



# **Lamar County Board of Commissioners**

## **Renewal and Marketing Analysis**

**July 1, 2023**



# Lamar County Board of Commissioners

## Renewal and Marketing Analysis

### Table of Contents

Marketing Summary	Page 3
Medical Renewal and Marketing Analysis	Page 4
Dental Renewal Analysis	Page 8
Vision Renewal Analysis	Page 9
Basic Life Renewal and Marketing Analysis	Page 10
Voluntary Life Renewal and Marketing Analysis	Page 11
Voluntary STD Renewal and Marketing Analysis	Page 12
Voluntary LTD Renewal and Marketing Analysis	Page 13
Brella Summary	Page 14

## Lamar County Board of Commissioners

July 1, 2023

Carrier Marketing Survey	
Medical Carriers	Status
Aetna	Received quote - 21% over current
Anthem	Current Carrier - 29% increase - renegotiated to 27%
Cigna	Declined to quote
UnitedHealthcare	Received quote - 26% over current
Dental Carriers	Status
Anthem	Current Carrier - rate guarantee until 7/1/2024
Vision Carriers	Status
Anthem	Current Carrier - rate guarantee until 7/1/2025
Life and Disability Carriers	Status
Lincoln	Current Carrier - rate guarantee until 7/1/2024
Anthem	Received quote

# Lamar County Board of Commissioners

Medical Renewal Analysis

July 1, 2023

Anthem Current			Anthem Renewal			Anthem Revised Renewal		
Base			Buy Up			Base		
Plan Name			Base			Buy Up		
Provider Network			Base			Buy Up		
In Network Benefits			Base			Buy Up		
Office Visits (PCP/Specialist)			Base			Buy Up		
Deductible			Base			Buy Up		
Coinsurance			Base			Buy Up		
Out-of-Pocket Maximum			Base			Buy Up		
Hospital and Emergency			Base			Buy Up		
Inpatient Hospital Copay			Base			Buy Up		
Outpatient Hospital Copay			Base			Buy Up		
Urgent Care			Base			Buy Up		
Emergency Room			Base			Buy Up		
Prescription Drugs			Base			Buy Up		
Rx Deductible			Base			Buy Up		
Tier 1 (Preferred Value/Generic)			Base			Buy Up		
Tier 2 (Preferred Brand)			Base			Buy Up		
Tier 3 (Non-preferred)			Base			Buy Up		
Tier 4 (Preferred Specialty)			Base			Buy Up		
Tier 5 (Nonpreferred Specialty)			Base			Buy Up		
Out of Network Benefits			Base			Buy Up		
Deductible (Single/Family)			Base			Buy Up		
Out-of-Pocket Maximum (Single/Family)			Base			Buy Up		
Coinsurance			Base			Buy Up		
Rates by Plan			Base			Buy Up		
Employee			Base			Buy Up		
Employee + Spouse			Base			Buy Up		
Employee + Child(ren)			Base			Buy Up		
Family			Base			Buy Up		
Monthly Premium by Plan			Base			Buy Up		
Annual Premium by Plan			Base			Buy Up		
Combined Annual Plan Totals			Base			Buy Up		
Combined Annual Cost Difference (\$)			Base			Buy Up		
Combined Annual Cost Difference (%)			Base			Buy Up		

