

Case No. 2023-00183  
 North Manchester Water Association, Inc.  
 Response to Staff's Third Request for Information

**STAFF DR 3-1:**


Refer to North Manchester Water's response to Commission Staff's First Request for Information (Staff's First Request) at page 116 of 130, which provides a schedule called "Other Charge History". Also refer to North Manchester Water's response to Commission Staff's Second Request for Information (Staff's Second Request), Item 19, that states "There were 1,186 occurrences in 2022 resulting in (\$166,238.42) in adjustments;" describe and summarize the components of "Other Credits" totaling (\$194,062.90) in North Manchester Water's response to Staff's First Request and provide an explanation of the difference in dollar amount to North Manchester Water's response to Staff's Second Request. The summary should resemble the following with the shaded areas being completed.


Description	Quantity	Dollars
Leak Adjustments		
Corrections for Entry Errors into Billing System		
Billing Error Corrections (That reached the customer)		
Other (describe)		
Total	1,186	(\$166,238.14)
		OR
		(\$194,062.90)


**Response: Other credits included leak adjustments, billing adjustments, cleric corrections, field reading adjustments.**

**Witness: Rose Lewis**

Exhibit  
3-1

11771					
01/06/2022	$12980 \div 2 = 6490$		0.00	0.00	0.00
11771			0.00	0.00	0.00

04610					
03/07/2022	$8610 \div 2 = 4305$		0.00	0.00	0.00
02/04/2022			0.00	0.00	0.00
04610			0.00	0.00	0.00

16392					
08/01/2022	$37180 \div 2 = 18590$		0.00	0.00	0.00
02/01/2022			0.00	0.00	0.00
02/01/2022			0.00	0.00	0.00
16392			0.00	0.00	0.00

11779					
04/11/2022	$8410 \div 2 = 2205$		0.00	0.00	0.00
11779			0.00	0.00	0.00

31,590 gallons

Billing Address:	██████████	1350MANCHESTER KY 40962			
	0.00	0.00	0.00	-156.64	0.00
	0.00	0.00	0.00	-156.64	0.00
Billing Address:	██████████	RDMANCHESTER KY 40962			
	0.00	0.00	0.00	-25.65	0.00
	0.00	0.00	0.00	-26.54	0.00
	0.00	0.00	0.00	-52.19	0.00
Billing Address:	██████████	BR RDTYNER KY 40486			
	0.00	0.00	0.00	-427.82	0.00
	0.00	0.00	0.00	-5.07	0.00
	0.00	0.00	0.00	-144.75	0.00
	0.00	0.00	0.00	-577.64	0.00
Billing Address:	██████████	CR RDMANCHESTER KY 40062			
	0.00	0.00	0.00	-116.01	0.00
	0.00	0.00	0.00	-116.01	0.00

0.00  
0.00

0.00  
0.00

0.00  
0.00

Meter #: 752 [REDACTED]

0.00  
0.00

0.00  
0.00

0.00  
0.00

Meter #:

0.00

0.00

0.00

Meter #: 57 [REDACTED]

0.00  
0.00  
0.00

0.00  
0.00  
0.00

0.00  
0.00  
0.00

0.00

0.00

0.00

Meter #:

0.00

0.00

0.00

0.00

0.00

0.00

Meter #:



[REDACTED]	[REDACTED] n. 14120 ÷ 2 = 7060	\$82.69
[REDACTED]	[REDACTED] 112090 ÷ 2 = 56045	\$70.17
[REDACTED]	[REDACTED] #2. 67710 ÷ 2 = 33855	\$401.30
[REDACTED]	[REDACTED] 14670 ÷ 2 = 7335	\$74.49
[REDACTED]	[REDACTED] 19050 ÷ 2 = 9525	\$82.39
[REDACTED]	[REDACTED] - 24090 ÷ 2 = 12045	\$128.80
[REDACTED]	[REDACTED] 13590 ÷ 2 = 6795	\$115.46
[REDACTED]	[REDACTED] - 457500 ÷ 2 = 228750	\$325.62
[REDACTED]	[REDACTED] s. 13400 ÷ 2 = 6700	\$73.04
[REDACTED]	[REDACTED] 12350 ÷ 2 = 6175	\$66.31
[REDACTED]	[REDACTED] - 8330 ÷ 2 = 4165	\$34.75
[REDACTED]	[REDACTED] 64420 ÷ 2 = 32210	\$387.90
[REDACTED]	[REDACTED] d [REDACTED] 66590 ÷ 2 = 33295	\$424.57
[REDACTED]	[REDACTED] 132070 ÷ 2 = 66035	\$500.00

M. [redacted] 33600 ÷ 2 = 16830 \$ 220.00

[redacted] - 17710 ÷ 2 = 8855 \$ 320.85

[redacted] - 70360 ÷ 2 = 35180 \$ 296.23

522,855  
gallons

\$3,604.57

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**STAFF DR 3-2:**

Refer to North Manchester Water's response to Staff's Second Request beginning at page 74 of 358 and ending at page 110 of 358, which reflects North Manchester Water's general ledger for the year ended December 31, 2022. Also refer to the Schedule of Adjusted Operations on page 64 of 68 in North Manchester Water's June 22, 2023 Response to Deficiency Letter. Commission Staff notes that the general ledger reflects a profit of \$174,906.39 and that depreciation expense of \$111,254, which is reported in the Schedule of Adjusted Operations, is not a component of the general ledger expenses. Commission Staff is not able to match the general ledger amounts to the Schedule of Adjusted Operations. Provide a cross reference that points each general ledger account (table below) to the description in the Schedule of Adjusted Operations and describe each amount that does not match. For example, the general ledger reflects "Metered Water Revenue" of \$1,106,392.74 but the Schedule of Adjusted Operations reflects water revenues of \$1,007,846 for an unexplained difference of \$98,547. An example of cross referencing is provided. Explain any discrepancies between the general ledger amounts and the line item amounts reported in the Schedule of Adjusted Operations.

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Cross Reference	Acct	Descr	Amount
	401	Operating Expense	1,577.69
10	408	Taxes Other Than Income	16,520.27
Other	419	Interest & Dividend Income	(45.76)
Exclude	427	Interest Exepnse	570.54
Sales	461	Metered Water Revenue	(1,106,392.74)
1	601	Wages-Employees	201,411.35
2	604	Employee Pensions & Benefits	28,576.15
3	610	Purchased Water	423,397.80
	615	Purchased Sewer	2,060.56
5	620	Materials and Supplies	8,918.85
	621	Sales Tax	9,159.64
	622	Utility Tax	30,918.67
	623	Occupational Tax	2,022.02
9	624	Bank Service Charge	259.00
6	630	Contractual Services	9,941.50
7	650	Transportation Expense	2,910.00
8	655	Insurance Expense	22,166.92
9	675	Miscellaneous Expense	81.00
9	700	Uniforms	6,836.01
9	710	Billing	7,074.76
9	783	Pest Control	150.00
7	785	Fuel	23,285.36
6	802	Accounting & Professional	29,495.95
9	807	Miscellaneous	300.00
5	828	Parts/Supplies for Lines, Etc.	46,868.57
5	831	Repairs	4,795.60
	855	Telephone	6,184.45
4	860	Utilities	46,049.45
		General Ledger Net Income	<u>(174,906.39)</u>
11		Depreciation	<u>111,254.00</u>
		Adjusted Net	(63,652.39)
		Excluded Items	(570.54)
		Schedule of Adj Operations	61,514.53
		Difference	<u><u>(2,708.40)</u></u>

**Response:** NMWA has not yet been able to obtain complete information to respond to this question, in part due to its CPA's computer crashing. It is believed that the differences in the General Ledger and PSC Annual Report amounts were adjustments that were made after the general ledger was ran. These adjustments were accounting adjustments but the PSC report amounts are the correct amounts.

**Witness:** Ted Woods

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**STAFF DR 3-3:**

Provide the number of employees needed by North Manchester Water to be considered fully staffed; state whether these positions are full-time (at least 1,080 hours per year) or part-time. Provide the number of hours worked for part-time employees and provide a job description for each position.

**Response: Licensed Distribution Operator, Equipment Operator, Laborer, laborer, Receptionist, Office Manager, therefore 6 total full time employees.**

**Witness: Rose Lewis**

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**STAFF DR 3-4:**

State how employees of North Manchester Water record working time, sick time, and vacation time for payroll purposes, include in the response how the time is verified and who documents the approval for each employee's reported time.

**Response: Employees record work time via handwritten time sheets, hours worked is verified and approved by the office manager, vacation time is maintained by the office manager and given to Mr. Ted Woods for payroll.**

**Witness: Rose Lewis**

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**STAFF DR 3-5:**

Describe and explain how payroll is processed beginning with approved working time through payment, including payment method, to employees.

**Response: Employees write down their daily hours worked, the hours are then approved by the office manager, then hours are collected for the two week period and sent to Mr. Ted Woods for processing. Once Mr. Woods processes the payroll they are then signed by Steve Davis and Bobby Wolfe.**

**Witness: Rose Lewis**

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**STAFF DR 3-6:**

Refer to the ARF Form-3 for Steve Davis filed on July 6, 2023. State the relationship between Steve Davis and Rose Lewis.

**Response: Steve Davis is the Father of Rose Lewis**

**Witness: Rose Lewis**



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**STAFF DR 3-7:**

Provide the meeting minutes from the board meeting in which North Manchester Water approved hiring Rose Lewis.

**Response: See attached exhibit 3-7**

**Witness: Rose Lewis**

Monday, January 7, 2019

Board members in attendance: Steve Davis-President, Bobby Wolfe-Treasurer, members Greg Hoskins, Ted Woods and Bill Hurd. Absent were Josephine Gross and Wes Hibbard.

Meeting was called to order by Steve Davis, seconded by Bill Hurd.

1. Engineer Mike Maggard presented plans for 1350 bridge relocation and recommended NMWA relocate line. Bobby Wolfe made motion yes to move, seconded by Bill Hurd.
2. Charles Burns mentioned PSC oath swear-in that is now required. Raleigh Shepherd and Ted Woods will meet to discuss it and conduct swear-in of oath.
3. Charles Burns will seek prices to test meters for other counties for profit but we have to certify our bench before testing can start. There will need to be financial investigation and more discussion, possibly at the February board meeting.
4. A meeting will be scheduled with Lewis Dixon and the Board to explore software to notify customers of a boil water advisory.
5. Discuss 2" and 3" meter placement, talk to chief fire department. Put the meter on it. All in favor.
6. Steve Davis made a motion, seconded by Bobby Wolfe to hire Mike Maggard as the engineer firm for NMWA. All in favor.
7. Bill Hurd made a motion, seconded by Greg Hoskins, to buy line puller. Motion carried.
8. Steve Davis made a motion, seconded by Greg Hoskins, to hire Harvey as a part-time reader at \$9.00 per hour. All in favor.
9. Steve Davis made a motion, seconded by Ted Woods, to have a meeting on January 14, 2019, with Jackson County Water to discuss hooking in with their water systems. All in favor.
10. Ted Woods made a motion to take Carla Neeley off of all NMWA bank accounts. All in favor.
11. Greg Hoskins made a motion, seconded by Ted Woods, to buy a security system for office surveillance. All in favor.
12. Mike Maggard mentioned AML Bowling Branch Rd not being available but will be in the future.
13. Greg Hoskins made a motion, seconded by Bobby Wolfe, to hire Telo Rose Lewis part time at \$9.00 per hour. All in favor.
14. Steve Davis made a motion, seconded by Bobby Wolfe, to adjourn. All in favor and with no further business, meeting adjourned.

  
\_\_\_\_\_  
President, Steve Davis

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**STAFF DR 3-8:**

Provide meeting minutes for all meetings of North Manchester Water's board during which the board decided upon the compensation, benefits, or working conditions for Rose Lewis.

**Response: See Attached Exhibit 3-8. Monday January 7, 2019 Board meeting.**

**Witness: Rose Lewis**

North Manchester Water Association Board Meeting  
October 7<sup>th</sup>, 2019

Board Members in attendance, Steve Davis, Henry Smith, Bobby Wolfe, Bill Hurd, Greg Hoskins, Ted Woods.

Greg Called meeting to order, Henry second it.

Old Business:

1. Went over minutes from last board meeting. Bill made motion to accept minutes, Henry second it.

New Business:

1. Mike Maggard went over grant. 100% grant with no loan in the amount of \$700,000. Bill made motion to accept, Henry second it.
2. Discussed Bray Creek, Jacks Branch, and Fox Hollow tank bills from Fred Jackson. All in favor to pay him for fixing the roads to the tanks.
3. Discussed cut offs, new customer list, closeout accounts, and bank deposits.
4. Went over bank balances.
5. Discussed two of the employees going to NAPA an opening an account, when told they were not to. Will be calling to close the account.
6. Discussed the old service truck being serviced. 421 Service station hadn't been doing the work that we were being billed for.
7. Took the truck to M&H salvage to be fixed, discussed the bill. Bill made motion to pay, Henry second it.
8. Discussed truck inspections and if they were being done.
9. Discussed Clayton Byrd. He is only supposed to work during meter reading time. Has been working every day for the past couple months. He came in late 2 days during the week and wrote down that he came in at 8:00am. Decided as a board to not use Clayton anymore due to lying on time sheet. Henry made motion, Bill second it.

10. Discussed garage door estimates. Greg made motion to accept, bill second it.
11. Went over operation report for September, We fixed 14 leaks, and set 2 meter taps.
12. Water loss is at 39%
13. Went over fuel usage for the month of September.
14. Jerry asked for new sawzaw. Bill made motion to purchase, Henry second it.
15. Discussed Jerry coming in late almost every day, and writing the wrong time down.
16. Discussed renewing our contract with Cintas. Henry made motion to renew, Bill second it.
17. Discussed Jerry's back problem. Didn't tell the board when he was interviewed that he had buldging disk in his back.
18. Discussed the employees on call weeks. Jerry hasn't been doing his week on call, he calls other employees during his week when he gets called out.
19. Discussed Reid's cemetery. They want to have a meter set at discounted price. We are not able to provide discount due to PSC regulations.
20. Discussed filling tanks back up due to customers not having any water pressure.
21. Discussed dismissing Lonnie Hensley due to not fulfilling office duties.
22. Greg made motion to make Rose Lewis office manager, Bobby second it.
23. Ted made motion to adjourn meeting, Henry second it.

  
\_\_\_\_\_  
President, Steve Davis

North Manchester Water Association Board Meeting

January 11<sup>th</sup>, 2022

Board members in attendance: Steve Davis, Henry Smith, Ted Woods, Bobby Wolfe, Greg Hoskins, Carl David Crawford.

Guests: Mike Maggard, Rose Lewis, Bill Gray

We need audits for 2018 up to now done.

We need to gather more info for our PSC case.

We have already previously voted to hire Sammy Lee, we need him to get those finished.

Board member Ethan Finley resigned due to not being able to make the monthly meetings.

Greg made motion to accept water loss report, financial report and old minutes.

As a company we need to update our written policies.

We need to get started on our meter testing for the year to ensure we have 100 meters tested by the end of the year.

Discussed hiring a new employee, Henry suggested hiring a part time employee and if they are dependable and show the initiative to work we will re assess on hiring them full time.

It is critical to keep out water loss as low as we can.

The city is still trying to charge us for the overage that they mis read the numbers on our readings.

FEMA is signed off on, we are just waiting to hear back if there is anything else we need to do.

Discussed employee raises, they have done their part to keep water loss down and doing their jobs.

Steve made motion to give all employees a \$1 raise. All board members voted yes to give everyone a raise.

Carl David made motion to adjourn meeting, Henry second it.

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President, Steve Davis

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**STAFF DR 3-9:**

Provide all contracts, letters of engagement, and any other agreement or invoice for consulting or professional services that were rendered during 2022 and 2023 that have not already been filed into the record of this proceeding.

**Response: See previous responses and exhibit 3-9**

**Witness: Rose Lewis**

### SK LEE CPAs, P.S.C.

Certified Public Accountants  
 PO Box 958  
 Berea, KY 40403

### Invoice

Date	Invoice #
6/20/2023	47086

Bill To
NORTH MANCHESTER WATER ASSOCIATION, INC. 7361 N. HIGHWAY 421 MANCHESTER, KY 40962

Due Date
6/20/2023

Item	Description	Qty	Rate	Amount
Audits	Audit Services for Year End 12/31/2021		8,250.00	8,250.00

Effective January 1, 2014 our policy on outstanding balances over 30 days will be to assess an 18% annual interest rate fee per month, with a minimum of \$10.

<b>Total</b>	<b>\$8,250.00</b>
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**Sturgill, Turner, Barker & Moloney, PLLC**  
333 West Vine Street, Suite 1500  
Lexington, KY 40507  
p. 859.255.8581 | f. 859.231.0851  
www.sturgillturner.com

**M. Todd Osterloh**  
Member  
tosterloh@sturgillturner.com

October 21, 2021

North Manchester Water Association, Inc.  
Attn: Steve Davis and Jerry Rice  
7361 N Highway 421  
Manchester, KY 40962

Sent electronically to  
nmwa@prtcnet.org

RE: North Manchester Water Association, Inc.

Dear Steve and Jerry:

This is to confirm our agreement on behalf of the firm to act as counsel to North Manchester Water Association, Steve Davis, Bill Hurd, Carl Gregory Hoskins, Bobby Wolfe, Henry Smith, Ted Woods, Carl David Crawford, and Jerry Rice.

Scope of Representation. Specifically, we have agreed to provide legal advice and prepare appropriate documents related to PSC Case No. 2021-00339, which relates to alleged failure to comply with statutes and regulations. We shall not be responsible for legal matters separate from this matter for which our services or advice have not been specifically requested by you and confirmed by the firm in writing.

At this time, we are not aware of any conflict of interest in representing the utility and its officers/employees. We will require each person to execute a Waiver of Joint Representation, which will authorize our firm to represent the utility and individuals. If a conflict arises during the course of representation, the utility or individuals should notify us immediately to discuss appropriate action to be taken.

Our services, unless otherwise agreed, will be performed according to our standard billing practices, a copy of which is attached and which may be adjusted annually. You will be sent monthly invoices specifying the services provided and the amount of such services. All invoices are payable within thirty (30) days, and we reserve the right to suspend our services should you fail to make timely payment and to withdraw from further representation in this matter, regardless of the stage of the matter. We have not asked for, and have not received, a retainer in this matter.

You maintain the right to terminate the firm's representation upon written notice. The firm also reserves the right to terminate the representation when, in the firm's judgment, it is in the firm's best interest to do so. For example, the firm may terminate representation for failure



October 21, 2021  
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by the client to promptly pay invoices for services rendered by the firm. Upon termination, copies of your files and records will be made available to you at a reasonable cost.

Staffing and Fee Arrangement. I will be your primary contact at the firm and may utilize other attorneys and legal assistants as your needs dictate. Some matters require greater expertise than others. It is our policy to assign and delegate responsibilities based on the degree of expertise required to handle the matter. All legal work performed will, however, be monitored and approved by me or one of the partners of the firm.

You will be billed for all fees and costs incurred in connection with your matter. The term “fees” involves the time expended by the professional staff in this law firm. That time is calculated on an hourly basis in fractions of one-tenth of an hour. My hourly rate for this engagement is \$255.00. Other lawyers and paralegals charge different rates (a copy of our billing practices, including range of hourly rates, is attached). These rates will be reviewed annually and are subject to change. Regardless of the outcome of any potential matter, you are responsible for those charges. On the other hand, the term “costs” bears no relationship to time or effort spent by personnel in this firm. Instead, it encompasses items that can be best described as “out-of-pocket expenses.” “Costs” include, but are not limited to, items such as filing fees, process server fees, deposition costs, expert/consultant expenses, travel expenses, online computer research charges, and document production expenses. This list is not exhaustive, and there are other items that may fall into the category of “costs.” To the extent that this law firm advances any of those costs on your behalf, you will be billed and required to pay those costs.

It is our understanding that North Manchester Water Association will pay our firm’s fees and costs related to representation of the utility and all individuals.

All disputes regarding our services or our billing practices shall be subject to nonbinding mediation before, and in accordance with, the Mediation and Arbitration Rules for Commercial Disputes of the American Bar Association.

In the interest of facilitating services to you, we may communicate by facsimile transmission or by electronic mail over the Internet. Such communications may include information that is confidential. Our firm employs measures in the use of technology that is designed to maintain data security. While we will use our best efforts to keep communications secure in accordance with our obligations under applicable laws and professional standards, please recognize and accept that we have no control over the unauthorized interception of these communications once they have been sent. Unless otherwise indicated, you have given us your consent to our use of these electronic devices during this engagement.



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Please review our firm's statement of billing and fee arrangements that is enclosed. Please keep a copy for your records.

Thank you for the trust you have expressed in our firm. We look forward to working with you in connection with this matter. Please be assured that we will do our utmost in representing your interests. If the foregoing correctly sets forth the terms of our engagement, please indicate by signing and returning the enclosed copy of this letter.

If you have any questions concerning this engagement, please call me. \_

Sincerely,  
STURGILL, TURNER, BARKER & MOLONEY, PLLC

A handwritten signature in blue ink that reads "M. Todd Osterloh".

M. Todd Osterloh

I have read the foregoing and the Sturgill Turner Barker & Moloney, PLLC *Statement of Billing and Fee Arrangements* and I agree to comply with the provisions therein.

A handwritten signature in black ink that reads "Steve Davis".

NORTH MANCHESTER WATER  
ASSOCIATION, INC.  
By: STEVE DAVIS, PRESIDENT

Enclosure



## **STATEMENT OF BILLING AND FEE ARRANGEMENTS**

We are pleased to have the opportunity to serve you. Our objective is to provide the highest quality and most efficient legal services possible. Experience has shown that our relationship will be stronger if we start with a mutual understanding about fees and their payment. Unless a subsequent engagement letter alters these arrangements, we will assume that these terms are acceptable to you and they will also apply to future matters you entrust to us.

**FEES:** Our fees are formulated in an effort to assess the value of our services to our clients. The amount of time spent by lawyers and paralegals (and in some instances by law clerks), subject to certain adjustments, is the primary factor which forms the basis of the fee to be charged. In addition to time incurred, we may also take into account such other factors as the novelty or complexity of the issues and problems encountered, the extent of the responsibility involved, the skill involved, the results achieved, the efficiency of our work, the time limitations imposed, customary fees for similar legal services, and other factors which will enable us to arrive at a fair fee. In those few instances where the nature of the work requires intensive efforts of our lawyers and staff in an engagement that is monopolistic in its demands, that factor of the engagement will be taken into account. Our rates for lawyers vary, depending primarily on the particular lawyer's experience and expertise, and the nature of the work. Our general schedule of rates is revised annually.

**WORK ASSIGNMENTS:** The lawyer principally responsible for your file may assign portions of your work to other lawyers or other personnel in the office under his or her supervision, and may use other lawyers in the firm where specialized help is needed. The supervising lawyer will continue to be responsible to you for the entire assignment. Unless you require that a particular attorney perform all services, our usual practice is to have your work performed at the lowest billing rate by attorneys or paralegals (under attorney supervision) having the appropriate experience and expertise for the matter at hand. Our goal is to produce the highest quality of legal work at a reasonable cost to you.

**DISBURSEMENTS ON YOUR ACCOUNT:** Unless otherwise agreed, our statements will normally be rendered monthly for work done in the previous month, covering and identifying services rendered, disbursements and other charges. These disbursements and charges include items incurred and paid by us on your behalf such as filing fees, process server fees, deposition costs, expert/consultant expenses, travel expenses, online computer research charges and document production expenses. We may request that large disbursement items either be paid by you in advance before incurring the expense or billed directly to you for payment.

**PAYMENT:** Payment is due upon receipt of our statement. If we do not receive comment about the statement within 10 days of the statement date, we will assume you have seen the bill and find it acceptable. Payment should be made within 15 days by check or draft payable to "Sturgill, Turner, Barker & Moloney". If any of our statements remain unpaid for more than 60 days, we may, consistent with our ethical obligations and judicial requirements, cease performing services for you, or withdraw as your attorney, until and unless arrangements satisfactory to us have been made for payment of arrearages. In the case of aged accounts, we may require the establishment of an escrow retainer to secure future fees, to be replenished whenever it drops below \$1000.00.

**DELINQUENT ACCOUNT:** Statements unpaid after 30 days shall be subject to a late charge of 1 ½% of the unpaid balance per month. The charge will commence at the invoice mailing date and continue until paid. In addition, the firm has collection procedures which it will follow to ensure that the account is paid. In

fairness to the firm's clients who pay their bills each month, these collection procedures and the late payment charge have been established so that only those few clients whose accounts become delinquent will bear the firm's cost of such delinquent accounts.

**QUESTIONS:** If you have any questions about any aspect of our arrangements or our statements, feel free to raise those questions. It is important that we proceed on a mutually clear and satisfactory basis in our work for you. We are open to discussion of all these matters, including the amount of our statements, and we encourage you to be frank about them. By timely payment of our statements, you will help assure our viability to continue providing quality legal services to our clients at a reasonable cost.

Revised 8/12/2021

## **BILLING PRACTICES**

The firm's schedule of hourly billing rates for attorneys and other professionals is based on years of experience, specialization in training and practice, and level of professional attainment. The current hourly billing rate range is:

Partners	\$225.00 to \$425.00 per hour
Associates	\$150.00 to \$310.00 per hour
Legal Assistants	\$80.00 to \$155.00 per hour

These hourly rates are subject to annual review and adjustment on January 1 of each calendar year.

### **Expenses**

Costs which the firm will bill in addition to its fee include expenses such as travel, meals, filing fees, process server fees, depositions costs, expert/consultant expenses, travel expenses, online computer research charges, and document product expenses.

In some cases we may incur a large expense on your behalf which necessitates billing that expense when incurred. We will consult with you and obtain your permission before obligating you for such an expense.

### **Billing Procedure**

Our statements will be prepared and sent during the month following the month in which the service is rendered and costs advanced were incurred. We request payment of those statements and expense charges within 30 days of the statement date.



**Sturgill, Turner, Barker & Moloney, PLLC**  
 333 West Vine Street, Suite 1500  
 Lexington, KY 40507  
 p: 859.255.8581 f: 859.231.0851  
 www.sturgillturner.com

Employer I.D. No. [REDACTED]

Steve Davis  
 North Manchester Water Association, Inc.  
 7361 N. Highway 421  
 Manchester, KY 40962

**INVOICE OF SERVICES**

Invoice Date: 06/07/2023  
 Invoice No: 174000  
 Account No: 66486.0002

**2023 Rate Case**

				Hours		
05/18/2023	MTO	L120	A106	Communicate (with client) draft email to NMWA and engineer requesting status update on rate case materials and e-filing notice	0.10	
05/23/2023	MTO	L120	A103	Draft/revise Notice filed with PSC; communicate with client regarding same. NMWA	0.20	
05/30/2023	MTO	L120	A104	Review requirements for ARF cases; communicate with M. Maggard regarding same.	0.30	
	MTO	L120	A104	Review 2020 Audited Financial Statements	0.20	
05/31/2023	MTO	L120	A104	Review materials related to rate case; communicate with NMWA on additional materials needed.	5.80	
				For Current Services Rendered	6.60	1,805.00

**Recapitulation**

<u>Timekeeper</u>	<u>Title</u>	<u>Hours</u>	<u>Hourly Rate</u>	<u>Total</u>
M. Todd Osterloh	Member	0.20	\$225.00	\$45.00
M. Todd Osterloh	Member	6.40	275.00	1,760.00

Total Current Work 1,805.00

Balance Due \$1,805.00

**Task Code Summary**

		<u>Fees</u>	<u>Expenses</u>
L120	Analysis/Strategy	1805.00	0.00
L100	Do not Use-See L110-L190 Case Assessment,Development &Admin	1,805.00	0.00

**PAYMENT DUE UPON RECEIPT**  
 To ensure proper credit to your account  
 Please write Account 66486.0002 on your check  
 Thank you



**Sturgill, Turner, Barker & Moloney, PLLC**

333 West Vine Street, Suite 1500  
 Lexington, KY 40507  
 p: 859.255.8581 f: 859.231.0851  
 www.sturgillturner.com

Employer I.D. No. [REDACTED]

**INVOICE OF SERVICES**

Steve Davis  
 North Manchester Water Association, Inc.  
 7361 N. Highway 421  
 Manchester, KY 40962

Invoice Date: 07/12/2023  
 Invoice No: 176121  
 Account No: 66486.0002

**2023 Rate Case**

				Hours	
06/01/2023	MTO L120	A104	Review information and materials for rate case; draft/revise necessary documents; communicate with NMWA team regarding same; finalize application materials.	5.50	
06/13/2023	MTO L120	A104	Review deficiency letter; communicate with NWMA regarding deficiencies and how to cure them; review ARF cases accepting 4,000 gallon usage in customer notice.	2.00	
06/19/2023	MTO L120	A106	Communicate (with client) - follow up with NWMA to see status of work on materials to satisfy deficiency letter	0.20	
06/21/2023	MTO L120	A104	Review Statements of Disclosure and draft email regarding same.	0.20	
06/22/2023	MTO L120	A104	Review information provided by NMWA team regarding deficiencies; communicate with team regarding materials. (morning)	2.60	
	MTO L120	A106	Communicate (with client) with M. Maggard and R. Lewis regarding rate case information; draft corrections and finalize for filing (afternoon)	1.90	
06/23/2023	MHP L110	A102	Research prior PSC alternative rate adjustment cases for water districts and compile list of frequently asked question to distribute to client in preparation for PSC first data request to client	2.00	
06/26/2023	MTO L120	A104	Review second deficiency letter; draft email to client regarding what is needed.	0.30	
For Current Services Rendered				14.70	3,682.50

**Recapitulation**

<u>Timekeeper</u>	<u>Title</u>	<u>Hours</u>	<u>Hourly Rate</u>	<u>Total</u>
M. Todd Osterloh	Member	12.70	\$275.00	\$3,492.50
Michael H. Peyton	Paralegal	2.00	95.00	190.00

Total Current Work 3,682.50



North Manchester Water Association, Inc.

Page. 2

07/12/2023

Account No. 66486-0002M

Invoice No. 176121

2023 Rate Case

	Previous Balance	\$1,805.00
06/30/2023	Thank you for your payment.	-1,805.00
	Balance Due	<u>\$3,682.50</u>

Task Code Summary

		<u>Fees</u>	<u>Expenses</u>
L110	Fact Investigation/Development	190.00	0.00
L120	Analysis/Strategy	3492.50	0.00
L100	Do not Use-See L110-L190 Case Assessment,Development &Admin	3,682.50	0.00

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Employer I.D. No. [REDACTED]

**INVOICE OF SERVICES**

Steve Davis  
 North Manchester Water Association, Inc.  
 7361 N. Highway 421  
 Manchester, KY 40962

Invoice Date: 08/03/2023  
 Invoice No: 176681  
 Account No: 66486.0002

**2023 Rate Case**

				Hours			
07/06/2023	MTO	L120	A104	Review information provided by NMWA; communicate about additional materials needed; draft calculations for average bill; communicate with newspaper regarding publication of notice; finalize filing.	2.30		
07/07/2023	MTO	L120	A104	Review deficiency cured letter	0.10		
07/31/2023	MTO	L120	A104	Review procedural order and first round of RFIs; draft email to client regarding same.	0.30		
	MTO	L120	A104	Review information previously provided by NMWA on NRCs; draft email to client regarding same.	0.30		
	MHP	L110	A101	Prepare response template to Public Service Commissions First Request for Information for distribution to client	0.40		
				For Current Services Rendered	3.40	863.00	

**Recapitulation**

<u>Timekeeper</u>	<u>Title</u>	<u>Hours</u>	<u>Hourly Rate</u>	<u>Total</u>
M. Todd Osterloh	Member	3.00	\$275.00	\$825.00
Michael H. Peyton	Paralegal	0.40	95.00	38.00

**Costs**

07/07/2023	L110	E124	(482) Other - The Manchester Enterprise - Legal Ad required by PSC for rate case.	1,817.00
			(482) Miscellaneous Expense	1,817.00
				1,817.00
Total Costs Thru 07/31/2023				1,817.00
Total Current Work				2,680.00
Previous Balance				\$3,682.50
Balance Due				\$6,362.50

North Manchester Water Association, Inc.

Page. 2

08/03/2023

Account No. 66486-0002M

Invoice No. 176681

2023 Rate Case

Task Code Summary

		<u>Fees</u>	<u>Expenses</u>
L110	Fact Investigation/Development	38.00	1817.00
L120	Analysis/Strategy	825.00	0.00
L100	Do not Use-See L110-L190 Case Assessment,Development &Admin	863.00	1,817.00

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Employer I.D. No. [REDACTED]

Steve Davis  
 North Manchester Water Association, Inc.  
 7361 N. Highway 421  
 Manchester, KY 40962

**INVOICE OF SERVICES**

Invoice Date: 09/07/2023  
 Invoice No: 177437  
 Account No: 66486.0002

**2023 Rate Case**

					Hours
08/01/2023	MTO	L120	A104	Review newspaper ads and affidavit; draft Notice of Publication and cover letter	0.50
08/09/2023	MTO	L120	A103	Draft/revise - correspondance to M. Maggard regarding responses to RFI; draft email to R. Lewis	0.20
08/18/2023	MHP	L110	A101	Prepare case response time by making determination of deadline as set by Public Service Commission	0.30
08/21/2023	MTO	L310	A106	Communicate (with client) with M. Maggard regarding data responses	0.10
08/27/2023	MTO	L120	A106	Communicate (with client) - draft email to NMWA regarding status of responses to data requests	0.10
08/28/2023	RCP	L210	A103	Prepare certification of responses and send to client with one drive file sharing link	0.50
	MHP	L110	A101	Prepare link to send to North Manchester Water Association to obtain documents needed for response to Public Service Commission Request for Information	0.20
08/30/2023	MTO	L120	A106	Communicate (with client) - phone call with M. Maggard regarding requesting an extension to respond to data requests	0.20
	RCP	L210	A103	Draft and file motion for extension of time with PSC for filing responses to Commission Staff's Request for Information	0.80
				For Current Services Rendered	2.90
					603.50

**Recapitulation**

<u>Timekeeper</u>	<u>Title</u>	<u>Hours</u>	<u>Hourly Rate</u>	<u>Total</u>
M. Todd Osterloh	Member	1.10	\$275.00	\$302.50
Rebecca C. Price	Associate	1.30	195.00	253.50
Michael H. Peyton	Paralegal	0.50	95.00	47.50

Total Current Work 603.50

Previous Balance \$6,362.50

North Manchester Water Association, Inc.

Page. 2

09/07/2023

Account No. 66486-0002M

Invoice No. 177437

2023 Rate Case

08/15/2023	Thank you for your payment.	-3,682.50
	Balance Due	<u>\$3,283.50</u>

Task Code Summary

		<u>Fees</u>	<u>Expenses</u>
L110	Fact Investigation/Development	47.50	0.00
L120	Analysis/Strategy	275.00	0.00
L100	Do not Use-See L110-L190 Case Assessment,Development &Admin	322.50	0.00
L210	Pleadings	253.50	0.00
L200	Do Not Use-See L210-L260 Pre-Trial Pleadings & Motions	253.50	0.00
L310	Written Discovery	27.50	0.00
L300	Do Not Use - See L310-L390 Discovery	27.50	0.00

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Employer I.D. No. [REDACTED]

Steve Davis  
 North Manchester Water Association, Inc.  
 7361 N. Highway 421  
 Manchester, KY 40962

**INVOICE OF SERVICES**

Invoice Date: 10/05/2023  
 Invoice No: 178157  
 Account No: 66486.0002

**2023 Rate Case**

				Hours
09/01/2023	MTO	L120	A106 Communicate (with client) - draft email to R. Lewis and M. Maggard regarding motion for extension	0.10
09/11/2023	MTO	L120	A106 Communicate (with client) draft email to M. Maggard regarding data responses; follow up phone call	0.40
09/12/2023	MTO	L120	A106 Communicate (with client) with M. Maggard regarding data responses	0.20
09/13/2023	MTO	L120	A104 Review responses and related information provided by NMWA in response to DRs; communicate with M. Maggard regarding same.	0.50
09/14/2023	MTO	L310	A104 Review - additional review of DR materials; communicate with M. Maggard and R. Lewis regarding same; outline motion for deviation	1.00
	MHP	L110	A101 Prepare exhibits by separating joined PDFs into individual exhibits and organize attachments in preparation for response to Public Service Commission First Request for Information	1.80
	RCP	L210	A103 Draft/revise NMWA responses and exhibits to PSC Staff RFI 1; and prepare NMWA responses for filing	5.10
	RCP	L120	A103 Draft/revise petition for confidential treatment for DR responses	1.70
09/15/2023	MTO	L310	A104 Review additional information received from NMWA; communicate with R. Lewis regarding remaining items needed; finalize filing	1.40
	MHP	L110	A101 Prepare exhibits by separating joined PDFs into individual exhibits and organize attachments in preparation for response to Public Service Commission First Request for Information	0.50
09/19/2023	MHP	L110	A104 Review of Public Service Commission First Request for Information to NMWA regarding production of Excel files or solely PDF Files and redact for confidentiality	0.30
	MTO	L120	A104 Review Excel received from NMWA regarding PSC DR 1-4	0.20

North Manchester Water Association, Inc.

