

BASE (School 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	\$539.05	No Cost to Employee	\$134.76	\$269.53
	2 Person-No Doc	\$1214.93	\$675.88	\$810.65	\$945.41
	2 Person-W/ Doc*	\$1214.93	\$303.73	\$531.53	\$759.33
	Family-No Doc	\$1478.74	\$ 524.72	\$763.23	\$1001.73
	Family W/ Doc*	\$1,478.74	\$266.17	\$569.31	\$872.45
	Adult/Child	\$954.01	No Cost to Employee	\$238.50	\$477.01
		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	\$582.11	\$43.06	\$177.82	\$312.58
	2 Person-No Doc	\$1312.12	\$773.07	\$907.83	\$1042.60
	2 Person-W/ Doc*	\$1,312.12	\$400.92	\$628.72	\$856.52
	Family-No Doc	\$1,597.04	\$643.03	\$881.53	\$1120.03
	Family W/ Doc*	\$1,597.04	\$384.47	\$687.62	\$990.76
	Adult/Child	\$1030.33	\$76.31	\$314.82	\$553.32

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<u>Standard 500 Plan</u>	Single	\$512.10	+ \$26.95 (INC)*	\$107.81	\$242.57
	2 Person-No Doc	\$1154.19	\$615.14	\$749.90	\$884.66
	2 Person-W/ Doc*	\$1154.19	\$ 242.99	\$470.79	\$698.59
	Family-No Doc	\$1404.80	\$450.79	\$689.29	\$927.79
	Family W/ Doc*	\$1404.80	\$ 192.24	\$495.38	\$798.52
	Adult/Child	\$906.31	+ \$47.70 (INC)*	\$190.80	\$429.30
		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	\$488.39	+ \$50.66 (INC)*	\$84.10	\$218.86
	2 Person-No Doc	\$1100.73	\$561.68	\$696.44	\$831.20
	2 Person-W/ Doc*	1,100.73	\$189.53	\$417.33	\$645.13
	Family-No Doc	1,339.73	\$385.72	\$624.22	\$862.72
	Family W/ Doc*	1,339.73	\$127.17	\$430.31	\$733.45
	Adult/Child	\$864.34	+ \$89.67 (INC)*	\$148.83	\$387.33

*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

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receive insurance through his/her employment, and must notify the Board of any changes to the spouse's/domestic partner's eligibility.

- 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