

		Full Cost Share	Monthly Rate	Weekly Rate
		Medical Dental	19.0% 22%	
Class 1 (ONE PERSON)				
1	Anthem Medical & RX	\$1,309.35	\$248.78	\$ 74.63
2	Anthem Dental	\$45.58	\$10.03	\$ 3.01
	Total	\$1,354.93	\$258.80	\$ 77.64
Class 2 (TWO PEOPLE)				
1	Anthem Medical & RX	\$2,763.98	\$525.16	\$ 157.55
2	Anthem Dental	\$89.64	\$19.72	\$ 5.92
	Total	\$2,853.62	\$544.88	\$ 163.46
Class 3 (FAMILY)				
1	Anthem Medical & RX	\$3,372.23	\$640.72	\$ 192.22
2	Anthem Dental	\$139.96	\$30.79	\$ 9.24
	Total	\$3,512.19	\$671.51	\$ 201.45

*High Deductible Health Plan
Rates as of 7/1/2026