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APR 1 8 2018 Allen Co. Water District

Kentucky League of Cities Insurance 2018



COMPREHENSIVE EMPLOYEE BENEFITS AND HEALTH INSURANCE

SUMMARY OF SERVICES AND PLAN BENEFITS



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We're	Local,
We're	Cities.
	EST. 1987

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Allen County Water District

Rates Effective: 7/1/18 - 6/30/19



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			RENEWAL PLAN
		PPO A03E13	PPO A02E13
Censu	N	Current Rates	Renewal Rates
Single	12	\$1,080.71	\$1,026.29
E.F/Sp	0	\$2,269.50	\$2,141.01
EE/Ch	0	\$1,945.28	\$1,837.00
Family	0	\$3,458.29	\$3,255.73
donthis Lotal	12	\$12,968.52	\$12,315.48

Allen County Water District currently has Calendar Year Benefits Percent Change from Current

-5.0%

Plan Selected: _____ Signature: __

Date:

Allen County Water District Rates Effective: 7/1/18 - 6/30/19



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Allen County Water District currently has Calendar Year Benefits

	PPO A02E13		PPO A07E13		PPO A08E13	
ł	Network	Non-Network	Network	Non-Network	Network	Non-Network
					60	\$300
	\$100	the second se	the second se	the second se		\$900
	\$300	\$900	\$300	2800		4800
	20%	50%	20%	50%	20%	40%
um (includes						
	A4 000	1 ¢0	\$2 300	\$6,900	\$5,000	\$15,000
	All states and states	the second se	and the second se		\$10,000	\$30,000
	\$2,600	\$7,000	44,000	1 410,000		
				- F00/	875	40%
	\$10	50%	the second se			40%
	\$30	50%	\$50	50%	\$50	4070
	\$75	50%	\$75	50%	\$75	40%
	\$15					D-11000/
	\$250 /	Ded / 20%	\$250 / Ded / 20%		\$250 / Ded / 20%	
	20%	50%	20%	30%	20%	40%
	20%	50%	20%	30%	20%	40%
		50%	6 5	50%	\$5	40%
	\$5	50%	45			
iervices	20%	50%	20%	50%	20%	40%
	\$10	50%	\$25	50%	\$25	40%
	\$30	50%	\$50	50%	\$50	40%
	En	nbedded	En	nbedded	En En	nbedded
	The second second				T	
an	<u> </u>					
h A	\$10/\$30/\$60/25% w/ \$250 Max		\$10/\$30/\$60/25% w/ \$250 Max		\$10/\$30/\$80/25% w/ \$250 M	
	\$10/\$75/\$18	0/25% w/ \$250 Max	\$10/\$75/\$18	0/25% w/ \$250 Max	\$10/\$75/\$18)/25% w/ \$250 M
				Specific and the second second of		
		1 028 29		987.43		1,004.98
the second law is not a low of the second law of	and the second se	of the second				2,096.27
the second division of			\$	1,787.05		1,798.65
the second se			\$	3,131.38		3,187.56
12		2,315.48	\$1	1,849.16	\$12,059.76	
	um (includes um (includes Services an * bly) supply) Census 12 0 0 0	\$300 20% um (includes \$1,300 \$2,600 \$10 \$30 \$75 \$250 / 20% 20% 20% 20% 20% \$10 \$55 \$ervices 20% \$10 \$55 \$ervices 20% \$10 \$55 \$ervices 20% \$10 \$55 \$ervices 20% \$10 \$10 \$30 Census 12 \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ 0 \$ \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ \$ \$ 0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$100 \$300 \$300 \$900 20% 50% 20% 50% um (includes \$1,300 \$0 \$1,300 \$0 \$2,600 \$7,800 \$10 50% \$30 \$0% \$10 \$0% \$30 \$0% \$10 \$0% \$30 \$0% \$2,600 \$7,800 \$7,800 \$0% \$30 \$0% \$0% \$0% \$2,600 \$7,5 \$0% \$0% \$20% \$0% \$0% \$0% \$20% \$0% \$0% \$0% \$20% \$0% \$0% \$0% \$20% \$0% \$0% \$0% \$30 \$0% \$0% \$0% \$10/\$30/\$80/25% w/ \$250 Max \$10/\$30/\$80/25% w/ \$250 Max \$10/\$10 \$1,028.29 \$1,028.29 0 \$2,141.01 \$1,0 0 \$1,037.00 \$0 \$3,255.73 \$1%	\$100 \$300 \$100 \$300 \$900 \$300 20% 50% 20% 20% 50% 20% 20% 50% 20% 20% 50% 20% 20% 50% 20% \$100 \$0 \$2,300 \$2,600 \$7,800 \$4,600 \$10 50% \$25 \$30 50% \$50 \$10 50% \$25 \$30 50% \$25 \$250 / Ded / 20% \$250 / 20% 50% 20% 20% 50% 20% 20% 50% 20% 20% 50% 20% \$10 50% \$25 \$30 50% \$25 \$30 50% \$50 Embedded Err Err 20/) \$10/\$30/\$60/25% w/ \$250 Max \$10/\$75/\$18 20 \$2,2141.01 \$	Perivola Isourceation \$100 \$300 \$100 \$300 \$300 \$300 \$300 \$300 \$20% 50% 20% 50% 20% 50% 20% 50% um (includes	Network Poli-retwork Description Description \$100 \$300 \$100 \$300 \$0 \$300 \$900 \$300 \$300 \$0 20% 50% 20% 50% 20% 20% 50% 20% 50% 20% 20% 50% 20% 50% 20% 20% 50% 20% 50% 20% 20% \$0% \$4,600 \$13,800 \$10,000 \$2,600 \$7,800 \$4,600 \$13,800 \$10,000 \$10 50% \$25 50% \$25 \$30 50% \$25 50% \$25 \$20 \$20% \$30% \$20 \$20% \$250 / Ded / 20% \$20% 50% \$25 50% \$25 \$20% 50% 20% 30% 20% \$20% 50% \$25 50%

