

**FAIRFIELD TOWNSHIP  
RESOLUTION NO. 24-108**

**RESOLUTION AUTHORIZING THE ADMINISTRATOR TO SIGN THE CONTRACT WITH  
ANTHEM FOR HEALTHCARE BENEFITS.**

**WHEREAS:** Fairfield Township currently offers healthcare benefits to its employees and officials; and

**WHEREAS:** Fairfield Township will keep similar benefits with Anthem at a reduced cost; and

**WHEREAS:** These benefits are due for renewal on August 1, 2024;

**NOW, THEREFORE, BE IT RESOLVED,** by the Board of Trustees of Fairfield Township, Butler County, Ohio, as follows;

**SECTION 1:** The Board hereby authorizes the Administrator to sign the contract for healthcare for all Fairfield Township full time employees and elected officials that participate along with their covered family members in accordance with the terms set forth in the correspondence attached hereto as Exhibit "A".

**SECTION 2:** The Board hereby dispenses with the requirement that this resolution be read on two separate days, pursuant to RC 504.10, and authorizes the adoption of this resolution upon its first reading.

**SECTION 3** This resolution is the subject of the general authority granted to the Board of Trustees through the Ohio Revised Code and not the specific authority granted to the Board of Trustees through the status as a Limited Home Rule Township.

**SECTION 4:** That it is hereby found and determined that all formal actions of this Board concerning and relating to the passage of this Resolution were taken in meetings open to the public, in compliance with all legal requirements including §121.22 of the Ohio Revised Code.

**SECTION 5:** This resolution shall take effect at the earliest period allowed by law.

**Adopted:** July 9, 2024

**Board of Trustees**

Shannon Hartkemeyer:

Michael Berding:

Joe McAbee:

**Vote of Trustees**

Yes

Yes

Yes

**AUTHENTICATION**

This is to certify that this is a resolution which was duly passed and filed with the Fairfield Township Fiscal Officer this 9<sup>th</sup> day of July, 2024.

**ATTEST:**

Shelly Schultz  
Shelly Schultz, Fairfield Township Fiscal Officer

**APPROVED AS TO FORM:**

RE/Barb 1/5

Lawrence E. Barbieri, Township Assistant Law Director



## AssuredPartners

Amy Jeffries, Sr. Account Executive  
5905 East Galbraith Road, Suite 5000  
Cincinnati, OH 56236

June 18, 2024

Julie Vonderhaar  
Township Administrator  
Fairfield Township  
6032 Morris Road  
Fairfield Township, Ohio 45011

**Dear Ms. Vonderhaar,**

Thank you for putting your trust in me and in AssuredPartners to conduct the marketing survey for your employee benefits program effective August 1, 2024. I am truly grateful for the time and effort you, your team, and all Township employees put into the marketing effort. I believe you will find the following recommendations are encouraging in today's economic environment.

I did request and receive summary claims data for your group and have not included it in the information delivered. The large claimant information is sensitive in nature, and I will be happy to provide any or all upon request. Please advise me of your need or want for that information and I will send it securely your way.

Your group has performed very well over the last several years. I believe this is largely due to your focus on and widely adopted wellness program. There are some things we can't plan for and unfortunately, we've seen some of that pop up in your group's claims and utilization information this year. Some things are simply unavoidable and that's what insurance is for. As discussed in our planning session, I requested quotes from association and self-funded plans for your group. Each plan, carrier, and response is listed in the proposal document. I included the overview of plans quoted from United Healthcare and Medical Mutual of Ohio. Both are nice plans, but Anthem is my recommendation.

Anthem quoted your group both on a standard fully insured and ASO (self-funded) basis, those options are displayed in the proposal document. Anthem's ERC program is my recommendation. ERC (Employers Resource Council) is a separate association plan which operates inside of Anthem and is pooled with other wellness minded employer groups. ERC employer groups have goals to meet. Each employee and covered spouse is expected to have an annual physical. Really, that's it. The plan stands on prevention and has become so much easier to use in the last couple of years. The requirement is 50% of the insured adults have the physical, they will also get a \$100 reward for doing so, and the result is a 2% renewal credit annually if you meet the goal. That savings alone, based on today's enrollment and quoted rates is over \$20,500 annually. That doesn't compare to the savings with Humana's wellness premium credit, but it also doesn't account for the performance reimbursement. In addition, you will not qualify the first renewal cycle (next year).

