

## 2021 ANTHEM HEALTH CARE RATES

	(Full-Time or Part-Time 30- 39 hours/week)	(Part-Time 20- 29 Hours Week)	(Part-Time 20- 29 Hours Week)
<b><u>PREMIER POS</u></b>	<b><u>24 DEDUCTIONS</u></b>	<b><u>19 DEDUCTIONS*</u></b>	<b><u>24 DEDUCTIONS*</u></b>
EMPLOYEE ONLY	\$32.32	\$465.28	\$368.35
EMPLOYEE/SPOUSE	\$188.48	\$893.25	\$707.16
EMPLOYEE/CHILD	\$137.90	\$707.25	\$559.91
EMPLOYEE/CHILDREN	\$274.22	\$1,070.08	\$847.15
EMPLOYEE/FAMILY	\$339.91	\$1,353.82	\$1,071.78
<b><u>STANDARD POS</u></b>	<b><u>24 DEDUCTIONS</u></b>	<b><u>19 DEDUCTIONS*</u></b>	<b><u>24 DEDUCTIONS*</u></b>
EMPLOYEE ONLY	\$18.50	\$403.98	\$319.82
EMPLOYEE/SPOUSE	\$123.25	\$775.57	\$614.00
EMPLOYEE/CHILD	\$83.66	\$614.08	\$486.15
EMPLOYEE/CHILDREN	\$186.08	\$929.12	\$735.56
EMPLOYEE/FAMILY	\$238.03	\$1,175.43	\$930.55
<b><u>HDHP HSA</u></b>	<b><u>24 DEDUCTIONS</u></b>	<b><u>19 DEDUCTIONS*</u></b>	<b><u>24 DEDUCTIONS*</u></b>
EMPLOYEE ONLY	\$7.42	\$208.66	\$165.19
EMPLOYEE/SPOUSE	\$74.35	\$400.61	\$317.15
EMPLOYEE/CHILD	\$47.03	\$317.19	\$251.11
EMPLOYEE/CHILDREN	\$107.00	\$479.92	\$379.94
EMPLOYEE/FAMILY	\$142.85	\$607.16	\$480.67
<b><u>KEYCARE OOA PPO</u></b>	<b><u>24 DEDUCTIONS</u></b>	<b><u>19 DEDUCTIONS*</u></b>	<b><u>24 DEDUCTIONS*</u></b>
EMPLOYEE	\$32.32	\$465.28	\$368.35
EMPLOYEE/SPOUSE	\$188.48	\$893.25	\$707.16
EMPLOYEE/CHILD	\$137.90	\$707.25	\$559.91
EMPLOYEE/CHILDREN	\$274.22	\$1,070.08	\$847.15
EMPLOYEE/FAMILY	\$339.91	\$1,353.82	\$1,071.78

**\*Rates at Full Cost**

October 2020

## 2021 ANTHEM HEALTH CARE RATES (con't)

	(Full-Time or Part-Time 30- 39 hours/week)	(Part-Time 20- 29 Hours Week)
<b><u>PREMIER POS</u></b>	<b><u>20 DEDUCTIONS*</u></b>	<b><u>20 DEDUCTIONS*</u></b>
EMPLOYEE ONLY	\$38.78	\$442.02
EMPLOYEE/SPOUSE	\$226.17	\$848.59
EMPLOYEE/CHILD	\$165.48	\$671.89
EMPLOYEE/CHILDREN	\$329.06	\$1,016.58
EMPLOYEE/FAMILY	\$407.89	\$1,286.13
<b><u>STANDARD POS</u></b>	<b><u>20 DEDUCTIONS*</u></b>	<b><u>20 DEDUCTIONS*</u></b>
EMPLOYEE ONLY	\$22.20	\$383.78
EMPLOYEE/SPOUSE	\$147.90	\$736.80
EMPLOYEE/CHILD	\$100.39	\$583.38
EMPLOYEE/CHILDREN	\$223.29	\$882.67
EMPLOYEE/FAMILY	\$285.63	\$1,116.66
<b><u>HDHP HSA</u></b>	<b><u>20 DEDUCTIONS*</u></b>	<b><u>20 DEDUCTIONS*</u></b>
EMPLOYEE ONLY	\$8.90	\$198.22
EMPLOYEE/SPOUSE	\$89.22	\$380.58
EMPLOYEE/CHILD	\$56.43	\$301.33
EMPLOYEE/CHILDREN	\$128.40	\$455.92
EMPLOYEE/FAMILY	\$171.42	\$576.80
<b><u>KEYCARE OOA PPO</u></b>	<b><u>20 DEDUCTIONS*</u></b>	<b><u>20 DEDUCTIONS*</u></b>
EMPLOYEE	\$38.78	\$442.02
EMPLOYEE/SPOUSE	\$226.17	\$848.59
EMPLOYEE/CHILD	\$165.48	\$671.89
EMPLOYEE/CHILDREN	\$329.06	\$1,016.58
EMPLOYEE/FAMILY	\$407.89	\$1,286.13

**\*Rates at Full Cost**

October 2020