## **AMACE**

## ANTHEM BLUE CROSS 4 TIERED MONTHLY RATES

2024 - 2025

## DENTAL AND VISON 3 TIERED MONTHLY RATES

2023 - 2024

DISTRICT
CAP Health
\$975.00 MONT

DISTRICT
CAP Dental
\$92.74

CAP Vision \$26.29

MONTHLY

3 - TIERED RATES	DENTAL	EMPLOYEE	VISION	<b>EMPLOYEE</b>	EMPLOYEE
	TOTAL PREMIUM	PAYS	OTAL PREMIUM	PAYS	TOTAL
EMPLOYEE ONLY	\$59.94	(\$32.80)	\$13.08	(\$13.21)	(\$46.01)
EMPLOYEE + 1	\$108.56	\$15.82	\$24.29	(\$2.00)	\$13.82
EMPLOYEE + FAMILY	\$156.06	\$63.32	\$37.41	\$11.12	\$74.44

		\$975.00	MONTHE
	77.1370	- 1	MONTHLY
4- TIERED RATES	PLANS	HEALTH	EMPLOYEE
O + O + W//P - : O:1	0.15.16	TOTAL PREMIUM	
	ner Qualified Group Coverage	\$504.00	(\$471.00)
Opt Out NO Premium-1r	iCare/MediCal/Sub. Covered CA	\$0.00	(\$975.00)
EMBLOWEE ONLY	DI ANIA / DW A	64 477 00	<b>\$502.00</b>
EMPLOYEE ONLY EMPLOYEE + SPOUSE	PLAN 1 / RX A PLAN 1 / RX A	\$1,477.00 \$2,644.00	\$502.00 \$1,669.00
EMPLOYEE + CHILDREN	PLAN 1 / RX A	\$2,644.00	\$1,196.00
EMPLOYEE + FAMILY	PLAN 1 / RX A	\$3,206.00	\$2,231.00
EMPLOYEE ONLY	PLAN 4 / RX A	\$1,315.00	\$340.00
EMPLOYEE + SPOUSE	PLAN 4 / RX A	\$2,354.00	\$1,379.00
EMPLOYEE + CHILDREN	PLAN 4 / RX A	\$1,933.00	\$958.00
EMPLOYEE + FAMILY	PLAN 4 / RX A	\$2,854.00	\$1,879.00
EMPLOYEE ONLY	PLAN 6 / RX A	\$1,214.00	\$239.00
EMPLOYEE + SPOUSE	PLAN 6 / RX A	\$2,173.00	\$1,198.00
EMPLOYEE + CHILDREN	PLAN 6 / RX A	\$1,785.00	\$810.00
EMPLOYEE + FAMILY	PLAN 6 / RX A	\$2,636.00	\$1,661.00
EMPLOYEE ONLY	PLAN 8 / RX A	\$1,103.00	\$128.00
EMPLOYEE + SPOUSE	PLAN 8 / RX A	\$1,975.00	\$1,000.00
EMPLOYEE + CHILDREN	PLAN 8 / RX A	\$1,622.00	\$647.00
EMPLOYEE + FAMILY	PLAN 8 / RX A	\$2,394.00	\$1,419.00
EMPLOYEE ONLY	WELLNESS 1 / RX C	\$1,218.00	\$243.00
EMPLOYEE + SPOUSE	WELLNESS 1 / RX C	\$2,182.00	\$1,207.00
EMPLOYEE + CHILDREN	WELLNESS 1 / RX C	\$1,792.00	\$817.00
EMPLOYEE + FAMILY	WELLNESS 1 / RX C	\$2,645.00	\$1,670.00
EMPLOYEE ONLY	HDHP-2 NO RX	\$738.00	(\$237.00)
EMPLOYEE + SPOUSE	HDHP-2 NO RX	\$1,321.00	\$346.00
EMPLOYEE + CHILDREN	HDHP-2 NO RX	\$1,085.00	\$110.00
EMPLOYEE + FAMILY	HDHP-2 NO RX	\$1,602.00	\$627.00
EMPLOYEE ONLY	CVT BRONZE PLAN	\$672.00	(\$303.00)
EMPLOYEE + SPOUSE	CVT BRONZE PLAN	\$1,204.00	\$229.00
EMPLOYEE + CHILDREN	CVT BRONZE PLAN	\$989.00	\$14.00
EMPLOYEE + FAMILY	CVT BRONZE PLAN	\$1,459.00	\$484.00

EFFECTIVE 10/1/2023