

Ohio Co Fiscal Court Health Insurance 07/01/2017 thru 06/30/2018

CORE PLAN with HRA Card Value at \$500

Core Single is FREE to Employee

	Base Plan		MOTHLY RATES	WEEKLY DEDUCTION		Emp Pays Monthly	Court Cost	Total Premium		Grandf in-rate (EMP Pays)	Grandf in-rate (Court Pays)
				Listed below are weekly payroll deductions based on 48 wks							
SINGLE	\$647.24	\$41.67	\$688.91	\$0.00		\$0.00	\$688.91	\$688.91			
EMPLOYEE/SPOUSE	\$1,357.74	\$41.67	\$1,399.41	\$177.63		\$710.50	\$688.91	\$1,399.41			
EMPLOYEE / CHILD	\$1,164.55	\$41.67	\$1,206.22	\$129.33		\$517.31	\$688.91	\$1,206.22			
FAMILY	\$2,068.24	\$41.67	\$2,109.91	\$355.25		\$1,421.00	\$688.91	\$2,109.91			

BUY UP PLAN

	MONTHLY RATES		MONTHLY RATES	Listed below are weekly payroll deductions based on 48 wks		Emp Pays Monthly	Court Pays Monthly	Total Premium			
SINGLE	\$ 762.07	\$0.00	\$ 762.07	\$18.29		\$73.16	\$ 688.91	\$762.07			
EMPLOYEE/SPOUSE	\$ 1,598.89	\$0.00	\$ 1,598.89	\$227.50		\$909.98	\$ 688.91	\$1,598.89			
EMPLOYEE / CHILD	\$ 1,371.25	\$0.00	\$ 1,371.25	\$170.59		\$682.34	\$ 688.91	\$1,371.25		\$102.35/wk \$409.40/month Chris Matthews	60% Emp 40% Court
FAMILY	\$ 2,435.69	\$0.00	\$ 2,435.69	\$436.70		\$1,746.78	\$ 688.91	\$2,435.69			

ALTERNATE PLAN

	MONTHLY RATES		MONTHLY RATES	Listed below are weekly payroll deductions based on 48 wks		Emp Pays Monthly	Court Pays Monthly	Total Premium			
SINGLE	\$ 805.42	\$0.00	\$ 805.42	\$29.13		\$116.51	\$ 688.91	\$805.42			
EMPLOYEE/SPOUSE	\$ 1,689.92	\$0.00	\$ 1,689.92	\$250.25		\$1,001.01	\$ 688.91	\$1,689.92			
EMPLOYEE / CHILD	\$ 1,449.28	\$0.00	\$ 1,449.28	\$190.09		\$760.37	\$ 688.91	\$1,449.28			
FAMILY	\$ 2,574.41	\$0.00	\$ 2,574.41	\$471.38		\$1,885.50	\$ 688.91	\$2,574.41			

DENTAL PLAN	Monthly Rate	Weekly Deduction
Employee	\$ 24.30	\$6.08
Employee + Spouse	\$ 52.10	\$13.03
Employee + Child	\$ 57.30	\$14.33
Employee + Family	\$ 85.60	\$21.40

VISION	Monthly Rate	Weekly Deduction
Employee	\$ 7.39	\$1.85
Employee + 1	\$ 12.94	\$3.24
Employee + Family	\$ 19.22	\$4.81

