

**CHILD DEVELOPMENT
TEACHERS CSEA #648
Anthem High Performance BlueHPN EPO
3-TIERED MONTHLY RATES
2024-2025**

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

		DISTRICT CAP Health \$653.00		DISTRICT CAP Dental \$61.67		DISTRICT CAP Vision \$14.80		12 MO. RATE	11 MO. RATE
3- TIER RATES	PLANS	HEALTH	EMPLOYEE	DENTAL	EMPLOYEE	VISION	EMPLOYEE	EMPLOYEE	EMPLOYEE
			PAYS		PAYS		PAYS	TOTAL	TOTAL
EMPLOYEE ONLY	BlueHPN EPO PREMIER, RxV	\$1,045.00	\$392.00	\$52.68	\$0.00	\$13.08	\$0.00	\$392.00	\$427.64
EMPLOYEE + 1	BlueHPN EPO PREMIER, RxV	\$1,797.00	\$1,144.00	N/A	\$0.00	N/A	\$0.00	\$1,144.00	\$1,248.00
EMPLOYEE + FAM	BlueHPN EPO PREMIER, RxV	\$2,267.00	\$1,614.00	N/A	\$0.00	N/A	\$0.00	\$1,614.00	\$1,760.73
EMPLOYEE ONLY	BlueHPN EPO PRIME, RxV	\$1,022.00	\$369.00	\$52.68	\$0.00	\$13.08	\$0.00	\$369.00	\$402.55
EMPLOYEE + 1	BlueHPN EPO PRIME, RxV	\$1,757.00	\$1,104.00	N/A	\$0.00	N/A	\$0.00	\$1,104.00	\$1,204.36
EMPLOYEE + FAM	BlueHPN EPO PRIME, RxV	\$2,217.00	\$1,564.00	N/A	\$0.00	N/A	\$0.00	\$1,564.00	\$1,706.18
EMPLOYEE ONLY	BlueHPN EPO VALUE, RxV	\$763.00	\$110.00	\$52.68	\$0.00	\$13.08	\$0.00	\$110.00	\$120.00
EMPLOYEE + 1	BlueHPN EPO VALUE, RxV	\$1,312.00	\$659.00	N/A	\$0.00	N/A	\$0.00	\$659.00	\$718.91
EMPLOYEE + FAM	BlueHPN EPO VALUE, RxV	\$1,656.00	\$1,003.00	N/A	\$0.00	N/A	\$0.00	\$1,003.00	\$1,094.18
EMPLOYEE ONLY	BlueHPN EPO HSA	\$692.00	\$39.00	\$52.68	\$0.00	\$13.08	\$0.00	\$39.00	\$42.55
EMPLOYEE + 1	BlueHPN EPO HSA	\$1,192.00	\$539.00	N/A	\$0.00	N/A	\$0.00	\$539.00	\$588.00
EMPLOYEE + FAM	BlueHPN EPO HSA	\$1,504.00	\$851.00	N/A	\$0.00	N/A	\$0.00	\$851.00	\$928.36

EFFECTIVE 10/1/2024