Nurses | **Anthem's Rates** | **Group 325**
Anthem Rider ABCD** | **Effective 7/1/2024-6/30/2025** | ***OAP7**
7/1/2024

		Full Cost Share	Monthly Rate 13.5%	Biweekly Rate
Class 1	**(ONE PERSON)**			
1 Anthem Medical & RX		$1,050.76	$141.85	$65.47
2 Anthem Dental		$31.97	$4.32	$1.99
Total		**$1,082.73**	**$146.17**	**$67.46**
Class 2	**(TWO PEOPLE)**			
1 Anthem Medical & RX		$2,177.82	$294.01	$135.69
2 Anthem Dental		$81.48	$11.00	$5.08
Total		**$2,259.30**	**$305.01**	**$140.77**
Class 3	**(FAMILY)**			
1 Anthem Medical & RX		$2,813.26	$379.79	$175.29
2 Anthem Dental		$104.52	$14.11	$6.51
Total		**$2,917.78**	**$393.90**	**$181.80**

*** Open Access Plus in and out of network. (Formerly PPO)**
Rates as of 7/1/2024

Nurses | **Anthem's Rates** | **Group 325**
Anthem Rider ABCD ** | **Effective 7/1/2024-6/30/2025** | ***OIN1**
7/1/2024

		Full Cost Share	Monthly Rate 8.5%	Biweekly Rate
Class 1	**(ONE PERSON)**			
1 Anthem Medical & RX		$1,017.97	$86.53	$39.94
2 Anthem Dental		$31.97	$2.72	$1.25
Total		**$1,049.94**	**$89.24**	**$41.19**
Class 2	**(TWO PEOPLE)**			
1 Anthem Medical & RX		$2,164.07	$183.95	$84.90
2 Anthem Dental		$81.48	$6.93	$3.20
Total		**$2,245.55**	**$190.87**	**$88.09**
Class 3	**(FAMILY)**			
1 Anthem Medical & RX		$2,778.79	$236.20	$109.01
2 Anthem Dental		$104.52	$8.88	$4.10
Total		**$2,883.31**	**$245.08**	**$113.11**

***Open Access In Network. (Formerly HMO)**
Rates as of 7/1/2024

Nurses | **Anthem's Rates** | **Group 325**
Anthem Dental Riders ABCD | **Effective 7/1/2024-6/30/2025** | ***HDHP**
7/1/2024

			Full Cost Share	Monthly Rate 13.5%	Biweekly Rate
	Class 1	**(ONE PERSON)**			
1	Anthem Medical & RX		$786.06	$106.12	$ 48.98
2	Anthem Dental		$31.97	$4.32	$ 1.99
	Total		**$818.03**	**$110.43**	**$ 50.97**
	Class 2	**(TWO PEOPLE)**			
1	Anthem Medical & RX		$1,688.43	$227.94	$ 105.20
2	Anthem Dental		$81.48	$11.00	$ 5.08
	Total		**$1,769.91**	**$238.94**	**$ 110.28**
	Class 3	**(FAMILY)**			
1	Anthem Medical & RX		$2,160.23	$291.63	$ 134.60
2	Anthem Dental		$104.52	$14.11	$ 6.51
	Total		**$2,264.75**	**$305.74**	**$ 141.11**

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