

2024 Plan Year Benefit Pricing GENERAL FUND

Medical/Rx Plan				
Wellness Rate*				
	Total Monthly Premium	Monthly Employer Share	Monthly Employee Share	Bi-Weekly Employee Share
Employee Only	\$773.92	\$657.94	\$115.98	\$57.99
Employee + 1 Dependent	\$1,543.20	\$1,311.94	\$231.26	\$115.63
Family (Employee + 2 or More Dependents)	\$2,276.96	\$1,935.76	\$341.20	\$170.60

**Those who qualified for the wellness rate for 2024 will receive these preferred rates to recognize their (and/or their spouse's) participation.*

Non-Wellness rates are on the reverse side of this rate sheet.

Dental Plan				
	Total Monthly Premium	Monthly Employer Share	Monthly Employee Share	Bi-Weekly Employee Share
Employee Only	\$24.48	\$19.76	\$4.72	\$2.36
Employee + 1 Dependent	\$48.72	\$39.34	\$9.38	\$4.69
Family (Employee + 2 or More Dependents)	\$79.70	\$64.36	\$15.34	\$7.67

Vision Plan				
	Total Monthly Premium	Monthly Employer Share	Monthly Employee Share	Bi-Weekly Employee Share
Employee Only	\$6.38	\$5.22	\$1.16	\$0.58
Employee + One Dependent	\$9.74	\$7.96	\$1.78	\$0.89
Family (Employee + 2 or More Dependents)	\$17.46	\$14.28	\$3.18	\$1.59

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 Carelton 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 county will receive its renewal in the fall and rates for each category will be determined at that time. Those who complete the wellness criteria will receive the more favorable rates. The differential between the rates may stay the same or may change