\$19,050.24	(\$10,050)	\$750.02	\$818.20
Employee + Family	\$1,826.00	\$21,912.00	\$23,598.24	(\$10,050)	\$1,129.02	\$1,231.66
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	\$592.00	\$7,104.00	\$8,790.24	(\$10,050)	(\$104.98)	(\$114.52)
Employee + 1	\$1,018.00	\$12,216.00	\$13,902.24	(\$10,050)	\$321.02	\$350.20
Employee + Family	\$1,285.00	\$15,420.00	\$17,106.24	(\$10,050)	\$588.02	\$641.48
PPO Wellness 90%* RX 7/25/40 (30 Days) 15/60/90 (90 Days) Calendar Year Out of Pocket: Individual \$1,750; Family \$12,700						
Employee Only	\$847.00	\$10,164.00	\$11,850.24	(\$10,050)	\$150.02	\$163.66
Employee + 1	\$1,456.00	\$17,472.00	\$19,158.24	(\$10,050)	\$759.02	\$828.02
Employee + Family	\$1,837.00	\$22,044.00	\$23,730.24	(\$10,050)	\$1,140.02	\$1,243.66
HDHP 1 80%* RX Paid at 80* after deductible is met Calendar Year Out of Pocket: Individual \$4,250; Family \$10,100 (NOTE: Family = Employee with one or more covered dependents)						
Employee Only	\$571.00	\$6,852.00	\$8,538.24	(\$10,050)	(\$125.98)	(\$137.43)
Employee + 1	\$982.00	\$11,784.00	\$13,470.24	(\$10,050)	\$285.02	\$310.93
Employee + Family	\$1,238.00	\$14,856.00	\$16,542.24	(\$10,050)	\$541.02	\$590.20
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	\$472.00	\$5,664.00	\$7,350.24	(\$10,050)	(\$224.98)	(\$245.43)
Employee + 1	\$812.00	\$9,744.00	\$11,430.24	(\$10,050)	\$115.02	\$125.48
Employee + Family	\$1,025.00	\$12,300.00	\$13,986.24	(\$10,050)	\$328.02	\$357.84

* 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 (31-100 Days) \$10 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000						
Employee Only	\$1,016.00	\$12,192.00	\$13,878.24	(\$10,050)	\$319.02	\$348.02
Employee + 1	\$1,746.00	\$20,952.00	\$22,638.24	(\$10,050)	\$1,049.02	\$1,144.39
Employee + Family	\$2,202.00	\$26,424.00	\$28,110.24	(\$10,050)	\$1,505.02	\$1,641.84
Kaiser 2 100%*						
RX 5/10 (30 Days) 10/20 (31-100 Days) \$15 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000						
Employee Only	\$1,003.00	\$12,036.00	\$13,722.24	(\$10,050)	\$306.02	\$333.84
Employee + 1	\$1,724.00	\$20,688.00	\$22,374.24	(\$10,050)	\$1,027.02	\$1,120.39
Employee + Family	\$2,174.00	\$26,088.00	\$27,774.24	(\$10,050)	\$1,477.02	\$1,611.29
Kaiser Wellness 100%*						
RX 10/25 (30 Days) 20/50 (31-100 Days) \$20 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000						
Employee Only	\$791.00	\$9,492.00	\$11,178.24	(\$10,050)	\$94.02	\$102.57
Employee + 1	\$1,359.00	\$16,308.00	\$17,994.24	(\$10,050)	\$662.02	\$722.20
Employee + Family	\$1,714.00	\$20,568.00	\$22,254.24	(\$10,050)	\$1,017.02	\$1,109.48

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