Page. 2  
10/05/2023  
Account No. 66486-0002M  
Invoice No. 178157

2023 Rate Case

					Hours	
	MTO	L110	A108	Communicate (other external) via email with Staff Attorney regarding informal conference	0.10	
	MTO	L110	A106	Communicate (with client) - draft email to client regarding possible informal conference with Staff.	0.20	
09/20/2023	MTO	L120	A106	Communicate (with client) - follow up with T. Woods regarding informal conference.	0.10	
	MTO	L120	A108	Communicate (other external) with Commission Staff regarding informal conference scheduling.	0.10	
	MTO	L120	A103	Draft/revise Notice of Filing and Read1st for PSC DR 1-4 Excel file	0.40	
	MHP	L110	A101	Prepare schedule follow up conference with Public Service commission regarding recent responses to Data Requests	0.10	
	MTO	L120	A108	Communicate (other external) with B. Bruner regarding confidential information; redact information; draft cover letter. (no charge)	0.50	N/C
09/25/2023	MTO	L120	A104	Review orders on confidentiality and informal conference	0.10	
09/26/2023	MHP	L110	A104	Review of Notice of Informal Conference received by Public Service Commission in reference to upcoming North Manchester hearing	0.20	
09/28/2023	MHP	L440	A101	Prepare binder with documents recently filed in response to PSC Data Request 1 in preparation for upcoming informal hearing before the PSC	0.60	
				For Current Services Rendered	15.10	2,978.50
				Total Non-Billable Hours	0.50	

**Recapitulation**

<u>Timekeeper</u>	<u>Title</u>	<u>Hours</u>	<u>Hourly Rate</u>	<u>Total</u>
M. Todd Osterloh	Member	4.80	\$275.00	\$1,320.00
Rebecca C. Price	Associate	6.80	195.00	1,326.00
Michael H. Peyton	Paralegal	3.50	95.00	332.50
Total Current Work				2,978.50
Previous Balance				\$3,283.50
Balance Due				<u>\$6,262.00</u>

**Task Code Summary**

		<u>Fees</u>	<u>Expenses</u>
L110	Fact Investigation/Development	358.00	0.00
L120	Analysis/Strategy	909.00	0.00
L100	Do not Use-See L110-L190 Case Assessment,Development &Admin	1,267.00	0.00

North Manchester Water Association, Inc.

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10/05/2023  
Account No. 66486-0002M  
Invoice No. 178157

2023 Rate Case

		<u>Fees</u>	<u>Expenses</u>
L210	Pleadings	994.50	0.00
L200	Do Not Use-See L210-L260 Pre-Trial Pleadings & Motions	994.50	0.00
L310	Written Discovery	660.00	0.00
L300	Do Not Use - See L310-L390 Discovery	660.00	0.00
L440	Other Trial Preparation and Support	57.00	0.00
L400	Do Not Use See - L410 - L470 Trial Preparation & Trial	57.00	0.00

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Employer I.D. No. [REDACTED]

Steve Davis  
 North Manchester Water Association, Inc.  
 7361 N. Highway 421  
 Manchester, KY 40962

**INVOICE OF SERVICES**

Invoice Date: 11/08/2023  
 Invoice No: 179176  
 Account No: 66486.0002

**2023 Rate Case**

					Hours
10/03/2023	RCP	L440	A104	Review first data request responses in preparation for informal conference with PSC staff.	1.60
	RCP	L450	A109	Appear for/attend informal conference with PSC staff.	1.00
10/04/2023	RCP	L440	A106	Send NMWA items to update in supplemental responses based on informal conference with PSC staff	1.10
10/09/2023	RCP	L210	A104	Review PSC order from Informal Conference and circulate the information to the client	0.50
	RCP	L210	A104	Review PSC order regarding field visit and circulate information to client	1.10
10/10/2023	RCP	L210	A104	Review staff memo regarding the Informal Conference and determine if NMWA needed to file a response	1.00
10/11/2023	MHP	L110	A104	Review of Order filed by Commission Staff regarding deadlines set forth in the subject rate case and make determination of deadlines	0.30
10/13/2023	MTO	L120	A104	Review data requests; draft email to client regarding same.	0.50
10/16/2023	MHP	L110	A101	Prepare response template to Commission Staff's Second Request for Information to North Manchester Water Association for distribution to client	0.50
10/19/2023	RCP	L210	A106	Follow up with NMWA regarding data request and supplemental requested information from PSC	0.30
10/26/2023	MHP	L110	A101	Prepare attachments to response to Public Service Commission Second Request for Information by adding headings to all documents, renaming documents, organizing, and performing OCR on all files	1.50
	MTO	L120	A104	Review information received from NMWA on data requests	0.30
	RCP	L210	A104	Review and edit DR responses and prepare responses for submission to PSC	3.30

North Manchester Water Association, Inc.

Page. 2  
 11/08/2023  
 Account No. 66486-0002M  
 Invoice No. 179176

2023 Rate Case

					Hours		
	RCP	L210	A103	Draft/revise certification of responses for DR responses	0.30		
10/27/2023	MHP	L110	A104	Prepare attachments to response to Public Service Commission Second Request for Information by adding headings to all documents, renaming documents, organizing, and performing OCR on all files	1.60		
	MTO	L120	A106	Communicate (with client) regarding information/documents for RFI; review new documents received; draft motion for extension of time to respond	3.00		
10/29/2023	MTO	L120	A104	Review documentation that was emailed on Friday afternoon, but not received until Friday night, Saturday, and Sunday; draft email to client regarding same.	0.50		
10/30/2023	MHP	L110	A104	Prepare attachments to response to Public Service Commission Second Request for Information by adding headings to all documents, renaming documents, organizing, and performing OCR on all files	2.10		
	MTO	L120	A104	Review information received from NMWA and responses to data requests; communicate with NMWA team regarding same; finalize for filing.	2.80		
10/31/2023	RCP	L210	A108	Call with Tina Frederick at PSC regarding field visit, supplements to DR requests, and missing information from responses to DR requests	0.30		
				For Current Services Rendered	23.60	4,570.00	

**Recapitulation**

<u>Timekeeper</u>	<u>Title</u>	<u>Hours</u>	<u>Hourly Rate</u>	<u>Total</u>
M. Todd Osterloh	Member	7.10	\$275.00	\$1,952.50
Rebecca C. Price	Associate	10.50	195.00	2,047.50
Michael H. Peyton	Paralegal	6.00	95.00	570.00

**Costs**

09/30/2023	L110	E106	(543) Online research - Westlaw Research	23.83
			(543) Westlaw/Searches	23.83
			Total Costs Thru 10/31/2023	23.83
			Total Current Work	4,593.83
			Previous Balance	\$6,262.00
10/06/2023			Thank you for your payment.	-2,680.00
			Balance Due	<u>\$8,175.83</u>

North Manchester Water Association, Inc.

Page. 3

11/08/2023

Account No. 66486-0002M

Invoice No. 179176

2023 Rate Case

Task Code Summary

		<u>Fees</u>	<u>Expenses</u>
L110	Fact Investigation/Development	570.00	23.83
L120	Analysis/Strategy	1952.50	0.00
L100	Do not Use-See L110-L190 Case Assessment,Development &Admin	2,522.50	23.83
L210	Pleadings	1326.00	0.00
L200	Do Not Use-See L210-L260 Pre-Trial Pleadings & Motions	1,326.00	0.00
L440	Other Trial Preparation and Support	526.50	0.00
L450	Trial and Hearing Attendance	195.00	0.00
L400	Do Not Use See - L410 - L470 Trial Preparation & Trial	721.50	0.00

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Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-10:**

Provide all invoices to support the 2022 expense for health insurance and any supplemental benefits coverage. Specify each individual covered under the plans.

**Response: Please see attached 3-10**

**Witness: Rose Lewis**



13550 Triton Park Blvd  
Louisville, KY 40223

10/24/2023

North Manchester  
7361 N Hwy 421  
Manchester, KY 40962

Dear Valued Customer,

As a business owner, we know your time matters. That's why we work every day to simplify the experience - making it easier and more efficient to choose and manage your plan.

With one stop shopping, you can choose from our comprehensive offerings which include medical, dental, vision, life and disability plans. You'll not only save time, you'll get so much more.

- Save more when you add a dental, vision, life or disability plan to your medical plan
- One easy bill
- Online tools so you can enroll employees and make changes in real time - giving employees their benefits without delay
- Employee tools that let members quickly find a doctor, view quality ratings and compare costs - so they know what they'll pay before they have to pay it
- LiveHealth Online where employees can have a video visit with a doctor 24/7 from the convenience of their smartphone, tablet or computer

Plus, all Anthem small group plans offer preventive care with 100% in-network coverage for checkups, flu shots and other everyday needs. And remember, our Medicare products can help ensure your associates get the most out of life even after they're done working. Whether you want to offer Medicare products directly or just provide them with information to make better decisions, we've got the right solutions.

We know you may be considering an Affordable Care Act (ACA) plan for the first time since the requirements became effective. We're here to help guide you through this process with resources to help you understand how ACA impacts you and your plan. For more health care related information, please visit [thebenefitsguide.com](https://www.thebenefitsguide.com).

As a result of the changes we've made to our product portfolio to comply with ACA legislation, we need to make changes to your current plan at your renewal. We have carefully reviewed your current plan(s) and recommended a new plan design(s). Please review the plan details and rates on the following pages. Of course, you can always choose a different plan. We have also included additional information and rates for some of our other available plans.

**Your enclosed renewal package includes:**

- Rates for your proposed plan; Anthem rates and benefits are subject to regulatory review or approval.
- Alternative plan options
- A guide to understanding your renewal



You can talk to us or your broker about the different plan options that might best fit your needs and budget. We have many choices available with a strong network of providers. We also want to remind you that we offer very competitive rates for dental, vision, life and disability. And it's the perfect time to bundle them with your medical plan. Renew now and make us your one source for benefits.

**Your next steps.**

If you want to:

- Renew based on the plan we're proposing, do nothing. We'll take care of the rest.
- Choose a different plan, complete the Next Steps page and return it to us before your effective date.
- Add dental, vision, life or disability insurance, call your broker or account manager for a quote.
- Get more information, contact your broker or visit [anthem.com](http://anthem.com).

It is very important to review the Next Steps page in this renewal package and return any necessary paperwork to us before the effective date. We will issue new ID cards to your employees before your renewal date based upon the information we've received from you. Please remind them to use their new ID cards to access care after your renewal date.

Thank you for your continued trust in Anthem. We've worked hard to bring you intuitive apps and online tools that can help manage care more easily. So, for all the things that may keep you or your employees up at night, a health care plan shouldn't be one of them.

Wishing you the best of health,

A handwritten signature in black ink, appearing to read "Harry Hayes".

Harry Hayes  
Director, Small Group and Individual Sales Anthem Blue Cross and Blue Shield of Kentucky

**Summary of Benefits and Coverage**

The Affordable Care Act (or health care reform law) requires that all members of fully insured plans receive a summary of benefits and coverage (SBC). Enclosed in this renewal are instructions on how to access [sbc.anthem.com](http://sbc.anthem.com) to provide a SBC for your plan.



Dear Policyholder,

We are writing to inform you that, consistent with federal guidance, you may keep your existing coverage for the upcoming policy year.

**How Do I Keep My Current Policy?**

To keep your current policy, please contact us.

As you think about your options, there are some things to keep in mind. If you choose to renew your current policy, it may NOT provide all of the protections of the Affordable Care Act. These include one or more of the following new protections of the Public Health Service Act (PHS Act) that were added by the health care law and took effect for coverage beginning in 2014. If you choose to renew your current policy, your coverage:

- May not meet standards for fair health insurance premiums, so you might be charged more based on factors such as gender or a pre-existing medical condition, and it might not comply with rules limiting the ability to charge older people more than younger people (PHS Act section 2701).
- May not meet standards for guaranteed availability, so it might exclude consumers based on factors such as a pre-existing medical condition (PHS Act section 2702).
- May not meet standards for guaranteed renewability (PHS Act section 2703).
- May not meet standards for non-discrimination with respect to health care providers (PHS Act section 2706).
- May not cover essential health benefits or limit annual out-of-pocket spending, so it might not cover benefits such as prescription drugs or maternity care, or might have unlimited cost sharing (PHS Act section 2707).
- May not meet standards for participation in clinical trials, so you might not have coverage for services related to a clinical trial for a life-threatening or other serious disease (PHS Act section 2709).



### **How Do I Choose A Different Policy?**

You may shop in the Health Insurance Marketplace, where all policies meet certain standards to help guarantee health care security, and no one who is qualified to purchase coverage through the Marketplace can be turned away or charged more because of a pre-existing medical condition. The Marketplace allows you to choose a private policy that fits your budget and health care needs. You may qualify for tax credits or other federal financial assistance to help you afford health insurance coverage purchased through the Marketplace.

You can also get new health insurance outside the Marketplace. All new policies guarantee certain protections, such as your ability to buy a policy even if you have a pre-existing medical condition. However, federal financial assistance is not available outside the Marketplace.

You should review your options as soon as possible, because you may have to buy your coverage within a limited time period.

### **How Can I Learn More?**

To learn more about the Health Insurance Marketplace and protections under the health care law, visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 or TTY: **1-855-889-4325**.

If you have questions, please contact us.



## Important Information: Kentucky

### Amendments to Master Contract

The following documents can be found in the back of your renewal packet.

- Addendum A – Eligibility language
- Addendum B – Explanation of monthly premium rates

### Anthem Disclosures

Anthem Blue Cross and Blue Shield is required by state and federal laws to disclose certain information to employers considering purchasing Anthem Blue Cross and Blue Shield products.

For more information, please refer to the Anthem Disclosures document in the back of your renewal packet.

### Mental Health Parity and Addiction Equity Act

Effective October 3, 2009, the Federal Mental Health Parity and Addiction Equity Act (MHPA) requires “parity” between the financial requirements and treatment limitations applied to medical and/or surgical benefits and mental health and substance use disorder benefits for all fully insured and ASO plans covering 51 or more total employees.

For renewals occurring on or after October 3, 2009, small groups are required to provide mental health parity benefits if they had 51 or more total employees in the calendar year prior to the renewal, regardless of the number of enrolled or eligible employees. If your group meets this definition, please contact your broker or Anthem sales representative to discuss your new plan options.

### Cancellation Policy

If your coverage has been canceled, please disregard this renewal notice. Please note that your Anthem group contract requires 30 days prior, written notice of cancellation if your group chooses not to accept this renewal. Pursuant to the terms of the contract, if your group fails to provide the required advance notice of cancellation and if Anthem has provided benefits for persons no longer eligible because Anthem did not receive timely notification of cancellation, then Anthem may enforce its right to recover from your group all un-recovered claim amounts paid.



### **Important information about your prescription coverage and Medicare Part D**

Because you provide prescription drug coverage to people who are eligible for Medicare Part D, you must let CMS know whether the coverage is creditable or non-creditable, per the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. Creditable coverage means your group drug plan is at least as good as the Medicare drug benefit. This lets your eligible employees keep their current coverage, and avoid higher payments if they sign up later for the Medicare drug benefit.

For more information, please refer to the Medicare Part D document in the back of your renewal packet.

You can find more details about creditable coverage - including rules, forms and timing your Disclosure Notice to CMS - at [cms.hhs.gov/CreditableCoverage/](https://cms.hhs.gov/CreditableCoverage/).

### **Summary of Benefits and Coverage**

The Affordable Care Act (ACA or health care reform law) requires health insurers 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 or due to a special enrollment event or new hire beginning on or after their renewal date/plan year.

For more information and to view our SBC at-a-glance document, please refer to the SBC Coverage Renewal flier in the back of your renewal packet.





# Healthy Options



**Your Agent:**

Messer-Mcqueen, Crystal G.

Group #: 00000324-0000

Effective Date: January 01, 2024

## Renewal Package For North Manchester

North Manchester  
00000324-0000  
Effective Date: 01/01/2024

## We're here for you and your employees. Just as we have been for more than 85 years.

Headquarters: Louisville  
President: C. Kennan Wethington  
Employees: 1,100  
Membership: 1.1 million  
Serving Kentucky since 1938

### **Superior network strength means extra savings and convenience.**

You and your employees enjoy:

- ▶ PPO: Access to over 3,400 primary care physicians; over 7,900 specialists; 110 hospitals
- ▶ HMO: Access to over 3,200 primary care physicians; over 7,500 specialists; 110 hospitals
- ▶ Access to more than 90% of hospitals and more than 80% of physicians across the country through the BlueCard program<sup>1</sup>
- ▶ Access to more than 64,000 participating pharmacies across the country, including most major chains as well as many independent neighborhood pharmacies<sup>2</sup>

### **Integrated care management programs and resources to help your employees make healthy decisions.**

- ▶ 360 Health integrates health and wellness programs and services to create a holistic, integrated approach to improved health.
- ▶ Anthem's 24/7 NurseLine gives your employees access to trained registered nurses any time of the day or night and can help in determining the right care at the right time. In fact, members who use our 24/7 NurseLine are 50% less likely to go to the ER for non-emergency cases.<sup>3</sup>
- ▶ Anthem offers many plans with 100% coverage for checkups, flu shots and other preventive care services for you and your family. The reward is peace of mind and better health at no extra cost to you.
- ▶ MyHealth Advantage uses member information to identify opportunities to improve health and save money such as early identification of potential health issues, highlighting potential pharmacy and out-of-pocket cost savings, and protects your clients' employees' safety by monitoring and responding to dangerous drug issues or interactions.

<sup>1</sup> Blue Cross and Blue Shield Association <http://www.bcbs.com/about>

<sup>2</sup> Anthem Blue Cross and Blue Shield, January 2012 state-by-state pharmacy network participation report

<sup>3</sup> Anthem Health and Wellness Solutions internal data, Jan.-Dec. 2008

North Manchester  
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# Your Renewal Snapshot

Here's an overview of the benefits proposed for your renewal. **No action is needed** to accept this coverage. You will renew automatically unless you notify your agent that you want to make a change.

Medical Plan	Monthly Premium			Plan Options							
	Current	New	Change	Calendar Year Annual Deductible (single/family)	Annual Out-of-Pocket Maximum (single/family)	Office Visits	Inpatient Hospital	ER/Urgent Care Center	Pharmacy Drugs	Preventive Care Immunizations & Screenings	FMHP Benefits*
Blue Access Option 51 with Rx Option 7, Blue 6	\$2,355.01	\$2,208.29	-6.2%	\$500/ \$1,500	\$2,000/ \$4,000	\$15 Copays	10%	\$250/10% \$75	\$10/\$25/\$40 /25% \$200 max up to \$2,500	No Cost Share	No

**Total Current Premium: \$2,355.01**

**Total New Premium: \$2,208.29**

**Increase: -6.2%**

Note: Elective Abortions are excluded

Please note: As we receive additional guidance and clarification from the U.S Department of Health and Human Services, we may be required to make additional changes to your benefits.

\*FMHP is Federal Mental Health Parity.

Per the Affordable Care Act (or health care reform law), Summary of Benefits and Coverage (SBCs) can be accessed through our Internet Posting Site at [www.sbc.anthem.com](http://www.sbc.anthem.com).

The benefits and rates reflected in this quotation have been adjusted to comply with changes required by the Affordable Care Act beginning in 2014. If not yet approved by the Department of Insurance, these benefits and rates might need to be adjusted.

If you are looking to reduce your costs or make plan changes, please talk with your agent. Additional plan options are available.

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# Premium Rates Amendment to Master Contract / Addendum B

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children
		Male	Female	Male	Female			
Blue Access Option 51 with Rx Option 7, Blue 6	<25	\$521.34	\$1,255.54	\$521.34	\$1,255.54	\$580.53	\$1,161.06	\$1,741.59
	25-29	\$548.66	\$1,441.08	\$548.66	\$1,441.08	\$580.53	\$1,161.06	\$1,741.59
	30-34	\$636.31	\$1,409.21	\$636.31	\$1,409.21	\$580.53	\$1,161.06	\$1,741.59
	35-39	\$799.08	\$1,383.03	\$799.08	\$1,383.03	\$580.53	\$1,161.06	\$1,741.59
	40-44	\$999.42	\$1,447.91	\$999.42	\$1,447.91	\$580.53	\$1,161.06	\$1,741.59
	45-49	\$1,309.04	\$1,645.97	\$1,309.04	\$1,645.97	\$580.53	\$1,161.06	\$1,741.59
	50-54	\$1,739.31	\$1,739.31	\$1,739.31	\$1,739.31	\$580.53	\$1,161.06	\$1,741.59
	55-59	\$1,771.18	\$1,771.18	\$1,771.18	\$1,771.18	\$580.53	\$1,161.06	\$1,741.59
	60-64	\$1,771.18	\$1,771.18	\$1,771.18	\$1,771.18	\$580.53	\$1,161.06	\$1,741.59
	65-69	\$1,771.18	\$1,771.18	\$1,771.18	\$1,771.18	\$580.53	\$1,161.06	\$1,741.59
	70-74	\$1,771.18	\$1,771.18	\$1,771.18	\$1,771.18	\$580.53	\$1,161.06	\$1,741.59
	>74	\$1,771.18	\$1,771.18	\$1,771.18	\$1,771.18	\$580.53	\$1,161.06	\$1,741.59
	<b>Medicare Primary</b>							
	<25	\$521.34	\$552.07	\$521.34	\$552.07	\$521.34	\$1,042.68	\$1,564.02
	25-29	\$521.34	\$634.03	\$521.34	\$634.03	\$521.34	\$1,042.68	\$1,564.02
	30-34	\$521.34	\$620.37	\$521.34	\$620.37	\$521.34	\$1,042.68	\$1,564.02
	35-39	\$521.34	\$608.99	\$521.34	\$608.99	\$521.34	\$1,042.68	\$1,564.02
	40-44	\$521.34	\$637.44	\$521.34	\$637.44	\$521.34	\$1,042.68	\$1,564.02
	45-49	\$575.98	\$723.95	\$575.98	\$723.95	\$521.34	\$1,042.68	\$1,564.02
	50-54	\$764.93	\$764.93	\$764.93	\$764.93	\$521.34	\$1,042.68	\$1,564.02
	55-59	\$778.59	\$778.59	\$778.59	\$778.59	\$521.34	\$1,042.68	\$1,564.02
	60-64	\$778.59	\$778.59	\$778.59	\$778.59	\$521.34	\$1,042.68	\$1,564.02
	65-69	\$778.59	\$778.59	\$778.59	\$778.59	\$521.34	\$1,042.68	\$1,564.02
	70-74	\$778.59	\$778.59	\$778.59	\$778.59	\$521.34	\$1,042.68	\$1,564.02
	>74	\$778.59	\$778.59	\$778.59	\$778.59	\$521.34	\$1,042.68	\$1,564.02

The Medicare rates above are available only to employer groups with fewer than twenty total employees, as calculated under Medicare Secondary Payer rules. Eligibility for these Medicare rates is based solely on the Medicare status of the employee, not the spouse or child(ren). A spouse and/or child are eligible for the lower Medicare primary rate only when the employee is eligible to have claims paid by Medicare as the primary coverage.

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# Monthly Premium Comparison

There is no need to inform Anthem of your acceptance of this renewal as long as your benefits remain the same as presented in the attached exhibits.

Insured Employees	Sex	Employee Age	Spouse Age	Number of Children	Health Premium			Total Premium	
					Cov	Current	New	Current	New
██████	M	38			S	852.17	799.08	852.17	799.08
██████	F	31			S	1,502.84	1,409.21	1,502.84	1,409.21
<b>Product Totals</b>						2,355.01	2,208.29	2,355.01	2,208.29
<b>% Change</b>							-6.2%		
					<b>Grand Totals</b>			\$2,355.01	\$2,208.29
							<b>% Change</b>		-6.2%

Rates are proposed for an effective date of 01/01/2024. Rerate is required after this date. Final rates will be based on the actual effective date. Rates are based upon SIC #4941, located primarily in the 40962 zip code area. Final rates will be based upon the actual location, enrolled census, final benefits selected, and the underwriting rules in effect upon acceptance by Anthem Health Plans of Kentucky, Inc. and Anthem Life. This renewal is subject to underwriting approval by Anthem Health Plans of Kentucky, Inc. and Anthem Life; please do not cancel your coverage until the application has been approved in writing. 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 description, the terms of the Group Contract will prevail.  
 NOTE: If the alternate Option request form is not received by the effective date listed on this proposal, a new proposal must be submitted.

All HSA-compatible or high deductible plans are stand-alone plans, without an employer self-funding or insuring the deductible. Employer funding (other than through contributions to the employee's HSA account) could cause these plans to not meet Affordable Care Act rating requirements in the small group market. This means the plan will no longer be Guaranteed Issue, if the employer self-funds or insures the deductible or other cost-share amounts.

An asterisk (\*) indicates a change in age bracket between current and renewal premium.  
 (D) indicates Medicare Disabled

Note: Coverage Types - S = Single, T = Emp/Spouse, C = Emp/Child, F = Family, M = Medicare Single, P = Medicare Emp/Spouse, H = Medicare Emp/Child, A = Medicare Family, X = Life Only

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# Alternative Options

If you are looking to reduce your costs, here are some plans to consider and discuss with your agent. Other options are available, so please ask your agent if you would like to see additional plan options. You can make plan changes on the enclosed "Next Steps" renewal form contained toward the end of this document.

Current Medical Plan 1	Estimated Total Cost	Plan Options							
		Calendar Year Annual Deductible	Annual Out-of-Pocket Maximum	Office Visits	InPatient Hospital	ER/ Urgent Care Center	Pharmacy Drug	Preventive Care Immunizations & Screenings	FMHP Benefits*
Blue Access Option 51 with Rx Option 7, Blue 6	\$2,208.29	\$500/\$1,500	\$2,000/\$4,000	\$15 Copays	10%	\$250/10% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No
<b>Plan Alternatives</b>									
Blue Access Option 51 with Rx Option AE, Blue 6	\$2,165.56	\$500/\$1,500	\$2,000/\$4,000	\$15 Copays	10%	\$250/10% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 51 with Rx Option AA, Blue 6	\$2,147.08	\$500/\$1,500	\$2,000/\$4,000	\$15 Copays	10%	\$250/10% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 52 with Rx Option 7, Blue 6	\$2,219.59	\$250/\$750	\$1,500/\$3,000	\$15 Copays	20%	\$250/20% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 52 with Rx Option AE, Blue 6	\$2,177.05	\$250/\$750	\$1,500/\$3,000	\$15 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 52 with Rx Option AA, Blue 6	\$2,158.62	\$250/\$750	\$1,500/\$3,000	\$15 Copays	20%	\$250/20% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 53 with Rx Option 7, Blue 6	\$2,160.31	\$500/\$1,500	\$2,500/\$5,000	\$15 Copays	10%	\$250/10% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 53 with Rx Option AE, Blue 6	\$2,118.39	\$500/\$1,500	\$2,500/\$5,000	\$15 Copays	10%	\$250/10% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 53 with Rx Option AA, Blue 6	\$2,100.24	\$500/\$1,500	\$2,500/\$5,000	\$15 Copays	10%	\$250/10% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 54 with Rx Option 7, Blue 6	\$2,070.74	\$750/\$2,250	\$1,500/\$3,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No



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## Alternative Options (Continued)

If you are looking to reduce your costs, here are some plans to consider and discuss with your agent. Other options are available, so please ask your agent if you would like to see additional plan options. You can make plan changes on the enclosed "Next Steps" renewal form contained toward the end of this document.

Blue Access Option 54 with Rx Option AE, Blue 6	\$2,029.31	\$750/\$2,250	\$1,500/\$3,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 54 with Rx Option AA, Blue 6	\$2,010.71	\$750/\$2,250	\$1,500/\$3,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 55 with Rx Option 7, Blue 6	\$1,882.99	\$1,000/\$3,000	\$3,500/\$7,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 55 with Rx Option AE, Blue 6	\$1,844.16	\$1,000/\$3,000	\$3,500/\$7,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 55 with Rx Option AA, Blue 6	\$1,827.36	\$1,000/\$3,000	\$3,500/\$7,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 56 with Rx Option 7, Blue 6	\$1,833.52	\$1,000/\$3,000	\$4,000/\$8,000	\$25 Copays	20%	\$250/20% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 56 with Rx Option AE, Blue 6	\$1,794.81	\$1,000/\$3,000	\$4,000/\$8,000	\$25 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 56 with Rx Option AA, Blue 6	\$1,777.44	\$1,000/\$3,000	\$4,000/\$8,000	\$25 Copays	20%	\$250/20% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 57 with Rx Option 7, Blue 6	\$1,794.00	\$1,500/\$4,500	\$3,000/\$6,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 57 with Rx Option AE, Blue 6	\$1,755.78	\$1,500/\$4,500	\$3,000/\$6,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 57 with Rx Option AA, Blue 6	\$1,738.61	\$1,500/\$4,500	\$3,000/\$6,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 58 with Rx Option 7, Blue 6	\$1,724.07	\$1,500/\$4,500	\$3,000/\$9,000	10% Coinsurance	10%	\$250/10% 10%	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No

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## Alternative Options (Continued)

If you are looking to reduce your costs, here are some plans to consider and discuss with your agent. Other options are available, so please ask your agent if you would like to see additional plan options. You can make plan changes on the enclosed "Next Steps" renewal form contained toward the end of this document.

Blue Access Option 58 with Rx Option AE, Blue 6	\$1,686.63	\$1,500/\$4,500	\$3,000/\$9,000	10% Coinsurance	10%	\$250/10% 10%	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 58 with Rx Option AA, Blue 6	\$1,670.45	\$1,500/\$4,500	\$3,000/\$9,000	10% Coinsurance	10%	\$250/10% 10%	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 59 with Rx Option 7, Blue 6	\$1,681.75	\$2,000/\$6,000	\$4,000/\$8,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 59 with Rx Option AE, Blue 6	\$1,645.33	\$2,000/\$6,000	\$4,000/\$8,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 59 with Rx Option AA, Blue 6	\$1,629.57	\$2,000/\$6,000	\$4,000/\$8,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 60 with Rx Option 7, Blue 6	\$1,512.09	\$2,500/\$7,500	\$10,000/\$20,000	\$30 Copays	20%	\$250/20% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 60 with Rx Option AE, Blue 6	\$1,476.81	\$2,500/\$7,500	\$10,000/\$20,000	\$30 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 60 with Rx Option AA, Blue 6	\$1,460.94	\$2,500/\$7,500	\$10,000/\$20,000	\$30 Copays	20%	\$250/20% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 61 with Rx Option 7, Blue 6	\$1,443.73	\$3,000/\$9,000	\$5,000/\$10,000	20% Coinsurance	20%	\$250/20% 20%	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 61 with Rx Option AE, Blue 6	\$1,408.29	\$3,000/\$9,000	\$5,000/\$10,000	20% Coinsurance	20%	\$250/20% 20%	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 61 with Rx Option AA, Blue 6	\$1,392.96	\$3,000/\$9,000	\$5,000/\$10,000	20% Coinsurance	20%	\$250/20% 20%	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 62 with Rx Option 7, Blue 6	\$1,438.20	\$4,000/\$12,000	\$8,000/\$16,000	\$30 Copays	20%	\$250/20% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No

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## Alternative Options (Continued)

If you are looking to reduce your costs, here are some plans to consider and discuss with your agent. Other options are available, so please ask your agent if you would like to see additional plan options. You can make plan changes on the enclosed "Next Steps" renewal form contained toward the end of this document.

Blue Access Option 62 with Rx Option AE, Blue 6	\$1,403.19	\$4,000/\$12,000	\$8,000/\$16,000	\$30 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 62 with Rx Option AA, Blue 6	\$1,387.43	\$4,000/\$12,000	\$8,000/\$16,000	\$30 Copays	20%	\$250/20% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D51 with Rx Option 7, Blue 6	\$2,277.60	\$500/\$1,000	\$1,000/\$2,000	\$15 Copays	20%	\$250/20% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D51 with Rx Option AE, Blue 6	\$2,234.14	\$500/\$1,000	\$1,000/\$2,000	\$15 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D51 with Rx Option AA, Blue 6	\$2,215.34	\$500/\$1,000	\$1,000/\$2,000	\$15 Copays	20%	\$250/20% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D52 with Rx Option 7, Blue 6	\$1,974.54	\$1,000/\$2,000	\$2,000/\$4,000	\$30 Copays	20%	\$250/20% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D52 with Rx Option AE, Blue 6	\$1,934.47	\$1,000/\$2,000	\$2,000/\$4,000	\$30 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D52 with Rx Option AA, Blue 6	\$1,916.45	\$1,000/\$2,000	\$2,000/\$4,000	\$30 Copays	20%	\$250/20% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D53 with Rx Option 7, Blue 6	\$1,846.59	\$1,500/\$3,000	\$3,000/\$6,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D53 with Rx Option AE, Blue 6	\$1,808.19	\$1,500/\$3,000	\$3,000/\$6,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D53 with Rx Option AA, Blue 6	\$1,791.56	\$1,500/\$3,000	\$3,000/\$6,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D54 with Rx Option 7, Blue 6	\$1,700.66	\$3,000/\$6,000	\$3,000/\$6,000	\$30 Copays	0%	\$300 \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No

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## Alternative Options (Continued)

If you are looking to reduce your costs, here are some plans to consider and discuss with your agent. Other options are available, so please ask your agent if you would like to see additional plan options. You can make plan changes on the enclosed "Next Steps" renewal form contained toward the end of this document.

Blue Access Option D54 with Rx Option AE, Blue 6	\$1,663.82	\$3,000/\$6,000	\$3,000/\$6,000	\$30 Copays	0%	\$300 \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D54 with Rx Option AA, Blue 6	\$1,647.26	\$3,000/\$6,000	\$3,000/\$6,000	\$30 Copays	0%	\$300 \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D55 with Rx Option 7, Blue 6	\$1,678.79	\$2,000/\$4,000	\$4,000/\$8,000	\$20 Copays	30%	\$250/30% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D55 with Rx Option AE, Blue 6	\$1,642.40	\$2,000/\$4,000	\$4,000/\$8,000	\$20 Copays	30%	\$250/30% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D55 with Rx Option AA, Blue 6	\$1,626.65	\$2,000/\$4,000	\$4,000/\$8,000	\$20 Copays	30%	\$250/30% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D56 with Rx Option 7, Blue 6	\$1,572.36	\$3,000/\$6,000	\$5,000/\$10,000	\$30 Copays	10%	\$250/10% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D56 with Rx Option AE, Blue 6	\$1,537.08	\$3,000/\$6,000	\$5,000/\$10,000	\$30 Copays	10%	\$250/10% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D56 with Rx Option AA, Blue 6	\$1,521.21	\$3,000/\$6,000	\$5,000/\$10,000	\$30 Copays	10%	\$250/10% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D57 with Rx Option 7, Blue 6	\$1,530.19	\$3,000/\$6,000	\$8,000/\$16,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D57 with Rx Option AE, Blue 6	\$1,495.01	\$3,000/\$6,000	\$8,000/\$16,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D57 with Rx Option AA, Blue 6	\$1,479.78	\$3,000/\$6,000	\$8,000/\$16,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D58 with Rx Option 7, Blue 6	\$1,503.36	\$5,000/\$10,000	\$5,000/\$10,000	\$30 Copays	0%	\$300 \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No

North Manchester  
 0000324-0000  
 Effective Date: 01/01/2024

## Alternative Options (Continued)

If you are looking to reduce your costs, here are some plans to consider and discuss with your agent. Other options are available, so please ask your agent if you would like to see additional plan options. You can make plan changes on the enclosed "Next Steps" renewal form contained toward the end of this document.