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

# Lamar County Board of Commissioners

Medical Renewal Alternate

July 1, 2023

			Anthem Current	72P2	72LB	
			Base	Buy Up	72P2	72LB
Plan Name			OAP5 2500/20%/7900 KE	OAP5 1500/0%/7900 AE	OAP5 3500/20%/7900 KE	OAP5 2500/0%/7900 AE
Provider Network			Blue Open Access	Blue Open Access	Blue Open Access	Blue Open Access
In Network Benefits			In-Network	In-Network	In-Network	In-Network
Office Visits (PCP/Specialist)			\$25 / \$50	\$25 / \$50	\$30 / \$60	\$30 / \$60
Deductible	Single	Family	\$2,500	\$1,500	\$3,500	\$2,500
			\$7,500	\$4,500	\$10,500	\$7,500
Coinsurance			80%	100%	80%	100%
Out-of-Pocket Maximum	Single	Family	\$7,900	\$5,000	\$7,900	\$7,900
			\$15,800	\$10,000	\$15,800	\$15,800
Hospital and Emergency						
Inpatient Hospital Copay			Ded + Coin	Deductible	Ded + Coins	Deductible
Outpatient Hospital Copay			Ded + Coin	Deductible	Ded + Coins	Deductible
Urgent Care			\$75	\$75	\$75	\$75
Emergency Room			\$350 + Coins	\$250	\$350 + Coins	\$350
Prescription Drugs						
Rx Deductible			\$100 / \$300 (Tiers 2-4)	None	\$200 / \$400 (Tiers 2-4)	None
Tier 1 (Preferred Value/Generic)			\$15	\$15	\$15	\$15
Tier 2 (Preferred Brand)			\$45	\$45	\$45	\$35
Tier 3 (Non-preferred)			\$90	\$90	\$85	\$60
Tier 4 (Preferred Specialty)			25% up to \$350	25% up to \$350	25% up to \$350	25% up to \$350
Tier 5 (Nonpreferred Specialty)			N/A	N/A	N/A	N/A
Out of Network Benefits						
Deductible (Single/Family)			\$10,000 / \$20,000	\$6,000 / \$12,000	\$10,500 / \$31,500	\$7,500 / \$22,500
Out-of-Pocket Maximum (Single/Family)			\$23,700 / \$47,400	\$15,000 / \$30,000	\$23,700 / \$47,400	\$23,700 / \$47,400
Coinsurance			60%	80%	50%	50%
Rates by Plan	Base	BuyUp	Base	Buy Up	72P2	72LB
Employee	89	20	\$778.53	\$873.89	\$970.47	\$1,051.50
Employee + Spouse	3	0	\$1,634.98	\$1,835.24	\$2,038.07	\$2,208.24
Employee + Child(ren)	1	0	\$1,518.13	\$1,704.15	\$1,892.41	\$2,050.42
Family	0	0	\$2,374.50	\$2,665.47	\$2,959.91	\$3,207.05
Monthly Premium by Plan			\$75,712	\$17,478	\$94,378	\$21,030
Annual Premium by Plan			\$908,547	\$209,734	\$1,132,541	\$252,360
Combined Annual Plan Totals			\$1,118,280		\$1,384,901	
Combined Annual Cost Difference (\$)					\$266,621	
Combined Annual Cost Difference (%)					23.8%	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

# Lamar County Board of Commissioners

Medical Marketing Analysis - Aetna

July 1, 2023

Anthem ACCG				Aetna	
Current					
			Base	Buy Up	
Plan Name			OAP5 2500/20%/7900 KE	OAP5 1500/0%/7900 AE	
Provider Network			Blue Open Access	Blue Open Access	
In Network Benefits			In-Network	In-Network	
Office Visits (PCP/Specialist)			\$25 / \$50	\$25 / \$50	
Deductible	Single		\$2,500	\$1,500	
	Family		\$7,500	\$4,500	
Coinsurance			80%	100%	
Out-of-Pocket Maximum	Single		\$7,900	\$5,000	
	Family		\$15,800	\$10,000	
Hospital and Emergency					
Inpatient Hospital Copay			Ded & Coins	Deductible	
Outpatient Hospital Copay			Ded & Coins	Deductible	
Urgent Care			\$75	\$75	
Emergency Room			\$350 + Coins	\$250	
Prescription Drugs					
Rx Deductible			\$100 / \$300 (Tiers 2-4)	None	
Tier 1 (Preferred Value/Generic)			\$15	\$15	
Tier 2 (Preferred Brand)			\$45	\$45	
Tier 3 (Non-preferred)			\$90	\$90	
Tier 4 (Preferred Specialty)			25% up to \$350	25% up to \$350	
Tier 5 (Nonpreferred Specialty)			N/A	N/A	
Out of Network Benefits					
Deductible (Single/Family)			\$10,000 / \$20,000	\$6,000 / \$12,000	
Out-of-Pocket Maximum (Single/Family)			\$23,700 / \$47,400	\$15,000 / \$30,000	
Coinsurance			60%	80%	
Rates by Plan	Base	BuyUp	Base	Buy Up	
Employee	89	20	\$778.53	\$873.89	
Employee + Spouse	3	0	\$1,634.98	\$1,835.24	
Employee + Child(ren)	1	0	\$1,518.13	\$1,704.15	
Family	0	0	\$2,374.50	\$2,665.47	
Monthly Premium by Plan			\$75,712	\$17,478	
Annual Premium by Plan			\$908,547	\$209,734	
Combined Annual Plan Totals			\$1,118,280		\$1,350,812
Combined Annual Cost Difference (\$)					\$232,531
Combined Annual Cost Difference (%)					21%

