

2024 PLAN YEAR NON-WELLNESS MEDICAL PRICING GENERAL FUND

Medical/Rx Plan					
Non-Wellness Rate*					
	Health Evaluation Completion	Total Monthly Premium	Monthly Employer Share	Monthly Employee Share	Bi-Weekly Employee Share
Employee Only	EE Did Not Complete	\$773.92	\$534.76	\$139.16 + \$100 = \$239.16	\$119.58
Employee Plus 1 Dependent (Child)	EE Did Not Complete	\$1,543.20	\$1,165.70	\$277.50 + \$100 = \$377.50	\$188.75
Employee Plus 1 Dependent (Spouse)	Employee OR Spouse Did Not Complete	\$1,543.20	\$1,165.70	\$277.50 + \$100 = \$377.50	\$188.75
Employee Plus 1 Dependent (Spouse)	Employee AND Spouse Did Not Complete	\$1,543.20	\$1,065.70	\$277.50 + \$200 = \$477.50	\$238.75
Family (Employee + Two or More Children)	EE Did Not Complete	\$2,276.96	\$1,767.52	\$409.44 + \$100 = \$509.44	\$254.72
Family (Employee + Two or More Dependents Including Spouse)	Employee OR Spouse Did Not Complete	\$2,276.96	\$1,767.52	\$409.44 + \$100 = \$509.44	\$254.72
Family (Employee + Two or More Dependents Including Spouse)	Employee AND Spouse Did Not Complete	\$2,276.96	\$1,667.52	\$409.44 + \$200 = \$609.44	\$304.72

Disclaimer:

For questions regarding medical benefits, claims status or claim payment; please contact an Anthem Health Guide at 1-855-603-7982 or visit www.anthem.com. For questions regarding prescription benefits please contact Carelon RX Pharmacy Member Service at 1-833-267-2133 or visit www.anthem.com.

Wellness rates are provided to employees who take an active role in managing their health by completing the wellness criteria for preferred rates the following year (health risk assessment, lab work and physical). The actual rates for wellness and non-wellness are not guaranteed to be the same from year to year, the more favorable rates. The differential between the rates may stay the same or may change.