

Anthem Blue Cross Options for 2022-2023 Benefit Plan Year (Oct. 2022-Sept. 2023)

This sheet is only a brief summary of benefits that reflects In-Network benefits. Visit our website at hr.fcoe.org/benefits to review the benefit summaries or plan booklets for details, limitations and exclusions. Benefits may be subject to change due to mid-year legislative changes.

Classified Benefit Information Sheet
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	GROUP # 40675A	GROUP # 40682A	GROUP # 40675B	GROUP # 40675C	GROUP # 40675E
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	\$1,752.05	\$1,661.05	\$1,612.05	\$1,481.05	\$1,132.05
TOTAL COST w/ Delta Dental PPO Plan	\$1,740.05	\$1,649.05	\$1,600.05	\$1,469.05	\$1,120.05
Employer Contribution/Monthly	\$1,229.17	\$1,229.17	\$1,229.17	\$1,229.17	\$1,229.17
11 MONTH EMPLOYEE COST					
Employee's Cost/Monthly with Delta Dental PPO Premier (Incentive) Plan	\$570.41	\$471.14	\$417.69	\$274.78	-\$105.95
Employee's Cost/Monthly with Delta Dental PPO	\$557.32	\$458.05	\$404.60	\$261.69	-\$119.04
12 MONTH EMPLOYEE COST					
Employee's Cost/Monthly with Delta Dental PPO Premier (Incentive) Plan	\$522.88	\$431.88	\$382.88	\$251.88	-\$97.12
Employee's Cost/Monthly with Delta Dental PPO	\$510.88	\$419.88	\$370.88	\$239.88	-\$109.12

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