

OPERATING ENGINEERS LOCAL #3
ANTHEM BLUE CROSS PPO PLANS
3-TIERED MONTHLY RATES
2024-2025

3- TIER RATES	PLANS	DISTRICT CAP Health \$952.00	EMPLOYEE PAYS	DISTRICT CAP Dental \$67.00	EMPLOYEE PAYS	DISTRICT CAP Vision \$10.00	EMPLOYEE PAYS	12 MO. RATE	11 MO. RATE
		HEALTH		DENTAL		VISION		EMPLOYEE TOTAL	EMPLOYEE TOTAL
Opt Out W/Premium- Other Qualified Group Coverage		\$504.00	(\$448.00)	\$59.94	(\$7.06)	\$9.12	(0.88)	(455.94)	(497.39)
Opt Out W/Premium- Other Qualified Group Coverage		\$504.00	(\$448.00)	\$108.56	\$41.56	\$16.95	\$6.95	(\$399.49)	(\$435.81)
Opt Out W/Premium- Other Qualified Group Coverage		\$504.00	(\$448.00)	\$156.06	\$89.06	\$26.10	\$16.10	(\$342.84)	(\$374.01)
Opt Out NO Premium- TriCare/MediCal/Sub. Covered CA		\$0.00	(\$952.00)	\$59.94	(\$7.06)	\$9.12	(\$0.88)	(\$959.94)	(\$1,047.21)
Opt Out NO Premium- TriCare/MediCal/Sub. Covered CA		\$0.00	(\$952.00)	\$108.56	\$41.56	\$16.95	\$6.95	(\$903.49)	(\$985.63)
Opt Out NO Premium- TriCare/MediCal/Sub. Covered CA		\$0.00	(\$952.00)	\$156.06	\$89.06	\$26.10	\$16.10	(\$846.84)	(\$923.83)
EMPLOYEE ONLY	PLAN 1/ RX A	\$1,477.00	\$525.00	\$59.94	(\$7.06)	\$9.12	(\$0.88)	\$517.06	\$564.07
EMPLOYEE + 1	PLAN 1/ RX A	\$2,541.00	\$1,589.00	\$108.56	\$41.56	\$16.95	\$6.95	\$1,637.51	\$1,786.37
EMPLOYEE + FAM	PLAN 1/ RX A	\$3,206.00	\$2,254.00	\$156.06	\$89.06	\$26.10	\$16.10	\$2,359.16	\$2,573.63
EMPLOYEE ONLY	PLAN 4/ RX A	\$1,315.00	\$363.00	\$59.94	(\$7.06)	\$9.12	(\$0.88)	\$355.06	\$387.34
EMPLOYEE + 1	PLAN 4/ RX A	\$2,262.00	\$1,310.00	\$108.56	\$41.56	\$16.95	\$6.95	\$1,358.51	\$1,482.01
EMPLOYEE + FAM	PLAN 4/ RX A	\$2,854.00	\$1,902.00	\$156.06	\$89.06	\$26.10	\$16.10	\$2,007.16	\$2,189.63
EMPLOYEE ONLY	PLAN 6/ RX A	\$1,214.00	\$262.00	\$59.94	(\$7.06)	\$9.12	(\$0.88)	\$254.06	\$277.16
EMPLOYEE + 1	PLAN 6/ RX A	\$2,089.00	\$1,137.00	\$108.56	\$41.56	\$16.95	\$6.95	\$1,185.51	\$1,293.28
EMPLOYEE + FAM	PLAN 6/ RX A	\$2,636.00	\$1,684.00	\$156.06	\$89.06	\$26.10	\$16.10	\$1,789.16	\$1,951.81
EMPLOYEE ONLY	PLAN 10/ RX B	\$853.00	(\$99.00)	\$59.94	(\$7.06)	\$9.12	(\$0.88)	(\$106.94)	(\$116.66)
EMPLOYEE + 1	PLAN 10/ RX B	\$1,467.00	\$515.00	\$108.56	\$41.56	\$16.95	\$6.95	\$563.51	\$614.74
EMPLOYEE + FAM	PLAN 10/ RX B	\$1,851.00	\$899.00	\$156.06	\$89.06	\$26.10	\$16.10	\$1,004.16	\$1,095.45
EMPLOYEE ONLY	WELL-1/RX C	\$1,218.00	\$266.00	\$59.94	(\$7.06)	\$9.12	(\$0.88)	\$258.06	\$281.52
EMPLOYEE + 1	WELL-1/RX C	\$2,096.00	\$1,144.00	\$108.56	\$41.56	\$16.95	\$6.95	\$1,192.51	\$1,300.92
EMPLOYEE + FAM	WELL-1/RX C	\$2,645.00	\$1,693.00	\$156.06	\$89.06	\$26.10	\$16.10	\$1,798.16	\$1,961.63
EMPLOYEE ONLY	HDHP-1 NO RX	\$826.00	(\$126.00)	\$59.94	(\$7.06)	\$9.12	(\$0.88)	(\$133.94)	(\$146.12)
EMPLOYEE + 1	HDHP-1 NO RX	\$1,421.00	\$469.00	\$108.56	\$41.56	\$16.95	\$6.95	\$517.51	\$564.56
EMPLOYEE + FAM	HDHP-1 NO RX	\$1,794.00	\$842.00	\$156.06	\$89.06	\$26.10	\$16.10	\$947.16	\$1,033.27
EMPLOYEE ONLY	CVT BRONZE PLAN	\$672.00	(\$280.00)	\$59.94	(\$7.06)	\$9.12	(\$0.88)	(\$287.94)	(\$314.12)
EMPLOYEE + 1	CVT BRONZE PLAN	\$1,157.00	\$205.00	\$108.56	\$41.56	\$16.95	\$6.95	\$253.51	\$276.56
EMPLOYEE + FAM	CVT BRONZE PLAN	\$1,459.00	\$507.00	\$156.06	\$89.06	\$26.10	\$16.10	\$612.16	\$667.81

EFFECTIVE 10/1/2024