Blue Access Option D58 with Rx Option AE, Blue 6	\$1,468.07	\$5,000/\$10,000	\$5,000/\$10,000	\$30 Copays	0%	\$300 \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D58 with Rx Option AA, Blue 6	\$1,452.20	\$5,000/\$10,000	\$5,000/\$10,000	\$30 Copays	0%	\$300 \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D59 with Rx Option 7, Blue 6	\$1,426.81	\$5,000/\$10,000	\$7,500/\$15,000	\$30 Copays	20%	\$250/10% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D59 with Rx Option AE, Blue 6	\$1,391.52	\$5,000/\$10,000	\$7,500/\$15,000	\$30 Copays	20%	\$250/10% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D59 with Rx Option AA, Blue 6	\$1,375.65	\$5,000/\$10,000	\$7,500/\$15,000	\$30 Copays	20%	\$250/10% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D60 with Rx Option 7, Blue 6	\$1,403.98	\$5,000/\$10,000	\$7,500/\$15,000	\$40 Copays	20%	\$250/20% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D60 with Rx Option AE, Blue 6	\$1,369.11	\$5,000/\$10,000	\$7,500/\$15,000	\$40 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option D60 with Rx Option AA, Blue 6	\$1,353.39	\$5,000/\$10,000	\$7,500/\$15,000	\$40 Copays	20%	\$250/20% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	No
Blue Access Option 70 with Rx Option 7, Blue 6	\$2,364.65	\$250/\$750	\$1,500/\$3,000	\$15 Copays	20%	\$250/20% \$75	\$10/\$25/\$40/25% \$200 max up to \$2,500	No Cost Share	Yes
Blue Access Option 70 with Rx Option AE, Blue 6	\$2,319.96	\$250/\$750	\$1,500/\$3,000	\$15 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	Yes
Blue Access Option 71 with Rx Option AE, Blue 6	\$2,249.04	\$250/\$750	\$1,500/\$3,000	\$15 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	Yes
Blue Access Option 72 with Rx Option AE, Blue 6	\$2,188.04	\$500/\$1,500	\$2,500/\$5,000	\$15 Copays	10%	\$250/10% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	Yes

North Manchester  
 00000324-0000  
 Effective Date: 01/01/2024

## Alternative Options (Continued)

If you are looking to reduce your costs, here are some plans to consider and discuss with your agent. Other options are available, so please ask your agent if you would like to see additional plan options. You can make plan changes on the enclosed "Next Steps" renewal form contained toward the end of this document.

<b>Blue Access Option 73 with Rx Option AE, Blue 6</b>	\$2,095.50	\$750/\$2,250	\$1,500/\$3,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	Yes
<b>Blue Access Option 74 with Rx Option AE, Blue 6</b>	\$2,048.36	\$1,000/\$3,000	\$2,000/\$4,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	Yes
<b>Blue Access Option 75 with Rx Option AE, Blue 6</b>	\$1,986.41	\$1,000/\$3,000	\$2,000/\$4,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	Yes
<b>Blue Access Option 76 with Rx Option AE, Blue 6</b>	\$1,811.13	\$1,500/\$4,500	\$3,000/\$6,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	Yes
<b>Blue Access Option 76 with Rx Option AA, Blue 6</b>	\$1,793.67	\$1,500/\$4,500	\$3,000/\$6,000	\$20 Copays	20%	\$250/20% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	Yes
<b>Blue Access Option 77 with Rx Option AA, Blue 6</b>	\$1,782.69	\$1,500/\$4,500	\$3,000/\$6,000	\$25 Copays	20%	\$250/20% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	Yes
<b>Blue Access Option 78 with Rx Option AE, Blue 6</b>	\$1,579.32	\$2,500/\$7,500	\$5,000/\$10,000	\$30 Copays	20%	\$250/20% \$75	\$10/\$30/\$60/25% \$200 max up to \$2,500	No Cost Share	Yes
<b>Blue Access Option 79 with Rx Option AA, Blue 6</b>	\$1,519.70	\$2,500/\$7,500	\$5,000/\$10,000	\$25 Copays	30%	\$250/30% \$75	\$10/\$40/\$60/25% \$200 max up to \$2,500	No Cost Share	Yes

Please note that these are examples of available options and that other options may be available for your group.

Rates are proposed for an effective date of 01/01/2024. Rerate is required after this date. Final rates will be based on the actual effective date. Rates are based upon SIC #4941, located primarily in the 40962 zip code area. Final rates will be based upon the actual location, enrolled census, final benefits selected, and the underwriting rules in effect upon acceptance by Anthem Health Plans of Kentucky, Inc. and Anthem Life. This renewal is subject to underwriting approval by Anthem Health Plans of Kentucky, Inc. and Anthem Life; please do not cancel your coverage until the application has been approved in writing. 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 description, the terms of the Group Contract will prevail.

NOTE: If the alternate Option request form is not received by the effective date listed on this proposal, a new proposal must be submitted.

\*FMHP is Federal Mental Health Parity.

North Manchester  
0000324-0000  
Effective Date: 01/01/2024

## Alternative Options (Continued)

If you are looking to reduce your costs, here are some plans to consider and discuss with your agent. Other options are available, so please ask your agent if you would like to see additional plan options. You can make plan changes on the enclosed "Next Steps" renewal form contained toward the end of this document.



North Manchester  
 0000324-0000  
 Effective Date: 01/01/2024

# Enhance your coverage

**Save time, money and trouble by adding dental, vision, life and/or disability from the name you know and trust. Our medical and specialty products are great alone but even better together.**

Anthem offers a wide range of products which, by themselves, deliver outstanding value. Connect them with your medical plan, and they can help improve the health of your employees and your bottom line.

**Buy your medical and specialty coverage together.**

By bundling specialty products with your medical plan, you can enjoy extra convenience and time-savings.

- ▶ One account management contact
- ▶ Administrative efficiencies, in many cases
- ▶ Clinically integrated products

**Dental**

National network with more than 102,000 access points and plan designs to fit your budget and employee needs.

**Vision**

Access to more than 50,000 providers and provider locations including LensCrafters, Target Optical, Sears Optical<sup>SM</sup>, JCPenney Optical and Pearle Vision.

**Life and Disability**

We offer more than just a benefit check by providing members with value-added services, such as professional counseling and identity theft recovery.

Vision	Employee	Employee & Spouse	Employee & Child	Family	Plan Type	Exam Copay	Prescription Lens Copay	Exam frequency	Lens frequency	Transitions and polycarbonate lenses for kids	Additional Savings Program
Blue View Vision Option37	\$5.85	\$10.24	\$10.00	\$16.12	Full Service	\$20.00	\$20.00	Once every 12 months	Once every 24 months	Included	Save up to 40% on additional material



# Next Steps

**Company Name:** North Manchester  
**Group #:** 00000324-0000

**Your Agent:** Messer-Mcqueen,  
 Crystal G.  
**Effective Date:** 01-01-2024

Reminder: If you wish to accept this proposed renewal coverage, **no action is needed**. You will renew automatically. If making changes, make sure that you check the appropriate box. If you are looking to reduce your costs or make plan changes, please talk with your agent. Additional plan options are available.

Proposed Renewal Plans	
	Blue Access Option 51 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	KEEP - No Action needed
<b>Estimated Total Cost</b>	\$2,208.29
Estimated Employee Cost	\$2,208.29
Estimated Dependent Cost	n/a
<b>Additional Coverage</b>	
Dental	n/a
Vision	n/a
Term Life and AD&D	n/a
<b>Total w/Additional Coverage</b>	\$2,208.29

Enhance your Coverage	
	Life & Disability
<b>Indicate Option Choice</b>	Add <input type="checkbox"/>
<b>Estimated Total Cost</b>	Ask your Anthem agent for Life and Disability plan options and pricing details.
Estimated Employee Cost	
Estimated Employee and Spouse Cost	
Estimated Employee and Child Cost	
Estimated Family Cost	

Please note that these are examples of available options and that other options may be available for your group. Please visit [anthem.com/easyrenew](http://anthem.com/easyrenew) to compare additional plan options.

## Plan Alternatives for Blue Access Option 51 with Rx Option 7, Blue 6

	Blue Access Option 51 with Rx Option AE, Blue 6	Blue Access Option 51 with Rx Option AA, Blue 6	Blue Access Option 52 with Rx Option 7, Blue 6	Blue Access Option 52 with Rx Option AE, Blue 6	Blue Access Option 52 with Rx Option AA, Blue 6
<b>Indicate Option Choice</b>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>
<b>Estimated Total Cost</b>	\$2,165.56	\$2,147.08	\$2,219.59	\$2,177.05	\$2,158.62
Estimated Employee Cost	\$2,165.56	\$2,147.08	\$2,219.59	\$2,177.05	\$2,158.62
Estimated Dependent Cost	n/a	n/a	n/a	n/a	n/a
<b>% of Health Savings</b>	2.0%	2.9%	-0.5%	1.4%	2.3%

### Authorization for ANY Plan Change

**Employer Statement of Understanding.** Applies to HSA Compatible and any high deductible plans (with the exception of EPO plans).

I understand that all HSA-compatible or high-deductible PPO plans are intended to be used as stand-alone high-deductible health plans or alongside a Health Savings Account banking arrangement and are not intended to be used in conjunction with any partially self-funded Section 105 wraparound product, now or in the future.

Group Email Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**COMPLETE, SIGN, and email to [Small.group.reclass.and.renewal@anthem.com](mailto:Small.group.reclass.and.renewal@anthem.com).**

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Per the Affordable Care Act (or health care reform law), Summary of Benefits and Coverage (SBCs) can be accessed through our Internet Posting Site at [www.find-sbc.com](http://www.find-sbc.com).

The benefits and rates reflected in this quotation have been adjusted to comply with changes required by the Affordable Care Act beginning in 2014. If not yet approved by the Department of Insurance, these benefits and rates might need to be adjusted.

Reminder: as your monthly bill will adjust when this renewal goes into effect, please be sure to pay your monthly statement as billed to ensure your account remains in good status.



# Next Steps

**Company Name:** North Manchester  
**Group #:** 00000324-0000

**Your Agent:** Messer-Mcqueen,  
 Crystal G.  
**Effective Date:** 01-01-2024

Reminder: If you wish to accept this proposed renewal coverage, **no action is needed**. You will renew automatically. If making changes, make sure that you check the appropriate box. If you are looking to reduce your costs or make plan changes, please talk with your agent. Additional plan options are available.

Proposed Renewal Plans	
	Blue Access Option 51 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	KEEP - No Action needed
<b>Estimated Total Cost</b>	\$2,208.29
Estimated Employee Cost	\$2,208.29
Estimated Dependent Cost	n/a
<b>Additional Coverage</b>	
Dental	n/a
Vision	n/a
Term Life and AD&D	n/a
<b>Total w/Additional Coverage</b>	\$2,208.29

Enhance your Coverage	
	Life & Disability
<b>Indicate Option Choice</b>	Add <input type="checkbox"/>
<b>Estimated Total Cost</b>	Ask your Anthem agent for Life and Disability plan options and pricing details.
Estimated Employee and Spouse Cost	
Estimated Employee and Child Cost	
Estimated Family Cost	

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## Plan Alternatives for Blue Access Option 51 with Rx Option 7, Blue 6

	Blue Access Option 53 with Rx Option 7, Blue 6	Blue Access Option 53 with Rx Option AE, Blue 6	Blue Access Option 53 with Rx Option AA, Blue 6	Blue Access Option 54 with Rx Option 7, Blue 6	Blue Access Option 54 with Rx Option AE, Blue 6
<b>Indicate Option Choice</b>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>
<b>Estimated Total Cost</b>	\$2,160.31	\$2,118.39	\$2,100.24	\$2,070.74	\$2,029.31
Estimated Employee Cost	\$2,160.31	\$2,118.39	\$2,100.24	\$2,070.74	\$2,029.31
Estimated Dependent Cost	n/a	n/a	n/a	n/a	n/a
<b>% of Health Savings</b>	2.2%	4.2%	5.1%	6.6%	8.8%

### Authorization for ANY Plan Change

**Employer Statement of Understanding.** Applies to HSA Compatible and any high deductible plans (with the exception of EPO plans).

I understand that all HSA-compatible or high-deductible PPO plans are intended to be used as stand-alone high-deductible health plans or alongside a Health Savings Account banking arrangement and are not intended to be used in conjunction with any partially self-funded Section 105 wraparound product, now or in the future.

Group Email Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**COMPLETE, SIGN, and email to [Small.group.reclass.and.renewal@anthem.com](mailto:Small.group.reclass.and.renewal@anthem.com).**

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# Next Steps

**Company Name:** North Manchester  
**Group #:** 00000324-0000

**Your Agent:** Messer-Mcqueen,  
 Crystal G.  
**Effective Date:** 01-01-2024

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Proposed Renewal Plans	
	Blue Access Option 51 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	KEEP - No Action needed
<b>Estimated Total Cost</b>	\$2,208.29
Estimated Employee Cost	\$2,208.29
Estimated Dependent Cost	n/a
<b>Additional Coverage</b>	
Dental	n/a
Vision	n/a
Term Life and AD&D	n/a
<b>Total w/Additional Coverage</b>	\$2,208.29

Enhance your Coverage	
	Life & Disability
<b>Indicate Option Choice</b>	Add <input type="checkbox"/>
<b>Estimated Total Cost</b>	Ask your Anthem agent for Life and Disability plan options and pricing details.
Estimated Employee and Spouse Cost	
Estimated Employee and Child Cost	
Estimated Family Cost	

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## Plan Alternatives for Blue Access Option 51 with Rx Option 7, Blue 6

	Blue Access Option 54 with Rx Option AA, Blue 6	Blue Access Option 55 with Rx Option 7, Blue 6	Blue Access Option 55 with Rx Option AE, Blue 6	Blue Access Option 55 with Rx Option AA, Blue 6	Blue Access Option 56 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>
<b>Estimated Total Cost</b>	\$2,010.71	\$1,882.99	\$1,844.16	\$1,827.36	\$1,833.52
Estimated Employee Cost	\$2,010.71	\$1,882.99	\$1,844.16	\$1,827.36	\$1,833.52
Estimated Dependent Cost	n/a	n/a	n/a	n/a	n/a
<b>% of Health Savings</b>	9.8%	17.3%	19.7%	20.8%	20.4%

### Authorization for ANY Plan Change

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Group Email Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**COMPLETE, SIGN, and email to [Small.group.reclass.and.renewal@anthem.com](mailto:Small.group.reclass.and.renewal@anthem.com).**

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# Next Steps

**Company Name:** North Manchester  
**Group #:** 00000324-0000

**Your Agent:** Messer-Mcqueen,  
 Crystal G.  
**Effective Date:** 01-01-2024

Reminder: If you wish to accept this proposed renewal coverage, **no action is needed**. You will renew automatically. If making changes, make sure that you check the appropriate box. If you are looking to reduce your costs or make plan changes, please talk with your agent. Additional plan options are available.

Proposed Renewal Plans	
	Blue Access Option 51 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	KEEP - No Action needed
<b>Estimated Total Cost</b>	\$2,208.29
Estimated Employee Cost	\$2,208.29
Estimated Dependent Cost	n/a
<b>Additional Coverage</b>	
Dental	n/a
Vision	n/a
Term Life and AD&D	n/a
<b>Total w/Additional Coverage</b>	\$2,208.29

Enhance your Coverage	
	Life & Disability
<b>Indicate Option Choice</b>	Add <input type="checkbox"/>
<b>Estimated Total Cost</b>	Ask your Anthem agent for Life and Disability plan options and pricing details.
Estimated Employee and Spouse Cost	
Estimated Employee and Child Cost	
Estimated Family Cost	

Please note that these are examples of available options and that other options may be available for your group. Please visit [anthem.com/easyrenew](http://anthem.com/easyrenew) to compare additional plan options.

## Plan Alternatives for Blue Access Option 51 with Rx Option 7, Blue 6

	Blue Access Option 56 with Rx Option AE, Blue 6	Blue Access Option 56 with Rx Option AA, Blue 6	Blue Access Option 57 with Rx Option 7, Blue 6	Blue Access Option 57 with Rx Option AE, Blue 6	Blue Access Option 57 with Rx Option AA, Blue 6
<b>Indicate Option Choice</b>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>
<b>Estimated Total Cost</b>	\$1,794.81	\$1,777.44	\$1,794.00	\$1,755.78	\$1,738.61
Estimated Employee Cost	\$1,794.81	\$1,777.44	\$1,794.00	\$1,755.78	\$1,738.61
Estimated Dependent Cost	n/a	n/a	n/a	n/a	n/a
<b>% of Health Savings</b>	23.0%	24.2%	23.1%	25.8%	27.0%

### Authorization for ANY Plan Change

**Employer Statement of Understanding.** Applies to HSA Compatible and any high deductible plans (with the exception of EPO plans).

I understand that all HSA-compatible or high-deductible PPO plans are intended to be used as stand-alone high-deductible health plans or alongside a Health Savings Account banking arrangement and are not intended to be used in conjunction with any partially self-funded Section 105 wraparound product, now or in the future.

Group Email Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**COMPLETE, SIGN, and email to [Small.group.reclass.and.renewal@anthem.com](mailto:Small.group.reclass.and.renewal@anthem.com).**

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Reminder: as your monthly bill will adjust when this renewal goes into effect, please be sure to pay your monthly statement as billed to ensure your account remains in good status.



# Next Steps

**Company Name:** North Manchester  
**Group #:** 00000324-0000

**Your Agent:** Messer-Mcqueen,  
 Crystal G.  
**Effective Date:** 01-01-2024

Reminder: If you wish to accept this proposed renewal coverage, **no action is needed**. You will renew automatically. If making changes, make sure that you check the appropriate box. If you are looking to reduce your costs or make plan changes, please talk with your agent. Additional plan options are available.

Proposed Renewal Plans	
	Blue Access Option 51 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	KEEP - No Action needed
<b>Estimated Total Cost</b>	\$2,208.29
Estimated Employee Cost	\$2,208.29
Estimated Dependent Cost	n/a
<b>Additional Coverage</b>	
Dental	n/a
Vision	n/a
Term Life and AD&D	n/a
<b>Total w/Additional Coverage</b>	\$2,208.29

Enhance your Coverage	
	Life & Disability
<b>Indicate Option Choice</b>	Add <input type="checkbox"/>
<b>Estimated Total Cost</b>	Ask your Anthem agent for Life and Disability plan options and pricing details.
Estimated Employee and Spouse Cost	
Estimated Employee and Child Cost	
Estimated Family Cost	

Please note that these are examples of available options and that other options may be available for your group. Please visit [anthem.com/easyrenew](http://anthem.com/easyrenew) to compare additional plan options.

## Plan Alternatives for Blue Access Option 51 with Rx Option 7, Blue 6

	Blue Access Option 58 with Rx Option 7, Blue 6	Blue Access Option 58 with Rx Option AE, Blue 6	Blue Access Option 58 with Rx Option AA, Blue 6	Blue Access Option 59 with Rx Option 7, Blue 6	Blue Access Option 59 with Rx Option AE, Blue 6
<b>Indicate Option Choice</b>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>
<b>Estimated Total Cost</b>	\$1,724.07	\$1,686.63	\$1,670.45	\$1,681.75	\$1,645.33
Estimated Employee Cost	\$1,724.07	\$1,686.63	\$1,670.45	\$1,681.75	\$1,645.33
Estimated Dependent Cost	n/a	n/a	n/a	n/a	n/a
<b>% of Health Savings</b>	28.1%	30.9%	32.2%	31.3%	34.2%

### Authorization for ANY Plan Change

**Employer Statement of Understanding.** Applies to HSA Compatible and any high deductible plans (with the exception of EPO plans).

I understand that all HSA-compatible or high-deductible PPO plans are intended to be used as stand-alone high-deductible health plans or alongside a Health Savings Account banking arrangement and are not intended to be used in conjunction with any partially self-funded Section 105 wraparound product, now or in the future.

Group Email Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**COMPLETE, SIGN, and email to [Small.group.reclass.and.renewal@anthem.com](mailto:Small.group.reclass.and.renewal@anthem.com).**

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# Next Steps

**Company Name:** North Manchester  
**Group #:** 00000324-0000

**Your Agent:** Messer-Mcqueen,  
 Crystal G.  
**Effective Date:** 01-01-2024

Reminder: If you wish to accept this proposed renewal coverage, **no action is needed**. You will renew automatically. If making changes, make sure that you check the appropriate box. If you are looking to reduce your costs or make plan changes, please talk with your agent. Additional plan options are available.

Proposed Renewal Plans	
	Blue Access Option 51 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	KEEP - No Action needed
<b>Estimated Total Cost</b>	\$2,208.29
Estimated Employee Cost	\$2,208.29
Estimated Dependent Cost	n/a
<b>Additional Coverage</b>	
Dental	n/a
Vision	n/a
Term Life and AD&D	n/a
<b>Total w/Additional Coverage</b>	\$2,208.29

Enhance your Coverage	
	Life & Disability
<b>Indicate Option Choice</b>	Add <input type="checkbox"/>
<b>Estimated Total Cost</b>	Ask your Anthem agent for Life and Disability plan options and pricing details.
Estimated Employee and Spouse Cost	
Estimated Employee and Child Cost	
Estimated Family Cost	

Please note that these are examples of available options and that other options may be available for your group. Please visit [anthem.com/easyrenew](http://anthem.com/easyrenew) to compare additional plan options.

## Plan Alternatives for Blue Access Option 51 with Rx Option 7, Blue 6

	Blue Access Option 59 with Rx Option AA, Blue 6	Blue Access Option 60 with Rx Option 7, Blue 6	Blue Access Option 60 with Rx Option AE, Blue 6	Blue Access Option 60 with Rx Option AA, Blue 6	Blue Access Option 61 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>
<b>Estimated Total Cost</b>	\$1,629.57	\$1,512.09	\$1,476.81	\$1,460.94	\$1,443.73
Estimated Employee Cost	\$1,629.57	\$1,512.09	\$1,476.81	\$1,460.94	\$1,443.73
Estimated Dependent Cost	n/a	n/a	n/a	n/a	n/a
<b>% of Health Savings</b>	35.5%	46.0%	49.5%	51.2%	53.0%

### Authorization for ANY Plan Change

**Employer Statement of Understanding.** Applies to HSA Compatible and any high deductible plans (with the exception of EPO plans).

I understand that all HSA-compatible or high-deductible PPO plans are intended to be used as stand-alone high-deductible health plans or alongside a Health Savings Account banking arrangement and are not intended to be used in conjunction with any partially self-funded Section 105 wraparound product, now or in the future.

Group Email Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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# Next Steps

**Company Name:** North Manchester  
**Group #:** 00000324-0000

**Your Agent:** Messer-Mcqueen,  
 Crystal G.  
**Effective Date:** 01-01-2024

Reminder: If you wish to accept this proposed renewal coverage, **no action is needed**. You will renew automatically. If making changes, make sure that you check the appropriate box. If you are looking to reduce your costs or make plan changes, please talk with your agent. Additional plan options are available.

Proposed Renewal Plans	
	Blue Access Option 51 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	KEEP - No Action needed
<b>Estimated Total Cost</b>	\$2,208.29
Estimated Employee Cost	\$2,208.29
Estimated Dependent Cost	n/a
<b>Additional Coverage</b>	
Dental	n/a
Vision	n/a
Term Life and AD&D	n/a
<b>Total w/Additional Coverage</b>	\$2,208.29

Enhance your Coverage	
	Life & Disability
<b>Indicate Option Choice</b>	Add <input type="checkbox"/>
<b>Estimated Total Cost</b>	Ask your Anthem agent for Life and Disability plan options and pricing details.
Estimated Employee and Spouse Cost	
Estimated Employee and Child Cost	
Estimated Family Cost	

Please note that these are examples of available options and that other options may be available for your group. Please visit [anthem.com/easyrenew](http://anthem.com/easyrenew) to compare additional plan options.

## Plan Alternatives for Blue Access Option 51 with Rx Option 7, Blue 6

	Blue Access Option 61 with Rx Option AE, Blue 6	Blue Access Option 61 with Rx Option AA, Blue 6	Blue Access Option 62 with Rx Option 7, Blue 6	Blue Access Option 62 with Rx Option AE, Blue 6	Blue Access Option 62 with Rx Option AA, Blue 6
<b>Indicate Option Choice</b>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>
<b>Estimated Total Cost</b>	\$1,408.29	\$1,392.96	\$1,438.20	\$1,403.19	\$1,387.43
Estimated Employee Cost	\$1,408.29	\$1,392.96	\$1,438.20	\$1,403.19	\$1,387.43
Estimated Dependent Cost	n/a	n/a	n/a	n/a	n/a
<b>% of Health Savings</b>	56.8%	58.5%	53.5%	57.4%	59.2%

### Authorization for ANY Plan Change

**Employer Statement of Understanding.** Applies to HSA Compatible and any high deductible plans (with the exception of EPO plans).

I understand that all HSA-compatible or high-deductible PPO plans are intended to be used as stand-alone high-deductible health plans or alongside a Health Savings Account banking arrangement and are not intended to be used in conjunction with any partially self-funded Section 105 wraparound product, now or in the future.

Group Email Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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# Next Steps

**Company Name:** North Manchester  
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**Effective Date:** 01-01-2024

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Proposed Renewal Plans	
	Blue Access Option 51 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	KEEP - No Action needed
<b>Estimated Total Cost</b>	\$2,208.29
Estimated Employee Cost	\$2,208.29
Estimated Dependent Cost	n/a
<b>Additional Coverage</b>	
Dental	n/a
Vision	n/a
Term Life and AD&D	n/a
<b>Total w/Additional Coverage</b>	\$2,208.29

Enhance your Coverage	
	Life & Disability
<b>Indicate Option Choice</b>	Add <input type="checkbox"/>
<b>Estimated Total Cost</b>	Ask your Anthem agent for Life and Disability plan options and pricing details.
Estimated Employee and Spouse Cost	
Estimated Employee and Child Cost	
Estimated Family Cost	

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## Plan Alternatives for Blue Access Option 51 with Rx Option 7, Blue 6

	Blue Access Option D51 with Rx Option 7, Blue 6	Blue Access Option D51 with Rx Option AE, Blue 6	Blue Access Option D51 with Rx Option AA, Blue 6	Blue Access Option D52 with Rx Option 7, Blue 6	Blue Access Option D52 with Rx Option AE, Blue 6
<b>Indicate Option Choice</b>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>
<b>Estimated Total Cost</b>	\$2,277.60	\$2,234.14	\$2,215.34	\$1,974.54	\$1,934.47
Estimated Employee Cost	\$2,277.60	\$2,234.14	\$2,215.34	\$1,974.54	\$1,934.47
Estimated Dependent Cost	n/a	n/a	n/a	n/a	n/a
<b>% of Health Savings</b>	-3.0%	-1.2%	-0.3%	11.8%	14.2%

### Authorization for ANY Plan Change

**Employer Statement of Understanding.** Applies to HSA Compatible and any high deductible plans (with the exception of EPO plans).

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Group Email Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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# Next Steps

**Company Name:** North Manchester  
**Group #:** 00000324-0000

**Your Agent:** Messer-Mcqueen,  
 Crystal G.  
**Effective Date:** 01-01-2024

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Proposed Renewal Plans	
	Blue Access Option 51 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	KEEP - No Action needed
<b>Estimated Total Cost</b>	\$2,208.29
Estimated Employee Cost	\$2,208.29
Estimated Dependent Cost	n/a
<b>Additional Coverage</b>	
Dental	n/a
Vision	n/a
Term Life and AD&D	n/a
<b>Total w/Additional Coverage</b>	\$2,208.29

Enhance your Coverage	
	Life & Disability
<b>Indicate Option Choice</b>	Add <input type="checkbox"/>
<b>Estimated Total Cost</b>	Ask your Anthem agent for Life and Disability plan options and pricing details.
Estimated Employee and Spouse Cost	
Estimated Employee and Child Cost	
Estimated Family Cost	

Please note that these are examples of available options and that other options may be available for your group. Please visit [anthem.com/easyrenew](http://anthem.com/easyrenew) to compare additional plan options.

## Plan Alternatives for Blue Access Option 51 with Rx Option 7, Blue 6

	Blue Access Option D52 with Rx Option AA, Blue 6	Blue Access Option D53 with Rx Option 7, Blue 6	Blue Access Option D53 with Rx Option AE, Blue 6	Blue Access Option D53 with Rx Option AA, Blue 6	Blue Access Option D54 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>
<b>Estimated Total Cost</b>	\$1,916.45	\$1,846.59	\$1,808.19	\$1,791.56	\$1,700.66
Estimated Employee Cost	\$1,916.45	\$1,846.59	\$1,808.19	\$1,791.56	\$1,700.66
Estimated Dependent Cost	n/a	n/a	n/a	n/a	n/a
<b>% of Health Savings</b>	15.2%	19.6%	22.1%	23.3%	29.8%

### Authorization for ANY Plan Change

**Employer Statement of Understanding.** Applies to HSA Compatible and any high deductible plans (with the exception of EPO plans).

I understand that all HSA-compatible or high-deductible PPO plans are intended to be used as stand-alone high-deductible health plans or alongside a Health Savings Account banking arrangement and are not intended to be used in conjunction with any partially self-funded Section 105 wraparound product, now or in the future.

Group Email Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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# Next Steps

**Company Name:** North Manchester  
**Group #:** 00000324-0000

**Your Agent:** Messer-Mcqueen,  
 Crystal G.  
**Effective Date:** 01-01-2024

Reminder: If you wish to accept this proposed renewal coverage, **no action is needed**. You will renew automatically. If making changes, make sure that you check the appropriate box. If you are looking to reduce your costs or make plan changes, please talk with your agent. Additional plan options are available.

Proposed Renewal Plans	
	Blue Access Option 51 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	KEEP - No Action needed
<b>Estimated Total Cost</b>	\$2,208.29
Estimated Employee Cost	\$2,208.29
Estimated Dependent Cost	n/a
<b>Additional Coverage</b>	
Dental	n/a
Vision	n/a
Term Life and AD&D	n/a
<b>Total w/Additional Coverage</b>	\$2,208.29

Enhance your Coverage	
	Life & Disability
<b>Indicate Option Choice</b>	Add <input type="checkbox"/>
<b>Estimated Total Cost</b>	Ask your Anthem agent for Life and Disability plan options and pricing details.
Estimated Employee and Spouse Cost	
Estimated Employee and Child Cost	
Estimated Family Cost	

Please note that these are examples of available options and that other options may be available for your group. Please visit [anthem.com/easyrenew](http://anthem.com/easyrenew) to compare additional plan options.

## Plan Alternatives for Blue Access Option 51 with Rx Option 7, Blue 6

	Blue Access Option D54 with Rx Option AE, Blue 6	Blue Access Option D54 with Rx Option AA, Blue 6	Blue Access Option D55 with Rx Option 7, Blue 6	Blue Access Option D55 with Rx Option AE, Blue 6	Blue Access Option D55 with Rx Option AA, Blue 6
<b>Indicate Option Choice</b>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>
<b>Estimated Total Cost</b>	\$1,663.82	\$1,647.26	\$1,678.79	\$1,642.40	\$1,626.65
Estimated Employee Cost	\$1,663.82	\$1,647.26	\$1,678.79	\$1,642.40	\$1,626.65
Estimated Dependent Cost	n/a	n/a	n/a	n/a	n/a
<b>% of Health Savings</b>	32.7%	34.1%	31.5%	34.5%	35.8%

### Authorization for ANY Plan Change

**Employer Statement of Understanding.** Applies to HSA Compatible and any high deductible plans (with the exception of EPO plans).

I understand that all HSA-compatible or high-deductible PPO plans are intended to be used as stand-alone high-deductible health plans or alongside a Health Savings Account banking arrangement and are not intended to be used in conjunction with any partially self-funded Section 105 wraparound product, now or in the future.

Group Email Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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# Next Steps

**Company Name:** North Manchester  
**Group #:** 00000324-0000

**Your Agent:** Messer-Mcqueen,  
 Crystal G.  
**Effective Date:** 01-01-2024

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Proposed Renewal Plans	
	Blue Access Option 51 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	KEEP - No Action needed
<b>Estimated Total Cost</b>	\$2,208.29
Estimated Employee Cost	\$2,208.29
Estimated Dependent Cost	n/a
<b>Additional Coverage</b>	
Dental	n/a
Vision	n/a
Term Life and AD&D	n/a
<b>Total w/Additional Coverage</b>	\$2,208.29

Enhance your Coverage	
	Life & Disability
<b>Indicate Option Choice</b>	Add <input type="checkbox"/>
<b>Estimated Total Cost</b>	Ask your Anthem agent for Life and Disability plan options and pricing details.
Estimated Employee and Spouse Cost	
Estimated Employee and Child Cost	
Estimated Family Cost	

Please note that these are examples of available options and that other options may be available for your group. Please visit [anthem.com/easyrenew](http://anthem.com/easyrenew) to compare additional plan options.

## Plan Alternatives for Blue Access Option 51 with Rx Option 7, Blue 6

	Blue Access Option D56 with Rx Option 7, Blue 6	Blue Access Option D56 with Rx Option AE, Blue 6	Blue Access Option D56 with Rx Option AA, Blue 6	Blue Access Option D57 with Rx Option 7, Blue 6	Blue Access Option D57 with Rx Option AE, Blue 6
<b>Indicate Option Choice</b>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>
<b>Estimated Total Cost</b>	\$1,572.36	\$1,537.08	\$1,521.21	\$1,530.19	\$1,495.01
Estimated Employee Cost	\$1,572.36	\$1,537.08	\$1,521.21	\$1,530.19	\$1,495.01
Estimated Dependent Cost	n/a	n/a	n/a	n/a	n/a
<b>% of Health Savings</b>	40.4%	43.7%	45.2%	44.3%	47.7%

### Authorization for ANY Plan Change

**Employer Statement of Understanding.** Applies to HSA Compatible and any high deductible plans (with the exception of EPO plans).

I understand that all HSA-compatible or high-deductible PPO plans are intended to be used as stand-alone high-deductible health plans or alongside a Health Savings Account banking arrangement and are not intended to be used in conjunction with any partially self-funded Section 105 wraparound product, now or in the future.

Group Email Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**COMPLETE, SIGN, and email to [Small.group.reclass.and.renewal@anthem.com](mailto:Small.group.reclass.and.renewal@anthem.com).**

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# Next Steps

**Company Name:** North Manchester  
**Group #:** 00000324-0000

**Your Agent:** Messer-Mcqueen,  
 Crystal G.  
**Effective Date:** 01-01-2024

Reminder: If you wish to accept this proposed renewal coverage, **no action is needed**. You will renew automatically. If making changes, make sure that you check the appropriate box. If you are looking to reduce your costs or make plan changes, please talk with your agent. Additional plan options are available.

Proposed Renewal Plans	
	Blue Access Option 51 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	KEEP - No Action needed
<b>Estimated Total Cost</b>	\$2,208.29
Estimated Employee Cost	\$2,208.29
Estimated Dependent Cost	n/a
<b>Additional Coverage</b>	
Dental	n/a
Vision	n/a
Term Life and AD&D	n/a
<b>Total w/Additional Coverage</b>	\$2,208.29

Enhance your Coverage	
	Life & Disability
<b>Indicate Option Choice</b>	Add <input type="checkbox"/>
<b>Estimated Total Cost</b>	Ask your Anthem agent for Life and Disability plan options and pricing details.
Estimated Employee and Spouse Cost	
Estimated Employee and Child Cost	
Estimated Family Cost	

Please note that these are examples of available options and that other options may be available for your group. Please visit [anthem.com/easyrenew](http://anthem.com/easyrenew) to compare additional plan options.

## Plan Alternatives for Blue Access Option 51 with Rx Option 7, Blue 6

	Blue Access Option D57 with Rx Option AA, Blue 6	Blue Access Option D58 with Rx Option 7, Blue 6	Blue Access Option D58 with Rx Option AE, Blue 6	Blue Access Option D58 with Rx Option AA, Blue 6	Blue Access Option D59 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>
<b>Estimated Total Cost</b>	\$1,479.78	\$1,503.36	\$1,468.07	\$1,452.20	\$1,426.81
Estimated Employee Cost	\$1,479.78	\$1,503.36	\$1,468.07	\$1,452.20	\$1,426.81
Estimated Dependent Cost	n/a	n/a	n/a	n/a	n/a
<b>% of Health Savings</b>	49.2%	46.9%	50.4%	52.1%	54.8%

### Authorization for ANY Plan Change

**Employer Statement of Understanding.** Applies to HSA Compatible and any high deductible plans (with the exception of EPO plans).

I understand that all HSA-compatible or high-deductible PPO plans are intended to be used as stand-alone high-deductible health plans or alongside a Health Savings Account banking arrangement and are not intended to be used in conjunction with any partially self-funded Section 105 wraparound product, now or in the future.

Group Email Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**COMPLETE, SIGN, and email to [Small.group.reclass.and.renewal@anthem.com](mailto:Small.group.reclass.and.renewal@anthem.com).**

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Reminder: as your monthly bill will adjust when this renewal goes into effect, please be sure to pay your monthly statement as billed to ensure your account remains in good status.



# Next Steps

**Company Name:** North Manchester  
**Group #:** 00000324-0000

**Your Agent:** Messer-Mcqueen,  
 Crystal G.  
**Effective Date:** 01-01-2024

Reminder: If you wish to accept this proposed renewal coverage, **no action is needed**. You will renew automatically. If making changes, make sure that you check the appropriate box. If you are looking to reduce your costs or make plan changes, please talk with your agent. Additional plan options are available.

Proposed Renewal Plans	
	Blue Access Option 51 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	KEEP - No Action needed
<b>Estimated Total Cost</b>	\$2,208.29
Estimated Employee Cost	\$2,208.29
Estimated Dependent Cost	n/a
<b>Additional Coverage</b>	
Dental	n/a
Vision	n/a
Term Life and AD&D	n/a
<b>Total w/Additional Coverage</b>	\$2,208.29

Enhance your Coverage	
	Life & Disability
<b>Indicate Option Choice</b>	Add <input type="checkbox"/>
<b>Estimated Total Cost</b>	Ask your Anthem agent for Life and Disability plan options and pricing details.
Estimated Employee and Spouse Cost	
Estimated Employee and Child Cost	
Estimated Family Cost	

Please note that these are examples of available options and that other options may be available for your group. Please visit [anthem.com/easyrenew](http://anthem.com/easyrenew) to compare additional plan options.

