

Cafeteria Managers

Anthem's Rates
Effective 7/1/2025-6/30/2026M011
*HDHP

		Full Cost Share	Monthly Rate	Weekly Rate
		Medical	18.5%	
		Dental	22%	
Class 1 (ONE PERSON)				
1	Anthem Medical & RX	\$983.28	\$181.91	\$ 54.57
2	Anthem Dental	\$38.39	\$8.45	\$ 2.53
	Total	\$1,021.67	\$190.35	\$ 57.11
Class 2 (TWO PEOPLE)				
1	Anthem Medical & RX	\$2,075.88	\$384.04	\$ 115.21
2	Anthem Dental	\$75.51	\$16.61	\$ 4.98
	Total	\$2,151.39	\$400.65	\$ 120.20
Class 3 (FAMILY)				
1	Anthem Medical & RX	\$2,533.14	\$468.63	\$ 140.59
2	Anthem Dental	\$117.89	\$25.94	\$ 7.78
	Total	\$2,651.03	\$494.57	\$ 148.37

*High Deductible Health Plan
Rates as of 7/1/2025