OT, COTA, BCBA, Translator **Anthem's Rates**

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

7/1/2026

			Full Cost Share	Monthly Rate	12 Mo. 26 Pays	10 Mo. 22 Pays
			Medical	19.0%		
	Class 1	**(ONE PERSON)**	**Dental**	**22.0%**		
1	Anthem Medical & RX		$1,320.15	$250.83	**$115.77**	**$136.82**
2	Anthem Dental		$45.58	$10.03	**$4.63**	**$5.47**
	Total		**$1,365.73**	**$260.86**	**$120.40**	**$142.29**
	Class 2	**(TWO PEOPLE)**				
	Anthem Medical & RX		$2,787.20	$529.57	**$244.42**	**$288.86**
1						
	Anthem Dental		$89.64	$19.72	**$9.10**	**$10.76**
2	**Total**		**$2,876.84**	**$549.29**	**$253.52**	**$299.61**
	Class 3	**(FAMILY)**				
	Anthem Medical & RX		$3,400.64	$646.12	**$298.21**	**$352.43**
1	Anthem Dental		$139.96	$30.79	**$14.21**	**$16.80**
	Total		**$3,540.60**	**$676.91**	**$312.42**	**$369.23**
2						

***High Deductible Health Plan**

Rates as of 7/1/2026