

Amador County Unified School District
 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	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	150% RULE CAP 100% 12 Month
DELTA DENTAL Basic, \$2000 Annual Maximum	\$115.35	\$1,384.20									
VSP Plan B \$10 Deductible	\$18.97	\$227.64									
ESTIMATED MONTHLY COST TO EMPLOYEE FOR HEALTH-RX, DENTAL AND VISION INSURANCE**											
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	\$1,835.00	\$22,020.00	\$23,631.84	(\$10,050)	\$1,131.82	\$1,234.71	\$1,341.20	\$1,463.12	\$1,550.57	\$1,691.53	\$673.07
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	\$1,630.00	\$19,560.00	\$21,171.84	(\$10,050)	\$926.82	\$1,011.08	\$1,136.20	\$1,239.49	\$1,345.57	\$1,467.89	\$519.32
PPO 6C 80%* RX 7/25/40 (30 Days) 15/60/90 (90 Days) \$20 PCP Doctor Visits Calendar Year Out of Pocket: Individual \$2,000; Family \$6,000	\$1,475.00	\$17,700.00	\$19,311.84	(\$10,050)	\$771.82	\$841.99	\$981.20	\$1,070.39	\$1,190.57	\$1,298.80	\$403.07
PPO 10D 80%* RX 70% of \$10/Preferred 50%/Non-Preferred* (30 Days) RX 70% of \$25*/Preferred 50%/Non-Preferred* (90 Days) Calendar Year Out of Pocket: Individual \$6,350; Family \$12,700	\$984.00	\$11,808.00	\$13,419.84	(\$10,050)	\$280.82	\$306.35	\$490.20	\$534.76	\$699.57	\$763.17	\$34.82
PPO Wellness 90%* RX 7/25/40 (30 Days) 15/60/90 (90 Days) \$20 PCP Doctor Visits Calendar Year Out of Pocket: Individual \$1,750; Family \$5,250	\$1,512.00	\$18,144.00	\$19,755.84	(\$10,050)	\$808.82	\$882.35	\$1,018.20	\$1,110.76	\$1,227.57	\$1,339.17	\$430.82
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)	\$1,020.00	\$12,240.00	\$13,851.84	(\$10,050)	\$316.82	\$345.62	\$526.20	\$574.03	\$735.57	\$802.44	\$61.82
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	\$844.00	\$10,128.00	\$11,739.84	(\$10,050)	\$140.82	\$153.62	\$350.20	\$382.03	\$559.57	\$610.44	(\$70.18)

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Kaiser - Select Areas (Amador County Cities: Ione or Plymouth and other areas outside of Amador based on Kaiser's rules)											
Kaiser 1 100%* RX 5/10 (30 Days) 10/20 (31-90 Days) \$10 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000	\$1,897.00	\$22,764.00	\$24,375.84	(\$10,050)	\$1,193.82	\$1,302.35	\$1,403.20	\$1,530.76	\$1,612.57	\$1,759.17	NA
Kaiser 2 100%* RX 5/10 (30 Days) 10/20 (31-90 Days) \$15 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000	\$1,870.00	\$22,440.00	\$24,051.84	(\$10,050)	\$1,166.82	\$1,272.89	\$1,376.20	\$1,501.30	\$1,585.57	\$1,729.71	NA
Kaiser 6 100%* RX 10/20 (30 Days) 20/40 (31-90 Days) \$25 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000	\$1,815.00	\$21,780.00	\$23,391.84	(\$10,050)	\$1,111.82	\$1,212.89	\$1,321.20	\$1,441.30	\$1,530.57	\$1,669.71	NA
Kaiser Wellness RX 10/25 (30 Days) 20/50 (31-90 Days) \$20 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000	\$1,482.00	\$17,784.00	\$19,395.84	(\$10,050)	\$778.82	\$849.62	\$988.20	\$1,078.03	\$1,197.57	\$1,306.44	NA
Kaiser Bronze 60%* RX Generic Paid at 70%* (Not to exceed \$50) 100-Day supply Deductible does not apply RX Brand Paid at 60%* (Not to exceed \$100) 100-Day Supply Deductible does not apply, * Certain brand name drugs have a \$250 deductible Calendar Year Out of Pocket: Individual \$6,000; Family \$12,000	\$888.00	\$10,656.00	\$12,267.84	(\$10,050)	\$184.82	\$201.62	\$394.20	\$430.03	\$603.57	\$658.44	NA

* 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. Please see article 16.2 of the ACUSD contract.