

Amador County Unified School District
 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	ANNUAL DISTRICT CAP	12 MONTH CAP 100% H-D-V	11 MONTH CAP 100% H-D-V	4.1 to 6 Hrs	4.1 to 6 Hrs	4 Hrs	4 Hrs
							PT 12 MON CAP 75% H-D-V	PT 11 MON CAP 75% H-D-V	PT 12 MON CAP 50% H-D-V	PT 11 MON CAP 50% H-D-V
							LESS CAP	LESS CAP	LESS CAP	LESS CAP
DELTA DENTAL Basic, Unlimited Annual Maximum VSP Plan B \$10 Deductible	\$131.25 \$18.97	\$1,575.00 \$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) Calendar Year Out of Pocket: Individual \$1,250; Family \$12,700										
Employee Only	\$1,027.00	\$12,324.00	\$14,126.64	(\$10,050)	\$339.72	\$370.60	\$549.10	\$599.01	\$758.47	\$827.42
Employee + 1	\$1,766.00	\$21,192.00	\$22,994.64	(\$10,050)	\$1,078.72	\$1,176.79	\$1,288.10	\$1,405.19	\$1,497.47	\$1,633.60
Employee + Family	\$2,229.00	\$26,748.00	\$28,550.64	(\$10,050)	\$1,541.72	\$1,681.88	\$1,751.10	\$1,910.29	\$1,960.47	\$2,138.69
PPO 4A 90%* 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	\$12,746.64	(\$10,050)	\$224.72	\$245.15	\$434.10	\$473.56	\$643.47	\$701.97
Employee + 1	\$1,569.00	\$18,828.00	\$20,630.64	(\$10,050)	\$881.72	\$961.88	\$1,091.10	\$1,190.29	\$1,300.47	\$1,418.69
Employee + Family	\$1,981.00	\$23,772.00	\$25,574.64	(\$10,050)	\$1,293.72	\$1,411.33	\$1,503.10	\$1,639.74	\$1,712.47	\$1,868.15
PPO 6A 80%* 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	\$11,894.64	(\$10,050)	\$153.72	\$167.69	\$363.10	\$396.10	\$572.47	\$624.51
Employee + 1	\$1,447.00	\$17,364.00	\$19,166.64	(\$10,050)	\$759.72	\$828.79	\$969.10	\$1,057.19	\$1,178.47	\$1,285.60
Employee + Family	\$1,826.00	\$21,912.00	\$23,714.64	(\$10,050)	\$1,138.72	\$1,242.24	\$1,348.10	\$1,470.65	\$1,557.47	\$1,699.06
PPO 9A 80%* RX 5/22 (30 Days) 10/44 (90 Days) Calendar Year Out of Pocket: Individual \$5,000; Family \$12,700										
Employee Only	\$682.00	\$8,184.00	\$9,986.64	(\$10,050)	(\$5.28)	(\$5.76)	\$204.10	\$222.65	\$413.47	\$451.06
Employee + 1	\$1,173.00	\$14,076.00	\$15,878.64	(\$10,050)	\$485.72	\$529.88	\$695.10	\$758.29	\$904.47	\$986.69
Employee + Family	\$1,481.00	\$17,772.00	\$19,574.64	(\$10,050)	\$793.72	\$865.88	\$1,003.10	\$1,094.29	\$1,212.47	\$1,322.69
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										
Employee Only	\$847.00	\$10,164.00	\$11,966.64	(\$10,050)	\$159.72	\$174.24	\$369.10	\$402.65	\$578.47	\$631.06
Employee + 1	\$1,456.00	\$17,472.00	\$19,274.64	(\$10,050)	\$768.72	\$838.60	\$978.10	\$1,067.01	\$1,187.47	\$1,295.42
Employee + Family	\$1,837.00	\$22,044.00	\$23,846.64	(\$10,050)	\$1,149.72	\$1,254.24	\$1,359.10	\$1,482.65	\$1,568.47	\$1,711.06
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)				(\$10,050)						
Employee Only	\$571.00	\$6,852.00	\$8,654.64	(\$10,050)	(\$116.28)	(\$126.85)	\$93.10	\$101.56	\$302.47	\$329.97
Employee + 1	\$982.00	\$11,784.00	\$13,586.64	(\$10,050)	\$294.72	\$321.51	\$504.10	\$549.92	\$713.47	\$778.33
Employee + Family	\$1,238.00	\$14,856.00	\$16,658.64	(\$10,050)	\$550.72	\$600.79	\$760.10	\$829.19	\$969.47	\$1,057.60
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	\$7,466.64	(\$10,050)	(\$215.28)	(\$234.85)	(\$5.91)	(\$6.44)	\$203.47	\$221.97
Employee + 1	\$812.00	\$9,744.00	\$11,546.64	(\$10,050)	\$124.72	\$136.06	\$334.10	\$364.47	\$543.47	\$592.88
Employee + Family	\$1,025.00	\$12,300.00	\$14,102.64	(\$10,050)	\$337.72	\$368.42	\$547.10	\$596.83	\$756.47	\$825.24