A new ERC Plan feature is the plan performance reimbursement. If your plan performs better than anticipated, you will qualify for a partial reimbursement of premium paid in, after the first plan year (for year 2 and after). I've included the Humana wellness credit summary and the ERC plan overview in the proposal document for your review. I'll be happy to discuss the plan further with you and your team. There are many benefits to the plan. A couple of those are:

Anthem Concierges customer service

Each insured adult (employee/spouse) can earn up to \$300 Annually in wellness rewards

Enhanced Preventive Drug benefit (many maintenance meds are completely free to the employee)

In addition to all of that, you gain the protection of the pool of other, wellness focused employers.

There are fees associated with the program. Annually \$400 for the ERC Association Membership, which has its own benefits. And, \$36 Per employee per year which covers program costs and employee rewards. That would be about \$2,200 based on your current membership.

The plan will renew annually on 7/1 going forward. All ERC plans renew the same month. However, the first year (11 month) savings for your group is projected to be close to \$185,000 which will more than offset that cost. If you choose to move forward with my recommendation, we will work to sync your ancillary plan renewals with the 7/1 date going forward.

With Anthem ERC, there is no additional reduction in premium for adding dental, vision, or life insurance. There is also no change in cost for those plans this year with Humana. There is a small savings available with alternative carriers (displayed in your proposal) but there are also always folks who are forced to change providers when we make a dental or vision plan move. Because of that, the enhanced rollover feature on the Humana dental plan, and the forced change to the medical plan this year, I am not recommending a change to the dental or vision programs.

There is an opportunity for a small savings on the Basic Life Insurance plan. The voluntary life plan would need to be sold in a package with the basic life. The savings is small, it comes with a 3-year rate guarantee. Still small I know. However, it also appears to me that your people are your primary focus, and the Standard life insurance plan adds \$30,000 of AD&D benefit if one of your first responders would be lost in the line of duty. I know it's awful to think about, but it could also be an important benefit for a family in need.

Again, many thanks for your patience, hard work, and confidence in me. I will be available at your convenience for any questions.

Yours sincerely,

**Amy Jeffries**

Sr. Account Executive, AssuredPartners  
Amy.jeffries@assuredpartners.com

# Markets Approached

The following markets were considered in developing a recommendation

Carrier Approached	Lines Marketed	AM Best Rating	Response
Anthem	Med, Den, visi	NR	Quoted
United HealthCare	Medical	A+	Quoted
Gravie	Medical	NR	Declined
Medical Mutual Of Ohio	Medical	NR	Quoted
Custom Design Benefits	Medical	NR	Declined
Cigna	Den, Visi	A	Quoted
Cigna	Medical	A	Declined
Standard	Basic and Vol Life & AD&D	NR	Quoted
Jefferson Health	Medical	NR	Declined



# Take care of yourself

## Use your preventive care benefits



Regular checkups and exams can help you stay healthy and catch problems early — when they are easier to treat.

That is why our health plans offer all the preventive care services and immunizations below at no cost to you.<sup>1</sup> As long as you use a plan doctor, pharmacy or lab, you will not have to pay anything. If you go outside the plan, you may have out-of-pocket costs.

If you are not sure which services make sense for you, talk to your doctor.

### Preventive vs. diagnostic care

Preventive care helps protect you from becoming sick. If your doctor recommends services even though you have no symptoms, that is preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to find out what is causing those symptoms.

### Adult preventive care

#### Preventive physical exams

##### Screening tests

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)<sup>2</sup>
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection, and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening<sup>3</sup>
- Eye chart test for vision<sup>4</sup>
- Hearing screening
- Height, weight and body mass index (BMI)
- Human Immunodeficiency virus (HIV) screening and counseling
- Lung cancer screening for those ages 55 to 80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years<sup>2</sup>
- Obesity: related screening and counseling<sup>3</sup>
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

##### Immunizations

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

##### Women's preventive care

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met<sup>4</sup>
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling<sup>6,7,8</sup>
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression<sup>7</sup>
- Pelvic exam and Pap test, including screening for cervical cancer

These preventive care services are recommendations of the Affordable Care Act (ACA or health care reform law). They may not be right for every person, so ask your doctor what is right for you.

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.