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# Lamar County Board of Commissioners

Medical Marketing Analysis - UHC

July 1, 2023

Anthem ACCG				UHC	
Current					
		Base	Buy Up	Base	Buy Up
Plan Name		OAP5 2500/20%/7900 KE	OAP5 1500/0%/7900 AE	CAZ6 Mod 1 Rx797	CAZU Mod1 Rx529
Provider Network		Blue Open Access	Blue Open Access	Choice +	Choice +
In Network Benefits		In-Network	In-Network		
Office Visits (PCP/Specialist)		\$25 / \$50	\$25 / \$50	\$25 / \$50	\$25 / \$50
Deductible	Single	\$2,500	\$1,500	\$2,500	\$1,500
	Family	\$7,500	\$4,500	\$7,500	\$4,500
Coinsurance		80%	100%	80%	100%
Out-of-Pocket Maximum	Single	\$7,900	\$5,000	\$7,900	\$5,000
	Family	\$15,800	\$10,000	\$15,800	\$10,000
Hospital and Emergency					
Inpatient Hospital Copay		Ded & Coins	Deductible	Ded & Coins	Deductible
Outpatient Hospital Copay		Ded & Coins	Deductible	Ded & Coins	Deductible
Urgent Care		\$75	\$75	\$75	\$75
Emergency Room		\$350 + Coins	\$250	\$350 + Coins	\$250
Prescription Drugs					
Rx Deductible		\$100 / \$300 (Tiers 2-4)	None	\$250 / \$500 (Tiers 2-4)	None
Tier 1 (Preferred Value/Generic)		\$15	\$15	\$10	\$10
Tier 2 (Preferred Brand)		\$45	\$45	\$35	\$35
Tier 3 (Non-preferred)		\$90	\$90	\$75	\$75
Tier 4 (Preferred Specialty)		25% up to \$350	25% up to \$350	\$150	\$150
Tier 5 (Nonpreferred Specialty)		N/A	N/A	N/A	N/A
Out of Network Benefits					
Deductible (Single/Family)		\$10,000 / \$20,000	\$6,000 / \$12,000	\$10,000 / \$20,000	\$6,000 / \$12,000
Out-of-Pocket Maximum (Single/Family)		\$23,700 / \$47,400	\$15,000 / \$30,000	\$23,700 / \$47,400	\$15,000 / \$30,000
Coinsurance		60%	80%	60%	80%
Rates by Plan	Base BuyUp	Base	Buy Up	Base	Buy Up
Employee	89 20	\$778.53	\$873.89	\$973.16	\$1,125.99
Employee + Spouse	3 0	\$1,634.98	\$1,835.24	\$2,043.72	\$2,364.68
Employee + Child(ren)	1 0	\$1,518.13	\$1,704.15	\$1,897.66	\$2,195.68
Family	0 0	\$2,374.50	\$2,665.47	\$2,968.12	\$3,434.24
Monthly Premium by Plan		\$75,712	\$17,478	\$94,640	\$22,520
Annual Premium by Plan		\$908,547	\$209,734	\$1,135,681	\$270,238
Combined Annual Plan Totals		\$1,118,280		\$1,405,918	
Combined Annual Cost Difference (\$)				\$287,638	
Combined Annual Cost Difference (%)				26%	

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## Lamar County Board of Commissioners

