

OPERATING ENGINEERS LOCAL #3

Anthem High Performance BlueHPN EPO

3-TIERED MONTHLY RATES

2024-2025

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

		DISTRICT CAP Health \$952.00		DISTRICT CAP Dental \$67.00		DISTRICT CAP Vision \$10.00		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	\$93.00	\$59.94	(\$7.06)	\$9.12	(\$0.88)	\$85.06	\$92.79
EMPLOYEE + 1	BlueHPN EPO PREMIER, RxV	\$1,797.00	\$845.00	\$108.56	\$41.56	\$16.95	\$6.95	\$893.51	\$974.74
EMPLOYEE + FAM	BlueHPN EPO PREMIER, RxV	\$2,267.00	\$1,315.00	\$156.06	\$89.06	\$26.10	\$16.10	\$1,420.16	\$1,549.27
EMPLOYEE ONLY	BlueHPN EPO PRIME, RxV	\$1,022.00	\$70.00	\$59.94	(\$7.06)	\$9.12	(\$0.88)	\$62.06	\$67.70
EMPLOYEE + 1	BlueHPN EPO PRIME, RxV	\$1,757.00	\$805.00	\$108.56	\$41.56	\$16.95	\$6.95	\$853.51	\$931.10
EMPLOYEE + FAM	BlueHPN EPO PRIME, RxV	\$2,217.00	\$1,265.00	\$156.06	\$89.06	\$26.10	\$16.10	\$1,370.16	\$1,494.72
EMPLOYEE ONLY	BlueHPN EPO VALUE, RxV	\$763.00	(\$189.00)	\$59.94	(\$7.06)	\$9.12	(\$0.88)	(\$196.94)	(\$214.84)
EMPLOYEE + 1	BlueHPN EPO VALUE, RxV	\$1,312.00	\$360.00	\$108.56	\$41.56	\$16.95	\$6.95	\$408.51	\$445.65
EMPLOYEE + FAM	BlueHPN EPO VALUE, RxV	\$1,656.00	\$704.00	\$156.06	\$89.06	\$26.10	\$16.10	\$809.16	\$882.72
EMPLOYEE ONLY	BlueHPN EPO HSA	\$692.00	(\$260.00)	\$59.94	(\$7.06)	\$9.12	(\$0.88)	(\$267.94)	(\$292.30)
EMPLOYEE + 1	BlueHPN EPO HSA	\$1,192.00	\$240.00	\$108.56	\$41.56	\$16.95	\$6.95	\$288.51	\$314.74
EMPLOYEE + FAM	BlueHPN EPO HSA	\$1,504.00	\$552.00	\$156.06	\$89.06	\$26.10	\$16.10	\$657.16	\$716.90

EFFECTIVE 10/1/2024