

7/1/2025

		Full Cost Share	Monthly Rate	12 Mo. 26 Pays	10 Mo. 22 Pays
Class 1 (ONE PERSON)		Medical	18.5%		
		Dental	22.0%		
1	Anthem Medical & RX	\$991.36	\$183.40	\$84.65	\$100.04
2	Anthem Dental	\$38.39	\$8.45	\$3.90	\$4.61
	Total	\$1,029.75	\$191.85	\$88.54	\$104.64
Class 2 (TWO PEOPLE)					
1	Anthem Medical & RX	\$2,093.25	\$387.25	\$178.73	\$211.23
2	Anthem Dental	\$75.51	\$16.61	\$7.67	\$9.06
	Total	\$2,168.76	\$403.86	\$186.40	\$220.29
Class 3 (FAMILY)					
1	Anthem Medical & RX	\$2,554.40	\$472.56	\$218.11	\$257.76
2	Anthem Dental	\$117.89	\$25.94	\$11.97	\$14.15
	Total	\$2,672.29	\$498.50	\$230.08	\$271.91

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