## Plan Alternatives for Blue Access Option 51 with Rx Option 7, Blue 6

	Blue Access Option D59 with Rx Option AE, Blue 6	Blue Access Option D59 with Rx Option AA, Blue 6	Blue Access Option D60 with Rx Option 7, Blue 6	Blue Access Option D60 with Rx Option AE, Blue 6	Blue Access Option D60 with Rx Option AA, Blue 6
<b>Indicate Option Choice</b>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>
<b>Estimated Total Cost</b>	\$1,391.52	\$1,375.65	\$1,403.98	\$1,369.11	\$1,353.39
Estimated Employee Cost	\$1,391.52	\$1,375.65	\$1,403.98	\$1,369.11	\$1,353.39
Estimated Dependent Cost	n/a	n/a	n/a	n/a	n/a
<b>% of Health Savings</b>	58.7%	60.5%	57.3%	61.3%	63.2%

### Authorization for ANY Plan Change

**Employer Statement of Understanding.** Applies to HSA Compatible and any high deductible plans (with the exception of EPO plans).

I understand that all HSA-compatible or high-deductible PPO plans are intended to be used as stand-alone high-deductible health plans or alongside a Health Savings Account banking arrangement and are not intended to be used in conjunction with any partially self-funded Section 105 wraparound product, now or in the future.

Group Email Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**COMPLETE, SIGN, and email to [Small.group.reclass.and.renewal@anthem.com](mailto:Small.group.reclass.and.renewal@anthem.com).**

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# Next Steps

**Company Name:** North Manchester  
**Group #:** 00000324-0000

**Your Agent:** Messer-Mcqueen,  
 Crystal G.  
**Effective Date:** 01-01-2024

Reminder: If you wish to accept this proposed renewal coverage, **no action is needed**. You will renew automatically. If making changes, make sure that you check the appropriate box. If you are looking to reduce your costs or make plan changes, please talk with your agent. Additional plan options are available.

Proposed Renewal Plans	
	Blue Access Option 51 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	KEEP - No Action needed
<b>Estimated Total Cost</b>	\$2,208.29
Estimated Employee Cost	\$2,208.29
Estimated Dependent Cost	n/a
<b>Additional Coverage</b>	
Dental	n/a
Vision	n/a
Term Life and AD&D	n/a
<b>Total w/Additional Coverage</b>	\$2,208.29

Enhance your Coverage	
	Life & Disability
<b>Indicate Option Choice</b>	Add <input type="checkbox"/>
<b>Estimated Total Cost</b>	Ask your Anthem agent for Life and Disability plan options and pricing details.
Estimated Employee and Spouse Cost	
Estimated Employee and Child Cost	
Estimated Family Cost	

Please note that these are examples of available options and that other options may be available for your group. Please visit [anthem.com/easyrenew](http://anthem.com/easyrenew) to compare additional plan options.

## Plan Alternatives for Blue Access Option 51 with Rx Option 7, Blue 6

	Blue Access Option 70 with Rx Option 7, Blue 6	Blue Access Option 70 with Rx Option AE, Blue 6	Blue Access Option 71 with Rx Option AE, Blue 6	Blue Access Option 72 with Rx Option AE, Blue 6	Blue Access Option 73 with Rx Option AE, Blue 6
<b>Indicate Option Choice</b>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>
<b>Estimated Total Cost</b>	\$2,364.65	\$2,319.96	\$2,249.04	\$2,188.04	\$2,095.50
Estimated Employee Cost	\$2,364.65	\$2,319.96	\$2,249.04	\$2,188.04	\$2,095.50
Estimated Dependent Cost	n/a	n/a	n/a	n/a	n/a
<b>% of Health Savings</b>	-6.6%	-4.8%	-1.8%	0.9%	5.4%

### Authorization for ANY Plan Change

**Employer Statement of Understanding.** Applies to HSA Compatible and any high deductible plans (with the exception of EPO plans).

I understand that all HSA-compatible or high-deductible PPO plans are intended to be used as stand-alone high-deductible health plans or alongside a Health Savings Account banking arrangement and are not intended to be used in conjunction with any partially self-funded Section 105 wraparound product, now or in the future.

Group Email Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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# Next Steps

**Company Name:** North Manchester  
**Group #:** 00000324-0000

**Your Agent:** Messer-Mcqueen,  
 Crystal G.  
**Effective Date:** 01-01-2024

Reminder: If you wish to accept this proposed renewal coverage, **no action is needed**. You will renew automatically. If making changes, make sure that you check the appropriate box. If you are looking to reduce your costs or make plan changes, please talk with your agent. Additional plan options are available.

Proposed Renewal Plans	
	Blue Access Option 51 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	KEEP - No Action needed
<b>Estimated Total Cost</b>	\$2,208.29
Estimated Employee Cost	\$2,208.29
Estimated Dependent Cost	n/a
<b>Additional Coverage</b>	
Dental	n/a
Vision	n/a
Term Life and AD&D	n/a
<b>Total w/Additional Coverage</b>	\$2,208.29

Enhance your Coverage	
	Life & Disability
<b>Indicate Option Choice</b>	Add <input type="checkbox"/>
<b>Estimated Total Cost</b>	Ask your Anthem agent for Life and Disability plan options and pricing details.
Estimated Employee and Spouse Cost	
Estimated Employee and Child Cost	
Estimated Family Cost	

Please note that these are examples of available options and that other options may be available for your group. Please visit [anthem.com/easyrenew](http://anthem.com/easyrenew) to compare additional plan options.

## Plan Alternatives for Blue Access Option 51 with Rx Option 7, Blue 6

	Blue Access Option 74 with Rx Option AE, Blue 6	Blue Access Option 75 with Rx Option AE, Blue 6	Blue Access Option 76 with Rx Option AE, Blue 6	Blue Access Option 76 with Rx Option AA, Blue 6	Blue Access Option 77 with Rx Option AA, Blue 6
<b>Indicate Option Choice</b>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>	Change <input type="checkbox"/>
<b>Estimated Total Cost</b>	\$2,048.36	\$1,986.41	\$1,811.13	\$1,793.67	\$1,782.69
Estimated Employee Cost	\$2,048.36	\$1,986.41	\$1,811.13	\$1,793.67	\$1,782.69
Estimated Dependent Cost	n/a	n/a	n/a	n/a	n/a
<b>% of Health Savings</b>	7.8%	11.2%	21.9%	23.1%	23.9%

### Authorization for ANY Plan Change

**Employer Statement of Understanding.** Applies to HSA Compatible and any high deductible plans (with the exception of EPO plans).

I understand that all HSA-compatible or high-deductible PPO plans are intended to be used as stand-alone high-deductible health plans or alongside a Health Savings Account banking arrangement and are not intended to be used in conjunction with any partially self-funded Section 105 wraparound product, now or in the future.

Group Email Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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# Next Steps

**Company Name:** North Manchester  
**Group #:** 00000324-0000

**Your Agent:** Messer-Mcqueen,  
 Crystal G.  
**Effective Date:** 01-01-2024

Reminder: If you wish to accept this proposed renewal coverage, **no action is needed**. You will renew automatically. If making changes, make sure that you check the appropriate box. If you are looking to reduce your costs or make plan changes, please talk with your agent. Additional plan options are available.

Proposed Renewal Plans	
	Blue Access Option 51 with Rx Option 7, Blue 6
<b>Indicate Option Choice</b>	KEEP - No Action needed
<b>Estimated Total Cost</b>	\$2,208.29
Estimated Employee Cost	\$2,208.29
Estimated Dependent Cost	n/a
<b>Additional Coverage</b>	
Dental	n/a
Vision	n/a
Term Life and AD&D	n/a
<b>Total w/Additional Coverage</b>	\$2,208.29

Enhance your Coverage	
	Life & Disability
<b>Indicate Option Choice</b>	Add <input type="checkbox"/>
<b>Estimated Total Cost</b>	Ask your Anthem agent for Life and Disability plan options and pricing details.
Estimated Employee and Spouse Cost	
Estimated Employee and Child Cost	
Estimated Family Cost	

Please note that these are examples of available options and that other options may be available for your group. Please visit [anthem.com/easyrenew](http://anthem.com/easyrenew) to compare additional plan options.

## Plan Alternatives for Blue Access Option 51 with Rx Option 7, Blue 6

	Blue Access Option 78 with Rx Option AE, Blue 6	Blue Access Option 79 with Rx Option AA, Blue 6
<b>Indicate Option Choice</b>	Change <input type="checkbox"/>	Change <input type="checkbox"/>
<b>Estimated Total Cost</b>	\$1,579.32	\$1,519.70
Estimated Employee Cost	\$1,579.32	\$1,519.70
Estimated Dependent Cost	n/a	n/a
<b>% of Health Savings</b>	39.8%	45.3%

### Authorization for ANY Plan Change

**Employer Statement of Understanding.** Applies to HSA Compatible and any high deductible plans (with the exception of EPO plans).

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Group Email Address: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**COMPLETE, SIGN, and email to [Small.group.reclass.and.renewal@anthem.com](mailto:Small.group.reclass.and.renewal@anthem.com).**

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## Your Anthem Health Plan comes with all these programs, tools and value. Included automatically-at no extra charge.

### Decision-support tools

Online tools empower employees to make informed health care decisions.

- ▶ **Anthem Care Comparison. Quality and cost information at your fingertips.**  
The Care Comparison tool empowers your employees to directly compare costs of local doctors and hospitals for nearly 102 specific medical procedures, like MRIs and pregnancy delivery, as well as performance and safety ratings.
- ▶ **Out-of-pocket calculator** lets employees see the estimated high and low costs for a procedure or treatment at a number of facilities. They can also learn about the quality of the facility that is doing the procedure
- ▶ **LiveHealth Online:** 24/7 doctor care, through two-way video chat, right from a computer or mobile device. Employees can get care when it's convenient for them, and you benefit from more productive employees.

### Discounts on health related products and services

Enjoy discounts on special health services and the wellness products you use every day, including:

- ▶ Fitness Center Memberships
- ▶ Laser vision correction and vision care
- ▶ Weight Watchers®
- ▶ Drugstore.com®
- ▶ Chiropractors and acupuncturists
- ▶ Jenny Craig®
- ▶ Safebeginnings.com

To find the discounts available to you, log in to [anthem.com](http://anthem.com), choose Care and select Discounts.

### Online resources

Simply visit [anthem.com](http://anthem.com) for a wealth of health and wellness tools and information, including:

- ▶ Smoking cessation, stress management and weight-loss programs
- ▶ Symptom Checker
- ▶ AudioHealth Library
- ▶ Customized Exercise Program
- ▶ Health Information and Videos

North Manchester  
 0000324-0000  
 Effective Date: 01/01/2024

# Premium Rates

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 51 with Rx Option AE, Blue 6	<25	\$511.25	\$1,231.25	\$511.25	\$1,231.25	\$569.30	\$1,138.60	\$1,707.90	
	25-29	\$538.04	\$1,413.20	\$538.04	\$1,413.20	\$569.30	\$1,138.60	\$1,707.90	
	30-34	\$623.99	\$1,381.94	\$623.99	\$1,381.94	\$569.30	\$1,138.60	\$1,707.90	
	35-39	\$783.62	\$1,356.27	\$783.62	\$1,356.27	\$569.30	\$1,138.60	\$1,707.90	
	40-44	\$980.08	\$1,419.90	\$980.08	\$1,419.90	\$569.30	\$1,138.60	\$1,707.90	
	45-49	\$1,283.71	\$1,614.13	\$1,283.71	\$1,614.13	\$569.30	\$1,138.60	\$1,707.90	
	50-54	\$1,705.66	\$1,705.66	\$1,705.66	\$1,705.66	\$569.30	\$1,138.60	\$1,707.90	
	55-59	\$1,736.92	\$1,736.92	\$1,736.92	\$1,736.92	\$569.30	\$1,138.60	\$1,707.90	
	60-64	\$1,736.92	\$1,736.92	\$1,736.92	\$1,736.92	\$569.30	\$1,138.60	\$1,707.90	
	65-69	\$1,736.92	\$1,736.92	\$1,736.92	\$1,736.92	\$569.30	\$1,138.60	\$1,707.90	
	70-74	\$1,736.92	\$1,736.92	\$1,736.92	\$1,736.92	\$569.30	\$1,138.60	\$1,707.90	
	>74	\$1,736.92	\$1,736.92	\$1,736.92	\$1,736.92	\$569.30	\$1,138.60	\$1,707.90	
			<b>Medicare Primary</b>						
	<25	\$511.25	\$541.39	\$511.25	\$541.39	\$511.25	\$1,022.50	\$1,533.75	
	25-29	\$511.25	\$621.76	\$511.25	\$621.76	\$511.25	\$1,022.50	\$1,533.75	
	30-34	\$511.25	\$608.37	\$511.25	\$608.37	\$511.25	\$1,022.50	\$1,533.75	
	35-39	\$511.25	\$597.20	\$511.25	\$597.20	\$511.25	\$1,022.50	\$1,533.75	
	40-44	\$511.25	\$625.11	\$511.25	\$625.11	\$511.25	\$1,022.50	\$1,533.75	
	45-49	\$564.83	\$709.95	\$564.83	\$709.95	\$511.25	\$1,022.50	\$1,533.75	
	50-54	\$750.13	\$750.13	\$750.13	\$750.13	\$511.25	\$1,022.50	\$1,533.75	
	55-59	\$763.53	\$763.53	\$763.53	\$763.53	\$511.25	\$1,022.50	\$1,533.75	
	60-64	\$763.53	\$763.53	\$763.53	\$763.53	\$511.25	\$1,022.50	\$1,533.75	
	65-69	\$763.53	\$763.53	\$763.53	\$763.53	\$511.25	\$1,022.50	\$1,533.75	
	70-74	\$763.53	\$763.53	\$763.53	\$763.53	\$511.25	\$1,022.50	\$1,533.75	
	>74	\$763.53	\$763.53	\$763.53	\$763.53	\$511.25	\$1,022.50	\$1,533.75	

North Manchester  
 0000324-0000  
 Effective Date: 01/01/2024

## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 51 with Rx Option AA, Blue 6	<25	\$506.89	\$1,220.74	\$506.89	\$1,220.74	\$564.44	\$1,128.88	\$1,693.32	
	25-29	\$533.45	\$1,401.14	\$533.45	\$1,401.14	\$564.44	\$1,128.88	\$1,693.32	
	30-34	\$618.67	\$1,370.15	\$618.67	\$1,370.15	\$564.44	\$1,128.88	\$1,693.32	
	35-39	\$776.93	\$1,344.69	\$776.93	\$1,344.69	\$564.44	\$1,128.88	\$1,693.32	
	40-44	\$971.72	\$1,407.78	\$971.72	\$1,407.78	\$564.44	\$1,128.88	\$1,693.32	
	45-49	\$1,272.76	\$1,600.35	\$1,272.76	\$1,600.35	\$564.44	\$1,128.88	\$1,693.32	
	50-54	\$1,691.11	\$1,691.11	\$1,691.11	\$1,691.11	\$564.44	\$1,128.88	\$1,693.32	
	55-59	\$1,722.09	\$1,722.09	\$1,722.09	\$1,722.09	\$564.44	\$1,128.88	\$1,693.32	
	60-64	\$1,722.09	\$1,722.09	\$1,722.09	\$1,722.09	\$564.44	\$1,128.88	\$1,693.32	
	65-69	\$1,722.09	\$1,722.09	\$1,722.09	\$1,722.09	\$564.44	\$1,128.88	\$1,693.32	
	70-74	\$1,722.09	\$1,722.09	\$1,722.09	\$1,722.09	\$564.44	\$1,128.88	\$1,693.32	
	>74	\$1,722.09	\$1,722.09	\$1,722.09	\$1,722.09	\$564.44	\$1,128.88	\$1,693.32	
			<b>Medicare Primary</b>						
	<25	\$506.89	\$536.77	\$506.89	\$536.77	\$506.89	\$1,013.78	\$1,520.67	
	25-29	\$506.89	\$616.46	\$506.89	\$616.46	\$506.89	\$1,013.78	\$1,520.67	
	30-34	\$506.89	\$603.18	\$506.89	\$603.18	\$506.89	\$1,013.78	\$1,520.67	
	35-39	\$506.89	\$592.11	\$506.89	\$592.11	\$506.89	\$1,013.78	\$1,520.67	
	40-44	\$506.89	\$619.78	\$506.89	\$619.78	\$506.89	\$1,013.78	\$1,520.67	
	45-49	\$560.01	\$703.89	\$560.01	\$703.89	\$506.89	\$1,013.78	\$1,520.67	
	50-54	\$743.73	\$743.73	\$743.73	\$743.73	\$506.89	\$1,013.78	\$1,520.67	
	55-59	\$757.01	\$757.01	\$757.01	\$757.01	\$506.89	\$1,013.78	\$1,520.67	
	60-64	\$757.01	\$757.01	\$757.01	\$757.01	\$506.89	\$1,013.78	\$1,520.67	
	65-69	\$757.01	\$757.01	\$757.01	\$757.01	\$506.89	\$1,013.78	\$1,520.67	
	70-74	\$757.01	\$757.01	\$757.01	\$757.01	\$506.89	\$1,013.78	\$1,520.67	
	>74	\$757.01	\$757.01	\$757.01	\$757.01	\$506.89	\$1,013.78	\$1,520.67	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 52 with Rx Option 7, Blue 6	<25	\$524.01	\$1,261.97	\$524.01	\$1,261.97	\$583.50	\$1,167.00	\$1,750.50	
	25-29	\$551.47	\$1,448.46	\$551.47	\$1,448.46	\$583.50	\$1,167.00	\$1,750.50	
	30-34	\$639.56	\$1,416.42	\$639.56	\$1,416.42	\$583.50	\$1,167.00	\$1,750.50	
	35-39	\$803.17	\$1,390.11	\$803.17	\$1,390.11	\$583.50	\$1,167.00	\$1,750.50	
	40-44	\$1,004.54	\$1,455.32	\$1,004.54	\$1,455.32	\$583.50	\$1,167.00	\$1,750.50	
	45-49	\$1,315.74	\$1,654.40	\$1,315.74	\$1,654.40	\$583.50	\$1,167.00	\$1,750.50	
	50-54	\$1,748.22	\$1,748.22	\$1,748.22	\$1,748.22	\$583.50	\$1,167.00	\$1,750.50	
	55-59	\$1,780.25	\$1,780.25	\$1,780.25	\$1,780.25	\$583.50	\$1,167.00	\$1,750.50	
	60-64	\$1,780.25	\$1,780.25	\$1,780.25	\$1,780.25	\$583.50	\$1,167.00	\$1,750.50	
	65-69	\$1,780.25	\$1,780.25	\$1,780.25	\$1,780.25	\$583.50	\$1,167.00	\$1,750.50	
	70-74	\$1,780.25	\$1,780.25	\$1,780.25	\$1,780.25	\$583.50	\$1,167.00	\$1,750.50	
	>74	\$1,780.25	\$1,780.25	\$1,780.25	\$1,780.25	\$583.50	\$1,167.00	\$1,750.50	
			<b>Medicare Primary</b>						
	<25	\$524.01	\$554.90	\$524.01	\$554.90	\$524.01	\$1,048.02	\$1,572.03	
	25-29	\$524.01	\$637.28	\$524.01	\$637.28	\$524.01	\$1,048.02	\$1,572.03	
	30-34	\$524.01	\$623.55	\$524.01	\$623.55	\$524.01	\$1,048.02	\$1,572.03	
	35-39	\$524.01	\$612.11	\$524.01	\$612.11	\$524.01	\$1,048.02	\$1,572.03	
	40-44	\$524.01	\$640.71	\$524.01	\$640.71	\$524.01	\$1,048.02	\$1,572.03	
	45-49	\$578.93	\$727.66	\$578.93	\$727.66	\$524.01	\$1,048.02	\$1,572.03	
	50-54	\$768.85	\$768.85	\$768.85	\$768.85	\$524.01	\$1,048.02	\$1,572.03	
	55-59	\$782.58	\$782.58	\$782.58	\$782.58	\$524.01	\$1,048.02	\$1,572.03	
	60-64	\$782.58	\$782.58	\$782.58	\$782.58	\$524.01	\$1,048.02	\$1,572.03	
	65-69	\$782.58	\$782.58	\$782.58	\$782.58	\$524.01	\$1,048.02	\$1,572.03	
	70-74	\$782.58	\$782.58	\$782.58	\$782.58	\$524.01	\$1,048.02	\$1,572.03	
	>74	\$782.58	\$782.58	\$782.58	\$782.58	\$524.01	\$1,048.02	\$1,572.03	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children
		Male	Female	Male	Female			
Alternate Option: Blue Access Option 52 with Rx Option AE, Blue 6	<25	\$513.96	\$1,237.77	\$513.96	\$1,237.77	\$572.32	\$1,144.64	\$1,716.96
	25-29	\$540.90	\$1,420.69	\$540.90	\$1,420.69	\$572.32	\$1,144.64	\$1,716.96
	30-34	\$627.30	\$1,389.27	\$627.30	\$1,389.27	\$572.32	\$1,144.64	\$1,716.96
	35-39	\$787.78	\$1,363.46	\$787.78	\$1,363.46	\$572.32	\$1,144.64	\$1,716.96
	40-44	\$985.28	\$1,427.42	\$985.28	\$1,427.42	\$572.32	\$1,144.64	\$1,716.96
	45-49	\$1,290.52	\$1,622.69	\$1,290.52	\$1,622.69	\$572.32	\$1,144.64	\$1,716.96
	50-54	\$1,714.71	\$1,714.71	\$1,714.71	\$1,714.71	\$572.32	\$1,144.64	\$1,716.96
	55-59	\$1,746.13	\$1,746.13	\$1,746.13	\$1,746.13	\$572.32	\$1,144.64	\$1,716.96
	60-64	\$1,746.13	\$1,746.13	\$1,746.13	\$1,746.13	\$572.32	\$1,144.64	\$1,716.96
	65-69	\$1,746.13	\$1,746.13	\$1,746.13	\$1,746.13	\$572.32	\$1,144.64	\$1,716.96
	70-74	\$1,746.13	\$1,746.13	\$1,746.13	\$1,746.13	\$572.32	\$1,144.64	\$1,716.96
	>74	\$1,746.13	\$1,746.13	\$1,746.13	\$1,746.13	\$572.32	\$1,144.64	\$1,716.96
			<b>Medicare Primary</b>					
	<25	\$513.96	\$544.26	\$513.96	\$544.26	\$513.96	\$1,027.92	\$1,541.88
	25-29	\$513.96	\$625.06	\$513.96	\$625.06	\$513.96	\$1,027.92	\$1,541.88
	30-34	\$513.96	\$611.59	\$513.96	\$611.59	\$513.96	\$1,027.92	\$1,541.88
	35-39	\$513.96	\$600.37	\$513.96	\$600.37	\$513.96	\$1,027.92	\$1,541.88
	40-44	\$513.96	\$628.43	\$513.96	\$628.43	\$513.96	\$1,027.92	\$1,541.88
	45-49	\$567.83	\$713.71	\$567.83	\$713.71	\$513.96	\$1,027.92	\$1,541.88
	50-54	\$754.11	\$754.11	\$754.11	\$754.11	\$513.96	\$1,027.92	\$1,541.88
	55-59	\$767.58	\$767.58	\$767.58	\$767.58	\$513.96	\$1,027.92	\$1,541.88
	60-64	\$767.58	\$767.58	\$767.58	\$767.58	\$513.96	\$1,027.92	\$1,541.88
	65-69	\$767.58	\$767.58	\$767.58	\$767.58	\$513.96	\$1,027.92	\$1,541.88
	70-74	\$767.58	\$767.58	\$767.58	\$767.58	\$513.96	\$1,027.92	\$1,541.88
	>74	\$767.58	\$767.58	\$767.58	\$767.58	\$513.96	\$1,027.92	\$1,541.88

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 52 with Rx Option AA, Blue 6	<25	\$509.61	\$1,227.30	\$509.61	\$1,227.30	\$567.47	\$1,134.94	\$1,702.41	
	25-29	\$536.32	\$1,408.67	\$536.32	\$1,408.67	\$567.47	\$1,134.94	\$1,702.41	
	30-34	\$621.99	\$1,377.51	\$621.99	\$1,377.51	\$567.47	\$1,134.94	\$1,702.41	
	35-39	\$781.11	\$1,351.92	\$781.11	\$1,351.92	\$567.47	\$1,134.94	\$1,702.41	
	40-44	\$976.94	\$1,415.34	\$976.94	\$1,415.34	\$567.47	\$1,134.94	\$1,702.41	
	45-49	\$1,279.59	\$1,608.95	\$1,279.59	\$1,608.95	\$567.47	\$1,134.94	\$1,702.41	
	50-54	\$1,700.19	\$1,700.19	\$1,700.19	\$1,700.19	\$567.47	\$1,134.94	\$1,702.41	
	55-59	\$1,731.35	\$1,731.35	\$1,731.35	\$1,731.35	\$567.47	\$1,134.94	\$1,702.41	
	60-64	\$1,731.35	\$1,731.35	\$1,731.35	\$1,731.35	\$567.47	\$1,134.94	\$1,702.41	
	65-69	\$1,731.35	\$1,731.35	\$1,731.35	\$1,731.35	\$567.47	\$1,134.94	\$1,702.41	
	70-74	\$1,731.35	\$1,731.35	\$1,731.35	\$1,731.35	\$567.47	\$1,134.94	\$1,702.41	
	>74	\$1,731.35	\$1,731.35	\$1,731.35	\$1,731.35	\$567.47	\$1,134.94	\$1,702.41	
			<b>Medicare Primary</b>						
	<25	\$509.61	\$539.66	\$509.61	\$539.66	\$509.61	\$1,019.22	\$1,528.83	
	25-29	\$509.61	\$619.77	\$509.61	\$619.77	\$509.61	\$1,019.22	\$1,528.83	
	30-34	\$509.61	\$606.42	\$509.61	\$606.42	\$509.61	\$1,019.22	\$1,528.83	
	35-39	\$509.61	\$595.29	\$509.61	\$595.29	\$509.61	\$1,019.22	\$1,528.83	
	40-44	\$509.61	\$623.11	\$509.61	\$623.11	\$509.61	\$1,019.22	\$1,528.83	
	45-49	\$563.02	\$707.67	\$563.02	\$707.67	\$509.61	\$1,019.22	\$1,528.83	
	50-54	\$747.73	\$747.73	\$747.73	\$747.73	\$509.61	\$1,019.22	\$1,528.83	
	55-59	\$761.08	\$761.08	\$761.08	\$761.08	\$509.61	\$1,019.22	\$1,528.83	
	60-64	\$761.08	\$761.08	\$761.08	\$761.08	\$509.61	\$1,019.22	\$1,528.83	
	65-69	\$761.08	\$761.08	\$761.08	\$761.08	\$509.61	\$1,019.22	\$1,528.83	
	70-74	\$761.08	\$761.08	\$761.08	\$761.08	\$509.61	\$1,019.22	\$1,528.83	
	>74	\$761.08	\$761.08	\$761.08	\$761.08	\$509.61	\$1,019.22	\$1,528.83	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children
		Male	Female	Male	Female			
Alternate Option: Blue Access Option 53 with Rx Option 7, Blue 6	<25	\$510.01	\$1,228.26	\$510.01	\$1,228.26	\$567.92	\$1,135.84	\$1,703.76
	25-29	\$536.74	\$1,409.77	\$536.74	\$1,409.77	\$567.92	\$1,135.84	\$1,703.76
	30-34	\$622.48	\$1,378.59	\$622.48	\$1,378.59	\$567.92	\$1,135.84	\$1,703.76
	35-39	\$781.72	\$1,352.98	\$781.72	\$1,352.98	\$567.92	\$1,135.84	\$1,703.76
	40-44	\$977.71	\$1,416.45	\$977.71	\$1,416.45	\$567.92	\$1,135.84	\$1,703.76
	45-49	\$1,280.59	\$1,610.21	\$1,280.59	\$1,610.21	\$567.92	\$1,135.84	\$1,703.76
	50-54	\$1,701.52	\$1,701.52	\$1,701.52	\$1,701.52	\$567.92	\$1,135.84	\$1,703.76
	55-59	\$1,732.70	\$1,732.70	\$1,732.70	\$1,732.70	\$567.92	\$1,135.84	\$1,703.76
	60-64	\$1,732.70	\$1,732.70	\$1,732.70	\$1,732.70	\$567.92	\$1,135.84	\$1,703.76
	65-69	\$1,732.70	\$1,732.70	\$1,732.70	\$1,732.70	\$567.92	\$1,135.84	\$1,703.76
	70-74	\$1,732.70	\$1,732.70	\$1,732.70	\$1,732.70	\$567.92	\$1,135.84	\$1,703.76
	>74	\$1,732.70	\$1,732.70	\$1,732.70	\$1,732.70	\$567.92	\$1,135.84	\$1,703.76
			<b>Medicare Primary</b>					
	<25	\$510.01	\$540.08	\$510.01	\$540.08	\$510.01	\$1,020.02	\$1,530.03
	25-29	\$510.01	\$620.25	\$510.01	\$620.25	\$510.01	\$1,020.02	\$1,530.03
	30-34	\$510.01	\$606.89	\$510.01	\$606.89	\$510.01	\$1,020.02	\$1,530.03
	35-39	\$510.01	\$595.76	\$510.01	\$595.76	\$510.01	\$1,020.02	\$1,530.03
	40-44	\$510.01	\$623.59	\$510.01	\$623.59	\$510.01	\$1,020.02	\$1,530.03
	45-49	\$563.46	\$708.22	\$563.46	\$708.22	\$510.01	\$1,020.02	\$1,530.03
	50-54	\$748.31	\$748.31	\$748.31	\$748.31	\$510.01	\$1,020.02	\$1,530.03
	55-59	\$761.68	\$761.68	\$761.68	\$761.68	\$510.01	\$1,020.02	\$1,530.03
	60-64	\$761.68	\$761.68	\$761.68	\$761.68	\$510.01	\$1,020.02	\$1,530.03
	65-69	\$761.68	\$761.68	\$761.68	\$761.68	\$510.01	\$1,020.02	\$1,530.03
	70-74	\$761.68	\$761.68	\$761.68	\$761.68	\$510.01	\$1,020.02	\$1,530.03
	>74	\$761.68	\$761.68	\$761.68	\$761.68	\$510.01	\$1,020.02	\$1,530.03

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 53 with Rx Option AE, Blue 6	<25	\$500.12	\$1,204.43	\$500.12	\$1,204.43	\$556.90	\$1,113.80	\$1,670.70	
	25-29	\$526.32	\$1,382.41	\$526.32	\$1,382.41	\$556.90	\$1,113.80	\$1,670.70	
	30-34	\$610.40	\$1,351.84	\$610.40	\$1,351.84	\$556.90	\$1,113.80	\$1,670.70	
	35-39	\$766.55	\$1,326.73	\$766.55	\$1,326.73	\$556.90	\$1,113.80	\$1,670.70	
	40-44	\$958.74	\$1,388.97	\$958.74	\$1,388.97	\$556.90	\$1,113.80	\$1,670.70	
	45-49	\$1,255.75	\$1,578.97	\$1,255.75	\$1,578.97	\$556.90	\$1,113.80	\$1,670.70	
	50-54	\$1,668.51	\$1,668.51	\$1,668.51	\$1,668.51	\$556.90	\$1,113.80	\$1,670.70	
	55-59	\$1,699.08	\$1,699.08	\$1,699.08	\$1,699.08	\$556.90	\$1,113.80	\$1,670.70	
	60-64	\$1,699.08	\$1,699.08	\$1,699.08	\$1,699.08	\$556.90	\$1,113.80	\$1,670.70	
	65-69	\$1,699.08	\$1,699.08	\$1,699.08	\$1,699.08	\$556.90	\$1,113.80	\$1,670.70	
	70-74	\$1,699.08	\$1,699.08	\$1,699.08	\$1,699.08	\$556.90	\$1,113.80	\$1,670.70	
	>74	\$1,699.08	\$1,699.08	\$1,699.08	\$1,699.08	\$556.90	\$1,113.80	\$1,670.70	
			<b>Medicare Primary</b>						
	<25	\$500.12	\$529.60	\$500.12	\$529.60	\$500.12	\$1,000.24	\$1,500.36	
	25-29	\$500.12	\$608.22	\$500.12	\$608.22	\$500.12	\$1,000.24	\$1,500.36	
	30-34	\$500.12	\$595.12	\$500.12	\$595.12	\$500.12	\$1,000.24	\$1,500.36	
	35-39	\$500.12	\$584.20	\$500.12	\$584.20	\$500.12	\$1,000.24	\$1,500.36	
	40-44	\$500.12	\$611.49	\$500.12	\$611.49	\$500.12	\$1,000.24	\$1,500.36	
	45-49	\$552.53	\$694.48	\$552.53	\$694.48	\$500.12	\$1,000.24	\$1,500.36	
	50-54	\$733.79	\$733.79	\$733.79	\$733.79	\$500.12	\$1,000.24	\$1,500.36	
	55-59	\$746.90	\$746.90	\$746.90	\$746.90	\$500.12	\$1,000.24	\$1,500.36	
	60-64	\$746.90	\$746.90	\$746.90	\$746.90	\$500.12	\$1,000.24	\$1,500.36	
	65-69	\$746.90	\$746.90	\$746.90	\$746.90	\$500.12	\$1,000.24	\$1,500.36	
	70-74	\$746.90	\$746.90	\$746.90	\$746.90	\$500.12	\$1,000.24	\$1,500.36	
	>74	\$746.90	\$746.90	\$746.90	\$746.90	\$500.12	\$1,000.24	\$1,500.36	



