

Health and Dental Plans Coverage effective January 1 through December 31, 2024.

| | 2024 Monthly Premium | | | |
|---|----------------------|---------------------------------|--------------------|--------------------------------|
| Anthem BCBS Medicare Secondary Plans | Single Coverage | Plus 1 Dependent Coverage | Family Coverage | % of Change from 2023 |
| Anthem Medicare Secondary PPO 100 | \$992 | \$1786 | \$2778 | 5.97% |
| Anthem Medicare Secondary PPO 90 | \$916 | \$1649 | \$2565 | 6.03% |
| Anthem Medicare Secondary PPO 80 | \$831 | \$1496 | \$2327 | 6.02% |
| Anthem Medicare Secondary PPO 70 | \$750 | \$1350 | \$2100 | 5.93% |