## Child preventive care

### Preventive physical exams

#### Screening tests

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid levels
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and BMI
- Hemoglobin or hematocrit (blood count)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Skin cancer counseling for those ages 10 to 24 with fair skin
- Oral (dental health) assessment, when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening, when done as part of a preventive care visit<sup>4</sup>

#### Immunizations

- Chickenpox
- Flu
- Haemophilus influenza type b (Hib)
- Hepatitis A and hepatitis B
- HPV
- Meningitis
- MMR
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

## A word about pharmacy items

### For 100% coverage of your over-the-counter (OTC) drugs and the following pharmacy items, you must:

- Meet certain age requirements and other rules.
- Receive prescriptions from plan doctors and fill them at plan pharmacies.
- Have prescriptions (even for the OTC items).

### Adult preventive drugs and other pharmacy items — age appropriate

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease (CVD), preeclampsia and colorectal cancer in adults younger than 70 years of age
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Generic low-to-moderate dose statins for members ages 40 to 75 who have one or more CVD risk factors (dyslipidemia, diabetes, hypertension or smoking)
- Tobacco-cessation products, including all FDA-approved brand-name and generic OTC and prescription products, for those ages 18 and older
- Pre-exposure prophylaxis (PrEP) for the prevention of HIV

### Child preventive drugs and other pharmacy items — age appropriate

- Dental fluoride varnish to prevent the tooth decay of primary teeth for children ages 0 to 5 years
- Fluoride supplements for children ages 6 months to 16 years

### Women's preventive drugs and other pharmacy items — age appropriate

- Contraceptives, including generic prescription drugs, brand-name drugs with no generic equivalent and OTC items like female condoms and spermicides<sup>7</sup>
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to become pregnant
- Breast cancer risk-reducing medications, such as tamoxifen, raloxifene and aromatase inhibitors, that follow the U.S. Preventive Services Task Force criteria<sup>2,9</sup>

For a complete list of covered preventive drugs under the Affordable Care Act, view the Preventive ACA Drug List flyer at [anthem.com/pharmacyinformation](http://anthem.com/pharmacyinformation).

1 The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP), of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your Certificate of Coverage or call the Member Services number on your ID card.

2 You may be required to receive preapproval for these services.

3 The Centers for Disease Control and Prevention (CDC)-recognized diabetes prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

4 Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.

5 Check your medical policy for details.

6 Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

7 This benefit also applies to those younger than age 18. A cost share may apply for other prescription contraceptives, based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.

8 Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, obstetrician/gynecologist or family medicine doctor, and hospitals with no member cost share (deductible, copay or coinsurance). Contact the provider to see if such services are available.

9 Aromatase inhibitors are included, effective October 1, 2023.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/networkaccess](http://anthem.com/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): HighPoint24 Managed Care, Inc. (HMO), Healthy Alliance Life Insurance Company (RAUC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HMO and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI) underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compere Health Services Insurance Corporation (Compere) or Wisconsin Collaborative Insurance Corporation (WCIC). Compere underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



# Save money and time with Rx Choice pharmacy network

Your Anthem health plan gives you choices about how and where to fill your prescriptions. With the Rx Choice pharmacy network, you can choose a pharmacy with lower prescription costs or a greater number of locations. You can also have prescriptions delivered right to your door. Choose CaredonRx Mail home delivery, if available, to save time and money when filling medicines you take daily. It even comes with automatic refills.

The Rx Choice network offers two levels of coverage:

## Level 1

These are preferred pharmacies, where your copay or share of the prescription cost is lower. There are more than 20,000\* Level 1 pharmacies nationwide, including these well-known chains:

- CVS
- Walmart
- Kroger
- Giant Eagle
- Albertsons/Safeway
- Hannaford/Ahold

## Level 2

You'll pay more out of pocket when you fill your prescription at one of these 47,000\* pharmacies, including these well-known chains:

- Walgreens
- Rite Aid
- Sam's Club
- Costco
- Meijer

Note: CaredonRx Mail home delivery is also available as a preferred pharmacy option.

## How to find a pharmacy in the Rx Choice pharmacy network

- Log on to **anthem.com** or the Sydney<sup>SM</sup> Health mobile app, and choose **Order and Manage Prescriptions**.
- On the *Pharmacy* page, choose **Find a Pharmacy**.
- Enter your ZIP code and how far you want to search to find pharmacies near you.