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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 53 with Rx Option AA, Blue 6	<25	\$495.83	\$1,194.11	\$495.83	\$1,194.11	\$552.13	\$1,104.26	\$1,656.39	
	25-29	\$521.81	\$1,370.57	\$521.81	\$1,370.57	\$552.13	\$1,104.26	\$1,656.39	
	30-34	\$605.17	\$1,340.26	\$605.17	\$1,340.26	\$552.13	\$1,104.26	\$1,656.39	
	35-39	\$759.98	\$1,315.36	\$759.98	\$1,315.36	\$552.13	\$1,104.26	\$1,656.39	
	40-44	\$950.52	\$1,377.07	\$950.52	\$1,377.07	\$552.13	\$1,104.26	\$1,656.39	
	45-49	\$1,244.99	\$1,565.44	\$1,244.99	\$1,565.44	\$552.13	\$1,104.26	\$1,656.39	
	50-54	\$1,654.21	\$1,654.21	\$1,654.21	\$1,654.21	\$552.13	\$1,104.26	\$1,656.39	
	55-59	\$1,684.52	\$1,684.52	\$1,684.52	\$1,684.52	\$552.13	\$1,104.26	\$1,656.39	
	60-64	\$1,684.52	\$1,684.52	\$1,684.52	\$1,684.52	\$552.13	\$1,104.26	\$1,656.39	
	65-69	\$1,684.52	\$1,684.52	\$1,684.52	\$1,684.52	\$552.13	\$1,104.26	\$1,656.39	
	70-74	\$1,684.52	\$1,684.52	\$1,684.52	\$1,684.52	\$552.13	\$1,104.26	\$1,656.39	
	>74	\$1,684.52	\$1,684.52	\$1,684.52	\$1,684.52	\$552.13	\$1,104.26	\$1,656.39	
			<b>Medicare Primary</b>						
	<25	\$495.83	\$525.06	\$495.83	\$525.06	\$495.83	\$991.66	\$1,487.49	
	25-29	\$495.83	\$603.01	\$495.83	\$603.01	\$495.83	\$991.66	\$1,487.49	
	30-34	\$495.83	\$590.02	\$495.83	\$590.02	\$495.83	\$991.66	\$1,487.49	
	35-39	\$495.83	\$579.19	\$495.83	\$579.19	\$495.83	\$991.66	\$1,487.49	
	40-44	\$495.83	\$606.26	\$495.83	\$606.26	\$495.83	\$991.66	\$1,487.49	
	45-49	\$547.79	\$688.53	\$547.79	\$688.53	\$495.83	\$991.66	\$1,487.49	
	50-54	\$727.51	\$727.51	\$727.51	\$727.51	\$495.83	\$991.66	\$1,487.49	
	55-59	\$740.50	\$740.50	\$740.50	\$740.50	\$495.83	\$991.66	\$1,487.49	
	60-64	\$740.50	\$740.50	\$740.50	\$740.50	\$495.83	\$991.66	\$1,487.49	
	65-69	\$740.50	\$740.50	\$740.50	\$740.50	\$495.83	\$991.66	\$1,487.49	
	70-74	\$740.50	\$740.50	\$740.50	\$740.50	\$495.83	\$991.66	\$1,487.49	
	>74	\$740.50	\$740.50	\$740.50	\$740.50	\$495.83	\$991.66	\$1,487.49	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 54 with Rx Option 7, Blue 6	<25	\$488.87	\$1,177.33	\$488.87	\$1,177.33	\$544.37	\$1,088.74	\$1,633.11	
	25-29	\$514.48	\$1,351.32	\$514.48	\$1,351.32	\$544.37	\$1,088.74	\$1,633.11	
	30-34	\$596.67	\$1,321.43	\$596.67	\$1,321.43	\$544.37	\$1,088.74	\$1,633.11	
	35-39	\$749.31	\$1,296.88	\$749.31	\$1,296.88	\$544.37	\$1,088.74	\$1,633.11	
	40-44	\$937.17	\$1,357.72	\$937.17	\$1,357.72	\$544.37	\$1,088.74	\$1,633.11	
	45-49	\$1,227.50	\$1,543.45	\$1,227.50	\$1,543.45	\$544.37	\$1,088.74	\$1,633.11	
	50-54	\$1,630.97	\$1,630.97	\$1,630.97	\$1,630.97	\$544.37	\$1,088.74	\$1,633.11	
	55-59	\$1,660.86	\$1,660.86	\$1,660.86	\$1,660.86	\$544.37	\$1,088.74	\$1,633.11	
	60-64	\$1,660.86	\$1,660.86	\$1,660.86	\$1,660.86	\$544.37	\$1,088.74	\$1,633.11	
	65-69	\$1,660.86	\$1,660.86	\$1,660.86	\$1,660.86	\$544.37	\$1,088.74	\$1,633.11	
	70-74	\$1,660.86	\$1,660.86	\$1,660.86	\$1,660.86	\$544.37	\$1,088.74	\$1,633.11	
	>74	\$1,660.86	\$1,660.86	\$1,660.86	\$1,660.86	\$544.37	\$1,088.74	\$1,633.11	
			<b>Medicare Primary</b>						
	<25	\$488.87	\$517.68	\$488.87	\$517.68	\$488.87	\$977.74	\$1,466.61	
	25-29	\$488.87	\$594.54	\$488.87	\$594.54	\$488.87	\$977.74	\$1,466.61	
	30-34	\$488.87	\$581.73	\$488.87	\$581.73	\$488.87	\$977.74	\$1,466.61	
	35-39	\$488.87	\$571.05	\$488.87	\$571.05	\$488.87	\$977.74	\$1,466.61	
	40-44	\$488.87	\$597.74	\$488.87	\$597.74	\$488.87	\$977.74	\$1,466.61	
	45-49	\$540.10	\$678.86	\$540.10	\$678.86	\$488.87	\$977.74	\$1,466.61	
	50-54	\$717.29	\$717.29	\$717.29	\$717.29	\$488.87	\$977.74	\$1,466.61	
	55-59	\$730.10	\$730.10	\$730.10	\$730.10	\$488.87	\$977.74	\$1,466.61	
	60-64	\$730.10	\$730.10	\$730.10	\$730.10	\$488.87	\$977.74	\$1,466.61	
	65-69	\$730.10	\$730.10	\$730.10	\$730.10	\$488.87	\$977.74	\$1,466.61	
	70-74	\$730.10	\$730.10	\$730.10	\$730.10	\$488.87	\$977.74	\$1,466.61	
	>74	\$730.10	\$730.10	\$730.10	\$730.10	\$488.87	\$977.74	\$1,466.61	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 54 with Rx Option AE, Blue 6	<25	\$479.08	\$1,153.78	\$479.08	\$1,153.78	\$533.48	\$1,066.96	\$1,600.44	
	25-29	\$504.19	\$1,324.28	\$504.19	\$1,324.28	\$533.48	\$1,066.96	\$1,600.44	
	30-34	\$584.73	\$1,294.99	\$584.73	\$1,294.99	\$533.48	\$1,066.96	\$1,600.44	
	35-39	\$734.32	\$1,270.93	\$734.32	\$1,270.93	\$533.48	\$1,066.96	\$1,600.44	
	40-44	\$918.42	\$1,330.56	\$918.42	\$1,330.56	\$533.48	\$1,066.96	\$1,600.44	
	45-49	\$1,202.94	\$1,512.57	\$1,202.94	\$1,512.57	\$533.48	\$1,066.96	\$1,600.44	
	50-54	\$1,598.34	\$1,598.34	\$1,598.34	\$1,598.34	\$533.48	\$1,066.96	\$1,600.44	
	55-59	\$1,627.63	\$1,627.63	\$1,627.63	\$1,627.63	\$533.48	\$1,066.96	\$1,600.44	
	60-64	\$1,627.63	\$1,627.63	\$1,627.63	\$1,627.63	\$533.48	\$1,066.96	\$1,600.44	
	65-69	\$1,627.63	\$1,627.63	\$1,627.63	\$1,627.63	\$533.48	\$1,066.96	\$1,600.44	
	70-74	\$1,627.63	\$1,627.63	\$1,627.63	\$1,627.63	\$533.48	\$1,066.96	\$1,600.44	
	>74	\$1,627.63	\$1,627.63	\$1,627.63	\$1,627.63	\$533.48	\$1,066.96	\$1,600.44	
			<b>Medicare Primary</b>						
	<25	\$479.08	\$507.33	\$479.08	\$507.33	\$479.08	\$958.16	\$1,437.24	
	25-29	\$479.08	\$582.64	\$479.08	\$582.64	\$479.08	\$958.16	\$1,437.24	
	30-34	\$479.08	\$570.09	\$479.08	\$570.09	\$479.08	\$958.16	\$1,437.24	
	35-39	\$479.08	\$559.63	\$479.08	\$559.63	\$479.08	\$958.16	\$1,437.24	
	40-44	\$479.08	\$585.78	\$479.08	\$585.78	\$479.08	\$958.16	\$1,437.24	
	45-49	\$529.29	\$665.28	\$529.29	\$665.28	\$479.08	\$958.16	\$1,437.24	
	50-54	\$702.94	\$702.94	\$702.94	\$702.94	\$479.08	\$958.16	\$1,437.24	
	55-59	\$715.49	\$715.49	\$715.49	\$715.49	\$479.08	\$958.16	\$1,437.24	
	60-64	\$715.49	\$715.49	\$715.49	\$715.49	\$479.08	\$958.16	\$1,437.24	
	65-69	\$715.49	\$715.49	\$715.49	\$715.49	\$479.08	\$958.16	\$1,437.24	
	70-74	\$715.49	\$715.49	\$715.49	\$715.49	\$479.08	\$958.16	\$1,437.24	
	>74	\$715.49	\$715.49	\$715.49	\$715.49	\$479.08	\$958.16	\$1,437.24	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 54 with Rx Option AA, Blue 6	<25	\$474.69	\$1,143.20	\$474.69	\$1,143.20	\$528.59	\$1,057.18	\$1,585.77	
	25-29	\$499.57	\$1,312.14	\$499.57	\$1,312.14	\$528.59	\$1,057.18	\$1,585.77	
	30-34	\$579.37	\$1,283.12	\$579.37	\$1,283.12	\$528.59	\$1,057.18	\$1,585.77	
	35-39	\$727.59	\$1,259.28	\$727.59	\$1,259.28	\$528.59	\$1,057.18	\$1,585.77	
	40-44	\$910.00	\$1,318.36	\$910.00	\$1,318.36	\$528.59	\$1,057.18	\$1,585.77	
	45-49	\$1,191.91	\$1,498.70	\$1,191.91	\$1,498.70	\$528.59	\$1,057.18	\$1,585.77	
	50-54	\$1,583.69	\$1,583.69	\$1,583.69	\$1,583.69	\$528.59	\$1,057.18	\$1,585.77	
	55-59	\$1,612.71	\$1,612.71	\$1,612.71	\$1,612.71	\$528.59	\$1,057.18	\$1,585.77	
	60-64	\$1,612.71	\$1,612.71	\$1,612.71	\$1,612.71	\$528.59	\$1,057.18	\$1,585.77	
	65-69	\$1,612.71	\$1,612.71	\$1,612.71	\$1,612.71	\$528.59	\$1,057.18	\$1,585.77	
	70-74	\$1,612.71	\$1,612.71	\$1,612.71	\$1,612.71	\$528.59	\$1,057.18	\$1,585.77	
	>74	\$1,612.71	\$1,612.71	\$1,612.71	\$1,612.71	\$528.59	\$1,057.18	\$1,585.77	
			<b>Medicare Primary</b>						
	<25	\$474.69	\$502.68	\$474.69	\$502.68	\$474.69	\$949.38	\$1,424.07	
	25-29	\$474.69	\$577.30	\$474.69	\$577.30	\$474.69	\$949.38	\$1,424.07	
	30-34	\$474.69	\$564.86	\$474.69	\$564.86	\$474.69	\$949.38	\$1,424.07	
	35-39	\$474.69	\$554.50	\$474.69	\$554.50	\$474.69	\$949.38	\$1,424.07	
	40-44	\$474.69	\$580.41	\$474.69	\$580.41	\$474.69	\$949.38	\$1,424.07	
	45-49	\$524.44	\$659.18	\$524.44	\$659.18	\$474.69	\$949.38	\$1,424.07	
	50-54	\$696.49	\$696.49	\$696.49	\$696.49	\$474.69	\$949.38	\$1,424.07	
	55-59	\$708.93	\$708.93	\$708.93	\$708.93	\$474.69	\$949.38	\$1,424.07	
	60-64	\$708.93	\$708.93	\$708.93	\$708.93	\$474.69	\$949.38	\$1,424.07	
	65-69	\$708.93	\$708.93	\$708.93	\$708.93	\$474.69	\$949.38	\$1,424.07	
	70-74	\$708.93	\$708.93	\$708.93	\$708.93	\$474.69	\$949.38	\$1,424.07	
	>74	\$708.93	\$708.93	\$708.93	\$708.93	\$474.69	\$949.38	\$1,424.07	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 55 with Rx Option 7, Blue 6	<25	\$444.54	\$1,070.59	\$444.54	\$1,070.59	\$495.01	\$990.02	\$1,485.03	
	25-29	\$467.84	\$1,228.80	\$467.84	\$1,228.80	\$495.01	\$990.02	\$1,485.03	
	30-34	\$542.57	\$1,201.62	\$542.57	\$1,201.62	\$495.01	\$990.02	\$1,485.03	
	35-39	\$681.37	\$1,179.29	\$681.37	\$1,179.29	\$495.01	\$990.02	\$1,485.03	
	40-44	\$852.20	\$1,234.62	\$852.20	\$1,234.62	\$495.01	\$990.02	\$1,485.03	
	45-49	\$1,116.20	\$1,403.51	\$1,116.20	\$1,403.51	\$495.01	\$990.02	\$1,485.03	
	50-54	\$1,483.10	\$1,483.10	\$1,483.10	\$1,483.10	\$495.01	\$990.02	\$1,485.03	
	55-59	\$1,510.27	\$1,510.27	\$1,510.27	\$1,510.27	\$495.01	\$990.02	\$1,485.03	
	60-64	\$1,510.27	\$1,510.27	\$1,510.27	\$1,510.27	\$495.01	\$990.02	\$1,485.03	
	65-69	\$1,510.27	\$1,510.27	\$1,510.27	\$1,510.27	\$495.01	\$990.02	\$1,485.03	
	70-74	\$1,510.27	\$1,510.27	\$1,510.27	\$1,510.27	\$495.01	\$990.02	\$1,485.03	
	>74	\$1,510.27	\$1,510.27	\$1,510.27	\$1,510.27	\$495.01	\$990.02	\$1,485.03	
			<b>Medicare Primary</b>						
	<25	\$444.54	\$470.75	\$444.54	\$470.75	\$444.54	\$889.08	\$1,333.62	
	25-29	\$444.54	\$540.63	\$444.54	\$540.63	\$444.54	\$889.08	\$1,333.62	
	30-34	\$444.54	\$528.98	\$444.54	\$528.98	\$444.54	\$889.08	\$1,333.62	
	35-39	\$444.54	\$519.28	\$444.54	\$519.28	\$444.54	\$889.08	\$1,333.62	
	40-44	\$444.54	\$543.54	\$444.54	\$543.54	\$444.54	\$889.08	\$1,333.62	
	45-49	\$491.13	\$617.31	\$491.13	\$617.31	\$444.54	\$889.08	\$1,333.62	
	50-54	\$652.25	\$652.25	\$652.25	\$652.25	\$444.54	\$889.08	\$1,333.62	
	55-59	\$663.90	\$663.90	\$663.90	\$663.90	\$444.54	\$889.08	\$1,333.62	
	60-64	\$663.90	\$663.90	\$663.90	\$663.90	\$444.54	\$889.08	\$1,333.62	
	65-69	\$663.90	\$663.90	\$663.90	\$663.90	\$444.54	\$889.08	\$1,333.62	
	70-74	\$663.90	\$663.90	\$663.90	\$663.90	\$444.54	\$889.08	\$1,333.62	
	>74	\$663.90	\$663.90	\$663.90	\$663.90	\$444.54	\$889.08	\$1,333.62	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 55 with Rx Option AE, Blue 6	<25	\$435.38	\$1,048.51	\$435.38	\$1,048.51	\$484.81	\$969.62	\$1,454.43	
	25-29	\$458.19	\$1,203.46	\$458.19	\$1,203.46	\$484.81	\$969.62	\$1,454.43	
	30-34	\$531.39	\$1,176.84	\$531.39	\$1,176.84	\$484.81	\$969.62	\$1,454.43	
	35-39	\$667.32	\$1,154.98	\$667.32	\$1,154.98	\$484.81	\$969.62	\$1,454.43	
	40-44	\$834.63	\$1,209.16	\$834.63	\$1,209.16	\$484.81	\$969.62	\$1,454.43	
	45-49	\$1,093.19	\$1,374.57	\$1,093.19	\$1,374.57	\$484.81	\$969.62	\$1,454.43	
	50-54	\$1,452.52	\$1,452.52	\$1,452.52	\$1,452.52	\$484.81	\$969.62	\$1,454.43	
	55-59	\$1,479.14	\$1,479.14	\$1,479.14	\$1,479.14	\$484.81	\$969.62	\$1,454.43	
	60-64	\$1,479.14	\$1,479.14	\$1,479.14	\$1,479.14	\$484.81	\$969.62	\$1,454.43	
	65-69	\$1,479.14	\$1,479.14	\$1,479.14	\$1,479.14	\$484.81	\$969.62	\$1,454.43	
	70-74	\$1,479.14	\$1,479.14	\$1,479.14	\$1,479.14	\$484.81	\$969.62	\$1,454.43	
	>74	\$1,479.14	\$1,479.14	\$1,479.14	\$1,479.14	\$484.81	\$969.62	\$1,454.43	
			<b>Medicare Primary</b>						
	<25	\$435.38	\$461.04	\$435.38	\$461.04	\$435.38	\$870.76	\$1,306.14	
	25-29	\$435.38	\$529.48	\$435.38	\$529.48	\$435.38	\$870.76	\$1,306.14	
	30-34	\$435.38	\$518.08	\$435.38	\$518.08	\$435.38	\$870.76	\$1,306.14	
	35-39	\$435.38	\$508.57	\$435.38	\$508.57	\$435.38	\$870.76	\$1,306.14	
	40-44	\$435.38	\$532.34	\$435.38	\$532.34	\$435.38	\$870.76	\$1,306.14	
	45-49	\$481.00	\$604.58	\$481.00	\$604.58	\$435.38	\$870.76	\$1,306.14	
	50-54	\$638.80	\$638.80	\$638.80	\$638.80	\$435.38	\$870.76	\$1,306.14	
	55-59	\$650.21	\$650.21	\$650.21	\$650.21	\$435.38	\$870.76	\$1,306.14	
	60-64	\$650.21	\$650.21	\$650.21	\$650.21	\$435.38	\$870.76	\$1,306.14	
	65-69	\$650.21	\$650.21	\$650.21	\$650.21	\$435.38	\$870.76	\$1,306.14	
	70-74	\$650.21	\$650.21	\$650.21	\$650.21	\$435.38	\$870.76	\$1,306.14	
	>74	\$650.21	\$650.21	\$650.21	\$650.21	\$435.38	\$870.76	\$1,306.14	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 55 with Rx Option AA, Blue 6	<25	\$431.41	\$1,038.95	\$431.41	\$1,038.95	\$480.39	\$960.78	\$1,441.17	
	25-29	\$454.01	\$1,192.49	\$454.01	\$1,192.49	\$480.39	\$960.78	\$1,441.17	
	30-34	\$526.54	\$1,166.12	\$526.54	\$1,166.12	\$480.39	\$960.78	\$1,441.17	
	35-39	\$661.24	\$1,144.45	\$661.24	\$1,144.45	\$480.39	\$960.78	\$1,441.17	
	40-44	\$827.02	\$1,198.14	\$827.02	\$1,198.14	\$480.39	\$960.78	\$1,441.17	
	45-49	\$1,083.23	\$1,362.04	\$1,083.23	\$1,362.04	\$480.39	\$960.78	\$1,441.17	
	50-54	\$1,439.28	\$1,439.28	\$1,439.28	\$1,439.28	\$480.39	\$960.78	\$1,441.17	
	55-59	\$1,465.65	\$1,465.65	\$1,465.65	\$1,465.65	\$480.39	\$960.78	\$1,441.17	
	60-64	\$1,465.65	\$1,465.65	\$1,465.65	\$1,465.65	\$480.39	\$960.78	\$1,441.17	
	65-69	\$1,465.65	\$1,465.65	\$1,465.65	\$1,465.65	\$480.39	\$960.78	\$1,441.17	
	70-74	\$1,465.65	\$1,465.65	\$1,465.65	\$1,465.65	\$480.39	\$960.78	\$1,441.17	
	>74	\$1,465.65	\$1,465.65	\$1,465.65	\$1,465.65	\$480.39	\$960.78	\$1,441.17	
			<b>Medicare Primary</b>						
	<25	\$431.41	\$456.84	\$431.41	\$456.84	\$431.41	\$862.82	\$1,294.23	
	25-29	\$431.41	\$524.66	\$431.41	\$524.66	\$431.41	\$862.82	\$1,294.23	
	30-34	\$431.41	\$513.35	\$431.41	\$513.35	\$431.41	\$862.82	\$1,294.23	
	35-39	\$431.41	\$503.94	\$431.41	\$503.94	\$431.41	\$862.82	\$1,294.23	
	40-44	\$431.41	\$527.48	\$431.41	\$527.48	\$431.41	\$862.82	\$1,294.23	
	45-49	\$476.62	\$599.07	\$476.62	\$599.07	\$431.41	\$862.82	\$1,294.23	
	50-54	\$632.98	\$632.98	\$632.98	\$632.98	\$431.41	\$862.82	\$1,294.23	
	55-59	\$644.28	\$644.28	\$644.28	\$644.28	\$431.41	\$862.82	\$1,294.23	
	60-64	\$644.28	\$644.28	\$644.28	\$644.28	\$431.41	\$862.82	\$1,294.23	
	65-69	\$644.28	\$644.28	\$644.28	\$644.28	\$431.41	\$862.82	\$1,294.23	
	70-74	\$644.28	\$644.28	\$644.28	\$644.28	\$431.41	\$862.82	\$1,294.23	
	>74	\$644.28	\$644.28	\$644.28	\$644.28	\$431.41	\$862.82	\$1,294.23	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 56 with Rx Option 7, Blue 6	<25	\$432.86	\$1,042.46	\$432.86	\$1,042.46	\$482.01	\$964.02	\$1,446.03	
	25-29	\$455.54	\$1,196.51	\$455.54	\$1,196.51	\$482.01	\$964.02	\$1,446.03	
	30-34	\$528.32	\$1,170.05	\$528.32	\$1,170.05	\$482.01	\$964.02	\$1,446.03	
	35-39	\$663.47	\$1,148.31	\$663.47	\$1,148.31	\$482.01	\$964.02	\$1,446.03	
	40-44	\$829.81	\$1,202.18	\$829.81	\$1,202.18	\$482.01	\$964.02	\$1,446.03	
	45-49	\$1,086.88	\$1,366.63	\$1,086.88	\$1,366.63	\$482.01	\$964.02	\$1,446.03	
	50-54	\$1,444.13	\$1,444.13	\$1,444.13	\$1,444.13	\$482.01	\$964.02	\$1,446.03	
	55-59	\$1,470.60	\$1,470.60	\$1,470.60	\$1,470.60	\$482.01	\$964.02	\$1,446.03	
	60-64	\$1,470.60	\$1,470.60	\$1,470.60	\$1,470.60	\$482.01	\$964.02	\$1,446.03	
	65-69	\$1,470.60	\$1,470.60	\$1,470.60	\$1,470.60	\$482.01	\$964.02	\$1,446.03	
	70-74	\$1,470.60	\$1,470.60	\$1,470.60	\$1,470.60	\$482.01	\$964.02	\$1,446.03	
	>74	\$1,470.60	\$1,470.60	\$1,470.60	\$1,470.60	\$482.01	\$964.02	\$1,446.03	
			<b>Medicare Primary</b>						
	<25	\$432.86	\$458.38	\$432.86	\$458.38	\$432.86	\$865.72	\$1,298.58	
	25-29	\$432.86	\$526.43	\$432.86	\$526.43	\$432.86	\$865.72	\$1,298.58	
	30-34	\$432.86	\$515.09	\$432.86	\$515.09	\$432.86	\$865.72	\$1,298.58	
	35-39	\$432.86	\$505.64	\$432.86	\$505.64	\$432.86	\$865.72	\$1,298.58	
	40-44	\$432.86	\$529.26	\$432.86	\$529.26	\$432.86	\$865.72	\$1,298.58	
	45-49	\$478.23	\$601.09	\$478.23	\$601.09	\$432.86	\$865.72	\$1,298.58	
	50-54	\$635.12	\$635.12	\$635.12	\$635.12	\$432.86	\$865.72	\$1,298.58	
	55-59	\$646.46	\$646.46	\$646.46	\$646.46	\$432.86	\$865.72	\$1,298.58	
	60-64	\$646.46	\$646.46	\$646.46	\$646.46	\$432.86	\$865.72	\$1,298.58	
	65-69	\$646.46	\$646.46	\$646.46	\$646.46	\$432.86	\$865.72	\$1,298.58	
	70-74	\$646.46	\$646.46	\$646.46	\$646.46	\$432.86	\$865.72	\$1,298.58	
	>74	\$646.46	\$646.46	\$646.46	\$646.46	\$432.86	\$865.72	\$1,298.58	



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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children
		Male	Female	Male	Female			
Alternate Option: Blue Access Option 56 with Rx Option AE, Blue 6	<25	\$423.73	\$1,020.46	\$423.73	\$1,020.46	\$471.83	\$943.66	\$1,415.49
	25-29	\$445.93	\$1,171.26	\$445.93	\$1,171.26	\$471.83	\$943.66	\$1,415.49
	30-34	\$517.17	\$1,145.35	\$517.17	\$1,145.35	\$471.83	\$943.66	\$1,415.49
	35-39	\$649.46	\$1,124.07	\$649.46	\$1,124.07	\$471.83	\$943.66	\$1,415.49
	40-44	\$812.29	\$1,176.81	\$812.29	\$1,176.81	\$471.83	\$943.66	\$1,415.49
	45-49	\$1,063.94	\$1,337.79	\$1,063.94	\$1,337.79	\$471.83	\$943.66	\$1,415.49
	50-54	\$1,413.65	\$1,413.65	\$1,413.65	\$1,413.65	\$471.83	\$943.66	\$1,415.49
	55-59	\$1,439.55	\$1,439.55	\$1,439.55	\$1,439.55	\$471.83	\$943.66	\$1,415.49
	60-64	\$1,439.55	\$1,439.55	\$1,439.55	\$1,439.55	\$471.83	\$943.66	\$1,415.49
	65-69	\$1,439.55	\$1,439.55	\$1,439.55	\$1,439.55	\$471.83	\$943.66	\$1,415.49
	70-74	\$1,439.55	\$1,439.55	\$1,439.55	\$1,439.55	\$471.83	\$943.66	\$1,415.49
	>74	\$1,439.55	\$1,439.55	\$1,439.55	\$1,439.55	\$471.83	\$943.66	\$1,415.49
			<b>Medicare Primary</b>					
	<25	\$423.73	\$448.70	\$423.73	\$448.70	\$423.73	\$847.46	\$1,271.19
	25-29	\$423.73	\$515.32	\$423.73	\$515.32	\$423.73	\$847.46	\$1,271.19
	30-34	\$423.73	\$504.21	\$423.73	\$504.21	\$423.73	\$847.46	\$1,271.19
	35-39	\$423.73	\$494.96	\$423.73	\$494.96	\$423.73	\$847.46	\$1,271.19
	40-44	\$423.73	\$518.09	\$423.73	\$518.09	\$423.73	\$847.46	\$1,271.19
	45-49	\$468.13	\$588.40	\$468.13	\$588.40	\$423.73	\$847.46	\$1,271.19
	50-54	\$621.71	\$621.71	\$621.71	\$621.71	\$423.73	\$847.46	\$1,271.19
	55-59	\$632.81	\$632.81	\$632.81	\$632.81	\$423.73	\$847.46	\$1,271.19
	60-64	\$632.81	\$632.81	\$632.81	\$632.81	\$423.73	\$847.46	\$1,271.19
	65-69	\$632.81	\$632.81	\$632.81	\$632.81	\$423.73	\$847.46	\$1,271.19
	70-74	\$632.81	\$632.81	\$632.81	\$632.81	\$423.73	\$847.46	\$1,271.19
	>74	\$632.81	\$632.81	\$632.81	\$632.81	\$423.73	\$847.46	\$1,271.19

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 56 with Rx Option AA, Blue 6	<25	\$419.62	\$1,010.58	\$419.62	\$1,010.58	\$467.27	\$934.54	\$1,401.81	
	25-29	\$441.61	\$1,159.92	\$441.61	\$1,159.92	\$467.27	\$934.54	\$1,401.81	
	30-34	\$512.16	\$1,134.26	\$512.16	\$1,134.26	\$467.27	\$934.54	\$1,401.81	
	35-39	\$643.18	\$1,113.19	\$643.18	\$1,113.19	\$467.27	\$934.54	\$1,401.81	
	40-44	\$804.43	\$1,165.41	\$804.43	\$1,165.41	\$467.27	\$934.54	\$1,401.81	
	45-49	\$1,053.64	\$1,324.83	\$1,053.64	\$1,324.83	\$467.27	\$934.54	\$1,401.81	
	50-54	\$1,399.96	\$1,399.96	\$1,399.96	\$1,399.96	\$467.27	\$934.54	\$1,401.81	
	55-59	\$1,425.62	\$1,425.62	\$1,425.62	\$1,425.62	\$467.27	\$934.54	\$1,401.81	
	60-64	\$1,425.62	\$1,425.62	\$1,425.62	\$1,425.62	\$467.27	\$934.54	\$1,401.81	
	65-69	\$1,425.62	\$1,425.62	\$1,425.62	\$1,425.62	\$467.27	\$934.54	\$1,401.81	
	70-74	\$1,425.62	\$1,425.62	\$1,425.62	\$1,425.62	\$467.27	\$934.54	\$1,401.81	
	>74	\$1,425.62	\$1,425.62	\$1,425.62	\$1,425.62	\$467.27	\$934.54	\$1,401.81	
			<b>Medicare Primary</b>						
	<25	\$419.62	\$444.36	\$419.62	\$444.36	\$419.62	\$839.24	\$1,258.86	
	25-29	\$419.62	\$510.33	\$419.62	\$510.33	\$419.62	\$839.24	\$1,258.86	
	30-34	\$419.62	\$499.33	\$419.62	\$499.33	\$419.62	\$839.24	\$1,258.86	
	35-39	\$419.62	\$490.17	\$419.62	\$490.17	\$419.62	\$839.24	\$1,258.86	
	40-44	\$419.62	\$513.08	\$419.62	\$513.08	\$419.62	\$839.24	\$1,258.86	
	45-49	\$463.60	\$582.71	\$463.60	\$582.71	\$419.62	\$839.24	\$1,258.86	
	50-54	\$615.69	\$615.69	\$615.69	\$615.69	\$419.62	\$839.24	\$1,258.86	
	55-59	\$626.68	\$626.68	\$626.68	\$626.68	\$419.62	\$839.24	\$1,258.86	
	60-64	\$626.68	\$626.68	\$626.68	\$626.68	\$419.62	\$839.24	\$1,258.86	
	65-69	\$626.68	\$626.68	\$626.68	\$626.68	\$419.62	\$839.24	\$1,258.86	
	70-74	\$626.68	\$626.68	\$626.68	\$626.68	\$419.62	\$839.24	\$1,258.86	
	>74	\$626.68	\$626.68	\$626.68	\$626.68	\$419.62	\$839.24	\$1,258.86	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 57 with Rx Option 7, Blue 6	<25	\$423.53	\$1,019.99	\$423.53	\$1,019.99	\$471.62	\$943.24	\$1,414.86	
	25-29	\$445.73	\$1,170.73	\$445.73	\$1,170.73	\$471.62	\$943.24	\$1,414.86	
	30-34	\$516.93	\$1,144.83	\$516.93	\$1,144.83	\$471.62	\$943.24	\$1,414.86	
	35-39	\$649.17	\$1,123.56	\$649.17	\$1,123.56	\$471.62	\$943.24	\$1,414.86	
	40-44	\$811.93	\$1,176.27	\$811.93	\$1,176.27	\$471.62	\$943.24	\$1,414.86	
	45-49	\$1,063.46	\$1,337.18	\$1,063.46	\$1,337.18	\$471.62	\$943.24	\$1,414.86	
	50-54	\$1,413.01	\$1,413.01	\$1,413.01	\$1,413.01	\$471.62	\$943.24	\$1,414.86	
	55-59	\$1,438.90	\$1,438.90	\$1,438.90	\$1,438.90	\$471.62	\$943.24	\$1,414.86	
	60-64	\$1,438.90	\$1,438.90	\$1,438.90	\$1,438.90	\$471.62	\$943.24	\$1,414.86	
	65-69	\$1,438.90	\$1,438.90	\$1,438.90	\$1,438.90	\$471.62	\$943.24	\$1,414.86	
	70-74	\$1,438.90	\$1,438.90	\$1,438.90	\$1,438.90	\$471.62	\$943.24	\$1,414.86	
	>74	\$1,438.90	\$1,438.90	\$1,438.90	\$1,438.90	\$471.62	\$943.24	\$1,414.86	
			<b>Medicare Primary</b>						
	<25	\$423.53	\$448.50	\$423.53	\$448.50	\$423.53	\$847.06	\$1,270.59	
	25-29	\$423.53	\$515.08	\$423.53	\$515.08	\$423.53	\$847.06	\$1,270.59	
	30-34	\$423.53	\$503.99	\$423.53	\$503.99	\$423.53	\$847.06	\$1,270.59	
	35-39	\$423.53	\$494.74	\$423.53	\$494.74	\$423.53	\$847.06	\$1,270.59	
	40-44	\$423.53	\$517.86	\$423.53	\$517.86	\$423.53	\$847.06	\$1,270.59	
	45-49	\$467.92	\$588.14	\$467.92	\$588.14	\$423.53	\$847.06	\$1,270.59	
	50-54	\$621.43	\$621.43	\$621.43	\$621.43	\$423.53	\$847.06	\$1,270.59	
	55-59	\$632.53	\$632.53	\$632.53	\$632.53	\$423.53	\$847.06	\$1,270.59	
	60-64	\$632.53	\$632.53	\$632.53	\$632.53	\$423.53	\$847.06	\$1,270.59	
	65-69	\$632.53	\$632.53	\$632.53	\$632.53	\$423.53	\$847.06	\$1,270.59	
	70-74	\$632.53	\$632.53	\$632.53	\$632.53	\$423.53	\$847.06	\$1,270.59	
	>74	\$632.53	\$632.53	\$632.53	\$632.53	\$423.53	\$847.06	\$1,270.59	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 57 with Rx Option AE, Blue 6	<25	\$414.51	\$998.26	\$414.51	\$998.26	\$461.57	\$923.14	\$1,384.71	
	25-29	\$436.23	\$1,145.78	\$436.23	\$1,145.78	\$461.57	\$923.14	\$1,384.71	
	30-34	\$505.92	\$1,120.44	\$505.92	\$1,120.44	\$461.57	\$923.14	\$1,384.71	
	35-39	\$635.34	\$1,099.62	\$635.34	\$1,099.62	\$461.57	\$923.14	\$1,384.71	
	40-44	\$794.62	\$1,151.21	\$794.62	\$1,151.21	\$461.57	\$923.14	\$1,384.71	
	45-49	\$1,040.79	\$1,308.69	\$1,040.79	\$1,308.69	\$461.57	\$923.14	\$1,384.71	
	50-54	\$1,382.90	\$1,382.90	\$1,382.90	\$1,382.90	\$461.57	\$923.14	\$1,384.71	
	55-59	\$1,408.24	\$1,408.24	\$1,408.24	\$1,408.24	\$461.57	\$923.14	\$1,384.71	
	60-64	\$1,408.24	\$1,408.24	\$1,408.24	\$1,408.24	\$461.57	\$923.14	\$1,384.71	
	65-69	\$1,408.24	\$1,408.24	\$1,408.24	\$1,408.24	\$461.57	\$923.14	\$1,384.71	
	70-74	\$1,408.24	\$1,408.24	\$1,408.24	\$1,408.24	\$461.57	\$923.14	\$1,384.71	
	>74	\$1,408.24	\$1,408.24	\$1,408.24	\$1,408.24	\$461.57	\$923.14	\$1,384.71	
			<b>Medicare Primary</b>						
		<25	\$414.51	\$438.94	\$414.51	\$438.94	\$414.51	\$829.02	\$1,243.53
	25-29	\$414.51	\$504.11	\$414.51	\$504.11	\$414.51	\$829.02	\$1,243.53	
	30-34	\$414.51	\$493.25	\$414.51	\$493.25	\$414.51	\$829.02	\$1,243.53	
	35-39	\$414.51	\$484.20	\$414.51	\$484.20	\$414.51	\$829.02	\$1,243.53	
	40-44	\$414.51	\$506.82	\$414.51	\$506.82	\$414.51	\$829.02	\$1,243.53	
	45-49	\$457.95	\$575.60	\$457.95	\$575.60	\$414.51	\$829.02	\$1,243.53	
	50-54	\$608.19	\$608.19	\$608.19	\$608.19	\$414.51	\$829.02	\$1,243.53	
	55-59	\$619.05	\$619.05	\$619.05	\$619.05	\$414.51	\$829.02	\$1,243.53	
	60-64	\$619.05	\$619.05	\$619.05	\$619.05	\$414.51	\$829.02	\$1,243.53	
	65-69	\$619.05	\$619.05	\$619.05	\$619.05	\$414.51	\$829.02	\$1,243.53	
	70-74	\$619.05	\$619.05	\$619.05	\$619.05	\$414.51	\$829.02	\$1,243.53	
	>74	\$619.05	\$619.05	\$619.05	\$619.05	\$414.51	\$829.02	\$1,243.53	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 57 with Rx Option AA, Blue 6	<25	\$410.46	\$988.50	\$410.46	\$988.50	\$457.06	\$914.12	\$1,371.18	
	25-29	\$431.96	\$1,134.58	\$431.96	\$1,134.58	\$457.06	\$914.12	\$1,371.18	
	30-34	\$500.97	\$1,109.48	\$500.97	\$1,109.48	\$457.06	\$914.12	\$1,371.18	
	35-39	\$629.13	\$1,088.87	\$629.13	\$1,088.87	\$457.06	\$914.12	\$1,371.18	
	40-44	\$786.86	\$1,139.95	\$786.86	\$1,139.95	\$457.06	\$914.12	\$1,371.18	
	45-49	\$1,030.62	\$1,295.89	\$1,030.62	\$1,295.89	\$457.06	\$914.12	\$1,371.18	
	50-54	\$1,369.38	\$1,369.38	\$1,369.38	\$1,369.38	\$457.06	\$914.12	\$1,371.18	
	55-59	\$1,394.47	\$1,394.47	\$1,394.47	\$1,394.47	\$457.06	\$914.12	\$1,371.18	
	60-64	\$1,394.47	\$1,394.47	\$1,394.47	\$1,394.47	\$457.06	\$914.12	\$1,371.18	
	65-69	\$1,394.47	\$1,394.47	\$1,394.47	\$1,394.47	\$457.06	\$914.12	\$1,371.18	
	70-74	\$1,394.47	\$1,394.47	\$1,394.47	\$1,394.47	\$457.06	\$914.12	\$1,371.18	
	>74	\$1,394.47	\$1,394.47	\$1,394.47	\$1,394.47	\$457.06	\$914.12	\$1,371.18	
			<b>Medicare Primary</b>						
	<25	\$410.46	\$434.65	\$410.46	\$434.65	\$410.46	\$820.92	\$1,231.38	
	25-29	\$410.46	\$499.18	\$410.46	\$499.18	\$410.46	\$820.92	\$1,231.38	
	30-34	\$410.46	\$488.42	\$410.46	\$488.42	\$410.46	\$820.92	\$1,231.38	
	35-39	\$410.46	\$479.46	\$410.46	\$479.46	\$410.46	\$820.92	\$1,231.38	
	40-44	\$410.46	\$501.87	\$410.46	\$501.87	\$410.46	\$820.92	\$1,231.38	
	45-49	\$453.47	\$569.98	\$453.47	\$569.98	\$410.46	\$820.92	\$1,231.38	
	50-54	\$602.24	\$602.24	\$602.24	\$602.24	\$410.46	\$820.92	\$1,231.38	
	55-59	\$612.99	\$612.99	\$612.99	\$612.99	\$410.46	\$820.92	\$1,231.38	
	60-64	\$612.99	\$612.99	\$612.99	\$612.99	\$410.46	\$820.92	\$1,231.38	
	65-69	\$612.99	\$612.99	\$612.99	\$612.99	\$410.46	\$820.92	\$1,231.38	
	70-74	\$612.99	\$612.99	\$612.99	\$612.99	\$410.46	\$820.92	\$1,231.38	
	>74	\$612.99	\$612.99	\$612.99	\$612.99	\$410.46	\$820.92	\$1,231.38	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 58 with Rx Option 7, Blue 6	<25	\$407.02	\$980.23	\$407.02	\$980.23	\$453.24	\$906.48	\$1,359.72	
	25-29	\$428.35	\$1,125.09	\$428.35	\$1,125.09	\$453.24	\$906.48	\$1,359.72	
	30-34	\$496.78	\$1,100.21	\$496.78	\$1,100.21	\$453.24	\$906.48	\$1,359.72	
	35-39	\$623.86	\$1,079.77	\$623.86	\$1,079.77	\$453.24	\$906.48	\$1,359.72	
	40-44	\$780.28	\$1,130.42	\$780.28	\$1,130.42	\$453.24	\$906.48	\$1,359.72	
	45-49	\$1,022.00	\$1,285.05	\$1,022.00	\$1,285.05	\$453.24	\$906.48	\$1,359.72	
	50-54	\$1,357.93	\$1,357.93	\$1,357.93	\$1,357.93	\$453.24	\$906.48	\$1,359.72	
	55-59	\$1,382.81	\$1,382.81	\$1,382.81	\$1,382.81	\$453.24	\$906.48	\$1,359.72	
	60-64	\$1,382.81	\$1,382.81	\$1,382.81	\$1,382.81	\$453.24	\$906.48	\$1,359.72	
	65-69	\$1,382.81	\$1,382.81	\$1,382.81	\$1,382.81	\$453.24	\$906.48	\$1,359.72	
	70-74	\$1,382.81	\$1,382.81	\$1,382.81	\$1,382.81	\$453.24	\$906.48	\$1,359.72	
	>74	\$1,382.81	\$1,382.81	\$1,382.81	\$1,382.81	\$453.24	\$906.48	\$1,359.72	
			<b>Medicare Primary</b>						
	<25	\$407.02	\$431.02	\$407.02	\$431.02	\$407.02	\$814.04	\$1,221.06	
	25-29	\$407.02	\$495.00	\$407.02	\$495.00	\$407.02	\$814.04	\$1,221.06	
	30-34	\$407.02	\$484.34	\$407.02	\$484.34	\$407.02	\$814.04	\$1,221.06	
	35-39	\$407.02	\$475.45	\$407.02	\$475.45	\$407.02	\$814.04	\$1,221.06	
	40-44	\$407.02	\$497.67	\$407.02	\$497.67	\$407.02	\$814.04	\$1,221.06	
	45-49	\$449.68	\$565.21	\$449.68	\$565.21	\$407.02	\$814.04	\$1,221.06	
	50-54	\$597.20	\$597.20	\$597.20	\$597.20	\$407.02	\$814.04	\$1,221.06	
	55-59	\$607.87	\$607.87	\$607.87	\$607.87	\$407.02	\$814.04	\$1,221.06	
	60-64	\$607.87	\$607.87	\$607.87	\$607.87	\$407.02	\$814.04	\$1,221.06	
	65-69	\$607.87	\$607.87	\$607.87	\$607.87	\$407.02	\$814.04	\$1,221.06	
	70-74	\$607.87	\$607.87	\$607.87	\$607.87	\$407.02	\$814.04	\$1,221.06	
	>74	\$607.87	\$607.87	\$607.87	\$607.87	\$407.02	\$814.04	\$1,221.06	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 58 with Rx Option AE, Blue 6	<25	\$398.18	\$958.94	\$398.18	\$958.94	\$443.39	\$886.78	\$1,330.17	
	25-29	\$419.05	\$1,100.65	\$419.05	\$1,100.65	\$443.39	\$886.78	\$1,330.17	
	30-34	\$485.99	\$1,076.31	\$485.99	\$1,076.31	\$443.39	\$886.78	\$1,330.17	
	35-39	\$610.32	\$1,056.32	\$610.32	\$1,056.32	\$443.39	\$886.78	\$1,330.17	
	40-44	\$763.33	\$1,105.87	\$763.33	\$1,105.87	\$443.39	\$886.78	\$1,330.17	
	45-49	\$999.80	\$1,257.15	\$999.80	\$1,257.15	\$443.39	\$886.78	\$1,330.17	
	50-54	\$1,328.44	\$1,328.44	\$1,328.44	\$1,328.44	\$443.39	\$886.78	\$1,330.17	
	55-59	\$1,352.78	\$1,352.78	\$1,352.78	\$1,352.78	\$443.39	\$886.78	\$1,330.17	
	60-64	\$1,352.78	\$1,352.78	\$1,352.78	\$1,352.78	\$443.39	\$886.78	\$1,330.17	
	65-69	\$1,352.78	\$1,352.78	\$1,352.78	\$1,352.78	\$443.39	\$886.78	\$1,330.17	
	70-74	\$1,352.78	\$1,352.78	\$1,352.78	\$1,352.78	\$443.39	\$886.78	\$1,330.17	
	>74	\$1,352.78	\$1,352.78	\$1,352.78	\$1,352.78	\$443.39	\$886.78	\$1,330.17	
			<b>Medicare Primary</b>						
	<25	\$398.18	\$421.66	\$398.18	\$421.66	\$398.18	\$796.36	\$1,194.54	
	25-29	\$398.18	\$484.25	\$398.18	\$484.25	\$398.18	\$796.36	\$1,194.54	
	30-34	\$398.18	\$473.82	\$398.18	\$473.82	\$398.18	\$796.36	\$1,194.54	
	35-39	\$398.18	\$465.13	\$398.18	\$465.13	\$398.18	\$796.36	\$1,194.54	
	40-44	\$398.18	\$486.86	\$398.18	\$486.86	\$398.18	\$796.36	\$1,194.54	
	45-49	\$439.91	\$552.94	\$439.91	\$552.94	\$398.18	\$796.36	\$1,194.54	
	50-54	\$584.23	\$584.23	\$584.23	\$584.23	\$398.18	\$796.36	\$1,194.54	
	55-59	\$594.67	\$594.67	\$594.67	\$594.67	\$398.18	\$796.36	\$1,194.54	
	60-64	\$594.67	\$594.67	\$594.67	\$594.67	\$398.18	\$796.36	\$1,194.54	
	65-69	\$594.67	\$594.67	\$594.67	\$594.67	\$398.18	\$796.36	\$1,194.54	
	70-74	\$594.67	\$594.67	\$594.67	\$594.67	\$398.18	\$796.36	\$1,194.54	
	>74	\$594.67	\$594.67	\$594.67	\$594.67	\$398.18	\$796.36	\$1,194.54	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 58 with Rx Option AA, Blue 6	<25	\$394.36	\$949.75	\$394.36	\$949.75	\$439.14	\$878.28	\$1,317.42	
	25-29	\$415.03	\$1,090.10	\$415.03	\$1,090.10	\$439.14	\$878.28	\$1,317.42	
	30-34	\$481.33	\$1,065.99	\$481.33	\$1,065.99	\$439.14	\$878.28	\$1,317.42	
	35-39	\$604.46	\$1,046.18	\$604.46	\$1,046.18	\$439.14	\$878.28	\$1,317.42	
	40-44	\$756.01	\$1,095.26	\$756.01	\$1,095.26	\$439.14	\$878.28	\$1,317.42	
	45-49	\$990.22	\$1,245.09	\$990.22	\$1,245.09	\$439.14	\$878.28	\$1,317.42	
	50-54	\$1,315.70	\$1,315.70	\$1,315.70	\$1,315.70	\$439.14	\$878.28	\$1,317.42	
	55-59	\$1,339.80	\$1,339.80	\$1,339.80	\$1,339.80	\$439.14	\$878.28	\$1,317.42	
	60-64	\$1,339.80	\$1,339.80	\$1,339.80	\$1,339.80	\$439.14	\$878.28	\$1,317.42	
	65-69	\$1,339.80	\$1,339.80	\$1,339.80	\$1,339.80	\$439.14	\$878.28	\$1,317.42	
	70-74	\$1,339.80	\$1,339.80	\$1,339.80	\$1,339.80	\$439.14	\$878.28	\$1,317.42	
	>74	\$1,339.80	\$1,339.80	\$1,339.80	\$1,339.80	\$439.14	\$878.28	\$1,317.42	
			<b>Medicare Primary</b>						
	<25	\$394.36	\$417.61	\$394.36	\$417.61	\$394.36	\$788.72	\$1,183.08	
	25-29	\$394.36	\$479.61	\$394.36	\$479.61	\$394.36	\$788.72	\$1,183.08	
	30-34	\$394.36	\$469.28	\$394.36	\$469.28	\$394.36	\$788.72	\$1,183.08	
	35-39	\$394.36	\$460.67	\$394.36	\$460.67	\$394.36	\$788.72	\$1,183.08	
	40-44	\$394.36	\$482.19	\$394.36	\$482.19	\$394.36	\$788.72	\$1,183.08	
	45-49	\$435.69	\$547.63	\$435.69	\$547.63	\$394.36	\$788.72	\$1,183.08	
	50-54	\$578.63	\$578.63	\$578.63	\$578.63	\$394.36	\$788.72	\$1,183.08	
	55-59	\$588.96	\$588.96	\$588.96	\$588.96	\$394.36	\$788.72	\$1,183.08	
	60-64	\$588.96	\$588.96	\$588.96	\$588.96	\$394.36	\$788.72	\$1,183.08	
	65-69	\$588.96	\$588.96	\$588.96	\$588.96	\$394.36	\$788.72	\$1,183.08	
	70-74	\$588.96	\$588.96	\$588.96	\$588.96	\$394.36	\$788.72	\$1,183.08	
	>74	\$588.96	\$588.96	\$588.96	\$588.96	\$394.36	\$788.72	\$1,183.08	



