Technology & Non Union Staff **Anthem's Rates** **M005**

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

		Full Cost Share Medical Dental	Monthly Rate 19.0% 22%	Weekly Rate (52)	Bi Weekly Rate (26)
	Class 1 (ONE PERSON)				
1	Anthem Medical & RX	$1,320.15	$250.83	$ 57.88	$ 115.77
2	Anthem Dental	$45.58	$10.03	$ 2.31	$ 4.63
	Total	**$1,365.73**	**$260.86**	**$ 60.20**	**$ 120.40**
	Class 2 (TWO PEOPLE)				
1	Anthem Medical & RX	$2,787.20	$529.57	$ 122.21	$ 244.42
2	Anthem Dental	$89.64	$19.72	$ 4.55	$ 9.10
	Total	**$2,876.84**	**$549.29**	**$ 126.76**	**$ 253.52**
	Class 3 (FAMILY)				
1	Anthem Medical & RX	$3,400.64	$646.12	$ 149.10	$ 298.21
2	Anthem Dental	$139.96	$30.79	$ 7.11	$ 14.21
	Total	**$3,540.60**	**$676.91**	**$ 156.21**	**$ 312.42**

***High Deductible Health Plan**

Rates as of 7/1/2026