Contracted Employee **Anthem's Rates** **M023**
Effective 7/1/2026-6/30/2027 **OAP7**

7/1/2026

		Full Cost Share	Employee Contribution 18%	Weekly	Biweekly
Class 1	**(ONE PERSON)**				
1	Anthem Medical & RX	$1,521.95	$273.95	**$ 63.22**	**$ 126.44**
2	Anthem Dental	$45.58	$8.20	**$ 1.89**	**$ 3.79**
	Total	**$1,567.53**	**$282.16**	**$ 65.11**	**$ 130.23**
Class 2	**(TWO PEOPLE)**				
1	Anthem Medical & RX	$3,221.07	$579.79	**$ 133.80**	**$ 267.60**
2	Anthem Dental	$89.64	$16.14	**$ 3.72**	**$ 7.45**
	Total	**$3,310.71**	**$595.93**	**$ 137.52**	**$ 275.04**
Class 3	**(FAMILY)**				
1	Anthem Medical & RX	$3,931.37	$707.65	**$ 163.30**	**$ 326.61**
2	Anthem Dental	$139.96	$25.19	**$ 5.81**	**$ 11.63**
	Total	**$4,071.33**	**$732.84**	**$ 169.12**	**$ 338.23**

*** Open Access Plus in and out of network. (Formerly PPO)**
Rates as of 7/1/2026