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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 59 with Rx Option 7, Blue 6	<25	\$397.03	\$956.17	\$397.03	\$956.17	\$442.11	\$884.22	\$1,326.33	
	25-29	\$417.84	\$1,097.48	\$417.84	\$1,097.48	\$442.11	\$884.22	\$1,326.33	
	30-34	\$484.59	\$1,073.20	\$484.59	\$1,073.20	\$442.11	\$884.22	\$1,326.33	
	35-39	\$608.55	\$1,053.26	\$608.55	\$1,053.26	\$442.11	\$884.22	\$1,326.33	
	40-44	\$761.12	\$1,102.68	\$761.12	\$1,102.68	\$442.11	\$884.22	\$1,326.33	
	45-49	\$996.92	\$1,253.51	\$996.92	\$1,253.51	\$442.11	\$884.22	\$1,326.33	
	50-54	\$1,324.60	\$1,324.60	\$1,324.60	\$1,324.60	\$442.11	\$884.22	\$1,326.33	
	55-59	\$1,348.87	\$1,348.87	\$1,348.87	\$1,348.87	\$442.11	\$884.22	\$1,326.33	
	60-64	\$1,348.87	\$1,348.87	\$1,348.87	\$1,348.87	\$442.11	\$884.22	\$1,326.33	
	65-69	\$1,348.87	\$1,348.87	\$1,348.87	\$1,348.87	\$442.11	\$884.22	\$1,326.33	
	70-74	\$1,348.87	\$1,348.87	\$1,348.87	\$1,348.87	\$442.11	\$884.22	\$1,326.33	
	>74	\$1,348.87	\$1,348.87	\$1,348.87	\$1,348.87	\$442.11	\$884.22	\$1,326.33	
			<b>Medicare Primary</b>						
	<25	\$397.03	\$420.44	\$397.03	\$420.44	\$397.03	\$794.06	\$1,191.09	
	25-29	\$397.03	\$482.85	\$397.03	\$482.85	\$397.03	\$794.06	\$1,191.09	
	30-34	\$397.03	\$472.45	\$397.03	\$472.45	\$397.03	\$794.06	\$1,191.09	
	35-39	\$397.03	\$463.78	\$397.03	\$463.78	\$397.03	\$794.06	\$1,191.09	
	40-44	\$397.03	\$485.46	\$397.03	\$485.46	\$397.03	\$794.06	\$1,191.09	
	45-49	\$438.64	\$551.34	\$438.64	\$551.34	\$397.03	\$794.06	\$1,191.09	
	50-54	\$582.55	\$582.55	\$582.55	\$582.55	\$397.03	\$794.06	\$1,191.09	
	55-59	\$592.95	\$592.95	\$592.95	\$592.95	\$397.03	\$794.06	\$1,191.09	
	60-64	\$592.95	\$592.95	\$592.95	\$592.95	\$397.03	\$794.06	\$1,191.09	
	65-69	\$592.95	\$592.95	\$592.95	\$592.95	\$397.03	\$794.06	\$1,191.09	
	70-74	\$592.95	\$592.95	\$592.95	\$592.95	\$397.03	\$794.06	\$1,191.09	
	>74	\$592.95	\$592.95	\$592.95	\$592.95	\$397.03	\$794.06	\$1,191.09	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 59 with Rx Option AE, Blue 6	<25	\$388.44	\$935.47	\$388.44	\$935.47	\$432.54	\$865.08	\$1,297.62	
	25-29	\$408.79	\$1,073.71	\$408.79	\$1,073.71	\$432.54	\$865.08	\$1,297.62	
	30-34	\$474.09	\$1,049.96	\$474.09	\$1,049.96	\$432.54	\$865.08	\$1,297.62	
	35-39	\$595.37	\$1,030.46	\$595.37	\$1,030.46	\$432.54	\$865.08	\$1,297.62	
	40-44	\$744.64	\$1,078.80	\$744.64	\$1,078.80	\$432.54	\$865.08	\$1,297.62	
	45-49	\$975.33	\$1,226.37	\$975.33	\$1,226.37	\$432.54	\$865.08	\$1,297.62	
	50-54	\$1,295.92	\$1,295.92	\$1,295.92	\$1,295.92	\$432.54	\$865.08	\$1,297.62	
	55-59	\$1,319.66	\$1,319.66	\$1,319.66	\$1,319.66	\$432.54	\$865.08	\$1,297.62	
	60-64	\$1,319.66	\$1,319.66	\$1,319.66	\$1,319.66	\$432.54	\$865.08	\$1,297.62	
	65-69	\$1,319.66	\$1,319.66	\$1,319.66	\$1,319.66	\$432.54	\$865.08	\$1,297.62	
	70-74	\$1,319.66	\$1,319.66	\$1,319.66	\$1,319.66	\$432.54	\$865.08	\$1,297.62	
	>74	\$1,319.66	\$1,319.66	\$1,319.66	\$1,319.66	\$432.54	\$865.08	\$1,297.62	
			<b>Medicare Primary</b>						
	<25	\$388.44	\$411.33	\$388.44	\$411.33	\$388.44	\$776.88	\$1,165.32	
	25-29	\$388.44	\$472.40	\$388.44	\$472.40	\$388.44	\$776.88	\$1,165.32	
	30-34	\$388.44	\$462.22	\$388.44	\$462.22	\$388.44	\$776.88	\$1,165.32	
	35-39	\$388.44	\$453.74	\$388.44	\$453.74	\$388.44	\$776.88	\$1,165.32	
	40-44	\$388.44	\$474.94	\$388.44	\$474.94	\$388.44	\$776.88	\$1,165.32	
	45-49	\$429.14	\$539.40	\$429.14	\$539.40	\$388.44	\$776.88	\$1,165.32	
	50-54	\$569.93	\$569.93	\$569.93	\$569.93	\$388.44	\$776.88	\$1,165.32	
	55-59	\$580.11	\$580.11	\$580.11	\$580.11	\$388.44	\$776.88	\$1,165.32	
	60-64	\$580.11	\$580.11	\$580.11	\$580.11	\$388.44	\$776.88	\$1,165.32	
	65-69	\$580.11	\$580.11	\$580.11	\$580.11	\$388.44	\$776.88	\$1,165.32	
	70-74	\$580.11	\$580.11	\$580.11	\$580.11	\$388.44	\$776.88	\$1,165.32	
	>74	\$580.11	\$580.11	\$580.11	\$580.11	\$388.44	\$776.88	\$1,165.32	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 59 with Rx Option AA, Blue 6	<25	\$384.71	\$926.50	\$384.71	\$926.50	\$428.39	\$856.78	\$1,285.17	
	25-29	\$404.87	\$1,063.42	\$404.87	\$1,063.42	\$428.39	\$856.78	\$1,285.17	
	30-34	\$469.55	\$1,039.90	\$469.55	\$1,039.90	\$428.39	\$856.78	\$1,285.17	
	35-39	\$589.67	\$1,020.58	\$589.67	\$1,020.58	\$428.39	\$856.78	\$1,285.17	
	40-44	\$737.51	\$1,068.46	\$737.51	\$1,068.46	\$428.39	\$856.78	\$1,285.17	
	45-49	\$965.98	\$1,214.62	\$965.98	\$1,214.62	\$428.39	\$856.78	\$1,285.17	
	50-54	\$1,283.49	\$1,283.49	\$1,283.49	\$1,283.49	\$428.39	\$856.78	\$1,285.17	
	55-59	\$1,307.01	\$1,307.01	\$1,307.01	\$1,307.01	\$428.39	\$856.78	\$1,285.17	
	60-64	\$1,307.01	\$1,307.01	\$1,307.01	\$1,307.01	\$428.39	\$856.78	\$1,285.17	
	65-69	\$1,307.01	\$1,307.01	\$1,307.01	\$1,307.01	\$428.39	\$856.78	\$1,285.17	
	70-74	\$1,307.01	\$1,307.01	\$1,307.01	\$1,307.01	\$428.39	\$856.78	\$1,285.17	
	>74	\$1,307.01	\$1,307.01	\$1,307.01	\$1,307.01	\$428.39	\$856.78	\$1,285.17	
			<b>Medicare Primary</b>						
	<25	\$384.71	\$407.39	\$384.71	\$407.39	\$384.71	\$769.42	\$1,154.13	
	25-29	\$384.71	\$467.87	\$384.71	\$467.87	\$384.71	\$769.42	\$1,154.13	
	30-34	\$384.71	\$457.79	\$384.71	\$457.79	\$384.71	\$769.42	\$1,154.13	
	35-39	\$384.71	\$449.39	\$384.71	\$449.39	\$384.71	\$769.42	\$1,154.13	
	40-44	\$384.71	\$470.39	\$384.71	\$470.39	\$384.71	\$769.42	\$1,154.13	
	45-49	\$425.03	\$534.23	\$425.03	\$534.23	\$384.71	\$769.42	\$1,154.13	
	50-54	\$564.47	\$564.47	\$564.47	\$564.47	\$384.71	\$769.42	\$1,154.13	
	55-59	\$574.55	\$574.55	\$574.55	\$574.55	\$384.71	\$769.42	\$1,154.13	
	60-64	\$574.55	\$574.55	\$574.55	\$574.55	\$384.71	\$769.42	\$1,154.13	
	65-69	\$574.55	\$574.55	\$574.55	\$574.55	\$384.71	\$769.42	\$1,154.13	
	70-74	\$574.55	\$574.55	\$574.55	\$574.55	\$384.71	\$769.42	\$1,154.13	
	>74	\$574.55	\$574.55	\$574.55	\$574.55	\$384.71	\$769.42	\$1,154.13	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 60 with Rx Option 7, Blue 6	<25	\$356.98	\$859.71	\$356.98	\$859.71	\$397.51	\$795.02	\$1,192.53	
	25-29	\$375.68	\$986.76	\$375.68	\$986.76	\$397.51	\$795.02	\$1,192.53	
	30-34	\$435.70	\$964.93	\$435.70	\$964.93	\$397.51	\$795.02	\$1,192.53	
	35-39	\$547.16	\$947.01	\$547.16	\$947.01	\$397.51	\$795.02	\$1,192.53	
	40-44	\$684.34	\$991.43	\$684.34	\$991.43	\$397.51	\$795.02	\$1,192.53	
	45-49	\$896.34	\$1,127.05	\$896.34	\$1,127.05	\$397.51	\$795.02	\$1,192.53	
	50-54	\$1,190.97	\$1,190.97	\$1,190.97	\$1,190.97	\$397.51	\$795.02	\$1,192.53	
	55-59	\$1,212.79	\$1,212.79	\$1,212.79	\$1,212.79	\$397.51	\$795.02	\$1,192.53	
	60-64	\$1,212.79	\$1,212.79	\$1,212.79	\$1,212.79	\$397.51	\$795.02	\$1,192.53	
	65-69	\$1,212.79	\$1,212.79	\$1,212.79	\$1,212.79	\$397.51	\$795.02	\$1,192.53	
	70-74	\$1,212.79	\$1,212.79	\$1,212.79	\$1,212.79	\$397.51	\$795.02	\$1,192.53	
	>74	\$1,212.79	\$1,212.79	\$1,212.79	\$1,212.79	\$397.51	\$795.02	\$1,192.53	
			<b>Medicare Primary</b>						
	<25	\$356.98	\$378.02	\$356.98	\$378.02	\$356.98	\$713.96	\$1,070.94	
	25-29	\$356.98	\$434.14	\$356.98	\$434.14	\$356.98	\$713.96	\$1,070.94	
	30-34	\$356.98	\$424.79	\$356.98	\$424.79	\$356.98	\$713.96	\$1,070.94	
	35-39	\$356.98	\$416.99	\$356.98	\$416.99	\$356.98	\$713.96	\$1,070.94	
	40-44	\$356.98	\$436.48	\$356.98	\$436.48	\$356.98	\$713.96	\$1,070.94	
	45-49	\$394.39	\$495.72	\$394.39	\$495.72	\$356.98	\$713.96	\$1,070.94	
	50-54	\$523.78	\$523.78	\$523.78	\$523.78	\$356.98	\$713.96	\$1,070.94	
	55-59	\$533.13	\$533.13	\$533.13	\$533.13	\$356.98	\$713.96	\$1,070.94	
	60-64	\$533.13	\$533.13	\$533.13	\$533.13	\$356.98	\$713.96	\$1,070.94	
	65-69	\$533.13	\$533.13	\$533.13	\$533.13	\$356.98	\$713.96	\$1,070.94	
	70-74	\$533.13	\$533.13	\$533.13	\$533.13	\$356.98	\$713.96	\$1,070.94	
	>74	\$533.13	\$533.13	\$533.13	\$533.13	\$356.98	\$713.96	\$1,070.94	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 60 with Rx Option AE, Blue 6	<25	\$348.65	\$839.65	\$348.65	\$839.65	\$388.23	\$776.46	\$1,164.69	
	25-29	\$366.92	\$963.73	\$366.92	\$963.73	\$388.23	\$776.46	\$1,164.69	
	30-34	\$425.53	\$942.42	\$425.53	\$942.42	\$388.23	\$776.46	\$1,164.69	
	35-39	\$534.39	\$924.91	\$534.39	\$924.91	\$388.23	\$776.46	\$1,164.69	
	40-44	\$668.37	\$968.30	\$668.37	\$968.30	\$388.23	\$776.46	\$1,164.69	
	45-49	\$875.43	\$1,100.75	\$875.43	\$1,100.75	\$388.23	\$776.46	\$1,164.69	
	50-54	\$1,163.17	\$1,163.17	\$1,163.17	\$1,163.17	\$388.23	\$776.46	\$1,164.69	
	55-59	\$1,184.49	\$1,184.49	\$1,184.49	\$1,184.49	\$388.23	\$776.46	\$1,164.69	
	60-64	\$1,184.49	\$1,184.49	\$1,184.49	\$1,184.49	\$388.23	\$776.46	\$1,164.69	
	65-69	\$1,184.49	\$1,184.49	\$1,184.49	\$1,184.49	\$388.23	\$776.46	\$1,164.69	
	70-74	\$1,184.49	\$1,184.49	\$1,184.49	\$1,184.49	\$388.23	\$776.46	\$1,164.69	
	>74	\$1,184.49	\$1,184.49	\$1,184.49	\$1,184.49	\$388.23	\$776.46	\$1,164.69	
			<b>Medicare Primary</b>						
	<25	\$348.65	\$369.20	\$348.65	\$369.20	\$348.65	\$697.30	\$1,045.95	
	25-29	\$348.65	\$424.01	\$348.65	\$424.01	\$348.65	\$697.30	\$1,045.95	
	30-34	\$348.65	\$414.88	\$348.65	\$414.88	\$348.65	\$697.30	\$1,045.95	
	35-39	\$348.65	\$407.26	\$348.65	\$407.26	\$348.65	\$697.30	\$1,045.95	
	40-44	\$348.65	\$426.29	\$348.65	\$426.29	\$348.65	\$697.30	\$1,045.95	
	45-49	\$385.19	\$484.15	\$385.19	\$484.15	\$348.65	\$697.30	\$1,045.95	
	50-54	\$511.55	\$511.55	\$511.55	\$511.55	\$348.65	\$697.30	\$1,045.95	
	55-59	\$520.69	\$520.69	\$520.69	\$520.69	\$348.65	\$697.30	\$1,045.95	
	60-64	\$520.69	\$520.69	\$520.69	\$520.69	\$348.65	\$697.30	\$1,045.95	
	65-69	\$520.69	\$520.69	\$520.69	\$520.69	\$348.65	\$697.30	\$1,045.95	
	70-74	\$520.69	\$520.69	\$520.69	\$520.69	\$348.65	\$697.30	\$1,045.95	
	>74	\$520.69	\$520.69	\$520.69	\$520.69	\$348.65	\$697.30	\$1,045.95	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 60 with Rx Option AA, Blue 6	<25	\$344.90	\$830.63	\$344.90	\$830.63	\$384.06	\$768.12	\$1,152.18	
	25-29	\$362.98	\$953.38	\$362.98	\$953.38	\$384.06	\$768.12	\$1,152.18	
	30-34	\$420.96	\$932.29	\$420.96	\$932.29	\$384.06	\$768.12	\$1,152.18	
	35-39	\$528.65	\$914.97	\$528.65	\$914.97	\$384.06	\$768.12	\$1,152.18	
	40-44	\$661.19	\$957.89	\$661.19	\$957.89	\$384.06	\$768.12	\$1,152.18	
	45-49	\$866.02	\$1,088.93	\$866.02	\$1,088.93	\$384.06	\$768.12	\$1,152.18	
	50-54	\$1,150.68	\$1,150.68	\$1,150.68	\$1,150.68	\$384.06	\$768.12	\$1,152.18	
	55-59	\$1,171.76	\$1,171.76	\$1,171.76	\$1,171.76	\$384.06	\$768.12	\$1,152.18	
	60-64	\$1,171.76	\$1,171.76	\$1,171.76	\$1,171.76	\$384.06	\$768.12	\$1,152.18	
	65-69	\$1,171.76	\$1,171.76	\$1,171.76	\$1,171.76	\$384.06	\$768.12	\$1,152.18	
	70-74	\$1,171.76	\$1,171.76	\$1,171.76	\$1,171.76	\$384.06	\$768.12	\$1,152.18	
	>74	\$1,171.76	\$1,171.76	\$1,171.76	\$1,171.76	\$384.06	\$768.12	\$1,152.18	
			<b>Medicare Primary</b>						
	<25	\$344.90	\$365.23	\$344.90	\$365.23	\$344.90	\$689.80	\$1,034.70	
	25-29	\$344.90	\$419.46	\$344.90	\$419.46	\$344.90	\$689.80	\$1,034.70	
	30-34	\$344.90	\$410.42	\$344.90	\$410.42	\$344.90	\$689.80	\$1,034.70	
	35-39	\$344.90	\$402.89	\$344.90	\$402.89	\$344.90	\$689.80	\$1,034.70	
	40-44	\$344.90	\$421.71	\$344.90	\$421.71	\$344.90	\$689.80	\$1,034.70	
	45-49	\$381.05	\$478.95	\$381.05	\$478.95	\$344.90	\$689.80	\$1,034.70	
	50-54	\$506.06	\$506.06	\$506.06	\$506.06	\$344.90	\$689.80	\$1,034.70	
	55-59	\$515.09	\$515.09	\$515.09	\$515.09	\$344.90	\$689.80	\$1,034.70	
	60-64	\$515.09	\$515.09	\$515.09	\$515.09	\$344.90	\$689.80	\$1,034.70	
	65-69	\$515.09	\$515.09	\$515.09	\$515.09	\$344.90	\$689.80	\$1,034.70	
	70-74	\$515.09	\$515.09	\$515.09	\$515.09	\$344.90	\$689.80	\$1,034.70	
	>74	\$515.09	\$515.09	\$515.09	\$515.09	\$344.90	\$689.80	\$1,034.70	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children
		Male	Female	Male	Female			
Alternate Option: Blue Access Option 61 with Rx Option 7, Blue 6	<25	\$340.84	\$820.84	\$340.84	\$820.84	\$379.54	\$759.08	\$1,138.62
	25-29	\$358.70	\$942.15	\$358.70	\$942.15	\$379.54	\$759.08	\$1,138.62
	30-34	\$416.00	\$921.31	\$416.00	\$921.31	\$379.54	\$759.08	\$1,138.62
	35-39	\$522.42	\$904.19	\$522.42	\$904.19	\$379.54	\$759.08	\$1,138.62
	40-44	\$653.40	\$946.61	\$653.40	\$946.61	\$379.54	\$759.08	\$1,138.62
	45-49	\$855.82	\$1,076.10	\$855.82	\$1,076.10	\$379.54	\$759.08	\$1,138.62
	50-54	\$1,137.12	\$1,137.12	\$1,137.12	\$1,137.12	\$379.54	\$759.08	\$1,138.62
	55-59	\$1,157.96	\$1,157.96	\$1,157.96	\$1,157.96	\$379.54	\$759.08	\$1,138.62
	60-64	\$1,157.96	\$1,157.96	\$1,157.96	\$1,157.96	\$379.54	\$759.08	\$1,138.62
	65-69	\$1,157.96	\$1,157.96	\$1,157.96	\$1,157.96	\$379.54	\$759.08	\$1,138.62
	70-74	\$1,157.96	\$1,157.96	\$1,157.96	\$1,157.96	\$379.54	\$759.08	\$1,138.62
	>74	\$1,157.96	\$1,157.96	\$1,157.96	\$1,157.96	\$379.54	\$759.08	\$1,138.62
			<b>Medicare Primary</b>					
	<25	\$340.84	\$360.93	\$340.84	\$360.93	\$340.84	\$681.68	\$1,022.52
	25-29	\$340.84	\$414.51	\$340.84	\$414.51	\$340.84	\$681.68	\$1,022.52
	30-34	\$340.84	\$405.58	\$340.84	\$405.58	\$340.84	\$681.68	\$1,022.52
	35-39	\$340.84	\$398.14	\$340.84	\$398.14	\$340.84	\$681.68	\$1,022.52
	40-44	\$340.84	\$416.75	\$340.84	\$416.75	\$340.84	\$681.68	\$1,022.52
	45-49	\$376.56	\$473.31	\$376.56	\$473.31	\$340.84	\$681.68	\$1,022.52
	50-54	\$500.10	\$500.10	\$500.10	\$500.10	\$340.84	\$681.68	\$1,022.52
	55-59	\$509.03	\$509.03	\$509.03	\$509.03	\$340.84	\$681.68	\$1,022.52
	60-64	\$509.03	\$509.03	\$509.03	\$509.03	\$340.84	\$681.68	\$1,022.52
	65-69	\$509.03	\$509.03	\$509.03	\$509.03	\$340.84	\$681.68	\$1,022.52
	70-74	\$509.03	\$509.03	\$509.03	\$509.03	\$340.84	\$681.68	\$1,022.52
	>74	\$509.03	\$509.03	\$509.03	\$509.03	\$340.84	\$681.68	\$1,022.52

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 61 with Rx Option AE, Blue 6	<25	\$332.47	\$800.69	\$332.47	\$800.69	\$370.22	\$740.44	\$1,110.66	
	25-29	\$349.89	\$919.02	\$349.89	\$919.02	\$370.22	\$740.44	\$1,110.66	
	30-34	\$405.79	\$898.69	\$405.79	\$898.69	\$370.22	\$740.44	\$1,110.66	
	35-39	\$509.60	\$882.00	\$509.60	\$882.00	\$370.22	\$740.44	\$1,110.66	
	40-44	\$637.36	\$923.37	\$637.36	\$923.37	\$370.22	\$740.44	\$1,110.66	
	45-49	\$834.81	\$1,049.68	\$834.81	\$1,049.68	\$370.22	\$740.44	\$1,110.66	
	50-54	\$1,109.21	\$1,109.21	\$1,109.21	\$1,109.21	\$370.22	\$740.44	\$1,110.66	
	55-59	\$1,129.53	\$1,129.53	\$1,129.53	\$1,129.53	\$370.22	\$740.44	\$1,110.66	
	60-64	\$1,129.53	\$1,129.53	\$1,129.53	\$1,129.53	\$370.22	\$740.44	\$1,110.66	
	65-69	\$1,129.53	\$1,129.53	\$1,129.53	\$1,129.53	\$370.22	\$740.44	\$1,110.66	
	70-74	\$1,129.53	\$1,129.53	\$1,129.53	\$1,129.53	\$370.22	\$740.44	\$1,110.66	
	>74	\$1,129.53	\$1,129.53	\$1,129.53	\$1,129.53	\$370.22	\$740.44	\$1,110.66	
			<b>Medicare Primary</b>						
	<25	\$332.47	\$352.07	\$332.47	\$352.07	\$332.47	\$664.94	\$997.41	
	25-29	\$332.47	\$404.34	\$332.47	\$404.34	\$332.47	\$664.94	\$997.41	
	30-34	\$332.47	\$395.63	\$332.47	\$395.63	\$332.47	\$664.94	\$997.41	
	35-39	\$332.47	\$388.37	\$332.47	\$388.37	\$332.47	\$664.94	\$997.41	
	40-44	\$332.47	\$406.52	\$332.47	\$406.52	\$332.47	\$664.94	\$997.41	
	45-49	\$367.32	\$461.69	\$367.32	\$461.69	\$332.47	\$664.94	\$997.41	
	50-54	\$487.82	\$487.82	\$487.82	\$487.82	\$332.47	\$664.94	\$997.41	
	55-59	\$496.53	\$496.53	\$496.53	\$496.53	\$332.47	\$664.94	\$997.41	
	60-64	\$496.53	\$496.53	\$496.53	\$496.53	\$332.47	\$664.94	\$997.41	
	65-69	\$496.53	\$496.53	\$496.53	\$496.53	\$332.47	\$664.94	\$997.41	
	70-74	\$496.53	\$496.53	\$496.53	\$496.53	\$332.47	\$664.94	\$997.41	
	>74	\$496.53	\$496.53	\$496.53	\$496.53	\$332.47	\$664.94	\$997.41	



