

Teachers/Non-Union
 Anthem Rider A
 7/1/2024

Anthem's Rates
 Effective 7/1/2024-6/30/2025

Group 310
 HSA

		Full Cost Share	Monthly Rate 18% & 22%	12 Mo. 26 Pays	10 Mo. 22 Pays
Class 1 (ONE PERSON)					
1	Anthem Medical & RX	\$778.75	\$140.18	\$64.70	\$76.46
2	Anthem Dental	\$23.47	\$5.16	\$2.38	\$2.82
	Total	\$802.22	\$145.34	\$67.08	\$79.28
Class 2 (TWO PEOPLE)					
1	Anthem Medical & RX	\$1,672.73	\$301.09	\$138.97	\$164.23
	Anthem Dental	\$59.80	\$13.16	\$6.07	\$7.18
2	Total	\$1,732.53	\$314.25	\$145.04	\$171.41
Class 3 (FAMILY)					
	Anthem Medical & RX	\$2,140.14	\$385.23	\$177.80	\$210.12
1	Anthem Dental	\$76.71	\$16.88	\$7.79	\$9.21
	Total	\$2,216.85	\$402.10	\$185.59	\$219.33
2					

***High Deductible Health Plan**
 Rates as of 7/1/2024