

**ELLSWORTH SCHOOL DEPARTMENT**

**MEA Anthem Blue Cross and Blue Shield  
Single Subscriber Benefit  
July 2018 - June 2019**

<b>Choice Plus Plan</b>				
	Monthly Premium	Monthly Benefit	Employee Monthly Share	*Employee Bi-Weekly Share
Single	\$ 770.08	\$ 770.08	\$ -	\$ -
2 Person	\$ 1,735.62	\$ 770.08	\$ 965.54	\$ 482.77
Family	\$ 2,112.48	\$ 770.08	\$ 1,342.40	\$ 671.20
Adult with Children	\$ 1,362.87	\$ 770.08	\$ 592.79	\$ 296.40

<b>Standard Plan</b>				
	Monthly Premium	Monthly Benefit	Employee Monthly Share	*Employee Bi-Weekly Share
Single	\$ 831.59	\$ 770.08	\$ 61.51	\$ 30.76
2 Person	\$ 1,874.46	\$ 770.08	\$ 1,104.38	\$ 552.19
Family	\$ 2,281.48	\$ 770.08	\$ 1,511.40	\$ 755.70
Adult with Children	\$ 1,471.89	\$ 770.08	\$ 701.81	\$ 350.91

<b>Standard 500 Plan</b>				
	Monthly Premium	Monthly Benefit	Employee Monthly Share	*Employee Bi-Weekly Share
Single	\$ 731.57	\$ 731.57	\$ -	\$ -
2 Person	\$ 1,648.84	\$ 770.08	\$ 878.76	\$ 439.38
Family	\$ 2,006.85	\$ 770.08	\$ 1,236.77	\$ 618.39
Adult with Children	\$ 1,294.73	\$ 770.08	\$ 524.65	\$ 262.33

<b>Standard 1000 Plan</b>				
	Monthly Premium	Monthly Benefit	Employee Monthly Share	*Employee Bi-Weekly Share
Single	\$ 697.70	\$ 697.70	\$ -	\$ -
2 Person	\$ 1,572.47	\$ 770.08	\$ 802.39	\$ 401.20
Family	\$ 1,913.91	\$ 770.08	\$ 1,143.83	\$ 571.92
Adult with Children	\$ 1,234.76	\$ 770.08	\$ 464.68	\$ 232.34

*\*Deductions are taken the first two payrolls of each month.*