### Voluntary Dental Marketing Analysis

July 1, 2023

Anthem		
<b>Deductible</b>		
Individual		\$50
Family		\$150
<b>Coinsurance</b>		
Type A: Preventive Services		100%
Type B: Basic Services		80%
Type C: Major Services		50%
Type D: Orthodontia		50%
<b>Maximums</b>		
Annual Per Member		\$1,500
Lifetime Orthodontia		\$1,000
Annual Roll-Over Amount		None
Maximum Roll-Over		None
<b>Procedures</b>		
Oral Exams		Type A
Oral Exams Frequency		2 per 12 months
Bitewing X-rays		Type A
Bitewing X-rays Frequency		1 set per 12 months
Full Mouth/Panoramic X-rays		Type A
Full Mouth/Panoramic X-rays Frequency		1 in 3 Years
Fluoride		Type A
Fluoride Age Limit		Through age 18
Sealants		Type A
Sealants Age Limit		Through age 18
Space Maintainers		Type A
Simple Extractions		Type B
Complex Extractions		Type B
Simple Periodontics		Type B
Periodontal Surgery		Type B
Simple Endodontics		Type B
Complex Endodontics		Type B
Crowns		Type C
Crown Frequency		1 in 5 Years
Implants		Type C
Implant Frequency		1 in 5 Years
Orthodontics (Child and/or Adult)		Child only through age 18
<b>UCR Percentage</b>		
		90%
<b>Participation Requirement</b>		
		Minimum of 60% eligible
<b>Waiting Periods</b>		
Current		None
Late Entrants		None
<b>Rate Guarantee</b>		1 Year Remaining (7/1/2024)
<b>Estimated Enrollment</b>	<b>Census</b>	<b>Anthem</b>
Employee	60	\$30.65
Employee + Spouse	11	\$62.90
Employee & Child(ren)	8	\$72.57
Family	5	\$112.55
<b>Total Monthly Premium</b>		<b>\$3,674</b>
<b>Total Annual Premium</b>		<b>\$44,091</b>

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## Lamar County Board of Commissioners

Vision Renewal Analysis

July 1, 2023

Anthem Blue View		
	In-Network	Out-of-Network
Plan Name	FS.B.10.20.130.130 4M6T	
Network	Eyemed Access	
Copays (Exams/Materials)	\$10 / \$20	N/A
Exam	Covered in Full	Up to \$42
Frequency		
Examination	12 Months	
Lenses or Contact Lenses	12 Months	
Frames	24 Months	
Frames		
Frame Allowance (Retail)	Up to \$130	Up to \$45
Lenses		
Single Vision	\$20 Copay	Up to \$40
Bifocal	\$20 Copay	Up to \$60
Trifocal	\$20 Copay	Up to \$80
Contact Lenses		
Contact Lens Fit and Follow-up	Up to \$55	No benefit
Elective	Up to \$130	Up to \$105
Necessary	100%	Up to \$210
Other Benefits		
LASIK Coverage	Discounts available through SpecialOffers program	No benefit
Add'l Materials Discount	20% off remaining balance	No benefit
Participation Requirement	Minimum 10 enrolled	
Rate Guarantee	2 Years Remaining (7/1/2025)	
Rates		
Anthem Blue View		
Single	55	\$6.19
EE + Spouse	13	\$12.38
EE + Child(ren)	5	\$13.86
Family	8	\$21.82
Monthly Premium	\$745	
Annual Premium	\$8,943	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

## Lamar County Board of Commissioners

### Basic Life Renewal and Marketing Analysis

July 1, 2023

**Must be sold with Vol Life**

Lincoln			Anthem	
	Current/Renewal			
Eligibility	All Active Ees working 30+ hours		All Active Ees working 30+ hours	
Life and AD&D Amounts				
All Eligible Employees	\$20,000		\$20,000	
Rate per \$1,000				
Life	\$0.140		\$0.133	
AD&D	\$0.020		\$0.020	
Volume	\$2,729,000		\$2,729,000	
Guaranteed Issue	\$20,000		\$20,000	
Reduction Schedule				
Benefits Reduced to	Percentage	Age	Percentage	Age
	65%	65	65%	70
	50%	70	50%	75
Participation Requirement	100%		100%	
Rate Guarantee	1 Year Remaining (7/1/2024)		2 Years	
Waiver of Premium	Included		Included	
Living Benefit Rider	Included		Included	
Conversion	Included		Included	
Total Monthly Premium	\$437		\$418	
Total Annual Premium	\$5,240		\$5,010	
Annual Difference from Current (\$)			-\$229	
Annual Difference from Current (%)			-4%	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