Percent Change from Current

* Benefits for In-network pharmacies. Rx copays apply to the Out of Pocket Maximum

** Rx deductible does not apply to generic medications

This benefit description is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract. In the event of a conflict between the Group Contract and this summary, the terms of the Group Contract will prevail.

Signature:

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COMPREHENSIVE EMPLOYEE BENEFITS AND HEALTH INSURANCE

SUMMARY OF SERVICES AND PLAN BENEFITS



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MEDICAL

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		PPO A02E13	PPO A02E13
Census		Current Rates	Renewal Rates
Single	13	\$1,026.29	\$990.11
EE/Sp	0	\$2,141.01	\$2,065.04
EE/Ch	0	\$1,837.00	\$1,771.89
Family	0	\$3,255.73	\$3,139.97
Monthly Fotal	13	\$13,341.77	\$12,871.43

Allen County Water District currently has Calendar Year Benefits for Medical Percent Change from Current

DENTAL

a that a		Delta Option 2	Delta Option 2
Censu	S DUCTOR STRAIGHT	Current Rates	Renewal Rates
Single	10	\$19.29	\$19.29
EE/Sp	1	\$38.14	\$38.14
EE/Ch	0	\$36.08	\$36.08
Family	2	\$59.78	\$59.78
Ionthly Total	13	\$350.60	\$350.60

Allen County Water District currently has Calendar Year Benefits for Dental Percent Change from Current

0.00%

0.00%

-3.53%

VISION

		Argus Premier Option 1	Argus Premier Option 1
Censi	IS	Current Rates	Renewal Rates
Single	9	\$5.56	\$5.56
EE/Sp	2	\$11.10	\$11.10
EE/Ch	0	\$11.65	\$11.65
Family	2	\$16.25	\$16.25
ionthly Fotal	13	\$104.74	\$104.74

Allen County Water District currently has Plan Year Benefits for Vision Percent Change from Current

Please sign below if your group is renewing above plan(s) as is and not making any plan changes

Signature: _

Date: _

Rates Effective: 7/1/19 - 6/30/20



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Allen County Water District currently has Calendar Year Benefits for Medical

		PPO A02E13		PPO	A07E13	PPO	A11E14
		Network	Non-Network	Network	Non-Network	Network	Non-Networt
Deductible							
Single		\$100	\$300	\$100	\$300	\$250	\$750
Family	····	\$300	\$900	\$300	\$900	\$750	\$2,250
Coinsurance		20%	50%	20%	50%	20%	50%
Out-of-Pocket Maximum deductible)	n (includes					****	• • • • • • • • • •
Single		\$1,300	\$3,900	\$2,300	\$6,900	\$2,700	\$8,100
Family		\$2,600	\$7,800	\$4,600	\$13,800	\$5,400	\$16,200
Physician Copay							
PCP		\$10	50%	\$25	50%	\$15	50%
SCP		\$30	50%	\$50	50%	\$45	50%
Urgent Care		\$75	50%	\$75	50%	\$75	50%
Emergency Room	- 8 - 8 - 8	\$250 /	Ded / 20%	\$250 / Ded / 20%		\$250 / Ded / 20%	
Inpatient Services		20%	50%	20%	50%	20%	50%
Outpatient Services		20%	50%	20%	50%	20%	50%
Allergy Injections		\$5	50%	\$5	50%	\$5	50%
Outpatient Therapy Serv	tces	20%	50%	20%	50%	20%	50%
PCP		\$10	50%	\$25	50%	\$15	50%
SCP	erdool oldool as world in	\$30	50%	\$50	50%	\$45	50%
Deductible Type			bedded		bedded	Embedded	
Prescription Drug Plan 1	-						
Deductible	500 6		\$0		\$0		\$0
Retail (30 day supply)		\$10/\$30/\$60/2	5% w/ \$250 Max	\$10/\$30/\$60/25% w/ \$250 Max		\$10/\$25/\$40/25% w/ \$250 Max	
Mail Order (90 day sup	oply)	\$10/\$75/\$180/2	25% w/ \$250 Max	\$10/\$75/\$180/2	25% w/ \$250 Max		25% w/ \$250 Max
	Census						
Single	13	and the second se	90.11	\$952.63			46.96
EE/Sp	0		065.04		986.35	\$1,9	974.42
EE/Ch	0		771.89	\$1,3	704.42	the second second second second second second	394.20
Family	0	the second se	139.97		020.05		001.88
Total	13	\$12,	871.43	\$12,	384.19	\$12,	310.48

