

OHIO CO FISCAL COURT

HEALTH INSURANCE 07/01/2020 THRU 06/30/2021

Court pays \$802.47 per employee (Health \$790.98 + Admin \$6 + Life \$5.49 = \$802.47)

Revised 04/15/2020

CORE PLAN	Base Plan	HRA Card Value per Month (\$500) plus \$6 Admin Fee for card	MONTHLY RATES	WEEKLY DEDUCTION	Previous Yrs Rate	Emp Pays Monthly	Court Pays	Total Premium
SINGLE	\$743.31	\$47.67	\$790.98	\$0.00	\$0.00	\$0.00	\$790.98	\$790.98
EMPLOYEE / CHILD	\$1,337.25	\$47.67	\$1,384.92	\$148.49	\$131.19	\$593.94	\$790.98	\$1,384.92

BUY UP PLAN	MONTHLY RATES		MONTHLY RATES	WEEKLY DEDUCTION		Emp Pays Monthly	Court Pays Monthly	Total Premium
SINGLE	\$ 825.91		\$ 825.91	\$8.73	\$24.49	\$34.93	\$790.98	\$825.91
EMPLOYEE / CHILD	\$ 1,485.93		\$ 1,485.93	\$173.74	\$184.79	\$694.95	\$790.98	\$1,485.93

ALTERNATE PLAN	MONTHLY RATES		MONTHLY RATES	WEEKLY DEDUCTION		Emp Pays Monthly	Court Pays Monthly	Total Premium
SINGLE	\$ 866.76		\$ 866.76	\$18.95	\$35.43	\$75.78	\$790.98	\$866.76
EMPLOYEE / CHILD	\$ 1,559.46		\$ 1,559.46	\$192.12	\$204.48	\$768.48	\$790.98	\$1,559.46

WAIVER HR PLAN (for employees who waive Anthem Health Plan) \$4,275 per year This is one-half of the cost of Health Insurance per employee

DENTAL PLAN	Monthly Rate	Weekly Rate
Employee	\$26.26	\$6.57
Employee/Spouse	\$56.34	\$14.09
Employee/Child	\$62.01	\$15.50
Employee/Family	\$92.60	\$23.15

VISION	Monthly Rate	Weekly Rate
Employee	\$6.33	\$1.58
Employee/Spouse	\$12.63	\$3.16
Employee/Child	\$13.27	\$3.32
Employee/Family	\$18.47	\$4.62

MASA	Mth
Emergent Plus	\$ 14.00

Effective July 1, 2019 Emp/Spouse and Emp/Family coverage dropped.

Grandfather In Rate: Employees hired before June 23, 2011. Court pays 60% of family type plans. Employees pay 40%

Core

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, 2020 Contract Code 4Y81

String: HSAPE06-2020 Plan Year
 Product: Blue Access HSA 2020 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 / 50% Non Network	

* 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 Male	Employee Female	Employee/Sps Male	Employee/Sps Female	Employee/Dep Male	Employee/Dep Female	Employee/Fam Male	Employee/Fam Female
<=24	\$289.48	\$678.05	\$966.82	\$966.82	\$800.63	\$1,189.21	\$1,586.97	\$1,586.97
25-29	\$304.46	\$776.18	\$1,079.93	\$1,079.93	\$815.62	\$1,287.33	\$1,700.08	\$1,700.08
30-34	\$350.58	\$759.32	\$1,109.19	\$1,109.19	\$861.73	\$1,270.48	\$1,729.34	\$1,729.34
35-39	\$436.66	\$745.47	\$1,181.42	\$1,181.42	\$947.81	\$1,256.63	\$1,801.58	\$1,801.58
40-44	\$542.61	\$779.79	\$1,321.68	\$1,321.68	\$1,077.78	\$1,314.96	\$1,970.97	\$1,970.97
45-49	\$706.35	\$884.53	\$1,590.17	\$1,590.17	\$1,241.52	\$1,419.71	\$2,239.46	\$2,239.46
50-54	\$933.59	\$933.59	\$1,866.47	\$1,866.47	\$1,468.77	\$1,468.77	\$2,515.77	\$2,515.77
55-59	\$950.45	\$950.45	\$1,900.19	\$1,900.19	\$1,485.62	\$1,485.62	\$2,549.48	\$2,549.48
60-64	\$950.45	\$950.45	\$1,900.19	\$1,900.19	\$1,485.62	\$1,485.62	\$2,549.48	\$2,549.48
65+	\$950.45	\$950.45	\$1,900.19	\$1,900.19	\$1,485.62	\$1,485.62	\$2,549.48	\$2,549.48