KACO Association Rates

		Core Renewal Embedded LHSAPE02	Buy-Renewal P24E13	Alternate Renewal P19E13
Employee	61	\$647.24	\$762.07	\$805.42
Employee & Spouse	0	\$1,357.74	\$1,598.89	\$1,689.92
Employee & Child(ren)	2	\$1,164.55	\$1,371.25	\$1,449.28
Family	0	\$2,068.24	\$2,435.69	\$2,574.41
Monthly Cost		\$41,810.74	\$49,228.77	\$52,029.18
Annual Cost	63	\$501,728.88	\$590,745.24	\$624,350.16
Renewal Rate Increase		3.90%	4.09%	4.07%
IN-NETWORK SUMMARY OF BENEFITS				
Lifetime Max		Unlimited	Unlimited	Unlimited
HRA Dollars		\$500	N/A	N/A
Deductible (Individual/Family)		\$3000/\$6000	\$2500/\$5000	\$1500/\$3000
Out of Pocket Max (Individual/Family)		\$5000/\$10,000	\$6600/\$13,200	\$6500/\$13,000
Coinsurance		80/20	80/20	80/20
Inpatient Services		80/20	80/20	80/20
Outpatient Surgery		80/20	80/20	80/20
ER Services		80/20	\$250/20%	\$200/20%
PCP Visit		80/20	\$25	\$25
Specialist		80/20	\$50	\$25
Preventative		Paid 100%	Paid 100%	Paid 100%
Retail Drugs 30 Day Supply		80/20	10/30/60/25%	10/30/60/25%

HSA Options: All services apply to deductible, then co-insurance of 80/20. Once Max out of pocket is reached all services are covered. Healthcare Reform requires all policies to cover preventative with no cost share.

This is for comparison purposes only and not binding. Please refer to Anthem's pricing and benefit summary.

Max Out of Pocket Change: All copays apply to the Max out of pocket INCLUDING RX.

Core Plan

Group Name: Ohio County Fiscal Court
 Association ID: 46 Kentucky Association of Counties and Libraries
 FACETS Group Number: 00235267

Group's Most Recent
 Renewal Date July 1, 2017

String: LHSAP02-V09 Plan Year
 Product: Lumenos 9.0 with MHP



	In Network	Out of Network
Deductible	\$3000/\$6000	\$9000/\$18000
Out of Pocket	\$5000/\$10000	\$15000/\$30000
Office Visit	20%/20%	50%
Inpatient Facility	20%	50%
Outpatient Facility	20%	50%
Urgent Care	20%	50%
ER	20%	20%
Lifetime max	Unlimited	
Rx Retail	20% In Network / 50% Non Network	
Rx Mail order	20% In Network / Non Network not covered	

* For Lumenos Plan Strings, P = Plan year benefits; E = Calendar year benefits with an embedded deductible; A = Plan year benefits with an embedded deductible

Demo	Employee		Employee/Sps		Employee/Dep		Employee/Fam	
	Male	Female	Male	Female	Male	Female	Male	Female
<=24	\$252.49	\$594.90	\$846.91	\$846.91	\$700.98	\$1,043.39	\$1,390.92	\$1,390.92
25-29	\$265.70	\$681.36	\$946.58	\$946.58	\$714.19	\$1,129.85	\$1,490.60	\$1,490.60
30-34	\$306.33	\$666.51	\$972.36	\$972.36	\$754.83	\$1,115.00	\$1,516.38	\$1,516.38
35-39	\$382.19	\$654.31	\$1,036.01	\$1,036.01	\$830.68	\$1,102.80	\$1,580.03	\$1,580.03
40-44	\$475.55	\$684.54	\$1,159.61	\$1,159.61	\$945.20	\$1,154.20	\$1,729.30	\$1,729.30
45-49	\$619.83	\$776.84	\$1,396.19	\$1,396.19	\$1,089.49	\$1,246.50	\$1,965.88	\$1,965.88
50-54	\$820.07	\$820.07	\$1,639.67	\$1,639.67	\$1,289.73	\$1,289.73	\$2,209.36	\$2,209.36
55-59	\$834.93	\$834.93	\$1,669.37	\$1,669.37	\$1,304.58	\$1,304.58	\$2,239.06	\$2,239.06
60-64	\$834.93	\$834.93	\$1,669.37	\$1,669.37	\$1,304.58	\$1,304.58	\$2,239.06	\$2,239.06
65+	\$834.93	\$834.93	\$1,669.37	\$1,669.37	\$1,304.58	\$1,304.58	\$2,239.06	\$2,239.06

