

Anthem Rates 7/1/17-6/30/18

	Monthly Total Prem	Monthly Employer Contribution (Benefit)	Monthly Employee Contribution	Semi Monthly Employee Deduction		
SelectAdvantage POS						
Employee Only	\$635.40	\$589.28	\$46.12	\$23.06		
Employee+ 1Child	\$867.96	\$718.61	\$149.36	\$74.68		
Employee +Children	\$1291.77	\$923.34	\$368.44	\$184.22		
Employee+Spouse	\$1423.30	\$1007.38	\$415.92	\$207.96		
Employee+Family	\$1960.21	\$1451.77	\$508.44	\$254.22		
QHD						
					Health Savings Account	Health Reimburse ment Account
Employee Only	\$599.28	\$589.28	\$10.00	\$5.00	\$1,000.00	\$1,000.00
Employee+ 1Child	\$818.61	\$718.61	\$100.00	\$50.00	\$1,200.00	\$800.00
Employee+Children	\$1218.34	\$923.34	\$295.00	\$147.50	\$1,500.00	\$800.00
Employee+Spouse	\$1342.38	\$1007.38	\$335.00	\$167.50	\$1,200.00	\$800.00
Employee+Family	\$1848.77	\$1451.77	\$397.00	\$198.50	\$1,500.00	\$800.00
Anthem (Dental)						

	Monthly Total Prem	Monthly Employer Contribution	Monthly Employee Contribution	Semi Monthly Employee Deduction		
Employee Only	\$27.02	\$20.02	\$7.00	\$3.50		
Employee & Child(ren)	\$65.11	\$55.11	\$10.00	\$5.00		
Employee+Spouse	\$56.93	\$46.93	\$10.00	\$5.00		
Employee+Family	\$102.38	\$87.38	\$15.00	\$7.50		

EyeMed (Vision)

	Monthly Total Prem	Monthly Employer Contribution	Monthly Employee Contribution	Semi Monthly Employee Deduction		
Employee Only	\$5.19	\$5.19	\$0.00	\$0.00		
Employee & Child(ren)	\$10.38	\$10.38	\$0.00	\$0.00		
Employee+Spouse	\$9.86	\$9.86	\$0.00	\$0.00		
Employee+Family	\$15.26	\$15.26	\$0.00	\$0.00		