



**Certificated Benefit Information Sheet**  
**Anthem Blue Cross Options for 2022-23 Benefit Plan Year (Oct. 2022 - Sept. 2023)**

	GROUP # 40450A	GROUP # 40450E	GROUP # 40450B	GROUP # 40450C	GROUP # 40450D
Medical / RX / Behavioral Monthly Cost	\$1,604.00	\$1,513.00	\$1,464.00	\$1,333.00	\$984.00
TOTAL COST w/ Delta Dental Premier (Incentive) Plan	\$1,747.95	\$1,656.95	\$1,607.95	\$1,476.95	\$1,127.95
TOTAL COST w/ Delta Dental PPO Plan	\$1,735.95	\$1,644.95	\$1,595.95	\$1,464.95	\$1,115.95
Employer Contribution/Monthly	\$1,312.50	\$1,312.50	\$1,312.50	\$1,312.50	\$1,312.50
<b>10 MONTH EMPLOYEE COST</b>					
Employee's Cost/Monthly with Delta Dental PPO Premier (Incentive) Plan	\$522.54	\$413.34	\$354.54	\$197.34	-\$221.46
Employee's Cost/Monthly with Delta Dental PPO	\$508.14	\$398.94	\$340.14	\$182.94	-\$235.86
<b>11 MONTH EMPLOYEE COST</b>					
Employee's Cost/Monthly with Delta Dental PPO Premier (Incentive) Plan	\$475.04	\$375.76	\$322.31	\$179.40	-\$201.33
Employee's Cost/Monthly with Delta Dental PPO	\$461.95	\$362.67	\$309.22	\$166.31	-\$214.42
<b>12 MONTH EMPLOYEE COST</b>					
Employee's Cost/Monthly with Delta Dental PPO Premier (Incentive) Plan	\$435.45	\$344.45	\$295.45	\$164.45	-\$184.55
Employee's Cost/Monthly with Delta Dental PPO	\$423.45	\$332.45	\$283.45	\$152.45	-\$196.55

*Note: Monthly costs include: Medical, Dental, Vision, Life Insurance & Administrative Fee*