

6/4/2024

Please check one plan renewal election box:			
	Current Policy	<input checked="" type="checkbox"/> Renewal Policy	<input type="checkbox"/> Alternative Policy
Policy Length (in months)		12	24
Policy Effective Dates		Jan 01, 2025 - Dec 31, 2025	Jan 01, 2025 - Dec 31, 2026
DHO Plan	DHO 6	DHO 6	DHO 6
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:	\$23.50	\$24.44	\$24.91
Employee + One:	\$49.82	\$51.81	\$52.81
Employee + Family:	\$89.65	\$93.24	\$95.03
Additional Fees / Services	• If Paramount Dental 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	Webster County Board of Ed	
Address	28 SR 1340	
City, State, Zip	Dixon, KY 42409-9400	
Phone	(270) 639-5083	
Fax	(270) 374-7888	
Plan Type	Voluntary	<input type="checkbox"/> Voluntary <input type="checkbox"/> Employer Contribution
Network Option	In-Network Only	<input type="checkbox"/> In-Network Only <input checked="" type="checkbox"/> In and Out of Network
Dependent Coverage	Age: 26	
Full Time Student Verification	Age: 26	
COBRA Administration	HRI Administers COBRA	

		7/16/24
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.