

**SUPERVISORS
ANTHEM BLUE CROSS
&
KAISER
COMPOSITE MONTHLY RATES
2024-2025**

	DISTRICT CAP Health \$1,167.00		DISTRICT CAP Dental \$126.42		DISTRICT CAP Vision \$26.29	12 MO. RATE		11 MO. RATE
PLANS	HEALTH	EMPLOYEE	DENTAL	EMPLOYEE	VISION	EMPLOYEE	EMPLOYEE	EMPLOYEE
		PAYS		PAYS		PAYS	TOTAL	TOTAL
OTHER COVERAGE OPT OUT HEALTH PREMIUM	\$902.00	(\$265.00)	\$121.70	(\$4.72)	\$29.04	\$2.75	(\$266.97)	(\$291.24)
TRICARE OPT OUT FOR HEALTH COVERAGE	\$0.00	(\$1,167.00)	\$121.70	(\$4.72)	\$29.04	\$2.75	(\$1,168.97)	(\$1,275.24)
PLAN 1/ RX A	\$2,639.00	\$1,472.00	\$121.70	(\$4.72)	\$29.04	\$2.75	\$1,470.03	\$1,603.67
PLAN 4/ RX A	\$2,350.00	\$1,183.00	\$121.70	(\$4.72)	\$29.04	\$2.75	\$1,181.03	\$1,288.40
PLAN 6/ RX A	\$2,170.00	\$1,003.00	\$121.70	(\$4.72)	\$29.04	\$2.75	\$1,001.03	\$1,092.03
PLAN 8/ RX A	\$1,971.00	\$804.00	\$121.70	(\$4.72)	\$29.04	\$2.75	\$802.03	\$874.94
WELLNESS 1/RX C	\$2,177.00	\$1,010.00	\$121.70	(\$4.72)	\$29.04	\$2.75	\$1,008.03	\$1,099.67
HDHP-2 NO RX	\$1,319.00	\$152.00	\$121.70	(\$4.72)	\$29.04	\$2.75	\$150.03	\$163.67
CVT BRONZE PLAN	\$1,201.00	\$34.00	\$121.70	(\$4.72)	\$29.04	\$2.75	\$32.03	\$34.94
KAISER PLAN 1 W/RX	\$2,647.00	\$1,480.00	\$121.70	(\$4.72)	\$29.04	\$2.75	\$1,478.03	\$1,612.40
KAISER PLAN 4 W/RX	\$2,526.00	\$1,359.00	\$121.70	(\$4.72)	\$29.04	\$2.75	\$1,357.03	\$1,480.40
KAISER PLAN 6 W/RX	\$2,534.00	\$1,367.00	\$121.70	(\$4.72)	\$29.04	\$2.75	\$1,365.03	\$1,489.12
KAISER PLAN 8 W/RX	\$2,181.00	\$1,014.00	\$121.70	(\$4.72)	\$29.04	\$2.75	\$1,012.03	\$1,104.03
KAISER WELLNESS W/RX	\$2,069.00	\$902.00	\$121.70	(\$4.72)	\$29.04	\$2.75	\$900.03	\$981.85

EFFECTIVE 10/1/2024