

Group Name: Housing Authority of Paducah
 Association ID: 46 Kentucky Association of Counties and Libraries
 FACETS Group Number: 00242425

Group's Most Recent
 Renewal Date: July 1, 2019

String: LHRA02E62-V10 Calendar Year
 Product: Lumenos 10.0 with MHP



	In Network	Out of Network
Deductible	\$1000/\$2000	\$3000/\$6000
Out of Pocket	\$3000/\$6000	\$9000/\$18000
Office Visit	\$30/\$60	50%
Inpatient Facility	20%	50%
Outpatient Facility	20%	50%
Urgent Care	20%	50%
ER	20%	20%
Lifetime max	Unlimited	
Rx Retail	\$10/\$30/\$50/25% W \$200 max	
Rx Mail order	\$10/\$75/\$150/25% w \$200 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	\$196.63	\$454.21	\$650.13	\$650.13	\$539.02	\$796.59	\$1,065.71	\$1,065.71
25-29	\$206.56	\$519.25	\$725.10	\$725.10	\$548.95	\$861.64	\$1,140.69	\$1,140.69
30-34	\$237.13	\$508.08	\$744.50	\$744.50	\$579.52	\$850.46	\$1,160.09	\$1,160.09
35-39	\$294.19	\$498.90	\$792.38	\$792.38	\$636.58	\$841.29	\$1,207.97	\$1,207.97
40-44	\$364.42	\$521.64	\$885.36	\$885.36	\$722.73	\$879.95	\$1,320.26	\$1,320.26
45-49	\$472.96	\$591.08	\$1,063.33	\$1,063.33	\$831.27	\$949.39	\$1,498.23	\$1,498.23
50-54	\$623.60	\$623.60	\$1,246.48	\$1,246.48	\$981.91	\$981.91	\$1,681.39	\$1,681.39
55-59	\$634.77	\$634.77	\$1,268.83	\$1,268.83	\$993.08	\$993.08	\$1,703.73	\$1,703.73
60-64	\$634.77	\$634.77	\$1,268.83	\$1,268.83	\$993.08	\$993.08	\$1,703.73	\$1,703.73
65+	\$634.77	\$634.77	\$1,268.83	\$1,268.83	\$993.08	\$993.08	\$1,703.73	\$1,703.73

Projected Total Monthly Premium \$14,391.39

Composite Premium Equivalent for Illustrative Purposes Only

Employee	\$516.45	Composite Rated
Employee/Spouse	\$1,082.43	Yes
Employee/Child	\$928.90	
Family	\$1,648.41	

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.