## 2022/2023 District Rate Sheet
For Nevada County SOS - Special Ed

### Health Three Tier Rates

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Emp Only</th>
<th>Emp + One</th>
<th>Emp + Family</th>
<th>% Chg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem PPO 1, Rx A</td>
<td>$1,278.00</td>
<td>$2,199.00</td>
<td>$2,773.00</td>
<td>5.9%</td>
</tr>
<tr>
<td>Anthem PPO 3, Rx A</td>
<td>$1,181.00</td>
<td>$2,032.00</td>
<td>$2,563.00</td>
<td>5.9%</td>
</tr>
<tr>
<td>Anthem PPO 6, Rx B</td>
<td>$1,039.00</td>
<td>$1,787.00</td>
<td>$2,254.00</td>
<td>5.9%</td>
</tr>
<tr>
<td>Anthem PPO 8, Rx B</td>
<td>$940.00</td>
<td>$1,617.00</td>
<td>$2,040.00</td>
<td>6.0%</td>
</tr>
<tr>
<td>Anthem PPO Bronze</td>
<td>$584.00</td>
<td>$1,004.00</td>
<td>$1,267.00</td>
<td>5.8%</td>
</tr>
<tr>
<td>Anthem PPO HDHP 2</td>
<td>$636.00</td>
<td>$1,094.00</td>
<td>$1,380.00</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

### Dental Three Tier Rates

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Emp Only</th>
<th>Emp + One</th>
<th>Emp + Family</th>
<th>% Chg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic, $2,000 Annual Maximum, 100% Diagnostic/Preventive</td>
<td>$53.24</td>
<td>$96.43</td>
<td>$138.61</td>
<td>-5.0%</td>
</tr>
</tbody>
</table>

### Vision Three Tier Rates

<table>
<thead>
<tr>
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<th>Emp + One</th>
<th>Emp + Family</th>
<th>% Chg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan C $15.00 Copay, Contacts with a $50 Deductible, 2nd Pair of Glasses - $20 Deductible</td>
<td>$12.50</td>
<td>$23.22</td>
<td>$35.76</td>
<td>0.0%</td>
</tr>
</tbody>
</table>