

CLASSIFIED Active	Emp	Emp +	Emp +
Health Three Tier Rates	Only	One	Family
Anthem PPO 3, Rx A	\$1,197.00	\$2,059.00	\$2,599.00
Anthem PPO Bronze	\$583.00	\$1,004.00	\$1,266.00
CLASSIFIED Active	Composite		
Dental Composite Rate			
Basic, Unlimited Annual Maximum, 4 Cleanings Per Year	\$130.47		
CLASSIFIED Active	Composite		
Vision Composite Rate			
Plan C \$10.00 Copay	\$23.19		
CLASSIFIED Active	Composite		
Life Composite Rate			
Life \$25,000	\$2.38		



Covered Employee Unit: CLASSIFIED Active

Effective Date of Coverage: October 1, 2026 - September 30, 2027

Plan Name	Domestic Partner Coverage Only	Domestic Partner + Dependent Coverage
Anthem PPO 3	\$754.00	\$1,226.00
Rx A	\$108.00	\$176.00
Anthem PPO Bronze	\$351.00	\$570.00
	\$70.00	\$113.00
Basic, Unlimited Annual Maximum, 4 Cleanings Per Year	\$52.13	\$103.06
Plan C \$10.00 Copay	\$8.96	\$19.43