

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

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	4.1 to 6 Hrs PT 12 MON CAP 75% H-D-V LESS CAP	4.1 to 6 Hrs PT 11 MON CAP 75% H-D-V LESS CAP	4 Hrs PT 12 MON CAP 50% H-D-V LESS CAP	4 Hrs PT 11 MON CAP 50% H-D-V LESS CAP
<b>DELTA DENTAL</b> Basic, Unlimited Annual Maximum					<b>ESTIMATED MONTHLY COST TO EMPLOYEE FOR HEALTH-RX, DENTAL AND VISION INSURANCE**</b>					
Employee Only	\$64.66	\$775.92								
Employee + 1	\$117.09	\$1,405.08								
Employee + Family	\$168.30	\$2,019.60								
<b>VSP</b> Plan C \$5 Deductible										
Employee Only	\$11.41	\$136.92								
Employee + 1	\$22.85	\$274.20								
Employee + Family	\$35.61	\$427.32								
<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 \$12,700										
Employee Only	\$1,027.00	\$12,324.00	\$13,236.84	(\$10,050)	\$265.57	\$289.71	\$474.95	\$518.12	\$684.32	\$746.53
Employee + 1	\$1,766.00	\$21,192.00	\$22,871.28	(\$10,050)	\$1,068.44	\$1,165.57	\$1,277.82	\$1,393.98	\$1,487.19	\$1,622.39
Employee + Family	\$2,229.00	\$26,748.00	\$29,194.92	(\$10,050)	\$1,595.41	\$1,740.45	\$1,804.79	\$1,968.86	\$2,014.16	\$2,197.27
<b>PPO 4A 90%*</b> RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$1,250; Family \$12,700										
Employee Only	\$912.00	\$10,944.00	\$11,856.84	(\$10,050)	\$150.57	\$164.26	\$359.95	\$392.67	\$569.32	\$621.08
Employee + 1	\$1,569.00	\$18,828.00	\$20,507.28	(\$10,050)	\$871.44	\$950.66	\$1,080.82	\$1,179.07	\$1,290.19	\$1,407.48
Employee + Family	\$1,981.00	\$23,772.00	\$26,218.92	(\$10,050)	\$1,347.41	\$1,469.90	\$1,556.79	\$1,698.31	\$1,766.16	\$1,926.72
<b>PPO 6A 80%*</b> RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$2,000; Family \$12,700										
Employee Only	\$841.00	\$10,092.00	\$11,004.84	(\$10,050)	\$79.57	\$86.80	\$288.95	\$315.21	\$498.32	\$543.62
Employee + 1	\$1,447.00	\$17,364.00	\$19,043.28	(\$10,050)	\$749.44	\$817.57	\$958.82	\$1,045.98	\$1,168.19	\$1,274.39
Employee + Family	\$1,826.00	\$21,912.00	\$24,358.92	(\$10,050)	\$1,192.41	\$1,300.81	\$1,401.79	\$1,529.22	\$1,611.16	\$1,757.63
<b>PPO 8A 80%*</b> RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$3,250; Family \$12,700										
Employee Only	\$763.00	\$9,156.00	\$10,068.84	(\$10,050)	\$1.57	\$1.71	\$210.95	\$230.12	\$420.32	\$458.53
Employee + 1	\$1,312.00	\$15,744.00	\$17,423.28	(\$10,050)	\$614.44	\$670.30	\$823.82	\$898.71	\$1,033.19	\$1,127.12
Employee + Family	\$1,656.00	\$19,872.00	\$22,318.92	(\$10,050)	\$1,022.41	\$1,115.36	\$1,231.79	\$1,343.77	\$1,441.16	\$1,572.17
<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 \$12,700										
Employee Only	\$847.00	\$10,164.00	\$11,076.84	(\$10,050)	\$85.57	\$93.35	\$294.95	\$321.76	\$504.32	\$550.17
Employee + 1	\$1,456.00	\$17,472.00	\$19,151.28	(\$10,050)	\$758.44	\$827.39	\$967.82	\$1,055.80	\$1,177.19	\$1,284.21
Employee + Family	\$1,837.00	\$22,044.00	\$24,490.92	(\$10,050)	\$1,203.41	\$1,312.81	\$1,412.79	\$1,541.22	\$1,622.16	\$1,769.63
<b>HDHP 1 80%*</b> 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	\$7,764.84	(\$10,050)	(\$190.43)	(\$207.74)	\$18.95	\$20.67	\$228.32	\$249.08
Employee + 1	\$982.00	\$11,784.00	\$13,463.28	(\$10,050)	\$284.44	\$310.30	\$493.82	\$538.71	\$703.19	\$767.12
Employee + Family	\$1,238.00	\$14,856.00	\$17,302.92	(\$10,050)	\$604.41	\$659.36	\$813.79	\$887.77	\$1,023.16	\$1,116.17
<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	\$472.00	\$5,664.00	\$6,576.84	(\$10,050)	(\$289.43)	(\$315.74)	(\$80.06)	(\$87.33)	\$129.32	\$141.08
Employee + 1	\$812.00	\$9,744.00	\$11,423.28	(\$10,050)	\$114.44	\$124.84	\$323.82	\$353.25	\$533.19	\$581.66
Employee + Family	\$1,025.00	\$12,300.00	\$14,746.92	(\$10,050)	\$391.41	\$426.99	\$600.79	\$655.40	\$810.16	\$883.81

\* 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 (31-100 Days) \$10 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000										
Employee Only	\$1,016.00	\$12,192.00	\$13,104.84	(\$10,050)	\$254.57	\$277.71	\$463.95	\$506.12	\$673.32	\$734.53
Employee + 1	\$1,746.00	\$20,952.00	\$22,631.28	(\$10,050)	\$1,048.44	\$1,143.75	\$1,257.82	\$1,372.16	\$1,467.19	\$1,600.57
Employee + Family	\$2,202.00	\$26,424.00	\$28,870.92	(\$10,050)	\$1,568.41	\$1,710.99	\$1,777.79	\$1,939.40	\$1,987.16	\$2,167.81
<b>Kaiser 2 100%*</b>										
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	\$12,948.84	(\$10,050)	\$241.57	\$263.53	\$450.95	\$491.94	\$660.32	\$720.35
Employee + 1	\$1,724.00	\$20,688.00	\$22,367.28	(\$10,050)	\$1,026.44	\$1,119.75	\$1,235.82	\$1,348.16	\$1,445.19	\$1,576.57
Employee + Family	\$2,174.00	\$26,088.00	\$28,534.92	(\$10,050)	\$1,540.41	\$1,680.45	\$1,749.79	\$1,908.86	\$1,959.16	\$2,137.27

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