Projected Total Monthly Premium \$44,449.27

Composite Premium Equivalent for Illustrative Purposes Only

Employee	\$743.31	Composite Rated
Employee/Spouse	\$1,558.83	Yes
Employee/Child	\$1,337.25	
Family	\$2,374.36	

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.com.

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.

Buy Up

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, 2020
 Contract Code: 4YA8

String: P29E2-2020 Plan Year
 Product: Blue Access PPO 2020 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/\$35 tier 2/\$75 tier 3 Specialty Rx tier 3 or tier 4 25% with \$350 max	
Rx Mail order	\$25 tier 1/\$105 tier 2/\$225 tier 3 Specialty Rx tier 3 or tier 4 25% with \$350 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	\$320.67	\$753.26	\$1,073.22	\$1,073.22	\$888.53	\$1,321.12	\$1,762.11	\$1,762.11
25-29	\$337.36	\$862.50	\$1,199.15	\$1,199.15	\$905.22	\$1,430.36	\$1,888.03	\$1,888.03
30-34	\$388.69	\$843.74	\$1,231.72	\$1,231.72	\$956.55	\$1,411.59	\$1,920.60	\$1,920.60
35-39	\$484.53	\$828.32	\$1,312.14	\$1,312.14	\$1,052.39	\$1,396.18	\$2,001.02	\$2,001.02
40-44	\$602.48	\$866.52	\$1,468.29	\$1,468.29	\$1,197.07	\$1,461.12	\$2,189.61	\$2,189.61
45-49	\$784.76	\$983.13	\$1,767.18	\$1,767.18	\$1,379.36	\$1,577.73	\$2,488.50	\$2,488.50
50-54	\$1,037.75	\$1,037.75	\$2,074.79	\$2,074.79	\$1,632.35	\$1,632.35	\$2,796.11	\$2,796.11
55-59	\$1,056.51	\$1,056.51	\$2,112.32	\$2,112.32	\$1,651.11	\$1,651.11	\$2,833.64	\$2,833.64
60-64	\$1,056.51	\$1,056.51	\$2,112.32	\$2,112.32	\$1,651.11	\$1,651.11	\$2,833.64	\$2,833.64
65+	\$1,056.51	\$1,056.51	\$2,112.32	\$2,112.32	\$1,651.11	\$1,651.11	\$2,833.64	\$2,833.64

Projected Total Monthly Premium \$49,388.81

Composite Premium Equivalent for Illustrative Purposes Only

Employee	\$825.91	Composite Rated Yes
Employee/Spouse	\$1,732.29	
Employee/Child	\$1,485.93	
Family	\$2,638.68	

PROPOSAL ASSUMPTIONS

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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.

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

Alternate

Group's Most Recent Renewal Date: July 1, 2020 Contract Code: 4Y9A

String: P22E2-2020 Plan Year
 Product: Blue Access PPO 2020 with MHP



	In Network	Out of Network
Deductible	\$1500/\$3000	\$4500/\$9000
Out of Pocket	\$6500/\$13000	\$19500/\$39000
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/\$35 tier 2/\$75 tier 3 Specialty Rx tier 3 or tier 4 25% with \$350 max	
Rx Mail order	\$25 tier 1/\$105 tier 2/\$225 tier 3 Specialty Rx tier 3 or tier 4 25% with \$350 max	