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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 61 with Rx Option AA, Blue 6	<25	\$328.85	\$791.98	\$328.85	\$791.98	\$366.19	\$732.38	\$1,098.57	
	25-29	\$346.09	\$909.01	\$346.09	\$909.01	\$366.19	\$732.38	\$1,098.57	
	30-34	\$401.37	\$888.91	\$401.37	\$888.91	\$366.19	\$732.38	\$1,098.57	
	35-39	\$504.05	\$872.39	\$504.05	\$872.39	\$366.19	\$732.38	\$1,098.57	
	40-44	\$630.42	\$913.32	\$630.42	\$913.32	\$366.19	\$732.38	\$1,098.57	
	45-49	\$825.72	\$1,038.26	\$825.72	\$1,038.26	\$366.19	\$732.38	\$1,098.57	
	50-54	\$1,097.13	\$1,097.13	\$1,097.13	\$1,097.13	\$366.19	\$732.38	\$1,098.57	
	55-59	\$1,117.24	\$1,117.24	\$1,117.24	\$1,117.24	\$366.19	\$732.38	\$1,098.57	
	60-64	\$1,117.24	\$1,117.24	\$1,117.24	\$1,117.24	\$366.19	\$732.38	\$1,098.57	
	65-69	\$1,117.24	\$1,117.24	\$1,117.24	\$1,117.24	\$366.19	\$732.38	\$1,098.57	
	70-74	\$1,117.24	\$1,117.24	\$1,117.24	\$1,117.24	\$366.19	\$732.38	\$1,098.57	
	>74	\$1,117.24	\$1,117.24	\$1,117.24	\$1,117.24	\$366.19	\$732.38	\$1,098.57	
			<b>Medicare Primary</b>						
	<25	\$328.85	\$348.24	\$328.85	\$348.24	\$328.85	\$657.70	\$986.55	
	25-29	\$328.85	\$399.94	\$328.85	\$399.94	\$328.85	\$657.70	\$986.55	
	30-34	\$328.85	\$391.32	\$328.85	\$391.32	\$328.85	\$657.70	\$986.55	
	35-39	\$328.85	\$384.14	\$328.85	\$384.14	\$328.85	\$657.70	\$986.55	
	40-44	\$328.85	\$402.09	\$328.85	\$402.09	\$328.85	\$657.70	\$986.55	
	45-49	\$363.32	\$456.66	\$363.32	\$456.66	\$328.85	\$657.70	\$986.55	
	50-54	\$482.51	\$482.51	\$482.51	\$482.51	\$328.85	\$657.70	\$986.55	
	55-59	\$491.13	\$491.13	\$491.13	\$491.13	\$328.85	\$657.70	\$986.55	
	60-64	\$491.13	\$491.13	\$491.13	\$491.13	\$328.85	\$657.70	\$986.55	
	65-69	\$491.13	\$491.13	\$491.13	\$491.13	\$328.85	\$657.70	\$986.55	
	70-74	\$491.13	\$491.13	\$491.13	\$491.13	\$328.85	\$657.70	\$986.55	
	>74	\$491.13	\$491.13	\$491.13	\$491.13	\$328.85	\$657.70	\$986.55	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 62 with Rx Option 7, Blue 6	<25	\$339.53	\$817.70	\$339.53	\$817.70	\$378.08	\$756.16	\$1,134.24	
	25-29	\$357.33	\$938.54	\$357.33	\$938.54	\$378.08	\$756.16	\$1,134.24	
	30-34	\$414.41	\$917.78	\$414.41	\$917.78	\$378.08	\$756.16	\$1,134.24	
	35-39	\$520.42	\$900.73	\$520.42	\$900.73	\$378.08	\$756.16	\$1,134.24	
	40-44	\$650.90	\$942.99	\$650.90	\$942.99	\$378.08	\$756.16	\$1,134.24	
	45-49	\$852.54	\$1,071.98	\$852.54	\$1,071.98	\$378.08	\$756.16	\$1,134.24	
	50-54	\$1,132.77	\$1,132.77	\$1,132.77	\$1,132.77	\$378.08	\$756.16	\$1,134.24	
	55-59	\$1,153.53	\$1,153.53	\$1,153.53	\$1,153.53	\$378.08	\$756.16	\$1,134.24	
	60-64	\$1,153.53	\$1,153.53	\$1,153.53	\$1,153.53	\$378.08	\$756.16	\$1,134.24	
	65-69	\$1,153.53	\$1,153.53	\$1,153.53	\$1,153.53	\$378.08	\$756.16	\$1,134.24	
	70-74	\$1,153.53	\$1,153.53	\$1,153.53	\$1,153.53	\$378.08	\$756.16	\$1,134.24	
	>74	\$1,153.53	\$1,153.53	\$1,153.53	\$1,153.53	\$378.08	\$756.16	\$1,134.24	
			<b>Medicare Primary</b>						
	<25	\$339.53	\$359.55	\$339.53	\$359.55	\$339.53	\$679.06	\$1,018.59	
	25-29	\$339.53	\$412.93	\$339.53	\$412.93	\$339.53	\$679.06	\$1,018.59	
	30-34	\$339.53	\$404.03	\$339.53	\$404.03	\$339.53	\$679.06	\$1,018.59	
	35-39	\$339.53	\$396.62	\$339.53	\$396.62	\$339.53	\$679.06	\$1,018.59	
	40-44	\$339.53	\$415.15	\$339.53	\$415.15	\$339.53	\$679.06	\$1,018.59	
	45-49	\$375.12	\$471.49	\$375.12	\$471.49	\$339.53	\$679.06	\$1,018.59	
	50-54	\$498.18	\$498.18	\$498.18	\$498.18	\$339.53	\$679.06	\$1,018.59	
	55-59	\$507.08	\$507.08	\$507.08	\$507.08	\$339.53	\$679.06	\$1,018.59	
	60-64	\$507.08	\$507.08	\$507.08	\$507.08	\$339.53	\$679.06	\$1,018.59	
	65-69	\$507.08	\$507.08	\$507.08	\$507.08	\$339.53	\$679.06	\$1,018.59	
	70-74	\$507.08	\$507.08	\$507.08	\$507.08	\$339.53	\$679.06	\$1,018.59	
	>74	\$507.08	\$507.08	\$507.08	\$507.08	\$339.53	\$679.06	\$1,018.59	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 62 with Rx Option AE, Blue 6	<25	\$331.27	\$797.80	\$331.27	\$797.80	\$368.88	\$737.76	\$1,106.64	
	25-29	\$348.63	\$915.69	\$348.63	\$915.69	\$368.88	\$737.76	\$1,106.64	
	30-34	\$404.32	\$895.44	\$404.32	\$895.44	\$368.88	\$737.76	\$1,106.64	
	35-39	\$507.75	\$878.81	\$507.75	\$878.81	\$368.88	\$737.76	\$1,106.64	
	40-44	\$635.05	\$920.03	\$635.05	\$920.03	\$368.88	\$737.76	\$1,106.64	
	45-49	\$831.79	\$1,045.89	\$831.79	\$1,045.89	\$368.88	\$737.76	\$1,106.64	
	50-54	\$1,105.20	\$1,105.20	\$1,105.20	\$1,105.20	\$368.88	\$737.76	\$1,106.64	
	55-59	\$1,125.45	\$1,125.45	\$1,125.45	\$1,125.45	\$368.88	\$737.76	\$1,106.64	
	60-64	\$1,125.45	\$1,125.45	\$1,125.45	\$1,125.45	\$368.88	\$737.76	\$1,106.64	
	65-69	\$1,125.45	\$1,125.45	\$1,125.45	\$1,125.45	\$368.88	\$737.76	\$1,106.64	
	70-74	\$1,125.45	\$1,125.45	\$1,125.45	\$1,125.45	\$368.88	\$737.76	\$1,106.64	
	>74	\$1,125.45	\$1,125.45	\$1,125.45	\$1,125.45	\$368.88	\$737.76	\$1,106.64	
			<b>Medicare Primary</b>						
	<25	\$331.27	\$350.80	\$331.27	\$350.80	\$331.27	\$662.54	\$993.81	
	25-29	\$331.27	\$402.88	\$331.27	\$402.88	\$331.27	\$662.54	\$993.81	
	30-34	\$331.27	\$394.20	\$331.27	\$394.20	\$331.27	\$662.54	\$993.81	
	35-39	\$331.27	\$386.96	\$331.27	\$386.96	\$331.27	\$662.54	\$993.81	
	40-44	\$331.27	\$405.05	\$331.27	\$405.05	\$331.27	\$662.54	\$993.81	
	45-49	\$365.99	\$460.02	\$365.99	\$460.02	\$331.27	\$662.54	\$993.81	
	50-54	\$486.06	\$486.06	\$486.06	\$486.06	\$331.27	\$662.54	\$993.81	
	55-59	\$494.74	\$494.74	\$494.74	\$494.74	\$331.27	\$662.54	\$993.81	
	60-64	\$494.74	\$494.74	\$494.74	\$494.74	\$331.27	\$662.54	\$993.81	
	65-69	\$494.74	\$494.74	\$494.74	\$494.74	\$331.27	\$662.54	\$993.81	
	70-74	\$494.74	\$494.74	\$494.74	\$494.74	\$331.27	\$662.54	\$993.81	
	>74	\$494.74	\$494.74	\$494.74	\$494.74	\$331.27	\$662.54	\$993.81	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children
		Male	Female	Male	Female			
Alternate Option: Blue Access Option 62 with Rx Option AA, Blue 6	<25	\$327.55	\$788.83	\$327.55	\$788.83	\$364.74	\$729.48	\$1,094.22
	25-29	\$344.71	\$905.40	\$344.71	\$905.40	\$364.74	\$729.48	\$1,094.22
	30-34	\$399.78	\$885.38	\$399.78	\$885.38	\$364.74	\$729.48	\$1,094.22
	35-39	\$502.05	\$868.93	\$502.05	\$868.93	\$364.74	\$729.48	\$1,094.22
	40-44	\$627.92	\$909.70	\$627.92	\$909.70	\$364.74	\$729.48	\$1,094.22
	45-49	\$822.45	\$1,034.14	\$822.45	\$1,034.14	\$364.74	\$729.48	\$1,094.22
	50-54	\$1,092.78	\$1,092.78	\$1,092.78	\$1,092.78	\$364.74	\$729.48	\$1,094.22
	55-59	\$1,112.80	\$1,112.80	\$1,112.80	\$1,112.80	\$364.74	\$729.48	\$1,094.22
	60-64	\$1,112.80	\$1,112.80	\$1,112.80	\$1,112.80	\$364.74	\$729.48	\$1,094.22
	65-69	\$1,112.80	\$1,112.80	\$1,112.80	\$1,112.80	\$364.74	\$729.48	\$1,094.22
	70-74	\$1,112.80	\$1,112.80	\$1,112.80	\$1,112.80	\$364.74	\$729.48	\$1,094.22
	>74	\$1,112.80	\$1,112.80	\$1,112.80	\$1,112.80	\$364.74	\$729.48	\$1,094.22
			<b>Medicare Primary</b>					
	<25	\$327.55	\$346.86	\$327.55	\$346.86	\$327.55	\$655.10	\$982.65
	25-29	\$327.55	\$398.35	\$327.55	\$398.35	\$327.55	\$655.10	\$982.65
	30-34	\$327.55	\$389.77	\$327.55	\$389.77	\$327.55	\$655.10	\$982.65
	35-39	\$327.55	\$382.62	\$327.55	\$382.62	\$327.55	\$655.10	\$982.65
	40-44	\$327.55	\$400.50	\$327.55	\$400.50	\$327.55	\$655.10	\$982.65
	45-49	\$361.88	\$454.85	\$361.88	\$454.85	\$327.55	\$655.10	\$982.65
	50-54	\$480.59	\$480.59	\$480.59	\$480.59	\$327.55	\$655.10	\$982.65
	55-59	\$489.18	\$489.18	\$489.18	\$489.18	\$327.55	\$655.10	\$982.65
	60-64	\$489.18	\$489.18	\$489.18	\$489.18	\$327.55	\$655.10	\$982.65
	65-69	\$489.18	\$489.18	\$489.18	\$489.18	\$327.55	\$655.10	\$982.65
	70-74	\$489.18	\$489.18	\$489.18	\$489.18	\$327.55	\$655.10	\$982.65
	>74	\$489.18	\$489.18	\$489.18	\$489.18	\$327.55	\$655.10	\$982.65

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D51 with Rx Option 7, Blue 6	<25	\$537.70	\$1,294.94	\$537.70	\$1,294.94	\$598.75	\$1,197.50	\$1,796.25	
	25-29	\$565.88	\$1,486.31	\$565.88	\$1,486.31	\$598.75	\$1,197.50	\$1,796.25	
	30-34	\$656.28	\$1,453.44	\$656.28	\$1,453.44	\$598.75	\$1,197.50	\$1,796.25	
	35-39	\$824.16	\$1,426.43	\$824.16	\$1,426.43	\$598.75	\$1,197.50	\$1,796.25	
	40-44	\$1,030.79	\$1,493.35	\$1,030.79	\$1,493.35	\$598.75	\$1,197.50	\$1,796.25	
	45-49	\$1,350.12	\$1,697.63	\$1,350.12	\$1,697.63	\$598.75	\$1,197.50	\$1,796.25	
	50-54	\$1,793.90	\$1,793.90	\$1,793.90	\$1,793.90	\$598.75	\$1,197.50	\$1,796.25	
	55-59	\$1,826.77	\$1,826.77	\$1,826.77	\$1,826.77	\$598.75	\$1,197.50	\$1,796.25	
	60-64	\$1,826.77	\$1,826.77	\$1,826.77	\$1,826.77	\$598.75	\$1,197.50	\$1,796.25	
	65-69	\$1,826.77	\$1,826.77	\$1,826.77	\$1,826.77	\$598.75	\$1,197.50	\$1,796.25	
	70-74	\$1,826.77	\$1,826.77	\$1,826.77	\$1,826.77	\$598.75	\$1,197.50	\$1,796.25	
	>74	\$1,826.77	\$1,826.77	\$1,826.77	\$1,826.77	\$598.75	\$1,197.50	\$1,796.25	
			<b>Medicare Primary</b>						
	<25	\$537.70	\$569.40	\$537.70	\$569.40	\$537.70	\$1,075.40	\$1,613.10	
	25-29	\$537.70	\$653.93	\$537.70	\$653.93	\$537.70	\$1,075.40	\$1,613.10	
	30-34	\$537.70	\$639.84	\$537.70	\$639.84	\$537.70	\$1,075.40	\$1,613.10	
	35-39	\$537.70	\$628.10	\$537.70	\$628.10	\$537.70	\$1,075.40	\$1,613.10	
	40-44	\$537.70	\$657.45	\$537.70	\$657.45	\$537.70	\$1,075.40	\$1,613.10	
	45-49	\$594.05	\$746.68	\$594.05	\$746.68	\$537.70	\$1,075.40	\$1,613.10	
	50-54	\$788.94	\$788.94	\$788.94	\$788.94	\$537.70	\$1,075.40	\$1,613.10	
	55-59	\$803.03	\$803.03	\$803.03	\$803.03	\$537.70	\$1,075.40	\$1,613.10	
	60-64	\$803.03	\$803.03	\$803.03	\$803.03	\$537.70	\$1,075.40	\$1,613.10	
	65-69	\$803.03	\$803.03	\$803.03	\$803.03	\$537.70	\$1,075.40	\$1,613.10	
	70-74	\$803.03	\$803.03	\$803.03	\$803.03	\$537.70	\$1,075.40	\$1,613.10	
	>74	\$803.03	\$803.03	\$803.03	\$803.03	\$537.70	\$1,075.40	\$1,613.10	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D51 with Rx Option AE, Blue 6	<25	\$527.44	\$1,270.23	\$527.44	\$1,270.23	\$587.32	\$1,174.64	\$1,761.96	
	25-29	\$555.08	\$1,457.95	\$555.08	\$1,457.95	\$587.32	\$1,174.64	\$1,761.96	
	30-34	\$643.75	\$1,425.70	\$643.75	\$1,425.70	\$587.32	\$1,174.64	\$1,761.96	
	35-39	\$808.44	\$1,399.22	\$808.44	\$1,399.22	\$587.32	\$1,174.64	\$1,761.96	
	40-44	\$1,011.12	\$1,464.86	\$1,011.12	\$1,464.86	\$587.32	\$1,174.64	\$1,761.96	
	45-49	\$1,324.36	\$1,665.24	\$1,324.36	\$1,665.24	\$587.32	\$1,174.64	\$1,761.96	
	50-54	\$1,759.67	\$1,759.67	\$1,759.67	\$1,759.67	\$587.32	\$1,174.64	\$1,761.96	
	55-59	\$1,791.92	\$1,791.92	\$1,791.92	\$1,791.92	\$587.32	\$1,174.64	\$1,761.96	
	60-64	\$1,791.92	\$1,791.92	\$1,791.92	\$1,791.92	\$587.32	\$1,174.64	\$1,761.96	
	65-69	\$1,791.92	\$1,791.92	\$1,791.92	\$1,791.92	\$587.32	\$1,174.64	\$1,761.96	
	70-74	\$1,791.92	\$1,791.92	\$1,791.92	\$1,791.92	\$587.32	\$1,174.64	\$1,761.96	
	>74	\$1,791.92	\$1,791.92	\$1,791.92	\$1,791.92	\$587.32	\$1,174.64	\$1,761.96	
			<b>Medicare Primary</b>						
	<25	\$527.44	\$558.53	\$527.44	\$558.53	\$527.44	\$1,054.88	\$1,582.32	
	25-29	\$527.44	\$641.45	\$527.44	\$641.45	\$527.44	\$1,054.88	\$1,582.32	
	30-34	\$527.44	\$627.63	\$527.44	\$627.63	\$527.44	\$1,054.88	\$1,582.32	
	35-39	\$527.44	\$616.12	\$527.44	\$616.12	\$527.44	\$1,054.88	\$1,582.32	
	40-44	\$527.44	\$644.91	\$527.44	\$644.91	\$527.44	\$1,054.88	\$1,582.32	
	45-49	\$582.72	\$732.43	\$582.72	\$732.43	\$527.44	\$1,054.88	\$1,582.32	
	50-54	\$773.89	\$773.89	\$773.89	\$773.89	\$527.44	\$1,054.88	\$1,582.32	
	55-59	\$787.71	\$787.71	\$787.71	\$787.71	\$527.44	\$1,054.88	\$1,582.32	
	60-64	\$787.71	\$787.71	\$787.71	\$787.71	\$527.44	\$1,054.88	\$1,582.32	
	65-69	\$787.71	\$787.71	\$787.71	\$787.71	\$527.44	\$1,054.88	\$1,582.32	
	70-74	\$787.71	\$787.71	\$787.71	\$787.71	\$527.44	\$1,054.88	\$1,582.32	
	>74	\$787.71	\$787.71	\$787.71	\$787.71	\$527.44	\$1,054.88	\$1,582.32	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D51 with Rx Option AA, Blue 6	<25	\$523.00	\$1,259.55	\$523.00	\$1,259.55	\$582.38	\$1,164.76	\$1,747.14	
	25-29	\$550.41	\$1,445.68	\$550.41	\$1,445.68	\$582.38	\$1,164.76	\$1,747.14	
	30-34	\$638.34	\$1,413.71	\$638.34	\$1,413.71	\$582.38	\$1,164.76	\$1,747.14	
	35-39	\$801.63	\$1,387.44	\$801.63	\$1,387.44	\$582.38	\$1,164.76	\$1,747.14	
	40-44	\$1,002.61	\$1,452.53	\$1,002.61	\$1,452.53	\$582.38	\$1,164.76	\$1,747.14	
	45-49	\$1,313.22	\$1,651.23	\$1,313.22	\$1,651.23	\$582.38	\$1,164.76	\$1,747.14	
	50-54	\$1,744.87	\$1,744.87	\$1,744.87	\$1,744.87	\$582.38	\$1,164.76	\$1,747.14	
	55-59	\$1,776.84	\$1,776.84	\$1,776.84	\$1,776.84	\$582.38	\$1,164.76	\$1,747.14	
	60-64	\$1,776.84	\$1,776.84	\$1,776.84	\$1,776.84	\$582.38	\$1,164.76	\$1,747.14	
	65-69	\$1,776.84	\$1,776.84	\$1,776.84	\$1,776.84	\$582.38	\$1,164.76	\$1,747.14	
	70-74	\$1,776.84	\$1,776.84	\$1,776.84	\$1,776.84	\$582.38	\$1,164.76	\$1,747.14	
	>74	\$1,776.84	\$1,776.84	\$1,776.84	\$1,776.84	\$582.38	\$1,164.76	\$1,747.14	
			<b>Medicare Primary</b>						
	<25	\$523.00	\$553.83	\$523.00	\$553.83	\$523.00	\$1,046.00	\$1,569.00	
	25-29	\$523.00	\$636.05	\$523.00	\$636.05	\$523.00	\$1,046.00	\$1,569.00	
	30-34	\$523.00	\$622.35	\$523.00	\$622.35	\$523.00	\$1,046.00	\$1,569.00	
	35-39	\$523.00	\$610.93	\$523.00	\$610.93	\$523.00	\$1,046.00	\$1,569.00	
	40-44	\$523.00	\$639.48	\$523.00	\$639.48	\$523.00	\$1,046.00	\$1,569.00	
	45-49	\$577.82	\$726.27	\$577.82	\$726.27	\$523.00	\$1,046.00	\$1,569.00	
	50-54	\$767.38	\$767.38	\$767.38	\$767.38	\$523.00	\$1,046.00	\$1,569.00	
	55-59	\$781.08	\$781.08	\$781.08	\$781.08	\$523.00	\$1,046.00	\$1,569.00	
	60-64	\$781.08	\$781.08	\$781.08	\$781.08	\$523.00	\$1,046.00	\$1,569.00	
	65-69	\$781.08	\$781.08	\$781.08	\$781.08	\$523.00	\$1,046.00	\$1,569.00	
	70-74	\$781.08	\$781.08	\$781.08	\$781.08	\$523.00	\$1,046.00	\$1,569.00	
	>74	\$781.08	\$781.08	\$781.08	\$781.08	\$523.00	\$1,046.00	\$1,569.00	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children
		Male	Female	Male	Female			
Alternate Option: Blue Access Option D52 with Rx Option 7, Blue 6	<25	\$466.15	\$1,122.64	\$466.15	\$1,122.64	\$519.08	\$1,038.16	\$1,557.24
	25-29	\$490.58	\$1,288.54	\$490.58	\$1,288.54	\$519.08	\$1,038.16	\$1,557.24
	30-34	\$568.95	\$1,260.04	\$568.95	\$1,260.04	\$519.08	\$1,038.16	\$1,557.24
	35-39	\$714.50	\$1,236.63	\$714.50	\$1,236.63	\$519.08	\$1,038.16	\$1,557.24
	40-44	\$893.63	\$1,294.65	\$893.63	\$1,294.65	\$519.08	\$1,038.16	\$1,557.24
	45-49	\$1,170.47	\$1,471.74	\$1,170.47	\$1,471.74	\$519.08	\$1,038.16	\$1,557.24
	50-54	\$1,555.20	\$1,555.20	\$1,555.20	\$1,555.20	\$519.08	\$1,038.16	\$1,557.24
	55-59	\$1,583.70	\$1,583.70	\$1,583.70	\$1,583.70	\$519.08	\$1,038.16	\$1,557.24
	60-64	\$1,583.70	\$1,583.70	\$1,583.70	\$1,583.70	\$519.08	\$1,038.16	\$1,557.24
	65-69	\$1,583.70	\$1,583.70	\$1,583.70	\$1,583.70	\$519.08	\$1,038.16	\$1,557.24
	70-74	\$1,583.70	\$1,583.70	\$1,583.70	\$1,583.70	\$519.08	\$1,038.16	\$1,557.24
	>74	\$1,583.70	\$1,583.70	\$1,583.70	\$1,583.70	\$519.08	\$1,038.16	\$1,557.24
			<b>Medicare Primary</b>					
	<25	\$466.15	\$493.63	\$466.15	\$493.63	\$466.15	\$932.30	\$1,398.45
	25-29	\$466.15	\$566.92	\$466.15	\$566.92	\$466.15	\$932.30	\$1,398.45
	30-34	\$466.15	\$554.70	\$466.15	\$554.70	\$466.15	\$932.30	\$1,398.45
	35-39	\$466.15	\$544.53	\$466.15	\$544.53	\$466.15	\$932.30	\$1,398.45
	40-44	\$466.15	\$569.97	\$466.15	\$569.97	\$466.15	\$932.30	\$1,398.45
	45-49	\$515.01	\$647.32	\$515.01	\$647.32	\$466.15	\$932.30	\$1,398.45
	50-54	\$683.96	\$683.96	\$683.96	\$683.96	\$466.15	\$932.30	\$1,398.45
	55-59	\$696.18	\$696.18	\$696.18	\$696.18	\$466.15	\$932.30	\$1,398.45
	60-64	\$696.18	\$696.18	\$696.18	\$696.18	\$466.15	\$932.30	\$1,398.45
	65-69	\$696.18	\$696.18	\$696.18	\$696.18	\$466.15	\$932.30	\$1,398.45
	70-74	\$696.18	\$696.18	\$696.18	\$696.18	\$466.15	\$932.30	\$1,398.45
	>74	\$696.18	\$696.18	\$696.18	\$696.18	\$466.15	\$932.30	\$1,398.45



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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D52 with Rx Option AE, Blue 6	<25	\$456.69	\$1,099.86	\$456.69	\$1,099.86	\$508.55	\$1,017.10	\$1,525.65	
	25-29	\$480.63	\$1,262.39	\$480.63	\$1,262.39	\$508.55	\$1,017.10	\$1,525.65	
	30-34	\$557.41	\$1,234.47	\$557.41	\$1,234.47	\$508.55	\$1,017.10	\$1,525.65	
	35-39	\$700.00	\$1,211.54	\$700.00	\$1,211.54	\$508.55	\$1,017.10	\$1,525.65	
	40-44	\$875.50	\$1,268.37	\$875.50	\$1,268.37	\$508.55	\$1,017.10	\$1,525.65	
	45-49	\$1,146.72	\$1,441.88	\$1,146.72	\$1,441.88	\$508.55	\$1,017.10	\$1,525.65	
	50-54	\$1,523.65	\$1,523.65	\$1,523.65	\$1,523.65	\$508.55	\$1,017.10	\$1,525.65	
	55-59	\$1,551.57	\$1,551.57	\$1,551.57	\$1,551.57	\$508.55	\$1,017.10	\$1,525.65	
	60-64	\$1,551.57	\$1,551.57	\$1,551.57	\$1,551.57	\$508.55	\$1,017.10	\$1,525.65	
	65-69	\$1,551.57	\$1,551.57	\$1,551.57	\$1,551.57	\$508.55	\$1,017.10	\$1,525.65	
	70-74	\$1,551.57	\$1,551.57	\$1,551.57	\$1,551.57	\$508.55	\$1,017.10	\$1,525.65	
	>74	\$1,551.57	\$1,551.57	\$1,551.57	\$1,551.57	\$508.55	\$1,017.10	\$1,525.65	
			<b>Medicare Primary</b>						
	<25	\$456.69	\$483.62	\$456.69	\$483.62	\$456.69	\$913.38	\$1,370.07	
	25-29	\$456.69	\$555.41	\$456.69	\$555.41	\$456.69	\$913.38	\$1,370.07	
	30-34	\$456.69	\$543.45	\$456.69	\$543.45	\$456.69	\$913.38	\$1,370.07	
	35-39	\$456.69	\$533.48	\$456.69	\$533.48	\$456.69	\$913.38	\$1,370.07	
	40-44	\$456.69	\$558.40	\$456.69	\$558.40	\$456.69	\$913.38	\$1,370.07	
	45-49	\$504.56	\$634.19	\$504.56	\$634.19	\$456.69	\$913.38	\$1,370.07	
	50-54	\$670.08	\$670.08	\$670.08	\$670.08	\$456.69	\$913.38	\$1,370.07	
	55-59	\$682.05	\$682.05	\$682.05	\$682.05	\$456.69	\$913.38	\$1,370.07	
	60-64	\$682.05	\$682.05	\$682.05	\$682.05	\$456.69	\$913.38	\$1,370.07	
	65-69	\$682.05	\$682.05	\$682.05	\$682.05	\$456.69	\$913.38	\$1,370.07	
	70-74	\$682.05	\$682.05	\$682.05	\$682.05	\$456.69	\$913.38	\$1,370.07	
	>74	\$682.05	\$682.05	\$682.05	\$682.05	\$456.69	\$913.38	\$1,370.07	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D52 with Rx Option AA, Blue 6	<25	\$452.44	\$1,089.61	\$452.44	\$1,089.61	\$503.81	\$1,007.62	\$1,511.43	
	25-29	\$476.15	\$1,250.63	\$476.15	\$1,250.63	\$503.81	\$1,007.62	\$1,511.43	
	30-34	\$552.22	\$1,222.97	\$552.22	\$1,222.97	\$503.81	\$1,007.62	\$1,511.43	
	35-39	\$693.48	\$1,200.25	\$693.48	\$1,200.25	\$503.81	\$1,007.62	\$1,511.43	
	40-44	\$867.34	\$1,256.56	\$867.34	\$1,256.56	\$503.81	\$1,007.62	\$1,511.43	
	45-49	\$1,136.04	\$1,428.45	\$1,136.04	\$1,428.45	\$503.81	\$1,007.62	\$1,511.43	
	50-54	\$1,509.45	\$1,509.45	\$1,509.45	\$1,509.45	\$503.81	\$1,007.62	\$1,511.43	
	55-59	\$1,537.11	\$1,537.11	\$1,537.11	\$1,537.11	\$503.81	\$1,007.62	\$1,511.43	
	60-64	\$1,537.11	\$1,537.11	\$1,537.11	\$1,537.11	\$503.81	\$1,007.62	\$1,511.43	
	65-69	\$1,537.11	\$1,537.11	\$1,537.11	\$1,537.11	\$503.81	\$1,007.62	\$1,511.43	
	70-74	\$1,537.11	\$1,537.11	\$1,537.11	\$1,537.11	\$503.81	\$1,007.62	\$1,511.43	
	>74	\$1,537.11	\$1,537.11	\$1,537.11	\$1,537.11	\$503.81	\$1,007.62	\$1,511.43	
			<b>Medicare Primary</b>						
	<25	\$452.44	\$479.11	\$452.44	\$479.11	\$452.44	\$904.88	\$1,357.32	
	25-29	\$452.44	\$550.24	\$452.44	\$550.24	\$452.44	\$904.88	\$1,357.32	
	30-34	\$452.44	\$538.39	\$452.44	\$538.39	\$452.44	\$904.88	\$1,357.32	
	35-39	\$452.44	\$528.51	\$452.44	\$528.51	\$452.44	\$904.88	\$1,357.32	
	40-44	\$452.44	\$553.20	\$452.44	\$553.20	\$452.44	\$904.88	\$1,357.32	
	45-49	\$499.86	\$628.28	\$499.86	\$628.28	\$452.44	\$904.88	\$1,357.32	
	50-54	\$663.84	\$663.84	\$663.84	\$663.84	\$452.44	\$904.88	\$1,357.32	
	55-59	\$675.70	\$675.70	\$675.70	\$675.70	\$452.44	\$904.88	\$1,357.32	
	60-64	\$675.70	\$675.70	\$675.70	\$675.70	\$452.44	\$904.88	\$1,357.32	
	65-69	\$675.70	\$675.70	\$675.70	\$675.70	\$452.44	\$904.88	\$1,357.32	
	70-74	\$675.70	\$675.70	\$675.70	\$675.70	\$452.44	\$904.88	\$1,357.32	
	>74	\$675.70	\$675.70	\$675.70	\$675.70	\$452.44	\$904.88	\$1,357.32	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D53 with Rx Option 7, Blue 6	<25	\$435.95	\$1,049.89	\$435.95	\$1,049.89	\$485.44	\$970.88	\$1,456.32	
	25-29	\$458.79	\$1,205.04	\$458.79	\$1,205.04	\$485.44	\$970.88	\$1,456.32	
	30-34	\$532.08	\$1,178.39	\$532.08	\$1,178.39	\$485.44	\$970.88	\$1,456.32	
	35-39	\$668.20	\$1,156.50	\$668.20	\$1,156.50	\$485.44	\$970.88	\$1,456.32	
	40-44	\$835.72	\$1,210.75	\$835.72	\$1,210.75	\$485.44	\$970.88	\$1,456.32	
	45-49	\$1,094.63	\$1,376.37	\$1,094.63	\$1,376.37	\$485.44	\$970.88	\$1,456.32	
	50-54	\$1,454.42	\$1,454.42	\$1,454.42	\$1,454.42	\$485.44	\$970.88	\$1,456.32	
	55-59	\$1,481.08	\$1,481.08	\$1,481.08	\$1,481.08	\$485.44	\$970.88	\$1,456.32	
	60-64	\$1,481.08	\$1,481.08	\$1,481.08	\$1,481.08	\$485.44	\$970.88	\$1,456.32	
	65-69	\$1,481.08	\$1,481.08	\$1,481.08	\$1,481.08	\$485.44	\$970.88	\$1,456.32	
	70-74	\$1,481.08	\$1,481.08	\$1,481.08	\$1,481.08	\$485.44	\$970.88	\$1,456.32	
	>74	\$1,481.08	\$1,481.08	\$1,481.08	\$1,481.08	\$485.44	\$970.88	\$1,456.32	
			<b>Medicare Primary</b>						
	<25	\$435.95	\$461.65	\$435.95	\$461.65	\$435.95	\$871.90	\$1,307.85	
	25-29	\$435.95	\$530.18	\$435.95	\$530.18	\$435.95	\$871.90	\$1,307.85	
	30-34	\$435.95	\$518.76	\$435.95	\$518.76	\$435.95	\$871.90	\$1,307.85	
	35-39	\$435.95	\$509.24	\$435.95	\$509.24	\$435.95	\$871.90	\$1,307.85	
	40-44	\$435.95	\$533.04	\$435.95	\$533.04	\$435.95	\$871.90	\$1,307.85	
	45-49	\$481.64	\$605.38	\$481.64	\$605.38	\$435.95	\$871.90	\$1,307.85	
	50-54	\$639.64	\$639.64	\$639.64	\$639.64	\$435.95	\$871.90	\$1,307.85	
	55-59	\$651.06	\$651.06	\$651.06	\$651.06	\$435.95	\$871.90	\$1,307.85	
	60-64	\$651.06	\$651.06	\$651.06	\$651.06	\$435.95	\$871.90	\$1,307.85	
	65-69	\$651.06	\$651.06	\$651.06	\$651.06	\$435.95	\$871.90	\$1,307.85	
	70-74	\$651.06	\$651.06	\$651.06	\$651.06	\$435.95	\$871.90	\$1,307.85	
	>74	\$651.06	\$651.06	\$651.06	\$651.06	\$435.95	\$871.90	\$1,307.85	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D53 with Rx Option AE, Blue 6	<25	\$426.88	\$1,028.06	\$426.88	\$1,028.06	\$475.35	\$950.70	\$1,426.05	
	25-29	\$449.25	\$1,179.98	\$449.25	\$1,179.98	\$475.35	\$950.70	\$1,426.05	
	30-34	\$521.02	\$1,153.89	\$521.02	\$1,153.89	\$475.35	\$950.70	\$1,426.05	
	35-39	\$654.30	\$1,132.45	\$654.30	\$1,132.45	\$475.35	\$950.70	\$1,426.05	
	40-44	\$818.35	\$1,185.58	\$818.35	\$1,185.58	\$475.35	\$950.70	\$1,426.05	
	45-49	\$1,071.86	\$1,347.75	\$1,071.86	\$1,347.75	\$475.35	\$950.70	\$1,426.05	
	50-54	\$1,424.18	\$1,424.18	\$1,424.18	\$1,424.18	\$475.35	\$950.70	\$1,426.05	
	55-59	\$1,450.28	\$1,450.28	\$1,450.28	\$1,450.28	\$475.35	\$950.70	\$1,426.05	
	60-64	\$1,450.28	\$1,450.28	\$1,450.28	\$1,450.28	\$475.35	\$950.70	\$1,426.05	
	65-69	\$1,450.28	\$1,450.28	\$1,450.28	\$1,450.28	\$475.35	\$950.70	\$1,426.05	
	70-74	\$1,450.28	\$1,450.28	\$1,450.28	\$1,450.28	\$475.35	\$950.70	\$1,426.05	
	>74	\$1,450.28	\$1,450.28	\$1,450.28	\$1,450.28	\$475.35	\$950.70	\$1,426.05	
			<b>Medicare Primary</b>						
	<25	\$426.88	\$452.05	\$426.88	\$452.05	\$426.88	\$853.76	\$1,280.64	
	25-29	\$426.88	\$519.16	\$426.88	\$519.16	\$426.88	\$853.76	\$1,280.64	
	30-34	\$426.88	\$507.97	\$426.88	\$507.97	\$426.88	\$853.76	\$1,280.64	
	35-39	\$426.88	\$498.65	\$426.88	\$498.65	\$426.88	\$853.76	\$1,280.64	
	40-44	\$426.88	\$521.95	\$426.88	\$521.95	\$426.88	\$853.76	\$1,280.64	
	45-49	\$471.62	\$592.79	\$471.62	\$592.79	\$426.88	\$853.76	\$1,280.64	
	50-54	\$626.34	\$626.34	\$626.34	\$626.34	\$426.88	\$853.76	\$1,280.64	
	55-59	\$637.53	\$637.53	\$637.53	\$637.53	\$426.88	\$853.76	\$1,280.64	
	60-64	\$637.53	\$637.53	\$637.53	\$637.53	\$426.88	\$853.76	\$1,280.64	
	65-69	\$637.53	\$637.53	\$637.53	\$637.53	\$426.88	\$853.76	\$1,280.64	
	70-74	\$637.53	\$637.53	\$637.53	\$637.53	\$426.88	\$853.76	\$1,280.64	
	>74	\$637.53	\$637.53	\$637.53	\$637.53	\$426.88	\$853.76	\$1,280.64	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D53 with Rx Option AA, Blue 6	<25	\$422.96	\$1,018.60	\$422.96	\$1,018.60	\$470.98	\$941.96	\$1,412.94	
	25-29	\$445.12	\$1,169.13	\$445.12	\$1,169.13	\$470.98	\$941.96	\$1,412.94	
	30-34	\$516.23	\$1,143.27	\$516.23	\$1,143.27	\$470.98	\$941.96	\$1,412.94	
	35-39	\$648.29	\$1,122.03	\$648.29	\$1,122.03	\$470.98	\$941.96	\$1,412.94	
	40-44	\$810.82	\$1,174.67	\$810.82	\$1,174.67	\$470.98	\$941.96	\$1,412.94	
	45-49	\$1,062.01	\$1,335.36	\$1,062.01	\$1,335.36	\$470.98	\$941.96	\$1,412.94	
	50-54	\$1,411.08	\$1,411.08	\$1,411.08	\$1,411.08	\$470.98	\$941.96	\$1,412.94	
	55-59	\$1,436.94	\$1,436.94	\$1,436.94	\$1,436.94	\$470.98	\$941.96	\$1,412.94	
	60-64	\$1,436.94	\$1,436.94	\$1,436.94	\$1,436.94	\$470.98	\$941.96	\$1,412.94	
	65-69	\$1,436.94	\$1,436.94	\$1,436.94	\$1,436.94	\$470.98	\$941.96	\$1,412.94	
	70-74	\$1,436.94	\$1,436.94	\$1,436.94	\$1,436.94	\$470.98	\$941.96	\$1,412.94	
	>74	\$1,436.94	\$1,436.94	\$1,436.94	\$1,436.94	\$470.98	\$941.96	\$1,412.94	
			<b>Medicare Primary</b>						
	<25	\$422.96	\$447.89	\$422.96	\$447.89	\$422.96	\$845.92	\$1,268.88	
	25-29	\$422.96	\$514.38	\$422.96	\$514.38	\$422.96	\$845.92	\$1,268.88	
	30-34	\$422.96	\$503.30	\$422.96	\$503.30	\$422.96	\$845.92	\$1,268.88	
	35-39	\$422.96	\$494.06	\$422.96	\$494.06	\$422.96	\$845.92	\$1,268.88	
	40-44	\$422.96	\$517.15	\$422.96	\$517.15	\$422.96	\$845.92	\$1,268.88	
	45-49	\$467.28	\$587.34	\$467.28	\$587.34	\$422.96	\$845.92	\$1,268.88	
	50-54	\$620.58	\$620.58	\$620.58	\$620.58	\$422.96	\$845.92	\$1,268.88	
	55-59	\$631.66	\$631.66	\$631.66	\$631.66	\$422.96	\$845.92	\$1,268.88	
	60-64	\$631.66	\$631.66	\$631.66	\$631.66	\$422.96	\$845.92	\$1,268.88	
	65-69	\$631.66	\$631.66	\$631.66	\$631.66	\$422.96	\$845.92	\$1,268.88	
	70-74	\$631.66	\$631.66	\$631.66	\$631.66	\$422.96	\$845.92	\$1,268.88	
	>74	\$631.66	\$631.66	\$631.66	\$631.66	\$422.96	\$845.92	\$1,268.88	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children
		Male	Female	Male	Female			
Alternate Option: Blue Access Option D54 with Rx Option 7, Blue 6	<25	\$401.50	\$966.92	\$401.50	\$966.92	\$447.08	\$894.16	\$1,341.24
	25-29	\$422.54	\$1,109.81	\$422.54	\$1,109.81	\$447.08	\$894.16	\$1,341.24
	30-34	\$490.04	\$1,085.27	\$490.04	\$1,085.27	\$447.08	\$894.16	\$1,341.24
	35-39	\$615.39	\$1,065.11	\$615.39	\$1,065.11	\$447.08	\$894.16	\$1,341.24
	40-44	\$769.68	\$1,115.07	\$769.68	\$1,115.07	\$447.08	\$894.16	\$1,341.24
	45-49	\$1,008.12	\$1,267.61	\$1,008.12	\$1,267.61	\$447.08	\$894.16	\$1,341.24
	50-54	\$1,339.49	\$1,339.49	\$1,339.49	\$1,339.49	\$447.08	\$894.16	\$1,341.24
	55-59	\$1,364.04	\$1,364.04	\$1,364.04	\$1,364.04	\$447.08	\$894.16	\$1,341.24
	60-64	\$1,364.04	\$1,364.04	\$1,364.04	\$1,364.04	\$447.08	\$894.16	\$1,341.24
	65-69	\$1,364.04	\$1,364.04	\$1,364.04	\$1,364.04	\$447.08	\$894.16	\$1,341.24
	70-74	\$1,364.04	\$1,364.04	\$1,364.04	\$1,364.04	\$447.08	\$894.16	\$1,341.24
	>74	\$1,364.04	\$1,364.04	\$1,364.04	\$1,364.04	\$447.08	\$894.16	\$1,341.24
			<b>Medicare Primary</b>					
	<25	\$401.50	\$425.17	\$401.50	\$425.17	\$401.50	\$803.00	\$1,204.50
	25-29	\$401.50	\$488.28	\$401.50	\$488.28	\$401.50	\$803.00	\$1,204.50
	30-34	\$401.50	\$477.76	\$401.50	\$477.76	\$401.50	\$803.00	\$1,204.50
	35-39	\$401.50	\$469.00	\$401.50	\$469.00	\$401.50	\$803.00	\$1,204.50
	40-44	\$401.50	\$490.91	\$401.50	\$490.91	\$401.50	\$803.00	\$1,204.50
	45-49	\$443.57	\$557.54	\$443.57	\$557.54	\$401.50	\$803.00	\$1,204.50
	50-54	\$589.10	\$589.10	\$589.10	\$589.10	\$401.50	\$803.00	\$1,204.50
	55-59	\$599.62	\$599.62	\$599.62	\$599.62	\$401.50	\$803.00	\$1,204.50
	60-64	\$599.62	\$599.62	\$599.62	\$599.62	\$401.50	\$803.00	\$1,204.50
	65-69	\$599.62	\$599.62	\$599.62	\$599.62	\$401.50	\$803.00	\$1,204.50
	70-74	\$599.62	\$599.62	\$599.62	\$599.62	\$401.50	\$803.00	\$1,204.50
	>74	\$599.62	\$599.62	\$599.62	\$599.62	\$401.50	\$803.00	\$1,204.50

