

Monthly Premium Rate and Product(s) Selected-Schedule B



Effective date of this Addendum is 12:01 a.m. on 01/01/2026.

This Addendum applies to the Employer and its affiliated companies as agreed to in writing by Anthem Blue Cross and Blue Shield. The Employer will pay a per Subscriber per month fee calculated by adding the sum of the rates for each of the Member categories (Subscriber, Spouse, up to 3 oldest Dependents 20 years and younger, and Dependents 21 years and over) set forth in the tables below:

Proposed Plan 1					
Anthem Gold Access Blue New England HMO 3000/0%/7500 RxD Contract Code: 94SD					
Age	Rate	Age	Rate	Age	Rate
0-14	\$400.51	31	\$606.78	48	\$855.99
15	\$436.11	32	\$619.35	49	\$893.16
16	\$449.72	33	\$627.20	50	\$935.04
17	\$463.33	34	\$635.58	51	\$976.40
18	\$477.99	35	\$639.77	52	\$1,021.95
19	\$492.65	36	\$643.95	53	\$1,068.02
20	\$507.83	37	\$648.14	54	\$1,117.76
21	\$523.54	38	\$652.33	55	\$1,167.49
22	\$523.54	39	\$660.71	56	\$1,221.42
23	\$523.54	40	\$669.08	57	\$1,275.87
24	\$523.54	41	\$681.65	58	\$1,333.98
25	\$525.63	42	\$693.69	59	\$1,362.77
26	\$536.10	43	\$710.44	60	\$1,420.89
27	\$548.67	44	\$731.39	61	\$1,471.15
28	\$569.09	45	\$755.99	62	\$1,504.13
29	\$585.84	46	\$785.31	63	\$1,545.49
30	\$594.22	47	\$818.29	64+	\$1,570.62

Anthem Blue Cross and Blue Shield

Maria M. Proulx, President