

## Anthem Blue Cross Options for 2025-2026 Benefit Plan Year (Oct. 2025-Sept. 2026)

This sheet is only a brief summary of benefits that reflects In-Network benefits. Visit our website at [hr.fcoe.org/benefits](http://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 Benefits Information Sheet**  
**Anthem Blue Cross Options for 2025-2026 Benefit Plan Year (Oct. 2025 - Sept. 2026)**

	GROUP # 40675A	GROUP # 40682A	GROUP # 40675B	GROUP # 40675C	GROUP # 40675E
Medical / RX / Behavioral Monthly Cost	\$1,889.00	\$1,783.00	\$1,726.00	\$1,573.00	\$1,124.00
TOTAL COST w/ Delta Dental Premier (Incentive) Plan	\$2,028.95	\$1,922.95	\$1,865.95	\$1,712.95	\$1,263.95
TOTAL COST w/ Delta Dental PPO Plan	\$2,016.95	\$1,910.95	\$1,853.95	\$1,700.95	\$1,251.95
Employer Contribution/Monthly	\$1,412.50	\$1,412.50	\$1,412.50	\$1,412.50	\$1,412.50
<b>11 MONTH EMPLOYEE COST</b>					
Employee's Cost/Monthly with Delta Dental PPO Premier (Incentive) Plan	\$672.49	\$556.85	\$494.67	\$327.76	-\$162.05
Employee's Cost/Monthly with Delta Dental PPO	\$659.40	\$543.76	\$481.58	\$314.67	-\$175.15
<b>12 MONTH EMPLOYEE COST</b>					
Employee's Cost/Monthly with Delta Dental PPO Premier (Incentive) Plan	\$616.45	\$510.45	\$453.45	\$300.45	-\$148.55
Employee's Cost/Monthly with Delta Dental PPO	\$604.45	\$498.45	\$441.45	\$288.45	-\$160.55

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