## Lamar County Board of Commissioners

### Voluntary Term Life and AD&D Marketing and Renewal Analysis

July 1, 2023

**Must be sold with Basic Life**

Lincoln			Anthem	
Eligibility	All Active Ees working 30+ hours		All Active Ees working 30+ hours	
Definition of Earnings	N/A		N/A	
Benefit Amount				
Employee	\$10,000 increments to \$500,000 or 5x salary (rounded to the next higher \$10,000)		\$10,000 increments to max \$500,000 or 5x annual earnings	
Spouse	\$5,000 increments to \$150,000 or 2.5x employee's annual salary, not to exceed 50% of \$5,000 or \$10,000 (\$1,000 birth to age 6 months)		\$5,000 increments up to \$150,000 (may not exceed 50% of Employee benefit amount)	
Children			\$5,000 or \$10,000 (\$1,000 under 6 months)	
Guarantee Issue				
Employee	\$100,000		\$100,000	
Spouse	\$25,000		\$25,000	
Children	\$10,000		\$10,000	
Reduction Schedule				
Benefits Reduced To	Percentage	Age	Percentage	Age
	45%	70	45%	70
	30%	75	30%	75
	20%	80	20%	80
	15%	85	15%	85
	10%	90	10%	90
Coverage Termination				
Employee	At retirement		At retirement	
Spouse	At employee's retirement		At employee's retirement	
Contract Features				
Waiver of Premium	Included		Included	
Accelerated Benefit	Included		Included	
Portability	Included		Included	
Conversion	Included		Included	
True Open Enrollment Year 1?	N/A		No	
Annual Increase Available without EOI	2 increments up to GI	(Late	No	
Rate Based on Spouse Age	No		No	
Employee Life Rates per \$1,000				
	Employee	Spouse	Employee	Spouse
< 20	\$0.080	\$0.080	\$0.080	\$0.080
20-24	\$0.080	\$0.080	\$0.080	\$0.080
25-29	\$0.080	\$0.080	\$0.080	\$0.080
30-34	\$0.100	\$0.100	\$0.100	\$0.100
35-39	\$0.120	\$0.120	\$0.120	\$0.120
40-44	\$0.190	\$0.190	\$0.190	\$0.190
45-49	\$0.320	\$0.320	\$0.320	\$0.320
50-54	\$0.480	\$0.480	\$0.480	\$0.480
55-59	\$0.650	\$0.650	\$0.650	\$0.650
60-64	\$0.940	\$0.940	\$0.940	\$0.940
65-69	\$1.690	\$1.690	\$1.690	\$1.690
70-74	\$2.800	\$2.800	\$2.800	\$2.800
75+	\$2.800	\$2.800	\$2.800	\$2.800
AD&D Rate per \$1,000	N/A	N/A	N/A	N/A
Child Life Coverage				
	Life	AD&D	Life	AD&D
Child Rates	\$0.200	N/A	\$0.200	N/A
Participation Requirement			Greater of 61% or 5 Lives	
Rate Guarantee	1 Year Remaining (7/1/2024)		2 Years	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

## Lamar County Board of Commissioners

### Voluntary Short Term Disability Renewal and Marketing Analysis

July 1, 2023

**Must be sold with Basic and Vol Life**

	Lincoln	Anthem
Benefit Percentage	60%	60%
Maximum Weekly Benefit	\$750	\$750
Elimination Period		
Accident	14 Days	14 Days
Sickness	14 Days	14 Days
Duration of Benefits	24 Weeks	24 Weeks
Employer Contribution	0%	0%
Pre-Existing Condition Limits	3/12	3/12
Coverage	Voluntary	Voluntary
Zero Day Residual	N/A	N/A
Mandatory Rehab	No	No
Annual Enrollment	No EOI required, Pre-Ex applies	EOI
Rate Guarantee	<b>1 Year Remaining (7/1/2024)</b>	<b>2 Years</b>
Participation Requirement	Greater of 36% or 10 Lives	Greater of 46% or 10 lives
<b>Rate per \$10 of Weekly Benefit</b>		
<b>Age</b>		
< 25	\$0.512	\$0.512
25-29	\$0.520	\$0.520
30-34	\$0.520	\$0.520
35-39	\$0.496	\$0.496
40-44	\$0.496	\$0.496
45-49	\$0.544	\$0.544
50-54	\$0.600	\$0.600
55-59	\$0.840	\$0.840
60-64	\$0.920	\$0.920
65-69	\$0.920	\$0.920
70-74	\$0.920	\$0.920
74+	\$0.920	\$0.920

