

CERTIFICATED
Anthem High Performance BlueHPN EPO
COMPOSITE MONTHLY RATES

2024-2025

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

	DISTRICT CAP Health \$949.26		DISTRICT CAP Dental \$121.70		DISTRICT CAP Vision \$29.04		C12 12 CHECKS	C11 11 CHECKS
PLANS	HEALTH	EMPLOYEE	DENTAL	EMPLOYEE	VISION	EMPLOYEE	EMPLOYEE	EMPLOYEE
		PAYS		PAYS		PAYS	TOTAL	TOTAL
Anthem BlueHPN EPO PREMIER, RxV	\$1,866.00	\$916.74	\$121.70	\$0.00	\$29.04	\$0.00	\$916.74	\$1,000.08
Anthem BlueHPN EPO PRIME, RxV	\$1,825.00	\$875.74	\$121.70	\$0.00	\$29.04	\$0.00	\$875.74	\$955.35
Anthem BlueHPN EPO VALUE, RxV	\$1,363.00	\$413.74	\$121.70	\$0.00	\$29.04	\$0.00	\$413.74	\$451.35
Anthem BlueHPN EPO HSA	\$1,238.00	\$288.74	\$121.70	\$0.00	\$29.04	\$0.00	\$288.74	\$314.99

EFFECTIVE 10/1/2024