Projected Total Monthly Premium \$43,105.37

Composite Premium Equivalent for Illustrative Purposes Only

Employee	\$647.24	Composite Rated
Employee/Spouse	\$1,357.74	Yes
Employee/Child	\$1,164.55	
Family	\$2,068.24	

PROPOSAL ASSUMPTIONS

The Projected Total Monthly Premium shown here is based on the group census information provided at the time of the group's most recent review date. The actual billing may vary as it will be based on the current group census at the time of billing. All rates are contingent upon the following:

Coverage replaces all other. No other group health plans are offered to the employees.

Employer's contribution meets Anthem's standard guidelines of at least 50% of the cost of single coverage.

Seventy-five percent of all eligible employees must maintain health insurance coverage with the group.

Current COBRA or State Continuation demographic information was included with the census data.

The Affordable Care Act (ACA or health care reform law) requires health insurers and plan administrators with fully insured plans to provide consumers with an easy-to-understand Summary of Benefits and Coverage (SBC).

Employers must send this SBC electronically or in a paper format to their employees as part of their open enrollment process beginning on or after 9/23/2012. New hires and special enrollees are also entitled to an SBC after the renewal date. In order to access the SBC for your benefit plan(s) please go to www.find-sbc.co

In addition, any changes made outside of the renewal month will be subject to the **60-Day Material Modification** rule. For answers to many questions regarding SBC and 60-Day Material Modification please access our Employer Health Care Reform Portal at www.anthem.com under Library > HCR Provisions > Summary of Benefits and coverage.

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Buy-Up Plan

Group Name: Ohio County Fiscal Court
 Association ID: 46 Kentucky Association of Counties and Libraries
 FACETS Group Number: 00235267

Group's Most Recent
 Renewal Date July 1, 2017

String: P24E13-V09 Plan Year
 Product: Blue Access 9.0 with MHP



	In Network	Out of Network
Deductible	\$2500/\$5000	\$7500/\$15000
Out of Pocket	\$6600/\$13200	\$19800/\$39600
Office Visit	\$25/\$50	50%
Inpatient Facility	20%	50%
Outpatient Facility	20%	50%
Urgent Care	\$75	50%
ER	\$250/20%	\$250/20%
Lifetime max	Unlimited	
Rx Retail	\$10 tier 1/\$30 tier 2/\$60 tier 3/25% tier 4 with \$250 max	
Rx Mail order	\$10 tier 1/\$75 tier 2/\$180 tier 3/25% tier 4 with \$250 max	

* For Lumenos Plan Strings, P = Plan year benefits; E = Calendar year benefits with an embedded deductible; A = Plan year benefits with an embedded deductible

Demo	Employee		Employee/Sps		Employee/Dep		Employee/Fam	
	Male	Female	Male	Female	Male	Female	Male	Female
<=24	\$296.21	\$700.30	\$996.04	\$996.04	\$824.18	\$1,228.27	\$1,636.38	\$1,636.38
25-29	\$311.80	\$802.35	\$1,113.66	\$1,113.66	\$839.76	\$1,330.31	\$1,754.01	\$1,754.01
30-34	\$359.75	\$784.82	\$1,144.09	\$1,144.09	\$887.72	\$1,312.78	\$1,784.43	\$1,784.43
35-39	\$449.27	\$770.42	\$1,219.21	\$1,219.21	\$977.24	\$1,298.38	\$1,859.55	\$1,859.55
40-44	\$559.45	\$806.10	\$1,365.07	\$1,365.07	\$1,112.39	\$1,359.04	\$2,035.71	\$2,035.71
45-49	\$729.73	\$915.03	\$1,644.28	\$1,644.28	\$1,282.67	\$1,467.97	\$2,314.92	\$2,314.92
50-54	\$966.05	\$966.05	\$1,931.62	\$1,931.62	\$1,518.99	\$1,518.99	\$2,602.26	\$2,602.26
55-59	\$983.58	\$983.58	\$1,966.67	\$1,966.67	\$1,536.52	\$1,536.52	\$2,637.32	\$2,637.32
60-64	\$983.58	\$983.58	\$1,966.67	\$1,966.67	\$1,536.52	\$1,536.52	\$2,637.32	\$2,637.32
65+	\$983.58	\$983.58	\$1,966.67	\$1,966.67	\$1,536.52	\$1,536.52	\$2,637.32	\$2,637.32

