

Amador County Office of Education
 CVT Health Insurance Rates
 October 1, 2017 through September 30, 2018
 Certificated

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 VSP Plan C \$0 Deductible	\$115.35 \$30.49	\$1,384.20 \$365.88				
HEALTH PLANS: Anthem Blue Cross					ESTIMATED MONTHLY COST TO EMPLOYEE FOR HEALTH-RX, DENTAL AND VISION INSURANCE**	
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	\$1,027.00	\$12,324.00	\$14,074.08	(\$10,050)	\$335.34	\$365.83
Employee + 1	\$1,766.00	\$21,192.00	\$22,942.08	(\$10,050)	\$1,074.34	\$1,172.01
Employee + Family	\$2,229.00	\$26,748.00	\$28,498.08	(\$10,050)	\$1,537.34	\$1,677.10
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 \$3750						
Employee Only	\$912.00	\$10,944.00	\$12,694.08	(\$10,050)	\$220.34	\$240.37
Employee + 1	\$1,569.00	\$18,828.00	\$20,578.08	(\$10,050)	\$877.34	\$957.10
Employee + Family	\$1,981.00	\$23,772.00	\$25,522.08	(\$10,050)	\$1,289.34	\$1,406.55
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	\$841.00	\$10,092.00	\$11,842.08	(\$10,050)	\$149.34	\$162.92
Employee + 1	\$1,447.00	\$17,364.00	\$19,114.08	(\$10,050)	\$755.34	\$824.01
Employee + Family	\$1,826.00	\$21,912.00	\$23,662.08	(\$10,050)	\$1,134.34	\$1,237.46
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	\$682.00	\$8,184.00	\$9,934.08	(\$10,050)	(\$9.66)	(\$10.54)
Employee + 1	\$1,173.00	\$14,076.00	\$15,826.08	(\$10,050)	\$481.34	\$525.10
Employee + Family	\$1,481.00	\$17,772.00	\$19,522.08	(\$10,050)	\$789.34	\$861.10
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	\$847.00	\$10,164.00	\$11,914.08	(\$10,050)	\$155.34	\$169.46
Employee + 1	\$1,456.00	\$17,472.00	\$19,222.08	(\$10,050)	\$764.34	\$833.83
Employee + Family	\$1,837.00	\$22,044.00	\$23,794.08	(\$10,050)	\$1,145.34	\$1,249.46
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	\$8,602.08	(\$10,050)	(\$120.66)	(\$131.63)
Employee + 1	\$982.00	\$11,784.00	\$13,534.08	(\$10,050)	\$290.34	\$316.73
Employee + Family	\$1,238.00	\$14,856.00	\$16,606.08	(\$10,050)	\$546.34	\$596.01
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	\$7,414.08	(\$10,050)	(\$219.66)	(\$239.63)
Employee + 1	\$812.00	\$9,744.00	\$11,494.08	(\$10,050)	\$120.34	\$131.28
Employee + Family	\$1,025.00	\$12,300.00	\$14,050.08	(\$10,050)	\$333.34	\$363.64
* 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 (31-100 Days) \$10 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000						
Employee Only	\$1,016.00	\$12,192.00	\$13,942.08	(\$10,050)	\$324.34	\$353.83
Employee + 1	\$1,746.00	\$20,952.00	\$22,702.08	(\$10,050)	\$1,054.34	\$1,150.19
Employee + Family	\$2,202.00	\$26,424.00	\$28,174.08	(\$10,050)	\$1,510.34	\$1,647.64
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	\$13,786.08	(\$10,050)	\$311.34	\$339.64
Employee + 1	\$1,724.00	\$20,688.00	\$22,438.08	(\$10,050)	\$1,032.34	\$1,126.19
Employee + Family	\$2,174.00	\$26,088.00	\$27,838.08	(\$10,050)	\$1,482.34	\$1,617.10
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