

## NON-Represented (School Year)

### 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
<b><u>Choice Plus Plan</u></b>	Single	\$539.05	<b>No Cost to Employee</b>	\$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	<b>No Cost to Employee</b>	\$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
<b><u>Standard 200 Plan</u></b>	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

\*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

## NON-Represented (School Year)

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