Projected Total Monthly Premium \$50,753.51

Composite Premium Equivalent for Illustrative Purposes Only

Employee	\$762.07	Composite Rated
Employee/Spouse	\$1,598.89	Yes
Employee/Child	\$1,371.25	
Family	\$2,435.69	

PROPOSAL ASSUMPTIONS

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Alternate Plan

Group Name: Ohio County Fiscal Court
 Association ID: 46 Kentucky Association of Counties and Libraries
 FACETS Group Number: 00235267

Group's Most Recent
 Renewal Date: July 1, 2017

String: P19E13-V09 Plan Year
 Product: Blue Access 9.0 with MHP



	In Network	Out of Network
Deductible	\$1500/\$3000	\$4500/\$9000
Out of Pocket	\$6500/\$13000	\$19500/\$39000
Office Visit	\$25/\$25	50%
Inpatient Facility	20%	50%
Outpatient Facility	20%	50%
Urgent Care	\$75	50%
ER	\$250/20%	\$250/20%
Lifetime max	Unlimited	
Rx Retail	\$10 tier 1/\$30 tier 2/\$60 tier 3/25% tier 4 with \$250 max	
Rx Mail order	\$10 tier 1/\$75 tier 2/\$180 tier 3/25% tier 4 with \$250 max	

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Demo	Employee		Employee/Sps		Employee/Dep		Employee/Fam	
	Male	Female	Male	Female	Male	Female	Male	Female
<=24	\$312.71	\$740.09	\$1,052.32	\$1,052.32	\$870.67	\$1,298.05	\$1,729.03	\$1,729.03
25-29	\$329.20	\$848.01	\$1,176.73	\$1,176.73	\$887.16	\$1,405.97	\$1,853.43	\$1,853.43
30-34	\$379.92	\$829.47	\$1,208.91	\$1,208.91	\$937.88	\$1,387.43	\$1,885.61	\$1,885.61
35-39	\$474.59	\$814.24	\$1,288.36	\$1,288.36	\$1,032.55	\$1,372.20	\$1,965.06	\$1,965.06
40-44	\$591.12	\$851.98	\$1,442.62	\$1,442.62	\$1,175.50	\$1,436.36	\$2,151.37	\$2,151.37
45-49	\$771.21	\$967.18	\$1,737.91	\$1,737.91	\$1,355.58	\$1,551.56	\$2,446.66	\$2,446.66
50-54	\$1,021.14	\$1,021.14	\$2,041.81	\$2,041.81	\$1,605.52	\$1,605.52	\$2,750.56	\$2,750.56
55-59	\$1,039.68	\$1,039.68	\$2,078.89	\$2,078.89	\$1,624.06	\$1,624.06	\$2,787.63	\$2,787.63
60-64	\$1,039.68	\$1,039.68	\$2,078.89	\$2,078.89	\$1,624.06	\$1,624.06	\$2,787.63	\$2,787.63
65+	\$1,039.68	\$1,039.68	\$2,078.89	\$2,078.89	\$1,624.06	\$1,624.06	\$2,787.63	\$2,787.63

Projected Total Monthly Premium \$53,640.02

Composite Premium Equivalent for Illustrative Purposes Only

Employee	\$805.42	Composite Rated
Employee/Spouse	\$1,669.92	Yes
Employee/Child	\$1,449.28	
Family	\$2,574.41	

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