* For Covered expenses only: See "Plan Matrix"

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					CAP 100%	CAP 100%	PT 12 MON	PT 11 MON	PT 12 MON	PT 11 MON
					H-D-V	H-D-V	CAP 75% H-D-V	CAP 75% H-D-V	CAP 50% H-D-V	CAP 50% H-D-V
Kaiser - Select Areas										
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										
Employee Only	\$1,016.00	\$12,192.00	\$13,994.64	(\$10,050)	\$328.72	\$358.60	\$538.10	\$587.01	\$747.47	\$815.42
Employee + 1	\$1,746.00	\$20,952.00	\$22,754.64	(\$10,050)	\$1,058.72	\$1,154.97	\$1,268.10	\$1,383.38	\$1,477.47	\$1,611.79
Employee + Family	\$2,202.00	\$26,424.00	\$28,226.64	(\$10,050)	\$1,514.72	\$1,652.42	\$1,724.10	\$1,860.83	\$1,933.47	\$2,109.24
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										
Employee Only	\$1,003.00	\$12,036.00	\$13,838.64	(\$10,050)	\$315.72	\$344.42	\$525.10	\$572.83	\$734.47	\$801.24
Employee + 1	\$1,724.00	\$20,688.00	\$22,490.64	(\$10,050)	\$1,036.72	\$1,130.97	\$1,246.10	\$1,359.38	\$1,455.47	\$1,587.79
Employee + Family	\$2,174.00	\$26,088.00	\$27,890.64	(\$10,050)	\$1,486.72	\$1,621.88	\$1,696.10	\$1,850.29	\$1,905.47	\$2,078.69
Kaiser 5 100%*										
RX 10/20 (30 Days) 20/40 (31-90 Days) \$35 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000										
Employee Only	\$962.00	\$11,544.00	\$13,346.64	(\$10,050)	\$274.72	\$299.89	\$484.10	\$528.10	\$693.47	\$756.51
Employee + 1	\$1,654.00	\$19,848.00	\$21,650.64	(\$10,050)	\$966.72	\$1,054.60	\$1,176.10	\$1,283.01	\$1,385.47	\$1,511.42
Employee + Family	\$2,086.00	\$25,032.00	\$26,834.64	(\$10,050)	\$1,398.72	\$1,525.88	\$1,608.10	\$1,754.29	\$1,817.47	\$1,982.69
Kaiser 7 100%*										
RX 10/30 (30 Days) 20/60 (31-90 Days) \$35 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000										
Employee Only	\$935.00	\$11,220.00	\$13,022.64	(\$10,050)	\$247.72	\$270.24	\$457.10	\$498.65	\$666.47	\$727.06
Employee + 1	\$1,607.00	\$19,284.00	\$21,086.64	(\$10,050)	\$919.72	\$1,003.33	\$1,129.10	\$1,231.74	\$1,338.47	\$1,460.15
Employee + Family	\$2,027.00	\$24,324.00	\$26,126.64	(\$10,050)	\$1,339.72	\$1,461.51	\$1,549.10	\$1,689.92	\$1,758.47	\$1,918.33
Kaiser Wellness 100%*										
RX 10/25 (30 Days) 20/50 (31-90 Days) \$20/40 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000										
Employee Only	\$791.00	\$9,492.00	\$11,294.64	(\$10,050)	\$103.72	\$113.15	\$313.10	\$341.56	\$522.47	\$569.97
Employee + 1	\$1,359.00	\$16,308.00	\$18,110.64	(\$10,050)	\$671.72	\$732.79	\$881.10	\$961.19	\$1,090.47	\$1,189.60
Employee + Family	\$1,714.00	\$20,568.00	\$22,370.64	(\$10,050)	\$1,026.72	\$1,120.06	\$1,236.10	\$1,348.47	\$1,445.47	\$1,576.88

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