

BASE (Full Year)
(Custodians, Transportation, Secretaries & Food Service)

22 - 23 Anthem Plan Options

		Bi-Weekly RATES	Employee 1.0 FTE Bi-Weekly Premium Deduction	Employee .75 FTE Bi-Weekly Premium Deduction	Employee .50 FTE Bi-Weekly Premium Deduction
<u>Choice Plus Plan</u>	Single	\$449.21	ZERO	\$112.30	\$224.61
	2 Person-No Doc	\$1012.45	\$563.24	\$675.54	\$787.84
	2 Person-W/ Doc*	\$1012.45	\$253.11	\$442.94	\$632.78
	Family-No Doc	\$1,232.28	\$437.27	\$636.02	\$834.78
	Family W/ Doc*	\$1,232.28	\$221.81	\$474.43	\$727.05
	Adult/Child	\$795.01	ZERO	\$198.75	\$397.51

		Bi-Weekly Rates	Employee 1.0 FTE Bi-Weekly Premium Deduction	Employee .75 FTE Bi-Weekly Premium Deduction	Employee .50 FTE Bi-Weekly Premium Deduction
<u>Standard 200 Plan</u>	Single	\$485.09	\$35.88	\$148.18	\$260.49
	2 Person-No Doc	\$1,093.44	\$644.23	\$765.53	\$868.83
	2 Person-W/ Doc*	\$1,093.44	\$334.10	\$523.93	\$713.77
	Family-No Doc	\$1,330.87	\$535.86	\$734.61	\$933.36
	Family W/ Doc*	\$1,330.87	\$320.40	\$573.01	\$825.63
	Adult/Child	\$858.61	\$63.60	\$262.35	\$461.10

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		Bi-Weekly Rates	Employee 1.0 FTE Bi-Weekly Premium Deduction	Employee .75 FTE Bi-Weekly Premium Deduction	Employee .50 FTE Bi-Weekly Premium Deduction
<u>Standard 500 Plan</u>	Single	\$426.75	+ \$22.46 (INC)	\$89.84	\$202.15
	2 Person-No Doc	\$961.83	\$512.62	\$624.92	\$737.23
	2 Person-W/ Doc*	\$961.83	\$202.50	\$392.33	\$582.16
	Family-No Doc	\$1170.67	\$375.66	\$574.41	\$773.17
	Family W/ Doc*	\$1170.67	\$160.20	\$412.82	\$665.44
	Adult/Child	\$755.26	+ \$39.75 (INC)	\$159.00	\$357.76
		Bi-Weekly Rates	Employee 1.0 FTE Bi-Weekly Premium Deduction	Employee .75 FTE Bi-Weekly Premium Deduction	Employee .50 FTE Bi-Weekly Premium Deduction
<u>Standard 1000 Plan</u>	Single	\$406.99	+ \$42.22 (INC)	\$70.08	\$182.39
	2 Person-No Doc	\$917.28	\$468.07	\$580.37	\$692.68
	2 Person-W/ Doc*	\$917.28	\$157.95	\$347.78	\$537.61
	Family-No Doc	\$1116.45	\$321.44	\$520.19	\$718.95
	Family W/ Doc*	\$1116.45	\$105.98	\$358.60	\$611.22
	Adult/Child	\$720.28	+ \$74.73 (INC)	\$124.02	\$322.78

*In order to receive Benefit Dollars based on Two-Person or Family status, the employee must provide evidence to the Board that his/her legal spouse/domestic partner is not eligible to receive insurance through his/her employment, and must notify the Board of any changes to the spouse's/domestic partner's eligibility.

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- Spouse Documentation Options:
 1. Letter from current HR Dept verifying ineligibility
 2. [Notarized Documentation](#)

[Domestic Partner Affidavit](#) - required for all Non Legal Spouse's

*(INC) Bi-weekly Taxable Income due to the employee from Benefit Dollars