

Employee Dental Elect

Anthem Blue Cross Elect Dental

Sample Group

Employee 1	27	Employee	95050
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Blue Cross Prime & Complete w/Prior Coverage	Cost to Employee
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Plan	Type	EE	EE/SP	EE/CH	EE/CHRN	FAM
[Classic Complete CA-2AX] Passive/50/\$1,500/OEP Basic/MAC/Adult & Child Ortho	PPO	\$0.00	\$55.24	\$67.75	\$67.75	\$126.09

Rate Based on Employer Zip - 95050
Effective Date: Sep-01-2016 , SIC:7372
Employer Contribution - EE: 100%
Employer Contribution - Dep: 0%
Contribution Period: Monthly

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