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Demo	Employee		Employee/Sps		Employee/Dep		Employee/Fam	
	Male	Female	Male	Female	Male	Female	Male	Female
<=24	\$336.10	\$790.45	\$1,125.84	\$1,125.84	\$931.99	\$1,386.35	\$1,848.71	\$1,848.71
25-29	\$353.62	\$905.18	\$1,258.10	\$1,258.10	\$949.52	\$1,501.08	\$1,980.97	\$1,980.97
30-34	\$407.54	\$885.48	\$1,292.31	\$1,292.31	\$1,003.44	\$1,481.37	\$2,015.18	\$2,015.18
35-39	\$508.20	\$869.29	\$1,376.77	\$1,376.77	\$1,104.09	\$1,465.19	\$2,099.65	\$2,099.65
40-44	\$632.08	\$909.41	\$1,540.78	\$1,540.78	\$1,256.06	\$1,533.39	\$2,297.72	\$2,297.72
45-49	\$823.53	\$1,031.88	\$1,854.71	\$1,854.71	\$1,447.52	\$1,655.87	\$2,611.65	\$2,611.65
50-54	\$1,089.25	\$1,089.25	\$2,177.79	\$2,177.79	\$1,713.23	\$1,713.23	\$2,934.73	\$2,934.73
55-59	\$1,108.96	\$1,108.96	\$2,217.21	\$2,217.21	\$1,732.94	\$1,732.94	\$2,974.15	\$2,974.15
60-64	\$1,108.96	\$1,108.96	\$2,217.21	\$2,217.21	\$1,732.94	\$1,732.94	\$2,974.15	\$2,974.15
65+	\$1,108.96	\$1,108.96	\$2,217.21	\$2,217.21	\$1,732.94	\$1,732.94	\$2,974.15	\$2,974.15

Projected Total Monthly Premium \$51,831.31

Composite Premium Equivalent for Illustrative Purposes Only

Employee	\$866.76	Composite Rated
Employee/Spouse	\$1,818.08	Yes
Employee/Child	\$1,559.46	
Family	\$2,769.40	

PROPOSAL ASSUMPTIONS

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3/31/2020

Please check one plan renewal election box:		<input type="checkbox"/>	<input type="checkbox"/>
	Current Policy	Renewal Policy	Alternative Policy
Policy Length (in months)		12	24
Policy Effective Dates		Jul 01, 2020 - Jun 30, 2021	Jul 01, 2020 - Jun 30, 2022
DHO Plan	DHO 3	DHO 3	DHO 3
Plan Annual Maximum	\$1,000	\$1,000	\$1,000
Ortho Coverage	Child Only	Child Only	Child Only
Ortho Lifetime Maximum	\$1,000	\$1,000	\$1,000
Deductible	\$0 / \$0	\$0 / \$0	\$0 / \$0
Rates:			
Employee Only:	\$26.26	\$26.26	\$26.79
Employee + Spouse:	\$56.34	\$56.34	\$57.47
Employee + Child(ren):	\$62.01	\$62.01	\$63.25
Employee + Family:	\$92.60	\$92.60	\$94.45
Additional Fees / Services	• If HRI administers your COBRA, \$0.24 per subscriber per month fee will be added and billed on your monthly invoice.		
Message Board	• This plan does not include unlimited pediatric benefits.		

EMPLOYER GROUP INFORMATION

	Current Information	Requested Group Changes
Group Number	All Groups	
Group Name	Ohio County Fiscal Court	
Address	130 E Washington St Ste 215	
City, State, Zip	Hartford, KY 42347	
Phone	(270) 298-4493	
Fax	(270) 298-4491	
Plan Type	Voluntary	<input type="checkbox"/> Voluntary <input type="checkbox"/> Employer Contribution
Network Option	In and Out-of-Network	<input type="checkbox"/> In-Network Only <input type="checkbox"/> In and Out of Network
Dependent Coverage	Age: 26	
Full Time Student Verification	Age: 26	
COBRA Administration	HRI Does Not Administer COBRA	

Policy Approval Signature

Print Name and Title

Date

Unless an alternative policy is elected and/or employer group information has been updated, a signed renewal is not required and the current policy will renew automatically on the effective date and renewal rates indicated above.

EMAIL: Product@HRI-DHO.com • FAX: (812) 401-4558 • MAIL TO: Attn: Product, PO Box 659, Evansville, IN 47704-0659