

**BASE (Full Year)**  
**(Custodians, Transportation, Secretaries & Food Service)**

**21 - 22 Anthem Plan Options**

		<b>Bi-Weekly RATES</b>	<b>Employee 1.0 FTE Bi-Weekly Premium Deduction</b>	<b>Employee .75 FTE Bi-Weekly Premium Deduction</b>	<b>Employee .50 FTE Bi-Weekly Premium Deduction</b>
<b><u>Choice Plus Plan</u></b>	Single	\$422.35	ZERO	\$105.59	\$211.18
	2 Person-No Doc	\$951.90	\$529.55	\$635.14	\$740.73
	2 Person-W/ Doc*	\$951.90	\$237.98	\$416.46	\$594.94
	Family-No Doc	\$1,158.59	\$411.13	\$597.99	\$784.86
	Family W/ Doc*	\$1,158.59	\$208.55	\$446.06	\$683.57
	Adult/Child	\$747.47	ZERO	\$186.87	\$373.73

		<b>Bi-Weekly Rates</b>	<b>Employee 1.0 FTE Bi-Weekly Premium Deduction</b>	<b>Employee .75 FTE Bi-Weekly Premium Deduction</b>	<b>Employee .50 FTE Bi-Weekly Premium Deduction</b>
<b><u>Standard 200 Plan</u></b>	Single	\$456.09	\$33.75	\$139.32	\$244.91
	2 Person-No Doc	\$1,028.05	\$605.70	\$711.28	\$816.87
	2 Person-W/ Doc*	\$1,028.05	\$314.12	\$497.60	\$671.08
	Family-No Doc	\$1,251.28	\$503.81	\$690.67	\$877.54
	Family W/ Doc*	\$1,251.28	\$301.23	\$538.74	\$776.25
	Adult/Child	\$807.26	\$59.80	\$246.66	\$433.53

## BASE (Full Year) (Custodians, Transportation, Secretaries & Food Service)

		Bi-Weekly Rates	Employee 1.0 FTE Bi-Weekly Premium Deduction	Employee .75 FTE Bi-Weekly Premium Deduction	Employee .50 FTE Bi-Weekly Premium Deduction
<a href="#"><u>Standard 500 Plan</u></a>	Single	\$370.37	\$51.98 (INC)	\$53.61	\$159.20
	2 Person-No Doc	\$834.74	\$412.39	\$517.98	\$623.57
	2 Person-W/ Doc*	\$834.74	\$120.82	\$299.30	\$477.78
	Family-No Doc	\$1015.99	\$268.53	\$455.39	\$642.26
	Family W/ Doc*	\$1015.99	\$65.95	\$303.46	\$540.97
	Adult/Child	\$655.47	\$92.00 (INC)	\$94.87	\$281.74
		Bi-Weekly Rates	Employee 1.0 FTE Bi-Weekly Premium Deduction	Employee .75 FTE Bi-Weekly Premium Deduction	Employee .50 FTE Bi-Weekly Premium Deduction
<a href="#"><u>Standard 1000 Plan</u></a>	Single	\$353.22	\$69.13 (INC)	\$36.46	\$142.05
	2 Person-No Doc	\$796.08	\$373.73	\$479.32	\$584.91
	2 Person-W/ Doc*	\$796.08	\$82.16	\$260.64	\$439.12
	Family-No Doc	\$1049.68	\$302.22	\$489.08	\$675.95
	Family W/ Doc*	\$1049.68	\$99.64	\$337.15	\$574.66
	Adult/Child	\$625.11	\$122.36 (INC)	\$64.51	\$251.38

\*In order to receive Benefit Dollars based on Two-Person or Family status, the employee must provide evidence to the Board that his/her legal spouse/domestic partner is not eligible to receive insurance through his/her employment, and must notify the Board of any changes to the spouse's/domestic partner's eligibility.

- Spouse Documentation Options:
  1. Letter from current HR Dept verifying ineligibility
  2. [Notarized Documentation](#)

[Domestic Partner Affidavit](#) - required for all Non Legal Spouse's

\*(INC) Bi-weekly Taxable Income due to the employee from Benefit Dollars