## Choose CaredonRx Mail home delivery

You may be eligible to request a new home-delivery prescription on **anthem.com** or the Sydney Health mobile app.

## We're here to help

If you have questions about the network or your pharmacy benefits, call the Pharmacy Member Services number on your plan ID card.

\* IngenioRx data, 2022.

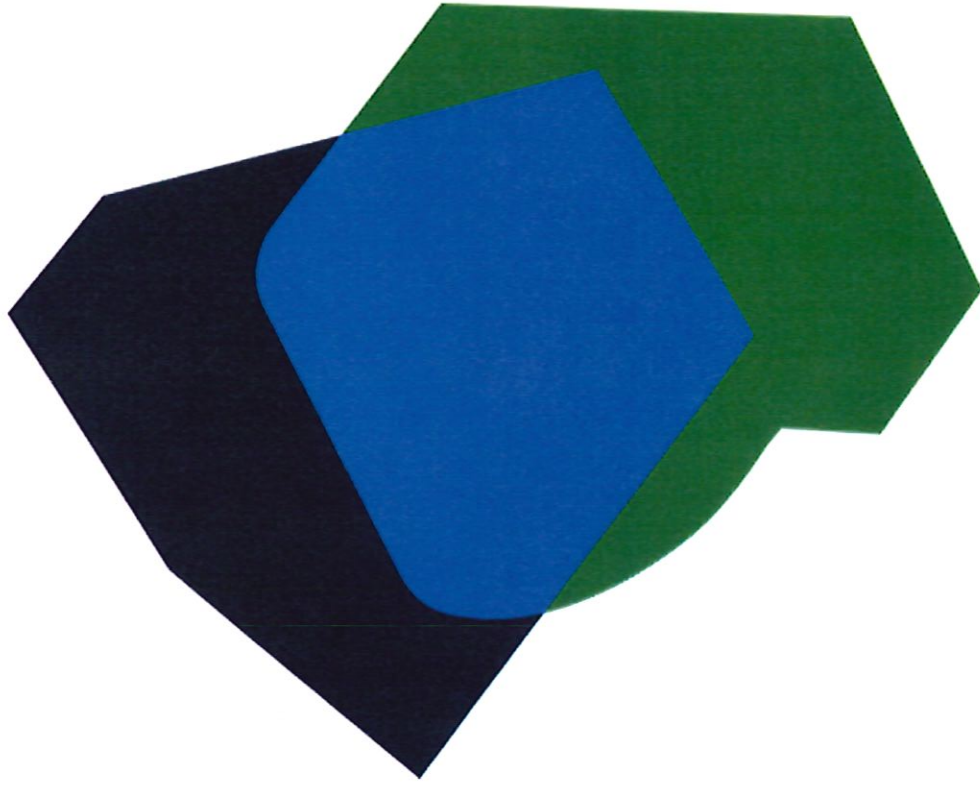
Services provided by CaredonRx, Inc.

Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022.

