

BASE (School Year) (Custodians, Transportation, Secretaries & Food Service)

21 - 22 Anthem Plan Options

		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
<u>Choice Plus Plan</u>	Single	\$506.82	No Cost to Employee	\$126.71	\$253.41
	2 Person-No Doc	\$1142.28	\$ 635.46	\$762.17	\$888.87
	2 Person-W/ Doc*	\$1142.28	\$ 285.57	\$499.75	\$713.93
	Family-No Doc	\$1390.31	\$ 493.35	\$717.59	\$820.28
	Family W/ Doc*	\$1,390.31	\$ 250.26	\$535.27	\$941.83
	Adult/Child	\$896.96	No Cost to Employee	\$224.24	\$228.48

		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
<u>Standard 200 Plan</u>	Single	\$547.30	\$40.48	\$167.19	\$293.89
	2 Person-No Doc	\$1233.65	\$726.83	\$853.54	\$980.24
	2 Person-W/ Doc*	\$1233.65	\$376.94	\$591.12	\$805.30
	Family-No Doc	\$1,501.53	\$604.57	\$828.81	\$1053.05
	Family W/ Doc*	\$1,501.53	\$361.48	\$646.49	\$931.50
	Adult/Child	\$968.71	\$71.75	\$295.99	\$520.23

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		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
<u>Standard 500 Plan</u>	Single	\$481.48	\$25.34 (INC)*	\$101.37	\$228.07
	2 Person-No Doc	\$1085.17	\$578.35	\$705.06	\$831.76
	2 Person-W/ Doc*	\$1085.17	\$ 228.46	\$442.64	\$656.82
	Family-No Doc	\$1320.79	\$423.83	\$648.07	\$872.31
	Family W/ Doc*	\$1320.79	\$ 180.74	\$465.75	\$750.76
	Adult/Child	\$852.11	\$44.85 (INC)*	\$179.39	\$403.63
		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
<u>Standard 1000 Plan</u>	Single	\$459.18	\$44.64 (INC)*	\$70.07	\$205.77
	2 Person-No Doc	\$1034.90	\$528.08	\$654.79	\$781.49
	2 Person-W/ Doc*	1,034.90	\$178.19	\$392.37	\$606.55
	Family-No Doc	1,259.62	\$362.66	\$586.90	\$811.14
	Family W/ Doc*	1,259.62	\$119.57	\$404.58	\$689.59
	Adult/Child	\$812.65	\$84.31 (INC)*	\$139.93	\$364.17

*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