

OPERATING ENGINEERS LOCAL #3
ANTHEM BLUE CROSS PLANS
3-TIERED MONTHLY RATES
2022-2023

3- TIER RATES	PLANS	DISTRICT CAP Health \$821.00	EMPLOYEE PAYS	DISTRICT CAP Dental \$67.00	EMPLOYEE PAYS	DISTRICT CAP Vision \$10.00	EMPLOYEE PAYS	12 MO. RATE	11 MO. RATE
		HEALTH		DENTAL		VISION		EMPLOYEE TOTAL	EMPLOYEE TOTAL
Opt Out W/Premium- Other Qualified Group Coverage		\$520.00	(\$301.00)	\$59.94	(\$7.06)	\$9.12	(0.88)	(308.94)	(337.03)
Opt Out W/Premium- Other Qualified Group Coverage		\$520.00	(\$301.00)	\$108.56	\$41.56	\$16.95	\$6.95	(\$252.49)	(\$275.44)
Opt Out W/Premium- Other Qualified Group Coverage		\$520.00	(\$301.00)	\$156.06	\$89.06	\$26.10	\$16.10	(\$195.84)	(\$213.64)
Opt Out NO Premium- TriCare/MediCal/Sub. Covered CA		\$0.00	(\$821.00)	\$59.94	(\$7.06)	\$9.12	(\$0.88)	(\$828.94)	(\$904.30)
Opt Out NO Premium- TriCare/MediCal/Sub. Covered CA		\$0.00	(\$821.00)	\$108.56	\$41.56	\$16.95	\$6.95	(\$772.49)	(\$842.72)
Opt Out NO Premium- TriCare/MediCal/Sub. Covered CA		\$0.00	(\$821.00)	\$156.06	\$89.06	\$26.10	\$16.10	(\$715.84)	(\$780.92)
EMPLOYEE ONLY	PLAN 1/ RX A	\$1,406.00	\$585.00	\$59.94	(\$7.06)	\$9.12	(\$0.88)	\$577.06	\$629.52
EMPLOYEE + 1	PLAN 1/ RX A	\$2,420.00	\$1,599.00	\$108.56	\$41.56	\$16.95	\$6.95	\$1,647.51	\$1,797.28
EMPLOYEE + FAM	PLAN 1/ RX A	\$3,052.00	\$2,231.00	\$156.06	\$89.06	\$26.10	\$16.10	\$2,336.16	\$2,548.54
EMPLOYEE ONLY	PLAN 4/ RX A	\$1,252.00	\$431.00	\$59.94	(\$7.06)	\$9.12	(\$0.88)	\$423.06	\$461.52
EMPLOYEE + 1	PLAN 4/ RX A	\$2,154.00	\$1,333.00	\$108.56	\$41.56	\$16.95	\$6.95	\$1,381.51	\$1,507.10
EMPLOYEE + FAM	PLAN 4/ RX A	\$2,718.00	\$1,897.00	\$156.06	\$89.06	\$26.10	\$16.10	\$2,002.16	\$2,184.17
EMPLOYEE ONLY	PLAN 6/ RX A	\$1,156.00	\$335.00	\$59.94	(\$7.06)	\$9.12	(\$0.88)	\$327.06	\$356.79
EMPLOYEE + 1	PLAN 6/ RX A	\$1,989.00	\$1,168.00	\$108.56	\$41.56	\$16.95	\$6.95	\$1,216.51	\$1,327.10
EMPLOYEE + FAM	PLAN 6/ RX A	\$2,508.00	\$1,687.00	\$156.06	\$89.06	\$26.10	\$16.10	\$1,792.16	\$1,955.08
EMPLOYEE ONLY	PLAN 10/ RX B	\$813.00	(\$8.00)	\$59.94	(\$7.06)	\$9.12	(\$0.88)	(\$15.94)	(\$17.39)
EMPLOYEE + 1	PLAN 10/ RX B	\$1,398.00	\$577.00	\$108.56	\$41.56	\$16.95	\$6.95	\$625.51	\$682.37
EMPLOYEE + FAM	PLAN 10/ RX B	\$1,763.00	\$942.00	\$156.06	\$89.06	\$26.10	\$16.10	\$1,047.16	\$1,142.36
EMPLOYEE ONLY	WELL-1/RX C	\$1,160.00	\$339.00	\$59.94	(\$7.06)	\$9.12	(\$0.88)	\$331.06	\$361.16
EMPLOYEE + 1	WELL-1/RX C	\$1,995.00	\$1,174.00	\$108.56	\$41.56	\$16.95	\$6.95	\$1,222.51	\$1,333.65
EMPLOYEE + FAM	WELL-1/RX C	\$2,518.00	\$1,697.00	\$156.06	\$89.06	\$26.10	\$16.10	\$1,802.16	\$1,965.99
EMPLOYEE ONLY	HDHP-1 NO RX	\$786.00	(\$35.00)	\$59.94	(\$7.06)	\$9.12	(\$0.88)	(\$42.94)	(\$46.84)
EMPLOYEE + 1	HDHP-1 NO RX	\$1,352.00	\$531.00	\$108.56	\$41.56	\$16.95	\$6.95	\$579.51	\$632.19
EMPLOYEE + FAM	HDHP-1 NO RX	\$1,707.00	\$886.00	\$156.06	\$89.06	\$26.10	\$16.10	\$991.16	\$1,081.27
EMPLOYEE ONLY	CVT BRONZE PLAN	\$651.00	(\$170.00)	\$59.94	(\$7.06)	\$9.12	(\$0.88)	(\$177.94)	(\$194.12)
EMPLOYEE + 1	CVT BRONZE PLAN	\$1,120.00	\$299.00	\$108.56	\$41.56	\$16.95	\$6.95	\$347.51	\$379.10
EMPLOYEE + FAM	CVT BRONZE PLAN	\$1,413.00	\$592.00	\$156.06	\$89.06	\$26.10	\$16.10	\$697.16	\$760.54

EFFECTIVE 10/1/2022