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# Vision Plan Options



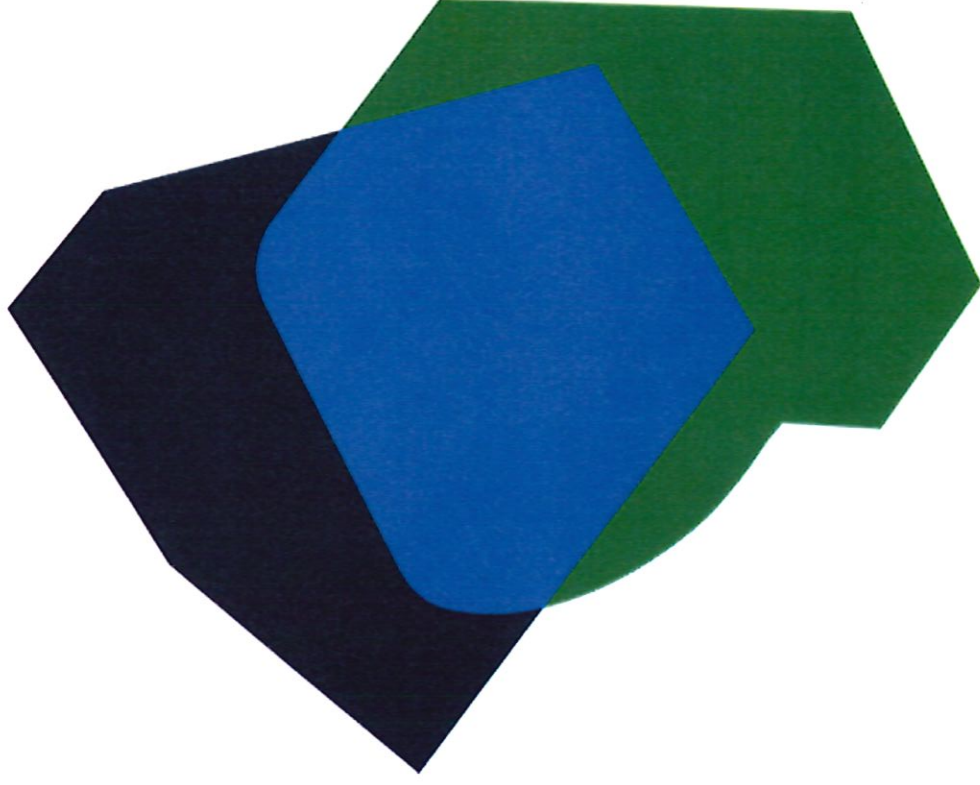
Saying with Humana

# Vision Plan Options

Carrier Name / Network	Humana		Cigna		Anthem		MMO	
Plan Name	Cigna		Anthem		EyeMed		Alternate	
Vision Coverage Type	Alternate		Alternate		Alternate		Alternate	
Employee	Current	Renewal	Current	Renewal	Current	Renewal	Current	Renewal
Employee+Spouse	\$7.75	\$7.75	\$7.45	\$7.45	\$6.67	\$6.67	\$5.10	\$5.10
Employee+Child	\$15.50	\$15.50	\$14.90	\$14.90	\$13.35	\$13.35	\$10.20	\$10.20
Family	\$14.73	\$14.73	\$14.17	\$14.17	\$12.69	\$12.69	\$12.70	\$12.70
Monthly Vision Total	\$23.14	\$23.14	\$22.26	\$22.26	\$19.93	\$19.93	\$17.80	\$17.80
Annual Vision Total	\$983.20	\$983.20	\$945.60	\$945.60	\$846.76	\$846.76	\$732.80	\$732.80
Percentage Difference from Current	\$11,798.40	\$11,798.40	\$11,347.20	\$11,347.20	\$10,161.12	\$10,161.12	\$8,795.60	\$8,795.60
Dollar Difference from Current	0.00%	0.00%	-3.82%	-3.82%	-13.88%	-13.88%	-25.47%	-25.47%
Rate Guarantee	\$0.00	\$0.00	1 Year	2 Years	3 Years	3 Years	3 Years	3 Years
Benefit Frequency	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Examination	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months	24 Months
Contact Lenses	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Eye Examination	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Lenses	\$ 10 Up to \$39	Up to \$30	\$ 10 Up to \$39	Up to \$45	\$ 10 Copay	Up to \$42	\$ 10 Copay	Up to \$30
Standard Single Vision	\$ 10 Copay	Up to \$25	\$ 10 Copay	Up to \$32	\$ 10 Copay	Up to \$40	\$ 25 Copay	Up to \$30
Standard Bifocal	\$ 10 Copay	Up to \$40	\$ 10 Copay	Up to \$55	\$ 10 Copay	Up to \$60	\$ 25 Copay	Up to \$45
Standard Trifocal	\$ 10 Copay	Up to \$60	\$ 10 Copay	Up to \$65	\$ 10 Copay	Up to \$80	\$ 25 Copay	Up to \$60
Standard Lenticular	\$ 10 Copay	Up to \$100	\$ 10 Copay	Up to \$80	\$ 10 Copay	Not Covered	\$ 25 Copay	Up to \$60
Frames	\$160 allowance + 20% off balance over \$160	Up to \$80	20% off balance over \$160	Up to \$89	\$180 allowance	Up to \$45	\$150 allowance + 20% off balance over \$150	Up to \$75
Contact Lenses (materials only)	\$160 + 15% off balance over \$160	Up to \$128	100% Up to \$160 allowance	Up to \$128	\$180 allowance	Up to \$105	\$150 allowance + 15% off balance over \$150	Up to \$120
Elective	Covered In Full	Up to \$210	Covered In Full	Up to \$210	Covered In Full	Up to \$210	Covered In Full	Up to \$210
Medically Necessary	Covered In Full	Up to \$210	Covered In Full	Up to \$210	Covered In Full	Up to \$210	Covered In Full	Up to \$210



