

**UNREPRESENTED**  
**CLASSIFIED**  
**Anthem High Performance BlueHPN EPO**  
**PBISC/SLIPA/STARS**  
**3 - TIERED MONTHLY RATES**  
**2024-2025**

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

		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
			PAYS		PAYS		PAYS	TOTAL	TOTAL
EMPLOYEE ONLY	BlueHPN EPO PREMIER, RxV	\$1,045.00	\$360.00	\$52.68	\$0.00	\$13.08	\$0.00	\$360.00	\$392.73
EMPLOYEE + 1	BlueHPN EPO PREMIER, RxV	\$1,797.00	\$730.80	\$95.42	\$0.00	N/A	\$0.00	\$730.80	\$797.24
EMPLOYEE + FAM	BlueHPN EPO PREMIER, RxV	\$2,267.00	\$948.80	\$137.16	\$0.00	N/A	\$0.00	\$948.80	\$1,035.05
EMPLOYEE ONLY	BlueHPN EPO PRIME, RxV	\$1,022.00	\$337.00	\$52.68	\$0.00	\$13.08	\$0.00	\$337.00	\$367.64
EMPLOYEE + 1	BlueHPN EPO PRIME, RxV	\$1,757.00	\$690.80	\$95.42	\$0.00	N/A	\$0.00	\$690.80	\$753.60
EMPLOYEE + FAM	BlueHPN EPO PRIME, RxV	\$2,217.00	\$898.80	\$137.16	\$0.00	N/A	\$0.00	\$898.80	\$980.51
EMPLOYEE ONLY	BlueHPN EPO VALUE, RxV	\$763.00	\$78.00	\$52.68	\$0.00	\$13.08	\$0.00	\$78.00	\$85.09
EMPLOYEE + 1	BlueHPN EPO VALUE, RxV	\$1,312.00	\$245.80	\$95.42	\$0.00	N/A	\$0.00	\$245.80	\$268.15
EMPLOYEE + FAM	BlueHPN EPO VALUE, RxV	\$1,656.00	\$337.80	\$137.16	\$0.00	N/A	\$0.00	\$337.80	\$368.51
EMPLOYEE ONLY	BlueHPN EPO HSA	\$692.00	\$7.00	\$52.68	\$0.00	\$13.08	\$0.00	\$7.00	\$7.64
EMPLOYEE + 1	BlueHPN EPO HSA	\$1,192.00	\$125.80	\$95.42	\$0.00	N/A	\$0.00	\$125.80	\$137.24
EMPLOYEE + FAM	BlueHPN EPO HSA	\$1,504.00	\$185.80	\$137.16	\$0.00	N/A	\$0.00	\$185.80	\$202.69

EFFECTIVE 10/1/2024