

CSEA #326 PARA EDUCATORS OR PERSONAL ASSISTANTS
Anthem High Performance BlueHPN EPO
3 - TIERED MONTHLY RATES
2024-2025

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

		DISTRICT CAP Health			DISTRICT CAP Dental			DISTRICT CAP Vision		
EE ONLY		\$829.91			\$61.67			\$14.80		
EE + 1		\$1,225.91			\$111.66			\$14.80		
EE + FAM		\$1,477.91			\$160.56			\$14.80		
3- TIER RATES	PLANS	HEALTH	EMPLOYEE	DENTAL	EMPLOYEE	VISION	EMPLOYEE	12 MO. RATE	11 MO. RATE	
			PAYS		PAYS		PAYS	EMPLOYEE	EMPLOYEE	
								TOTAL	TOTAL	
EMPLOYEE ONLY	BlueHPN EPO PREMIER, RxV	\$1,045.00	\$215.09	\$52.68	(\$8.99)	\$13.08	(\$1.72)	\$204.38	\$222.96	
EMPLOYEE + 1	BlueHPN EPO PREMIER, RxV	\$1,797.00	\$571.09	\$95.42	(\$16.24)	\$24.29	\$9.49	\$564.34	\$615.64	
EMPLOYEE + FAM	BlueHPN EPO PREMIER, RxV	\$2,267.00	\$789.09	\$137.16	(\$23.40)	\$37.41	\$22.61	\$788.30	\$859.96	
EMPLOYEE ONLY	BlueHPN EPO PRIME, RxV	\$1,022.00	\$192.09	\$52.68	(\$8.99)	\$13.08	(\$1.72)	\$181.38	\$197.87	
EMPLOYEE + 1	BlueHPN EPO PRIME, RxV	\$1,757.00	\$531.09	\$95.42	(16.24)	\$24.29	\$9.49	\$524.34	\$572.01	
EMPLOYEE + FAM	BlueHPN EPO PRIME, RxV	\$2,217.00	\$739.09	\$137.16	(23.40)	\$37.41	\$22.61	\$738.30	\$805.42	
EMPLOYEE ONLY	BlueHPN EPO VALUE, RxV	\$763.00	(\$66.91)	\$52.68	(8.99)	\$13.08	(\$1.72)	(\$77.62)	(\$84.68)	
EMPLOYEE + 1	BlueHPN EPO VALUE, RxV	\$1,312.00	\$86.09	\$95.42	(16.24)	\$24.29	\$9.49	\$79.34	\$86.55	
EMPLOYEE + FAM	BlueHPN EPO VALUE, RxV	\$1,656.00	\$178.09	\$137.16	(23.40)	\$37.41	\$22.61	\$177.30	\$193.42	
EMPLOYEE ONLY	BlueHPN EPO HSA	\$692.00	(\$137.91)	\$52.68	(8.99)	\$13.08	(\$1.72)	(\$148.62)	(\$162.13)	
EMPLOYEE + 1	BlueHPN EPO HSA	\$1,192.00	(\$33.91)	\$95.42	(16.24)	\$24.29	\$9.49	(\$40.66)	(\$44.36)	
EMPLOYEE + FAM	BlueHPN EPO HSA	\$1,504.00	\$26.09	\$137.16	(23.40)	\$37.41	\$22.61	\$25.30	\$27.60	

EFFECTIVE 10/1/2024