# Dental Plan Options



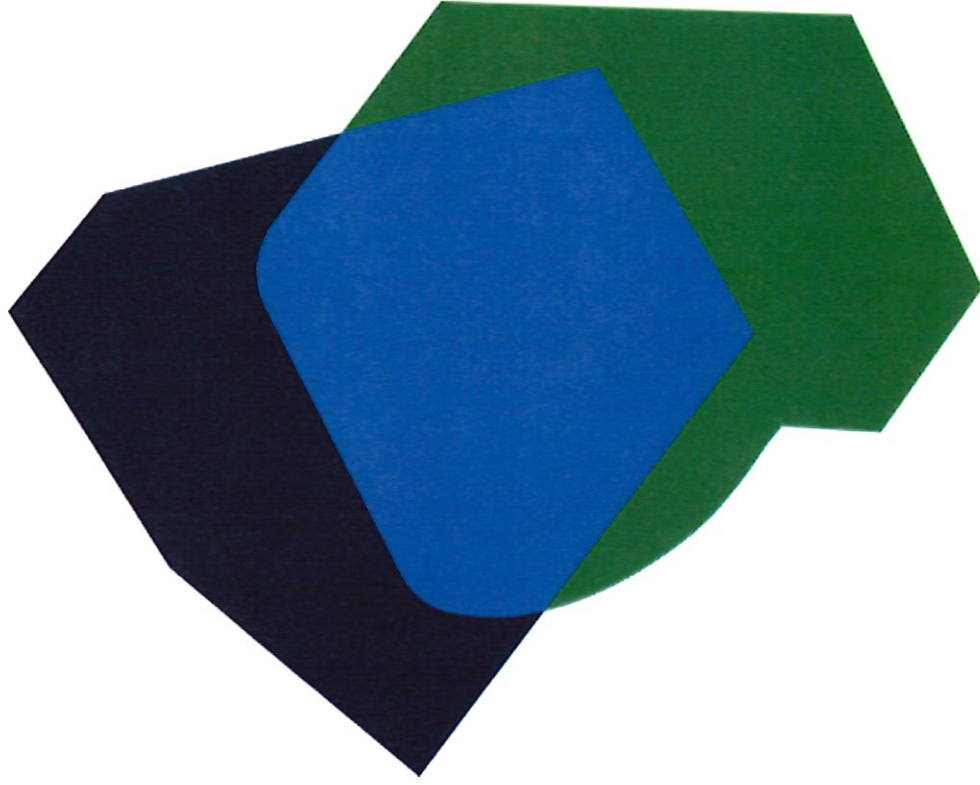
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# Dental Plan Options

Carrier Name / Network Plan Name	Humana Humana		Cigna PPO LF DPPO	Anthem FI Choice	Anthem ERC Choice	SDC Option 1
Dental Coverage Type	Current	Renewal	Alternate 1	Alternate 2	Alternate 3	Alternate 3
Employee	\$32.73	\$32.73	\$30.81	\$30.57	\$31.80	\$30.80
Employee+Spouse	\$65.46	\$65.46	\$61.64	\$61.14	\$63.60	\$61.60
Employee+Child	\$92.71	\$92.71	\$87.29	\$86.59	\$90.07	\$87.25
Family	\$127.43	\$127.43	\$119.98	\$119.02	\$123.81	\$119.92
Monthly Dental Total	\$5,165.69	\$5,165.69	\$4,863.64	\$4,824.76	\$5,018.88	\$4,861.25
Annual Dental Total	\$61,988.28	\$61,988.28	\$58,363.68	\$57,897.12	\$60,226.56	\$58,335.00
% Difference from Current	0%	0%	-6%	-7%	-3%	-6%
\$ Difference from Current	\$0.00	\$0.00	-\$3,624.60	-\$4,091.16	-\$1,761.72	-\$3,653.28
Rate Guarantee	1 Year	1 Year	1 Year	2 Years	2 Years	2 Years
Network	In-Network	Non-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible/Individual	\$25	\$25	\$25	\$25	\$25	\$25
Annual Deductible/Family	\$75	\$75	\$75	\$75	\$75	\$75
Annual Plan Maximum (per person)	1,500 + extended annual max	1,500	1,500	1,500	1,500	1,500
Waiting Period	12 Months (Major)	None	None	None	None	None
UCR Percentile - Out of Network Only	Negotiated Fee Schedule	90%	90%	90%	90%	MAC
Type I: Preventive Services						
Oral Exam	100%	100%	100%	100%	100%	100%
Routine Cleaning	100%	100%	100%	100%	100%	100%
X-Rays - Bite Wings	100%	100%	100%	100%	100%	100%
Type II: Basic Services						
Routine Fillings	90% after deductible	90% after deductible	90% after deductible	90% after deductible	90% after deductible	90% after deductible
Oral Surgery	90% after deductible	90% after deductible	90% after deductible	90% after deductible	90% after deductible	90% after deductible
Type III: Major Services						
Inlays, Onlays, Crowns	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Prostodontics	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Implants	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Endodontics	90% after deductible	90% after deductible	90% after deductible	90% after deductible	90% after deductible	90% after deductible
Periodontics	90% after deductible	90% after deductible	90% after deductible	90% after deductible	90% after deductible	90% after deductible
Type IV: Orthodontia						
Child Only/All Members	Children Up to age 19	Children Up to age 19	Children Up to age 19	Children Up to age 19	Children Up to age 19	Children Up to age 19
Lifetime Maximum	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Orthodontia	50%	50%	50%	50%	50%	50%



