

**AMACE**  
**Anthem High Performance BlueHPN EPO**  
**4 TIERED HEALTH**  
**2024-2025**

**\*\* Adventist Rideout Hospital is *NOT* a covered provider on BlueHPN \*\***

4- TIERED RATES	PLANS	DISTRICT CAP Health \$975.00	MONTHLY
		HEALTH	EMPLOYEE PAYS
EMPLOYEE ONLY	BlueHPN EPO PREMIER, RxV	\$1,045.00	\$70.00
EMPLOYEE + SPOUSE	BlueHPN EPO PREMIER, RxV	\$1,871.00	\$896.00
EMPLOYEE + CHILDREN	BlueHPN EPO PREMIER, RxV	\$1,537.00	\$562.00
EMPLOYEE + FAMILY	BlueHPN EPO PREMIER, RxV	\$2,267.00	\$1,292.00
EMPLOYEE ONLY	BlueHPN EPO PRIME, RxV	\$1,022.00	\$47.00
EMPLOYEE + SPOUSE	BlueHPN EPO PRIME, RxV	\$1,829.00	\$854.00
EMPLOYEE + CHILDREN	BlueHPN EPO PRIME, RxV	\$1,502.00	\$527.00
EMPLOYEE + FAMILY	BlueHPN EPO PRIME, RxV	\$2,217.00	\$1,242.00
EMPLOYEE ONLY	BlueHPN EPO VALUE, RxV	\$763.00	(\$212.00)
EMPLOYEE + SPOUSE	BlueHPN EPO VALUE, RxV	\$1,366.00	\$391.00
EMPLOYEE + CHILDREN	BlueHPN EPO VALUE, RxV	\$1,122.00	\$147.00
EMPLOYEE + FAMILY	BlueHPN EPO VALUE, RxV	\$1,656.00	\$681.00
EMPLOYEE ONLY	BlueHPN EPO HSA	\$692.00	(\$283.00)
EMPLOYEE + SPOUSE	BlueHPN EPO HSA	\$1,240.00	\$265.00
EMPLOYEE + CHILDREN	BlueHPN EPO HSA	\$1,018.00	\$43.00
EMPLOYEE + FAMILY	BlueHPN EPO HSA	\$1,504.00	\$529.00

**DENTAL AND VISION**  
**3 TIERED MONTHLY RATES**  
**2023-2024**

3 - TIERED RATES	DISTRICT CAP Dental \$92.74	EMPLOYEE	DISTRICT CAP Vision \$26.29	MONTHLY	
	DENTAL		VISION	EMPLOYEE PAYS	EMPLOYEE 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

EFFECTIVE 10/1/2023