* Benefits for in-network pharmacies. Rx copays apply to the Out of Pocket Maximum

** Rx deductible does not apply to generic medications

This benefit description is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract. In the event of a conflict between the Group Contract and this summary, the terms of the Group Contract will prevail.

Plan Selected:

Signature:

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Kentucky League of Cities Insurance 2020

COMPREHENSIVE EMPLOYEE BENEFITS AND HEALTH INSURANCE

SUMMARY OF SERVICES AND PLAN BENEFITS





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We're Kentucky, We're Local, We're Cities.

Allen County Water District currently has Calendar Year Benefits for Medical

MEDICAL		Current	Renewal
		PPO A02E13	PPO A01E2
		IN-Network	iN-Network
Deductible			
Single		\$100	\$100
Family		\$300	\$300
Coinsurance		20%	20%
Out-of-Pocket Maximur deductible)	n (includes		
Single		\$1,300	\$1,300
Family	11. XXX (0. 14)	\$2,600	\$2,600
Physician Copay	10 - 2005 (10 - 2 - 0 - 2		
PCP		\$10	\$10
SCP		\$30	\$30
Urgent Care		\$75	\$75
Emergency Room	1	\$250 / Ded / 20%	\$250 / 20% co-ins
Deductible Type		Embedded	Embedded
Prescription Drug Plan Retail (30 day supply)		\$10/\$30/\$60/25% w/ \$250 Max	\$10/\$35/\$75/25% w/ \$350 Max
Mail Order (90 day supply)		\$10/\$75/\$180/25% w/ \$250 Max	\$25/\$105/\$225/25% w/ \$350 Max
Census as	the second state of a second state of the seco		
Single	13	\$990.11	\$943.07
EE/Sp	0	\$2,065.04	\$1,966.01
EE/Ch	0	\$1,771.89	\$1,687.03
Family	0	\$3,139.97	\$2,988.94
Total	13	\$12,871.43	\$12,259.91

* Benefits for in-network pharmacies. Rx copays apply to the Out of Pocket Maximum

** Rx deductible does not apply to generic medications

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Please sign below if your group is renewing above plan(s) as is and not making any plan changes

Plan Selected:	PPO A01E2	Signature:	Date:
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Allen County Water District

Rates Effective: 7/1/20 - 6/30/21



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DENTAL

and the second second		Delta Option 2	Delta Option 2
Census		Current Rates	Renewal Rates
Single	10	\$19.29	\$19.29
EE/Sp	1	\$38.14	\$38.14
EE/Ch	0	\$36.08	\$36.08
Family	2	\$59.78	\$59.78
Monthly Total	13	\$3,50.60	\$350.60

Allen County Water District currently has Calendar Year Benefits for Dental

VISION

		Argus Premier Option 1	Argus Premier Option 1
Census	The second for the	Current Rates	Renewal Rates
Single	9	\$5.56	\$5.56
EE/Sp	2	\$11.10	\$11.10
EE/Ch	0	\$11.65	\$11.65
Family	2	\$16.25	\$16.25
onthly Lotal	13	\$104.74	\$104.74

Allen County Water District currently has Plan Year Benefits for Vision

LIFE - Rate Hold

Group Life	Standard 25K Group Life and ADD	
Voluntary or Dependent Life		

LTD - Not Enrolled in plan under KLC Association

LTD Plan

STD - Not Enrolled in plan under KLC Association

STD Plai

Please sign below if your group is renewing above plan(s) as is and not making any plan changes

Signature:

Date: