

State/Region: California

Non-Voluntary - Standard Rates for New Business Only

Group Size: 2-100 employees Effective Dates: 1/1/2025 - 12/31/2025

Rate Guarantee: 2 year Contribution: Not required

Participation: A minimum of 25% of net eligible employees with a minimum of 2 enrolled is required.

Commission: 10.00%

A Plans C Plans B Plans Once every calendar year

Eye Exam Once every calendar year Once every calendar year Once every calendar year Once every two calendar years Frames Once every two calendar years Once every calendar year Lenses Once every calendar year Once every two calendar years Contacts Once every calendar year Once every calendar year Once every two calendar years Anthem 🕸

	Contract	Copayments		Allowances		Group Size 2-9				Group Size 10-50				Group Size 51-100			
						Employee	Employee +	Employee +	Employee +	Employee	Employee +	Employee +	Employee +	Employee	Employee +	Employee +	Employee +
	Code	Exam	Materials	Frames	Contacts	Only	Spouse	Child(ren)	Family	Only	Spouse	Child(ren)	Family	Only	Spouse	Child(ren)	Family
A plans													_				
FS.A.10.0.130.130	4AGR	\$10	\$0	\$130	\$130	\$8.88	\$17.76	\$17.71	\$29.49	\$8.88	\$17.76	\$17.71	\$29.49	\$8.50	\$17.00	\$16.96	\$28.24
FS.A.10.0.150.150	4AK9	\$10	\$0	\$150	\$150	\$9.40	\$18.79	\$18.68	\$31.13	\$9.40	\$18.79	\$18.68	\$31.13	\$9.00	\$18.00	\$17.89	\$29.81
FS.A.10.0.180.180	4ALB	\$10	\$0	\$180	\$180	\$10.17	\$20.34	\$20.14	\$33.59	\$10.17	\$20.34	\$20.14	\$33.59	\$9.74	\$19.48	\$19.28	\$32.16
FS.A.10.10.130.130	4AQW	\$10	\$10	\$130	\$130	\$8.25	\$16.51	\$16.50	\$27.47	\$8.25	\$16.51	\$16.50	\$27.47	\$7.90	\$15.81	\$15.80	\$26.31
FS.A.10.10.150.150	4B0Z	\$10	\$10	\$150	\$150	\$8.75	\$17.49	\$17.43	\$29.03	\$8.75	\$17.49	\$17.43	\$29.03	\$8.38	\$16.75	\$16.69	\$27.80
FS.A.10.20.130.130	4B1Z	\$10	\$20	\$130	\$130	\$6.96	\$13.92	\$13.98	\$23.24	\$6.96	\$13.92	\$13.98	\$23.24	\$6.66	\$13.33	\$13.38	\$22.26
FS.A.10.25.130.130	4B4L	\$10	\$25	\$130	\$130	\$6.85	\$13.70	\$13.78	\$22.91	\$6.85	\$13.70	\$13.78	\$22.91	\$6.56	\$13.12	\$13.19	\$21.93
FS.A.10.25.150.150	4B5L	\$10	\$25	\$150	\$150	\$7.27	\$14.54	\$14.56	\$24.23	\$7.27	\$14.54	\$14.56	\$24.23	\$6.96	\$13.92	\$13.94	\$23.20
FS.A.10.25.200.200	4D3Q	\$10	\$25	\$200	\$200	\$8.32	\$16.63	\$16.53	\$27.55	\$8.32	\$16.63	\$16.53	\$27.55	\$7.96	\$15.93	\$15.82	\$26.38
FS.A.20.20.130.130	4B6L	\$20	\$20	\$130	\$130	\$6.30	\$12.60	\$12.71	\$21.12	\$6.30	\$12.60	\$12.71	\$21.12	\$6.03	\$12.07	\$12.17	\$20.22
	Contract	Copayments		Allowances		Group Size 2-9			Group Size 10-50			Group Size 51-100					
						Employee	Employee +	Employee +	Employee +	Employee	Employee +	Employee +	Employee +	Employee	Employee +	Employee +	Employee +
	Code	Exam	Materials	Frames	Contacts	Only	Spouse	Child(ren)	Family	Only	Spouse	Child(ren)	Family	Only	Spouse	Child(ren)	Family
B plans													_				
FS.B.10.0.180.180	4B7L	\$10	\$0	\$180	\$180	\$9.57	\$19.13	\$18.94	\$31.59	\$9.57	\$19.13	\$18.94	\$31.59	\$9.16	\$18.32	\$18.13	\$30.25
FS.B.10.10.130.130	4CBQ	\$10	\$10	\$130	\$130	\$7.80	\$15.61	\$15.60	\$25.97	\$7.80	\$15.61	\$15.60	\$25.97	\$7.47	\$14.95	\$14.94	\$24.87
FS.B.10.10.150.150	4BCU	\$10	\$10	\$150	\$150	\$8.25	\$16.51	\$16.44	\$27.39	\$8.25	\$16.51	\$16.44	\$27.39	\$7.90	\$15.81	\$15.74	\$26.23
FS.B.10.20.130.130	4BEU	\$10	\$20	\$130	\$130	\$6.59	\$13.19	\$13.24	\$22.02	\$6.59	\$13.19	\$13.24	\$22.02	\$6.31	\$12.63	\$12.67	\$21.08
FS.B.10.25.130.130	4BFU	\$10	\$25	\$130	\$130	\$6.49	\$12.99	\$13.05	\$21.70	\$6.49	\$12.99	\$13.05	\$21.70	\$6.22	\$12.44	\$12.50	\$20.78
FS.B.10.25.150.150	4BZT	\$10	\$25	\$150	\$150	\$6.88	\$13.75	\$13.77	\$22.91	\$6.88	\$13.75	\$13.77	\$22.91	\$6.58	\$13.17	\$13.18	\$21.94
FS.B.10.25.200.200	4DZR	\$10	\$25	\$200	\$200	\$7.83	\$15.66	\$15.56	\$25.94	\$7.83	\$15.66	\$15.56	\$25.94	\$7.50	\$15.00	\$14.90	\$24.84
FS.B.20.20.130.130	4C0T	\$20	\$20	\$130	\$130	\$5.96	\$11.92	\$12.02	\$19.98	\$5.96	\$11.92	\$12.02	\$19.98	\$5.71	\$11.42	\$11.51	\$19.13
	Contract	Copayments		Allowances		Group Size 2-9			Group Size 10-50				Group Size 51-100				
						Employee	Employee +	Employee +	Employee +	Employee	Employee +	Employee +	Employee +	Employee	Employee +	Employee +	Employee +
	Code	Exam	Materials	Frames	Contacts	Only	Spouse	Child(ren)	Family	Only	Spouse	Child(ren)	Family	Only	Spouse	Child(ren)	Family
C plans																	
FS.C.10.20.100.100	4BJM	\$10	\$20	\$100	\$100	\$4.66	\$9.32	\$9.50	\$15.76	\$4.66	\$9.32	\$9.50	\$15.76	\$4.46	\$8.93	\$9.10	\$15.09
FS.C.10.20.130.130	4C1S	\$10	\$20	\$130	\$130	\$5.05	\$10.10	\$10.23	\$16.99	\$5.05	\$10.10	\$10.23	\$16.99	\$4.84	\$9.67	\$9.80	\$16.27
FS.C.20.20.130.130	4BUA	\$20	\$20	\$130	\$130	\$4.57	\$9.14	\$9.31	\$15.44	\$4.57	\$9.14	\$9.31	\$15.44	\$4.38	\$8.75	\$8.92	\$14.79
FS.C.20.20.130.80	4C2S	\$20	\$20	\$130	\$80	\$4.33	\$8.67	\$8.86	\$14.69	\$4.33	\$8.67	\$8.86	\$14.69	\$4.15	\$8.30	\$8.49	\$14.06
FS.C.20.20.150.150	4C3S	\$20	\$20	\$150	\$150	\$4.81	\$9.63	\$9.77	\$16.22	\$4.81	\$9.63	\$9.77	\$16.22	\$4.61	\$9.22	\$9.36	\$15.53
FS.C.25.0.120.115	4BZH	\$25	\$0	\$120	\$115	\$5.02	\$10.03	\$10.19	\$16.91	\$5.02	\$10.03	\$10.19	\$16.91	\$4.80	\$9.61	\$9.76	\$16.20

Plan Selected: Group Size Selected: 2-9 10-50 51-100 Group Signature: