



City of Anthony
Medical Plan Benefit Summary
April 1, 2025

		Blue Cross Blue Shield of Kansas CMZCC - Level Funded	
MEDICAL BENEFITS		Current	Renewal
Deductible			
Single		\$1,500	
Family		\$3,000	
Coinsurance		80% / 20%	
Single Maximum		See Out of Pocket Maximum	
Family Maximum		See Out of Pocket Maximum	
Out-of-Pocket Maximum		<i>Out of Pocket Maximum includes Copays, Coinsurance and Deductibles</i>	
Single		\$6,350	
Family		\$12,700	
Accumulation Period		Plan Year	
Preventive Care		100%	
Primary Care Office Visit		\$35 copay	
Telehealth		\$35 copay	100%
Specialist Office Visit		\$70 copay	
Outpatient Lab/Imaging Benefits		1st \$300 paid at 100%;	
Complex Imaging Services		overage subject to Deductible & Coinsurance	
Urgent Care		Subject to Office Copay	
Emergency Room		\$250 copay then subject to Deductible & Coinsurance	
Hospital Benefits		Subject to Deductible & Coinsurance	
Accident Benefits		Subject to Plan Provisions	
Prescription Drugs		<i>Deductible does not apply</i>	
Prescription Drug List (PDL)		ResultsRx	
Retail - Tier 1		\$15 copay	
Retail - Tier 2		\$50 copay	
Retail - Tier 3		\$75 copay	
Retail - Tier 4		\$150 copay	
Retail - Tier 5		20% up to \$250	
Mail Order		2.5 x Retail	
RATES		Current	Renewal
Employee Only	8	\$583.00	\$612.07
Employee + Spouse	2	\$1,169.52	\$1,229.49
Employee + Child(ren)	4	\$1,106.42	\$1,163.08
Family	12	\$1,692.93	\$1,780.52
Total Monthly Premium		\$31,743.88	\$33,374.10
Total Annual Premium		\$380,926.56	\$400,489.20
Change from Current			5.14%

1/23/2025

IMPORTANT: This summary is for illustration purposes only. Please see the Disclosures page for additional information.

Level Funded Rate quote
 \$25,000 Individual Stop Loss, 120% Aggregate Stop loss

Group Name:
CITY OF ANTHONY

Effective:
04/01/2025 - 03/31/2026

MPN: 26118

CMZCC	Contract Count	Max Expected		Admin & Stop Loss	Total Premium
		Claims (Rate ID type 01)	Loss		
EMP	8	271.66	340.41	612.07	
ECH	4	550.45	612.63	1,163.08	
ESP	2	584.05	645.44	1,229.49	
FAM	12	862.86	917.66	1,780.52	
	26				
Monthly Total		15,897.50	17,476.60	33,374.10	
Annual Total		190,770.00	209,719.20	400,489.20	
Grand Total - Monthly		15,897.50	17,476.60	33,374.10	
Grand Total - Annual		190,770.00	209,719.20	400,489.20	
Total Group Count	26	Average Member Age:		30	
Total Member Count	75	Risk:		NP	

We reserve the right to recalculate or determine eligibility of quote, should member enrollment vary by +/- 20% from the renewal census reviewed.



City of Anthony
Medical Plan Benefit Summary
April 1, 2025

		Blue Cross Blue Shield of Kansas - Level Funded BlueEdge			
		CMZCC	CMZDC	CMZEC	HI82A
MEDICAL BENEFITS		Current	Renewal	Option	Option
Deductible					
Single		\$1,500	\$2,500	\$3,500	\$5,000
Family		\$3,000	\$5,000	\$7,000	\$10,000
Coinsurance		80% / 20%	80% / 20%	80% / 20%	100% / 0%
Single Maximum		See Out of Pocket Maximum	See Out of Pocket Maximum	See Out of Pocket Maximum	See Out of Pocket Maximum
Family Maximum		See Out of Pocket Maximum	See Out of Pocket Maximum	See Out of Pocket Maximum	See Out of Pocket Maximum
Out-of-Pocket Maximum		Out of Pocket Maximum includes Copays, Coinsurance and Deductibles	Out of Pocket Maximum includes Copays, Coinsurance and Deductibles	Out of Pocket Maximum includes Copays, Coinsurance and Deductibles	Out of Pocket Maximum includes Copays and Deductibles
Single		\$6,350	\$6,350	\$6,350	\$6,350
Family		\$12,700	\$12,700	\$12,700	\$12,700
Accumulation Period		Plan Year	Plan Year	Plan Year	Plan Year
Preventive Care		100%	100%	100%	100%
Primary Care Office Visit		\$35 copay	\$35 copay	\$35 copay	Subject to Deductible
Telehealth		\$35 copay	100%	100%	Subject to Deductible
Specialist Office Visit		\$70 copay	\$70 copay	\$70 copay	Subject to Deductible
Outpatient Lab/Imaging Benefits		1st \$300 paid at 100%; overage subject to Deductible & Coinsurance	1st \$300 paid at 100%; overage subject to Deductible & Coinsurance	1st \$300 paid at 100%; overage subject to Deductible & Coinsurance	Subject to Deductible
Complex Imaging Services					Subject to Deductible
Urgent Care		Subject to Office Copay	Subject to Office Copay	Subject to Office Copay	Subject to Deductible
Emergency Room		\$250 copay then subject to Deductible & Coinsurance	\$250 copay then subject to Deductible & Coinsurance	\$250 copay then subject to Deductible & Coinsurance	Subject to Deductible
Hospital Benefits		Subject to Deductible & Coinsurance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance	Subject to Deductible
Accident Benefits		Subject to Plan Provisions	Subject to Plan Provisions	Subject to Plan Provisions	Subject to Deductible
Prescription Drugs		Deductible does not apply	Deductible does not apply	Deductible does not apply	Subject to Deductible then:
Prescription Drug List (PDL)		ResultsRx	ResultsRx	ResultsRx	ResultsRx
Retail - Tier 1		\$15 copay	\$15 copay	\$15 copay	\$15 copay
Retail - Tier 2		\$50 copay	\$50 copay	\$50 copay	\$50 copay
Retail - Tier 3		\$75 copay	\$75 copay	\$75 copay	\$75 copay
Retail - Tier 4		\$150 copay	\$150 copay	\$150 copay	\$150 copay
Retail - Tier 5		20% up to \$250	20% up to \$250	20% up to \$250	20% up to \$250
Mail Order		2.5 x Retail	2.5 x Retail	2.5 x Retail	2.5 x Retail
RATES		Current	Renewal	Option	Option
Employee Only	8	\$583.00	\$612.07	\$590.93	\$576.84
Employee + Spouse	2	\$1,169.52	\$1,229.49	\$1,184.05	\$1,153.76
Employee + Child(ren)	4	\$1,106.42	\$1,163.08	\$1,120.24	\$1,091.71
Family	12	\$1,692.93	\$1,780.52	\$1,713.37	\$1,668.62
Total Monthly Premium		\$31,743.88	\$33,374.10	\$32,136.94	\$31,312.52
Total Annual Premium		\$380,926.56	\$400,489.20	\$385,643.28	\$375,750.24
Change from Current			5.14%	1.24%	-1.36%

2/14/2025

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City of Anthony
Dental Benefit/Cost Summary
April 1, 2025

	Blue Cross Blue Shield		Delta Dental
BENEFITS	Current	Renewal	Option
Deductible			
Individual	\$25		\$25
Family	\$75		\$75
Benefit Maximum	\$1,500		\$1,500
Benefit Accumulation Period	Plan Year		Calendar Year
Out of Network Reimbursement	Non-Network Maximum Plan Allowance		Non-Network Maximum Plan Allowance
Diagnostic	100% Deductible Waived		100% Deductible Waived
Preventive	100% Deductible Waived, Unlimited Cleanings		100% Deductible Waived, Unlimited Cleanings
Basic			
Oral Surgery	80%		80%
Regular Restorative	80%		80%
Endodontics	80%		80%
Periodontics - Non Surgical	80%		80%
Periodontics - Surgical	50%		80%
Major			
Waiting Period	N/A		N/A
Inlays/Onlays/Crowns	Inlays 80% / Onlays & Crowns 50%		80% / 50% / 50%
Prosthodontics	50%		50%
Implants	50% \$1,000 lifetime maximum per arch		50%
Orthodontics	100% up to a 3-year maximum of \$1,500 (children under age 21)		50% to \$1,500 (children under age 19)
Dependents	To age 26		To age 26
RATES	Current	Renewal	Option
9 Employee	\$38.12	\$41.79	\$36.91
2 Employee/Spouse	\$81.77	\$89.64	\$73.10
4 Employee/Child(ren)	\$82.62	\$90.48	\$99.76
11 Family	\$125.83	\$137.85	\$150.40
Monthly Premium	\$2,221.23	\$2,433.66	\$2,531.83
Annual Premium	\$26,654.76	\$29,203.92	\$30,381.96
% Change over Current		9.6%	14.0%

1/23/2025

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