Cafeteria | **Anthem's Rates** | **M016**

Effective 7/1/2026-6/30/2027 | ***OAP7**

7/1/2026

			Full Cost Share Med & Dent	CAFÉ pays 25%	Weekly Rate
	Class 1	**(ONE PERSON)**			
1	Anthem Medical & RX		$1,521.95	$380.49	$114.15
2	Anthem Dental		$45.58	$11.40	$3.42
	Total		**$1,567.53**	**$391.88**	**$117.56**
	Class 2	**(TWO PEOPLE)**			
1	Anthem Medical & RX		$3,221.07	$805.27	$241.58
2	Anthem Dental		$89.64	$22.41	$6.72
	Total		**$3,310.71**	**$827.68**	**$248.30**
	Class 3	**(FAMILY)**			
1	Anthem Medical & RX		$3,931.37	$982.84	$294.85
2	Anthem Dental		$139.96	$34.99	$10.50
	Total		**$4,071.33**	**$1,017.83**	**$305.35**

Section 9.1

All full time Cafeteria employees and all part time employees scheduled to work at least nineteen hours per week shall be entitled to elect coverage for themselves and their dependents under the health insurance programs described in sections 9.2 and 9.3 in the Cafeteria union contract (2024-2027)

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

Rates as of 7/1/2026

Cafeteria | **Anthem's Rates** | **M019**

Effective 7/1/2026-6/30/2027 | ***OIN1**

7/1/2026

			Full Cost Share Med & Dent	CAFÉ pays 25%	Weekly Rate
	Class 1	**(ONE PERSON)**			
1	Anthem Medical & RX		$1,453.52	$363.38	$109.01
2	Anthem Dental		$45.58	$11.40	$3.42
	Total		**$1,499.10**	**$374.78**	**$112.43**
	Class 2	**(TWO PEOPLE)**			
1	Anthem Medical & RX		$3,073.97	$768.49	$230.55
2	Anthem Dental		$89.64	$22.41	$6.72
	Total		**$3,163.61**	**$790.90**	**$237.27**
	Class 3	**(FAMILY)**			
1	Anthem Medical & RX		$3,751.43	$937.86	$281.36
2	Anthem Dental		$139.96	$34.99	$10.50
	Total		**$3,891.39**	**$972.85**	**$291.85**

Section 9.1

All full time Cafeteria employees and all part time employees scheduled to work at least nineteen hours per week shall be entitled to elect coverage for themselves and their dependents under the health insurance programs described in sections 9.2 and 9.3 in the Cafeteria union contract (2024-2027)

***Open Access In Network. (Formerly HMO)**

Rates as of 7/1/2026

Cafeteria | **Anthem's Rates** | **M011**

Effective 7/1/2026-6/30/2027 | ***HDHP**

7/1/2026

			Full Cost Share Med & Dent	CAFÉ pays 25%	Weekly Rate
	Class 1	**(ONE PERSON)**			
1	Anthem Medical & RX		$1,309.35	$327.34	$98.20
2	Anthem Dental		$45.58	$11.40	$3.42
	Total		**$1,354.93**	**$338.73**	**$101.62**
	Class 2	**(TWO PEOPLE)**			
1	Anthem Medical & RX		$2,763.98	$691.00	$207.30
2	Anthem Dental		$89.64	$22.41	$6.72
	Total		**$2,853.62**	**$713.41**	**$214.02**
	Class 3	**(FAMILY)**			
1	Anthem Medical & RX		$3,372.23	$843.06	$252.92
2	Anthem Dental		$139.96	$34.99	$10.50
	Total		**$3,512.19**	**$878.05**	**$263.41**

Section 9.1

All full time Cafeteria employees and all part time employees scheduled to work at least nineteen hours per week shall be entitled to elect coverage for themselves and their dependents under the health insurance programs described in sections 9.2 and 9.3 in the Cafeteria union contract (2024-2027)

High Deductible Plan

Rates as of 7/1/2026