# Current And Medical Plan Options





# Current And Medical Plan Options

Carrier	Humana	MMO	UHC
Plan Name	NPOS 16 Copay	Super Med PPO - 3020	Surest C 5000
Network Name	NPOS	Super Med	Surest Choice Plus
Rates			
Employee	Current	\$870.99	\$783.71
Employee+Spouse	Renewal	\$708.29	\$1,724.16
Employee+Child		\$1,558.25	\$1,489.05
Family		\$1,345.76	\$2,507.87
Monthly Medical Premium		\$2,266.55	\$104,311.74
Annual Medical Premium		\$94,274	\$1,251,740.88
Total % Difference from Current		\$1,131,289.56	10.65%
Total \$ Difference from Current		0	
Basic Benefit Overview (In-Network)			
Annual Deductible	In - Network	Out - of - Network	In - Network
(Individual/Family)	\$1,500 / \$3,000	\$4,500 / \$9,000	\$0 / \$0
Annual Out-of-Pocket Limit	\$4,000 / \$8,000	\$12,000 / \$24,000	\$5,000 / \$10,000
(Individual/Family)			\$10,000 / \$20,000
Deductible Year	Calendar Year	Calendar Year	Calendar Year
Coinurance [In-Network]	100%	80%	100%
Routine Preventive Care Visit	Covered In Full	Covered In Full	Covered In Full
Office Visit / Specialist Office Visit	\$30 Copay / \$45 Copay	\$30 Copay / \$60 Copay	\$15 to \$100
Outpatient Surgery and Facility Charge	0% after deductible	Coinurance after deductible	\$40 to \$3,000
Outpatient Diagnostic (MRI/CT Scan)	0% after deductible	Coinurance after deductible	\$100 to \$700
Telemedicine Services	\$30 Copay	\$30 Copay / \$60 Copay	\$0 to \$100
Out of Network Benefits Available	Yes	Yes	Yes
Yes/No			
Inpatient Hospital Services			
Emergency Services			
Emergency Room	0% after deductible	20% Coinurance after deductible	\$200 to \$3,000
Urgent Care	\$100 Copay	\$75 Copay	\$50
Prescription Drugs	\$350 Copay	\$350 Copay + 20% after deductible	\$500
Retail: Tier 1 / Tier 2 / Tier 3	\$10 / \$40 / \$70 / 25% Coinurance	\$10 / \$40 / \$80	\$20 / \$90 / \$150
Specialty drugs	30% Coinurance after \$10 / \$40 / \$70 / 25% Coinurance	25% Up to \$350	\$20 / \$200 / \$500
Mail Order: Tier 1 / Tier 2 / Tier 3	Prefred : 25% Coinurance In-Network : 35% Coinurance \$25 / \$100 / \$175 / 25% Coinurance	25% Up to \$350 \$25 / \$120 / \$240 25% Up to \$350	\$50 / \$225 / \$375

