

Anthem Blue Cross Options for 2024-2025 Benefit Plan Year (Oct. 2024 - Sept. 2025)

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.

MSCCU Benefit Information Sheet
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	GROUP # 40453A	GROUP # 40453E	GROUP # 40453B	GROUP # 40453C	GROUP # 40453D
Medical / RX / Behavioral Monthly Cost	\$1,770.00	\$1,671.00	\$1,616.00	\$1,472.00	\$1,053.00
TOTAL COST w/ Delta Dental Premier (Incentive) Plan	\$1,905.85	\$1,806.85	\$1,751.85	\$1,607.85	\$1,188.85
TOTAL COST w/ Delta Dental PPO Plan	\$1,893.85	\$1,794.85	\$1,739.85	\$1,595.85	\$1,176.85
Employer Contribution/Monthly	\$1,533.34	\$1,533.34	\$1,533.34	\$1,533.34	\$1,533.34
11 MONTH EMPLOYEE COST					
Employee's Cost/Monthly with Delta Dental PPO Premier (Incentive) Plan	\$406.37	\$298.37	\$238.37	\$81.28	-\$375.81
Employee's Cost/Monthly with Delta Dental PPO	\$393.28	\$285.28	\$225.28	\$68.19	-\$388.90
12 MONTH EMPLOYEE COST					
Employee's Cost/Monthly with Delta Dental PPO Premier (Incentive) Plan	\$372.51	\$273.51	\$218.51	\$74.51	-\$344.49
Employee's Cost/Monthly with Delta Dental PPO	\$360.51	\$261.51	\$206.51	\$62.51	-\$356.49

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