

**ANTHEM BLUE CROSS BLUE SHIELD**  
**OCTOBER 1, 2024 (PAYROLL DEDUCTION BEGINS IN SEPTEMBER)**  
**PREMIUMS**

<u>TYPE OF COVERAGE</u>	<u>MONTHLY PREMIUM</u>	<u>COUNTY SHARE</u>	<u>EMPLOYEE COST</u>	
			<u>MONTHLY</u>	<u>SEMI. MO.</u>
<b>KeyCare 30</b>				
<u>\$30 Copay/\$1500 Deductible</u>				
Employee Only	824.43	727.61	96.82	48.41
Employee and One Child	1,136.52	689.94	446.58	223.29
Employee and Children	1,573.47	802.47	771.00	385.50
Employee and Spouse	1,894.99	913.40	981.60	490.80
Employee and Family	2,480.34	1,047.04	1,433.30	716.65
<b>HDHP w/Health Saving Account</b>				
<u>\$3,500/100%</u>				
Employee Only	715.17	699.55	15.62	7.81
Employee and One Child	981.38	709.84	271.54	135.77
Employee and Children	1,360.41	829.85	530.56	265.28
Employee and Spouse	1,639.33	957.59	681.74	340.87
Employee and Family	2,147.10	1,140.52	1,006.58	503.29

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The Board of Supervisors agreed to pay a total of \$34.17/month/per employee from the Employee Health Fund for all tiers except the Employee Only tier. They also agreed to pay an employer contribution of \$1,000.00 per covered employee participating in the Lumenos (HDHP) ~ Health Savings Account (HSA).