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

## Lamar County Board of Commissioners

### Voluntary Long Term Disability Renewal and Marketing Analysis

July 1, 2023

**Must be sold with Basic & Vol Life**

	Lincoln	Anthem
<b>Eligibility</b>	FT working 30+ hours per week	FT working 30+ hours per week
<b>Class Definition</b>	All Eligible Employees	All Eligible Employees
<b>Benefit Outline</b>		
Benefit Percentage	60.00%	60.00%
Maximum Benefit	\$5,000	\$5,000
Elimination Period	180 Days	180 Days
Own Occupation Period	24 Months	24 Months
Benefit Duration	Later of Age 65 or SSNRA	SSNRA
Benefit Offset by Sick Leave?	Yes	Yes
<b>Contract Features</b>		
Definition of Disability	Loss of Duties and Earnings	Loss of Duties and Earnings
Pre-Existing Condition Limit	3/12	3/12
Mental & Nervous	12 months	24 Months
Alcohol & Drug	12 months	24 Months
Specified Conditions	12 months	
Self-Reported Limitation	None	None
Recurrent Disability	Included	Included
Residual Disability	Included	Included
Return to Work	Included	Included
Survivor Benefit	Included	Included
Waiver of Premium	Included	Included
Conversion	N/A	N/A
Contribution	Contributory	Contributory
W-2 Issuance	Included	Included
FICA Match	Included	Included
Annual Enrollment	No EOI required, Pre-Ex applies	EOI
Participation Requirement	Greater of 46% or 10 Lives	Greater of 61% or 10 Lives
Rate Guarantee	<b>1 Year Remaining (7/1/2024)</b>	<b>2 Years</b>
<b>Rate per \$100 of Covered Payroll</b>		
<b>Age</b>		
< 20	\$0.072	\$0.072
20-24	\$0.072	\$0.072
25-29	\$0.072	\$0.072
30-34	\$0.224	\$0.224
35-39	\$0.336	\$0.336
40-44	\$0.519	\$0.519
45-49	\$0.623	\$0.623
50-54	\$0.975	\$0.975
55-59	\$1.119	\$1.119
60-64	\$1.191	\$1.191
65-69	\$0.599	\$0.599
70+	\$0.448	\$0.448

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

# Lamar County Board of Commissioners

Brella Summary

July 1, 2023

Brella			
Summary		Option 1	
Employer Contribution	100% for employee coverage		
Benefit Amount			
Moderate	\$200		
Severe	\$500		
Catastrophic	\$1,000		
Guaranteed Issue	Full coverage is GI		
Covered Conditions	13,000+ covered conditions classified as moderate, severe or catastrophic		
Claims Payment	EOB not required - employees answer questions in app		
Lifetime Maximum Benefit	No maximum for moderate or severe Catastrophic max is 3 x benefit		
Separation Period			
Moderate	14 days		
Severe	30 days		
Catastrophic	90 days		
Pre-Existing Condition Exclusion	None		
Excluded Conditions	Chronic conditions, mental illness, maternity		
New Employee Waiting Period	60 days for late entrants		
Age reduction	50% at age 70		
Waiver of Premium	Not included		
Portability	Included		
Coverage Provisions			
Minimum Enrollment	100%		
Rate Guarantee	1 Year Remaining (7/1/2024)		
Monthly Rate	EE Rate (ER Paid)	Buy Up Rate	Total Rate
Employee	\$22.18		\$22.18
Employee + Spouse	\$22.18	\$22.17	\$44.35
Employee + Child(ren)	\$22.18	\$17.74	\$39.92
Family	\$22.18	\$44.35	\$66.53
Total Monthly Premium			\$2,395
Total Annual Premium			\$28,745

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.