

Contracted Employee

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

M023
OAP7

7/1/2025

		Full Cost Share	Employee Contribution 17%	Weekly	Biweekly
Class 1 (ONE PERSON)					
1	Anthem Medical & RX	\$1,142.32	\$194.19	\$ 44.81	\$ 89.63
2	Anthem Dental	\$38.39	\$6.53	\$ 1.51	\$ 3.01
	Total	\$1,180.71	\$200.72	\$ 46.32	\$ 92.64
Class 2 (TWO PEOPLE)					
1	Anthem Medical & RX	\$2,417.83	\$411.03	\$ 94.85	\$ 189.71
2	Anthem Dental	\$75.51	\$12.84	\$ 2.96	\$ 5.92
	Total	\$2,493.34	\$423.87	\$ 97.82	\$ 195.63
Class 3 (FAMILY)					
1	Anthem Medical & RX	\$2,951.43	\$501.74	\$ 115.79	\$ 231.57
2	Anthem Dental	\$117.89	\$20.04	\$ 4.62	\$ 9.25
	Total	\$3,069.32	\$521.78	\$ 120.41	\$ 240.82

* Open Access Plus in and out of network. (Formerly PPO)

Rates as of 7/1/2025