

**UNREPRESENTED
CLASSIFIED
PBISC/SLIPA/STARS
ANTHEM BLUE CROSS
3 - TIERED MONTHLY RATES
2024-2025**

	DISTRICT CAP Health		DISTRICT CAP Dental		DISTRICT CAP Vision
EE ONLY	\$685.00		\$61.67		\$14.80
EE + 1	\$1,066.20		\$111.66		N/A
EE + FAM	\$1,318.20		\$160.56		N/A

3- TIER RATES		PLANS		HEALTH	EMPLOYEE	DENTAL	EMPLOYEE	VISION	EMPLOYEE	EMPLOYEE	EMPLOYEE	12 MO. RATE	11 MO. RATE
					PAYS		PAYS		PAYS	TOTAL		TOTAL	TOTAL
<i>Opt Out-</i> Other Qualified Group Coverage				\$504.00	(\$181.00)	\$52.68	\$0.00	\$13.08	\$0.00	(\$181.00)		(\$197.45)	
<i>Opt Out-</i> Tricare/MediCAL/Sub. Covered CA				\$0.00	(\$685.00)	\$52.68	\$0.00	\$13.08	\$0.00	(\$685.00)		(\$747.27)	
EMPLOYEE ONLY	PLAN 4/ RX A	\$1,315.00	\$630.00	\$52.68	\$0.00	\$13.08	\$0.00	\$630.00		\$687.27		\$1,304.51	
EMPLOYEE + 1	PLAN 4/ RX A	\$2,262.00	\$1,195.80	\$95.42	\$0.00	N/A	\$0.00	\$1,195.80		\$1,304.51		\$1,675.42	
EMPLOYEE + FAM	PLAN 4/ RX A	\$2,854.00	\$1,535.80	\$137.16	\$0.00	N/A	\$0.00	\$1,535.80		\$1,675.42		\$1,417.96	
EMPLOYEE ONLY	PLAN 6/ RX B	\$1,206.00	\$521.00	\$52.68	\$0.00	\$13.08	\$0.00	\$521.00		\$568.36		\$1,100.51	
EMPLOYEE + 1	PLAN 6/ RX B	\$2,075.00	\$1,008.80	\$95.42	\$0.00	N/A	\$0.00	\$1,008.80		\$1,100.51		\$1,417.96	
EMPLOYEE + FAM	PLAN 6/ RX B	\$2,618.00	\$1,299.80	\$137.16	\$0.00	N/A	\$0.00	\$1,299.80		\$1,417.96		\$153.82	
EMPLOYEE ONLY	HDHP-1 NO RX	\$826.00	\$141.00	\$52.68	\$0.00	\$13.08	\$0.00	\$141.00		\$153.82		\$387.05	
EMPLOYEE + 1	HDHP-1 NO RX	\$1,421.00	\$354.80	\$95.42	\$0.00	N/A	\$0.00	\$354.80		\$387.05		\$519.05	
EMPLOYEE + FAM	HDHP-1 NO RX	\$1,794.00	\$475.80	\$137.16	\$0.00	N/A	\$0.00	\$475.80		\$519.05		\$14.18	
EMPLOYEE ONLY	CVT BRONZE PLAN	\$672.00	(\$13.00)	\$52.68	\$0.00	\$13.08	\$0.00	(\$13.00)		(\$14.18)		\$99.05	
EMPLOYEE + 1	CVT BRONZE PLAN	\$1,157.00	\$90.80	\$95.42	\$0.00	N/A	\$0.00	\$90.80		\$99.05		\$153.60	
EMPLOYEE + FAM	CVT BRONZE PLAN	\$1,459.00	\$140.80	\$137.16	\$0.00	N/A	\$0.00	\$140.80		\$153.60			

EFFECTIVE 10/1/2023