

Amador County Unified School District
 CVT Health Insurance Rates
 October 1, 2018 through September 30, 2019
 Certificated

	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	\$115.36	\$1,384.32									
VSP Plan B \$10 Deductible	\$18.97	\$227.64									
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 PCP Doctor Visits Calendar Year Out of Pocket: Individual \$1,250; Family \$3,750	\$1,941.00	\$23,292.00	\$24,903.96	(\$10,050)	\$1,237.83	\$1,350.36	\$1,447.21	\$1,578.77	\$1,656.58	\$1,807.18	\$752.58
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	\$1,722.00	\$20,664.00	\$22,275.96	(\$10,050)	\$1,018.83	\$1,111.45	\$1,228.21	\$1,339.86	\$1,437.58	\$1,568.27	\$588.33
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	\$1,560.00	\$18,720.00	\$20,331.96	(\$10,050)	\$856.83	\$934.72	\$1,066.21	\$1,163.13	\$1,275.58	\$1,391.54	\$466.83
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	\$1,037.00	\$12,444.00	\$14,055.96	(\$10,050)	\$333.83	\$364.18	\$543.21	\$592.59	\$752.58	\$821.00	\$74.58
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	\$1,599.00	\$19,188.00	\$20,799.96	(\$10,050)	\$895.83	\$977.27	\$1,105.21	\$1,205.68	\$1,314.58	\$1,434.09	\$496.08
HDHP 1 80%* RX Paid at 90%* after deductible is met Calendar Year Out of Pocket: Individual \$4,250; Family \$8,500 (NOTE: Family = Employee with one or more covered dependents)	\$1,073.00	\$12,876.00	\$14,487.96	(\$10,050)	\$369.83	\$403.45	\$579.21	\$631.86	\$788.58	\$860.27	\$101.58
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	\$889.00	\$10,668.00	\$12,279.96	(\$10,050)	\$185.83	\$202.72	\$395.21	\$431.13	\$604.58	\$659.54	(\$36.42)

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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%*	\$1,959.00	\$23,508.00	\$25,119.96	(\$10,050)	\$1,255.83	\$1,370.00	\$1,465.21	\$1,598.41	\$1,674.58	\$1,826.81	NA
RX 5/10 (30 Days) 10/20 (31-60 Days) 15/30 (61-100 Days) \$10 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000											
Kaiser 2 100%*	\$1,932.00	\$23,184.00	\$24,795.96	(\$10,050)	\$1,228.83	\$1,340.54	\$1,438.21	\$1,568.95	\$1,647.58	\$1,797.36	NA
RX 5/10 (30 Days) 10/20 (31-60 Days) 15/30 (61-100 Days) \$15 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000											
Kaiser 6 100%*	\$1,875.00	\$22,500.00	\$24,111.96	(\$10,050)	\$1,171.83	\$1,278.36	\$1,381.21	\$1,506.77	\$1,590.58	\$1,735.18	NA
RX 10/20 (30 Days) 20/40 (31-60 Days) 30/60 (61-100 Days) \$25 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000											
Kaiser Wellness	\$1,531.00	\$18,372.00	\$19,983.96	(\$10,050)	\$827.83	\$903.09	\$1,037.21	\$1,131.50	\$1,246.58	\$1,359.91	NA
RX 10/25 (30 Days) 20/50 (31-60 Days) 30/75 (61-100 Days) \$20 Office Copay Calendar Year Out of Pocket: Individual \$1,500; Family \$3,000											
Kaiser Bronze 60%*	\$918.00	\$11,016.00	\$12,627.96	(\$10,050)	\$214.83	\$234.36	\$424.21	\$462.77	\$633.58	\$691.18	NA
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											

* 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.