

Health Insurance Rates FY 2023/2024

BASIC PLAN - has a HRA Card with \$2,000 available	Anthem Rate	HRA Card (\$2,000) plus Febco Fee \$6	Total Plan	Emp Pays Per Month	Court Pays	Emp Wkly Deduction	Weekly Deduction
Employee	\$730.56	\$173.00	\$903.56	\$20.00	\$883.56	\$5.00	\$0
Employee Plus Spouse	\$1,519.56	\$173.00	\$1,692.56	\$280.00	\$1,412.56	\$70.00	\$70
Employee Plus Children	\$1,304.38	\$173.00	\$1,477.38	\$196.00	\$1,281.38	\$49.00	\$49
Employee Plus Family	\$2,308.55	\$173.00	\$2,481.55	\$520.00	\$1,961.55	\$130.00	\$130

Enhanced Plan has Anthem Card with \$500 available for patient testing. Example: Lab work, x-ray, MRI							
Employee	\$886.03	\$41.67	\$927.70	\$80.00	\$847.70	\$20.00	\$20
Employee Plus Spouse	\$1,846.04	\$41.67	\$1,887.71	\$360.00	\$1,527.71	\$90.00	\$90
Employee Plus Children	\$1,584.22	\$41.67	\$1,625.89	\$256.00	\$1,369.89	\$64.00	\$64
Employee Plus Family	\$2,806.06	\$41.67	\$2,847.73	\$668.00	\$2,179.73	\$167.00	\$167

Group Name: Ohio County Fiscal Court
 Association ID: 46 Kentucky Association of Counties and Libraries
 WGS Group Number: W31462

Group's Most Recent Renewal Date: July 1, 2023
 Contract Code: 71W1

String: HSAPE09T5-2023 Plan Year
 Product: Blue Access HSA 2023 with MHP



	<u>In Network</u>	<u>Out of Network</u>
Deductible	\$6150/\$12300	\$18450/\$36900
Out of Pocket	\$6400/\$12800	\$19200/\$38400
Office Visit	Ded/0%	30%
Inpatient Facility	Ded/0%	30%
Outpatient Facility	Ded/0%	30%
Urgent Care	Ded/0%	30%
ER	Ded/0%	Ded/0%
Lifetime max	Unlimited	
Rx Retail	Level 1: \$10/\$35/\$75/25% with \$350 max Level 2: \$20/\$45/\$85/25% with \$450 max Medical Ded Applies	
Rx Mail order	\$25 tier 1/\$105 tier 2/\$225 tier 3 Specialty Rx tier 3 or tier 4 25% with \$350 max Medical Ded Applies	

* 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	\$271.28	\$635.27	\$893.26	\$893.26	\$740.22	\$1,104.21	\$1,461.67	\$1,461.67
25-29	\$285.32	\$727.19	\$999.22	\$999.22	\$754.26	\$1,196.13	\$1,567.63	\$1,567.63
30-34	\$328.51	\$711.40	\$1,026.62	\$1,026.62	\$797.45	\$1,180.34	\$1,595.04	\$1,595.04
35-39	\$409.15	\$698.43	\$1,094.29	\$1,094.29	\$878.09	\$1,167.37	\$1,662.70	\$1,662.70
40-44	\$508.40	\$730.57	\$1,225.68	\$1,225.68	\$999.84	\$1,222.01	\$1,821.39	\$1,821.39
45-49	\$661.78	\$828.69	\$1,477.18	\$1,477.18	\$1,153.22	\$1,320.13	\$2,072.89	\$2,072.89
50-54	\$874.65	\$874.65	\$1,736.01	\$1,736.01	\$1,366.09	\$1,366.09	\$2,331.72	\$2,331.72
55-59	\$890.44	\$890.44	\$1,767.59	\$1,767.59	\$1,381.88	\$1,381.88	\$2,363.30	\$2,363.30
60-64	\$890.44	\$890.44	\$1,767.59	\$1,767.59	\$1,381.88	\$1,381.88	\$2,363.30	\$2,363.30
65+	\$890.44	\$890.44	\$1,767.59	\$1,767.59	\$1,381.88	\$1,381.88	\$2,363.30	\$2,363.30

Projected Total Monthly Premium \$55,976.46

Composite Premium Equivalent for Illustrative Purposes Only

Employee	\$730.56	<u>Composite Rated</u>
Employee/Spouse	\$1,519.56	Yes
Employee/Child	\$1,304.38	
Family	\$2,308.55	

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.

Group Name: Ohio County Fiscal Court
 Association ID: 46 Kentucky Association of Counties and Libraries
 WGS Group Number: W31462

Group's Most Recent Renewal Date: July 1, 2023
 Contract Code: 71TM

String: HRAPC02T1-2023 Plan Year
 Product: Blue Access HRA CDHP 2023 with MHP with Copays



	In Network	Out of Network
Deductible	\$1500/\$3000	\$4500/\$9000
Out of Pocket	\$3500/\$7000	\$10500/\$21000
Office Visit	\$20/\$50	50%
Inpatient Facility	Ded/20%	50%
Outpatient Facility	Ded/20%	50%
Urgent Care	Ded/20%	50%
ER	Ded/20%	Ded/20%
Lifetime max	Unlimited	
Rx Retail	Level 1: \$10/\$35/\$75/25% with \$350 max Level 2: \$20/\$45/\$85/25% with \$450 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	\$327.20	\$770.10	\$1,084.00	\$1,084.00	\$897.79	\$1,340.69	\$1,775.63	\$1,775.63
25-29	\$344.28	\$881.94	\$1,212.93	\$1,212.93	\$914.87	\$1,452.53	\$1,904.55	\$1,904.55
30-34	\$396.84	\$862.73	\$1,246.28	\$1,246.28	\$967.43	\$1,433.32	\$1,937.90	\$1,937.90
35-39	\$494.96	\$846.94	\$1,328.61	\$1,328.61	\$1,065.55	\$1,417.54	\$2,020.24	\$2,020.24
40-44	\$615.72	\$886.05	\$1,488.48	\$1,488.48	\$1,213.68	\$1,484.02	\$2,213.32	\$2,213.32
45-49	\$802.35	\$1,005.44	\$1,794.50	\$1,794.50	\$1,400.31	\$1,603.41	\$2,519.33	\$2,519.33
50-54	\$1,061.36	\$1,061.36	\$2,109.43	\$2,109.43	\$1,659.33	\$1,659.33	\$2,834.27	\$2,834.27
55-59	\$1,080.57	\$1,080.57	\$2,147.86	\$2,147.86	\$1,678.54	\$1,678.54	\$2,872.69	\$2,872.69
60-64	\$1,080.57	\$1,080.57	\$2,147.86	\$2,147.86	\$1,678.54	\$1,678.54	\$2,872.69	\$2,872.69
65+	\$1,080.57	\$1,080.57	\$2,147.86	\$2,147.86	\$1,678.54	\$1,678.54	\$2,872.69	\$2,872.69

Projected Total Monthly Premium \$67,917.01

Composite Premium Equivalent for Illustrative Purposes Only

Employee	\$886.03	Composite Rated
Employee/Spouse	\$1,846.04	Yes
Employee/Child	\$1,584.22	
Family	\$2,806.06	

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