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children		
		Male	Female	Male	Female					
Alternate Option: Blue Access Option D54 with Rx Option AE, Blue 6	<25	\$392.80	\$945.98	\$392.80	\$945.98	\$437.40	\$874.80	\$1,312.20		
	25-29	\$413.38	\$1,085.77	\$413.38	\$1,085.77	\$437.40	\$874.80	\$1,312.20		
	30-34	\$479.42	\$1,061.76	\$479.42	\$1,061.76	\$437.40	\$874.80	\$1,312.20		
	35-39	\$602.06	\$1,042.03	\$602.06	\$1,042.03	\$437.40	\$874.80	\$1,312.20		
	40-44	\$753.01	\$1,090.92	\$753.01	\$1,090.92	\$437.40	\$874.80	\$1,312.20		
	45-49	\$986.29	\$1,240.15	\$986.29	\$1,240.15	\$437.40	\$874.80	\$1,312.20		
	50-54	\$1,310.48	\$1,310.48	\$1,310.48	\$1,310.48	\$437.40	\$874.80	\$1,312.20		
	55-59	\$1,334.49	\$1,334.49	\$1,334.49	\$1,334.49	\$437.40	\$874.80	\$1,312.20		
	60-64	\$1,334.49	\$1,334.49	\$1,334.49	\$1,334.49	\$437.40	\$874.80	\$1,312.20		
	65-69	\$1,334.49	\$1,334.49	\$1,334.49	\$1,334.49	\$437.40	\$874.80	\$1,312.20		
	70-74	\$1,334.49	\$1,334.49	\$1,334.49	\$1,334.49	\$437.40	\$874.80	\$1,312.20		
	>74	\$1,334.49	\$1,334.49	\$1,334.49	\$1,334.49	\$437.40	\$874.80	\$1,312.20		
			<b>Medicare Primary</b>							
		<25	\$392.80	\$415.96	\$392.80	\$415.96	\$392.80	\$785.60	\$1,178.40	
	25-29	\$392.80	\$477.71	\$392.80	\$477.71	\$392.80	\$785.60	\$1,178.40		
	30-34	\$392.80	\$467.41	\$392.80	\$467.41	\$392.80	\$785.60	\$1,178.40		
	35-39	\$392.80	\$458.84	\$392.80	\$458.84	\$392.80	\$785.60	\$1,178.40		
	40-44	\$392.80	\$480.28	\$392.80	\$480.28	\$392.80	\$785.60	\$1,178.40		
	45-49	\$433.97	\$545.46	\$433.97	\$545.46	\$392.80	\$785.60	\$1,178.40		
	50-54	\$576.34	\$576.34	\$576.34	\$576.34	\$392.80	\$785.60	\$1,178.40		
	55-59	\$586.63	\$586.63	\$586.63	\$586.63	\$392.80	\$785.60	\$1,178.40		
	60-64	\$586.63	\$586.63	\$586.63	\$586.63	\$392.80	\$785.60	\$1,178.40		
	65-69	\$586.63	\$586.63	\$586.63	\$586.63	\$392.80	\$785.60	\$1,178.40		
	70-74	\$586.63	\$586.63	\$586.63	\$586.63	\$392.80	\$785.60	\$1,178.40		
	>74	\$586.63	\$586.63	\$586.63	\$586.63	\$392.80	\$785.60	\$1,178.40		

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D54 with Rx Option AA, Blue 6	<25	\$388.89	\$936.56	\$388.89	\$936.56	\$433.04	\$866.08	\$1,299.12	
	25-29	\$409.27	\$1,074.96	\$409.27	\$1,074.96	\$433.04	\$866.08	\$1,299.12	
	30-34	\$474.65	\$1,051.19	\$474.65	\$1,051.19	\$433.04	\$866.08	\$1,299.12	
	35-39	\$596.07	\$1,031.66	\$596.07	\$1,031.66	\$433.04	\$866.08	\$1,299.12	
	40-44	\$745.51	\$1,080.06	\$745.51	\$1,080.06	\$433.04	\$866.08	\$1,299.12	
	45-49	\$976.47	\$1,227.80	\$976.47	\$1,227.80	\$433.04	\$866.08	\$1,299.12	
	50-54	\$1,297.43	\$1,297.43	\$1,297.43	\$1,297.43	\$433.04	\$866.08	\$1,299.12	
	55-59	\$1,321.20	\$1,321.20	\$1,321.20	\$1,321.20	\$433.04	\$866.08	\$1,299.12	
	60-64	\$1,321.20	\$1,321.20	\$1,321.20	\$1,321.20	\$433.04	\$866.08	\$1,299.12	
	65-69	\$1,321.20	\$1,321.20	\$1,321.20	\$1,321.20	\$433.04	\$866.08	\$1,299.12	
	70-74	\$1,321.20	\$1,321.20	\$1,321.20	\$1,321.20	\$433.04	\$866.08	\$1,299.12	
	>74	\$1,321.20	\$1,321.20	\$1,321.20	\$1,321.20	\$433.04	\$866.08	\$1,299.12	
			<b>Medicare Primary</b>						
	<25	\$388.89	\$411.81	\$388.89	\$411.81	\$388.89	\$777.78	\$1,166.67	
	25-29	\$388.89	\$472.95	\$388.89	\$472.95	\$388.89	\$777.78	\$1,166.67	
	30-34	\$388.89	\$462.76	\$388.89	\$462.76	\$388.89	\$777.78	\$1,166.67	
	35-39	\$388.89	\$454.27	\$388.89	\$454.27	\$388.89	\$777.78	\$1,166.67	
	40-44	\$388.89	\$475.50	\$388.89	\$475.50	\$388.89	\$777.78	\$1,166.67	
	45-49	\$429.65	\$540.03	\$429.65	\$540.03	\$388.89	\$777.78	\$1,166.67	
	50-54	\$570.60	\$570.60	\$570.60	\$570.60	\$388.89	\$777.78	\$1,166.67	
	55-59	\$580.79	\$580.79	\$580.79	\$580.79	\$388.89	\$777.78	\$1,166.67	
	60-64	\$580.79	\$580.79	\$580.79	\$580.79	\$388.89	\$777.78	\$1,166.67	
	65-69	\$580.79	\$580.79	\$580.79	\$580.79	\$388.89	\$777.78	\$1,166.67	
	70-74	\$580.79	\$580.79	\$580.79	\$580.79	\$388.89	\$777.78	\$1,166.67	
	>74	\$580.79	\$580.79	\$580.79	\$580.79	\$388.89	\$777.78	\$1,166.67	



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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D55 with Rx Option 7, Blue 6	<25	\$396.33	\$954.49	\$396.33	\$954.49	\$441.33	\$882.66	\$1,323.99	
	25-29	\$417.10	\$1,095.54	\$417.10	\$1,095.54	\$441.33	\$882.66	\$1,323.99	
	30-34	\$483.73	\$1,071.31	\$483.73	\$1,071.31	\$441.33	\$882.66	\$1,323.99	
	35-39	\$607.48	\$1,051.41	\$607.48	\$1,051.41	\$441.33	\$882.66	\$1,323.99	
	40-44	\$759.78	\$1,100.73	\$759.78	\$1,100.73	\$441.33	\$882.66	\$1,323.99	
	45-49	\$995.16	\$1,251.30	\$995.16	\$1,251.30	\$441.33	\$882.66	\$1,323.99	
	50-54	\$1,322.26	\$1,322.26	\$1,322.26	\$1,322.26	\$441.33	\$882.66	\$1,323.99	
	55-59	\$1,346.49	\$1,346.49	\$1,346.49	\$1,346.49	\$441.33	\$882.66	\$1,323.99	
	60-64	\$1,346.49	\$1,346.49	\$1,346.49	\$1,346.49	\$441.33	\$882.66	\$1,323.99	
	65-69	\$1,346.49	\$1,346.49	\$1,346.49	\$1,346.49	\$441.33	\$882.66	\$1,323.99	
	70-74	\$1,346.49	\$1,346.49	\$1,346.49	\$1,346.49	\$441.33	\$882.66	\$1,323.99	
	>74	\$1,346.49	\$1,346.49	\$1,346.49	\$1,346.49	\$441.33	\$882.66	\$1,323.99	
			<b>Medicare Primary</b>						
	<25	\$396.33	\$419.70	\$396.33	\$419.70	\$396.33	\$792.66	\$1,188.99	
	25-29	\$396.33	\$482.00	\$396.33	\$482.00	\$396.33	\$792.66	\$1,188.99	
	30-34	\$396.33	\$471.62	\$396.33	\$471.62	\$396.33	\$792.66	\$1,188.99	
	35-39	\$396.33	\$462.96	\$396.33	\$462.96	\$396.33	\$792.66	\$1,188.99	
	40-44	\$396.33	\$484.60	\$396.33	\$484.60	\$396.33	\$792.66	\$1,188.99	
	45-49	\$437.87	\$550.37	\$437.87	\$550.37	\$396.33	\$792.66	\$1,188.99	
	50-54	\$581.52	\$581.52	\$581.52	\$581.52	\$396.33	\$792.66	\$1,188.99	
	55-59	\$591.90	\$591.90	\$591.90	\$591.90	\$396.33	\$792.66	\$1,188.99	
	60-64	\$591.90	\$591.90	\$591.90	\$591.90	\$396.33	\$792.66	\$1,188.99	
	65-69	\$591.90	\$591.90	\$591.90	\$591.90	\$396.33	\$792.66	\$1,188.99	
	70-74	\$591.90	\$591.90	\$591.90	\$591.90	\$396.33	\$792.66	\$1,188.99	
	>74	\$591.90	\$591.90	\$591.90	\$591.90	\$396.33	\$792.66	\$1,188.99	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D55 with Rx Option AE, Blue 6	<25	\$387.74	\$933.80	\$387.74	\$933.80	\$431.77	\$863.54	\$1,295.31	
	25-29	\$408.06	\$1,071.80	\$408.06	\$1,071.80	\$431.77	\$863.54	\$1,295.31	
	30-34	\$473.25	\$1,048.09	\$473.25	\$1,048.09	\$431.77	\$863.54	\$1,295.31	
	35-39	\$594.31	\$1,028.62	\$594.31	\$1,028.62	\$431.77	\$863.54	\$1,295.31	
	40-44	\$743.32	\$1,076.88	\$743.32	\$1,076.88	\$431.77	\$863.54	\$1,295.31	
	45-49	\$973.59	\$1,224.19	\$973.59	\$1,224.19	\$431.77	\$863.54	\$1,295.31	
	50-54	\$1,293.61	\$1,293.61	\$1,293.61	\$1,293.61	\$431.77	\$863.54	\$1,295.31	
	55-59	\$1,317.31	\$1,317.31	\$1,317.31	\$1,317.31	\$431.77	\$863.54	\$1,295.31	
	60-64	\$1,317.31	\$1,317.31	\$1,317.31	\$1,317.31	\$431.77	\$863.54	\$1,295.31	
	65-69	\$1,317.31	\$1,317.31	\$1,317.31	\$1,317.31	\$431.77	\$863.54	\$1,295.31	
	70-74	\$1,317.31	\$1,317.31	\$1,317.31	\$1,317.31	\$431.77	\$863.54	\$1,295.31	
	>74	\$1,317.31	\$1,317.31	\$1,317.31	\$1,317.31	\$431.77	\$863.54	\$1,295.31	
	<b>Medicare Primary</b>								
		<25	\$387.74	\$410.60	\$387.74	\$410.60	\$387.74	\$775.48	\$1,163.22
	25-29	\$387.74	\$471.56	\$387.74	\$471.56	\$387.74	\$775.48	\$1,163.22	
	30-34	\$387.74	\$461.40	\$387.74	\$461.40	\$387.74	\$775.48	\$1,163.22	
	35-39	\$387.74	\$452.93	\$387.74	\$452.93	\$387.74	\$775.48	\$1,163.22	
	40-44	\$387.74	\$474.10	\$387.74	\$474.10	\$387.74	\$775.48	\$1,163.22	
	45-49	\$428.38	\$538.44	\$428.38	\$538.44	\$387.74	\$775.48	\$1,163.22	
	50-54	\$568.92	\$568.92	\$568.92	\$568.92	\$387.74	\$775.48	\$1,163.22	
	55-59	\$579.08	\$579.08	\$579.08	\$579.08	\$387.74	\$775.48	\$1,163.22	
	60-64	\$579.08	\$579.08	\$579.08	\$579.08	\$387.74	\$775.48	\$1,163.22	
	65-69	\$579.08	\$579.08	\$579.08	\$579.08	\$387.74	\$775.48	\$1,163.22	
	70-74	\$579.08	\$579.08	\$579.08	\$579.08	\$387.74	\$775.48	\$1,163.22	
	>74	\$579.08	\$579.08	\$579.08	\$579.08	\$387.74	\$775.48	\$1,163.22	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D55 with Rx Option AA, Blue 6	<25	\$384.02	\$924.84	\$384.02	\$924.84	\$427.63	\$855.26	\$1,282.89	
	25-29	\$404.15	\$1,061.52	\$404.15	\$1,061.52	\$427.63	\$855.26	\$1,282.89	
	30-34	\$468.71	\$1,038.04	\$468.71	\$1,038.04	\$427.63	\$855.26	\$1,282.89	
	35-39	\$588.61	\$1,018.75	\$588.61	\$1,018.75	\$427.63	\$855.26	\$1,282.89	
	40-44	\$736.19	\$1,066.55	\$736.19	\$1,066.55	\$427.63	\$855.26	\$1,282.89	
	45-49	\$964.25	\$1,212.44	\$964.25	\$1,212.44	\$427.63	\$855.26	\$1,282.89	
	50-54	\$1,281.20	\$1,281.20	\$1,281.20	\$1,281.20	\$427.63	\$855.26	\$1,282.89	
	55-59	\$1,304.68	\$1,304.68	\$1,304.68	\$1,304.68	\$427.63	\$855.26	\$1,282.89	
	60-64	\$1,304.68	\$1,304.68	\$1,304.68	\$1,304.68	\$427.63	\$855.26	\$1,282.89	
	65-69	\$1,304.68	\$1,304.68	\$1,304.68	\$1,304.68	\$427.63	\$855.26	\$1,282.89	
	70-74	\$1,304.68	\$1,304.68	\$1,304.68	\$1,304.68	\$427.63	\$855.26	\$1,282.89	
	>74	\$1,304.68	\$1,304.68	\$1,304.68	\$1,304.68	\$427.63	\$855.26	\$1,282.89	
	<b>Medicare Primary</b>								
		<25	\$384.02	\$406.66	\$384.02	\$406.66	\$384.02	\$768.04	\$1,152.06
	25-29	\$384.02	\$467.03	\$384.02	\$467.03	\$384.02	\$768.04	\$1,152.06	
	30-34	\$384.02	\$456.97	\$384.02	\$456.97	\$384.02	\$768.04	\$1,152.06	
	35-39	\$384.02	\$448.59	\$384.02	\$448.59	\$384.02	\$768.04	\$1,152.06	
	40-44	\$384.02	\$469.55	\$384.02	\$469.55	\$384.02	\$768.04	\$1,152.06	
	45-49	\$424.27	\$533.27	\$424.27	\$533.27	\$384.02	\$768.04	\$1,152.06	
	50-54	\$563.46	\$563.46	\$563.46	\$563.46	\$384.02	\$768.04	\$1,152.06	
	55-59	\$573.52	\$573.52	\$573.52	\$573.52	\$384.02	\$768.04	\$1,152.06	
	60-64	\$573.52	\$573.52	\$573.52	\$573.52	\$384.02	\$768.04	\$1,152.06	
	65-69	\$573.52	\$573.52	\$573.52	\$573.52	\$384.02	\$768.04	\$1,152.06	
	70-74	\$573.52	\$573.52	\$573.52	\$573.52	\$384.02	\$768.04	\$1,152.06	
	>74	\$573.52	\$573.52	\$573.52	\$573.52	\$384.02	\$768.04	\$1,152.06	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D56 with Rx Option 7, Blue 6	<25	\$371.21	\$893.98	\$371.21	\$893.98	\$413.35	\$826.70	\$1,240.05	
	25-29	\$390.66	\$1,026.09	\$390.66	\$1,026.09	\$413.35	\$826.70	\$1,240.05	
	30-34	\$453.07	\$1,003.39	\$453.07	\$1,003.39	\$413.35	\$826.70	\$1,240.05	
	35-39	\$568.97	\$984.75	\$568.97	\$984.75	\$413.35	\$826.70	\$1,240.05	
	40-44	\$711.61	\$1,030.95	\$711.61	\$1,030.95	\$413.35	\$826.70	\$1,240.05	
	45-49	\$932.07	\$1,171.97	\$932.07	\$1,171.97	\$413.35	\$826.70	\$1,240.05	
	50-54	\$1,238.44	\$1,238.44	\$1,238.44	\$1,238.44	\$413.35	\$826.70	\$1,240.05	
	55-59	\$1,261.13	\$1,261.13	\$1,261.13	\$1,261.13	\$413.35	\$826.70	\$1,240.05	
	60-64	\$1,261.13	\$1,261.13	\$1,261.13	\$1,261.13	\$413.35	\$826.70	\$1,240.05	
	65-69	\$1,261.13	\$1,261.13	\$1,261.13	\$1,261.13	\$413.35	\$826.70	\$1,240.05	
	70-74	\$1,261.13	\$1,261.13	\$1,261.13	\$1,261.13	\$413.35	\$826.70	\$1,240.05	
	>74	\$1,261.13	\$1,261.13	\$1,261.13	\$1,261.13	\$413.35	\$826.70	\$1,240.05	
			<b>Medicare Primary</b>						
	<25	\$371.21	\$393.09	\$371.21	\$393.09	\$371.21	\$742.42	\$1,113.63	
	25-29	\$371.21	\$451.45	\$371.21	\$451.45	\$371.21	\$742.42	\$1,113.63	
	30-34	\$371.21	\$441.72	\$371.21	\$441.72	\$371.21	\$742.42	\$1,113.63	
	35-39	\$371.21	\$433.61	\$371.21	\$433.61	\$371.21	\$742.42	\$1,113.63	
	40-44	\$371.21	\$453.88	\$371.21	\$453.88	\$371.21	\$742.42	\$1,113.63	
	45-49	\$410.11	\$515.47	\$410.11	\$515.47	\$371.21	\$742.42	\$1,113.63	
	50-54	\$544.65	\$544.65	\$544.65	\$544.65	\$371.21	\$742.42	\$1,113.63	
	55-59	\$554.38	\$554.38	\$554.38	\$554.38	\$371.21	\$742.42	\$1,113.63	
	60-64	\$554.38	\$554.38	\$554.38	\$554.38	\$371.21	\$742.42	\$1,113.63	
	65-69	\$554.38	\$554.38	\$554.38	\$554.38	\$371.21	\$742.42	\$1,113.63	
	70-74	\$554.38	\$554.38	\$554.38	\$554.38	\$371.21	\$742.42	\$1,113.63	
	>74	\$554.38	\$554.38	\$554.38	\$554.38	\$371.21	\$742.42	\$1,113.63	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D56 with Rx Option AE, Blue 6	<25	\$362.88	\$873.91	\$362.88	\$873.91	\$404.08	\$808.16	\$1,212.24	
	25-29	\$381.89	\$1,003.06	\$381.89	\$1,003.06	\$404.08	\$808.16	\$1,212.24	
	30-34	\$442.90	\$980.88	\$442.90	\$980.88	\$404.08	\$808.16	\$1,212.24	
	35-39	\$556.20	\$962.65	\$556.20	\$962.65	\$404.08	\$808.16	\$1,212.24	
	40-44	\$695.64	\$1,007.81	\$695.64	\$1,007.81	\$404.08	\$808.16	\$1,212.24	
	45-49	\$911.15	\$1,145.67	\$911.15	\$1,145.67	\$404.08	\$808.16	\$1,212.24	
	50-54	\$1,210.64	\$1,210.64	\$1,210.64	\$1,210.64	\$404.08	\$808.16	\$1,212.24	
	55-59	\$1,232.83	\$1,232.83	\$1,232.83	\$1,232.83	\$404.08	\$808.16	\$1,212.24	
	60-64	\$1,232.83	\$1,232.83	\$1,232.83	\$1,232.83	\$404.08	\$808.16	\$1,212.24	
	65-69	\$1,232.83	\$1,232.83	\$1,232.83	\$1,232.83	\$404.08	\$808.16	\$1,212.24	
	70-74	\$1,232.83	\$1,232.83	\$1,232.83	\$1,232.83	\$404.08	\$808.16	\$1,212.24	
	>74	\$1,232.83	\$1,232.83	\$1,232.83	\$1,232.83	\$404.08	\$808.16	\$1,212.24	
			<b>Medicare Primary</b>						
	<25	\$362.88	\$384.27	\$362.88	\$384.27	\$362.88	\$725.76	\$1,088.64	
	25-29	\$362.88	\$441.31	\$362.88	\$441.31	\$362.88	\$725.76	\$1,088.64	
	30-34	\$362.88	\$431.81	\$362.88	\$431.81	\$362.88	\$725.76	\$1,088.64	
	35-39	\$362.88	\$423.88	\$362.88	\$423.88	\$362.88	\$725.76	\$1,088.64	
	40-44	\$362.88	\$443.69	\$362.88	\$443.69	\$362.88	\$725.76	\$1,088.64	
	45-49	\$400.91	\$503.91	\$400.91	\$503.91	\$362.88	\$725.76	\$1,088.64	
	50-54	\$532.43	\$532.43	\$532.43	\$532.43	\$362.88	\$725.76	\$1,088.64	
	55-59	\$541.94	\$541.94	\$541.94	\$541.94	\$362.88	\$725.76	\$1,088.64	
	60-64	\$541.94	\$541.94	\$541.94	\$541.94	\$362.88	\$725.76	\$1,088.64	
	65-69	\$541.94	\$541.94	\$541.94	\$541.94	\$362.88	\$725.76	\$1,088.64	
	70-74	\$541.94	\$541.94	\$541.94	\$541.94	\$362.88	\$725.76	\$1,088.64	
	>74	\$541.94	\$541.94	\$541.94	\$541.94	\$362.88	\$725.76	\$1,088.64	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D56 with Rx Option AA, Blue 6	<25	\$359.13	\$864.89	\$359.13	\$864.89	\$399.91	\$799.82	\$1,199.73	
	25-29	\$377.95	\$992.71	\$377.95	\$992.71	\$399.91	\$799.82	\$1,199.73	
	30-34	\$438.33	\$970.75	\$438.33	\$970.75	\$399.91	\$799.82	\$1,199.73	
	35-39	\$550.46	\$952.72	\$550.46	\$952.72	\$399.91	\$799.82	\$1,199.73	
	40-44	\$688.46	\$997.41	\$688.46	\$997.41	\$399.91	\$799.82	\$1,199.73	
	45-49	\$901.75	\$1,133.85	\$901.75	\$1,133.85	\$399.91	\$799.82	\$1,199.73	
	50-54	\$1,198.15	\$1,198.15	\$1,198.15	\$1,198.15	\$399.91	\$799.82	\$1,199.73	
	55-59	\$1,220.10	\$1,220.10	\$1,220.10	\$1,220.10	\$399.91	\$799.82	\$1,199.73	
	60-64	\$1,220.10	\$1,220.10	\$1,220.10	\$1,220.10	\$399.91	\$799.82	\$1,199.73	
	65-69	\$1,220.10	\$1,220.10	\$1,220.10	\$1,220.10	\$399.91	\$799.82	\$1,199.73	
	70-74	\$1,220.10	\$1,220.10	\$1,220.10	\$1,220.10	\$399.91	\$799.82	\$1,199.73	
	>74	\$1,220.10	\$1,220.10	\$1,220.10	\$1,220.10	\$399.91	\$799.82	\$1,199.73	
			<b>Medicare Primary</b>						
	<25	\$359.13	\$380.30	\$359.13	\$380.30	\$359.13	\$718.26	\$1,077.39	
	25-29	\$359.13	\$436.76	\$359.13	\$436.76	\$359.13	\$718.26	\$1,077.39	
	30-34	\$359.13	\$427.35	\$359.13	\$427.35	\$359.13	\$718.26	\$1,077.39	
	35-39	\$359.13	\$419.51	\$359.13	\$419.51	\$359.13	\$718.26	\$1,077.39	
	40-44	\$359.13	\$439.11	\$359.13	\$439.11	\$359.13	\$718.26	\$1,077.39	
	45-49	\$396.77	\$498.71	\$396.77	\$498.71	\$359.13	\$718.26	\$1,077.39	
	50-54	\$526.93	\$526.93	\$526.93	\$526.93	\$359.13	\$718.26	\$1,077.39	
	55-59	\$536.34	\$536.34	\$536.34	\$536.34	\$359.13	\$718.26	\$1,077.39	
	60-64	\$536.34	\$536.34	\$536.34	\$536.34	\$359.13	\$718.26	\$1,077.39	
	65-69	\$536.34	\$536.34	\$536.34	\$536.34	\$359.13	\$718.26	\$1,077.39	
	70-74	\$536.34	\$536.34	\$536.34	\$536.34	\$359.13	\$718.26	\$1,077.39	
	>74	\$536.34	\$536.34	\$536.34	\$536.34	\$359.13	\$718.26	\$1,077.39	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D57 with Rx Option 7, Blue 6	<25	\$361.25	\$870.00	\$361.25	\$870.00	\$402.26	\$804.52	\$1,206.78	
	25-29	\$380.18	\$998.56	\$380.18	\$998.56	\$402.26	\$804.52	\$1,206.78	
	30-34	\$440.91	\$976.48	\$440.91	\$976.48	\$402.26	\$804.52	\$1,206.78	
	35-39	\$553.71	\$958.34	\$553.71	\$958.34	\$402.26	\$804.52	\$1,206.78	
	40-44	\$692.53	\$1,003.29	\$692.53	\$1,003.29	\$402.26	\$804.52	\$1,206.78	
	45-49	\$907.07	\$1,140.54	\$907.07	\$1,140.54	\$402.26	\$804.52	\$1,206.78	
	50-54	\$1,205.22	\$1,205.22	\$1,205.22	\$1,205.22	\$402.26	\$804.52	\$1,206.78	
	55-59	\$1,227.30	\$1,227.30	\$1,227.30	\$1,227.30	\$402.26	\$804.52	\$1,206.78	
	60-64	\$1,227.30	\$1,227.30	\$1,227.30	\$1,227.30	\$402.26	\$804.52	\$1,206.78	
	65-69	\$1,227.30	\$1,227.30	\$1,227.30	\$1,227.30	\$402.26	\$804.52	\$1,206.78	
	70-74	\$1,227.30	\$1,227.30	\$1,227.30	\$1,227.30	\$402.26	\$804.52	\$1,206.78	
	>74	\$1,227.30	\$1,227.30	\$1,227.30	\$1,227.30	\$402.26	\$804.52	\$1,206.78	
			<b>Medicare Primary</b>						
	<25	\$361.25	\$382.55	\$361.25	\$382.55	\$361.25	\$722.50	\$1,083.75	
	25-29	\$361.25	\$439.34	\$361.25	\$439.34	\$361.25	\$722.50	\$1,083.75	
	30-34	\$361.25	\$429.87	\$361.25	\$429.87	\$361.25	\$722.50	\$1,083.75	
	35-39	\$361.25	\$421.98	\$361.25	\$421.98	\$361.25	\$722.50	\$1,083.75	
	40-44	\$361.25	\$441.70	\$361.25	\$441.70	\$361.25	\$722.50	\$1,083.75	
	45-49	\$399.11	\$501.65	\$399.11	\$501.65	\$361.25	\$722.50	\$1,083.75	
	50-54	\$530.04	\$530.04	\$530.04	\$530.04	\$361.25	\$722.50	\$1,083.75	
	55-59	\$539.51	\$539.51	\$539.51	\$539.51	\$361.25	\$722.50	\$1,083.75	
	60-64	\$539.51	\$539.51	\$539.51	\$539.51	\$361.25	\$722.50	\$1,083.75	
	65-69	\$539.51	\$539.51	\$539.51	\$539.51	\$361.25	\$722.50	\$1,083.75	
	70-74	\$539.51	\$539.51	\$539.51	\$539.51	\$361.25	\$722.50	\$1,083.75	
	>74	\$539.51	\$539.51	\$539.51	\$539.51	\$361.25	\$722.50	\$1,083.75	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D57 with Rx Option AE, Blue 6	<25	\$352.95	\$850.00	\$352.95	\$850.00	\$393.02	\$786.04	\$1,179.06	
	25-29	\$371.44	\$975.61	\$371.44	\$975.61	\$393.02	\$786.04	\$1,179.06	
	30-34	\$430.78	\$954.03	\$430.78	\$954.03	\$393.02	\$786.04	\$1,179.06	
	35-39	\$540.98	\$936.31	\$540.98	\$936.31	\$393.02	\$786.04	\$1,179.06	
	40-44	\$676.61	\$980.23	\$676.61	\$980.23	\$393.02	\$786.04	\$1,179.06	
	45-49	\$886.22	\$1,114.32	\$886.22	\$1,114.32	\$393.02	\$786.04	\$1,179.06	
	50-54	\$1,177.51	\$1,177.51	\$1,177.51	\$1,177.51	\$393.02	\$786.04	\$1,179.06	
	55-59	\$1,199.09	\$1,199.09	\$1,199.09	\$1,199.09	\$393.02	\$786.04	\$1,179.06	
	60-64	\$1,199.09	\$1,199.09	\$1,199.09	\$1,199.09	\$393.02	\$786.04	\$1,179.06	
	65-69	\$1,199.09	\$1,199.09	\$1,199.09	\$1,199.09	\$393.02	\$786.04	\$1,179.06	
	70-74	\$1,199.09	\$1,199.09	\$1,199.09	\$1,199.09	\$393.02	\$786.04	\$1,179.06	
	>74	\$1,199.09	\$1,199.09	\$1,199.09	\$1,199.09	\$393.02	\$786.04	\$1,179.06	
			<b>Medicare Primary</b>						
	<25	\$352.95	\$373.75	\$352.95	\$373.75	\$352.95	\$705.90	\$1,058.85	
	25-29	\$352.95	\$429.24	\$352.95	\$429.24	\$352.95	\$705.90	\$1,058.85	
	30-34	\$352.95	\$419.99	\$352.95	\$419.99	\$352.95	\$705.90	\$1,058.85	
	35-39	\$352.95	\$412.28	\$352.95	\$412.28	\$352.95	\$705.90	\$1,058.85	
	40-44	\$352.95	\$431.55	\$352.95	\$431.55	\$352.95	\$705.90	\$1,058.85	
	45-49	\$389.94	\$490.12	\$389.94	\$490.12	\$352.95	\$705.90	\$1,058.85	
	50-54	\$517.86	\$517.86	\$517.86	\$517.86	\$352.95	\$705.90	\$1,058.85	
	55-59	\$527.11	\$527.11	\$527.11	\$527.11	\$352.95	\$705.90	\$1,058.85	
	60-64	\$527.11	\$527.11	\$527.11	\$527.11	\$352.95	\$705.90	\$1,058.85	
	65-69	\$527.11	\$527.11	\$527.11	\$527.11	\$352.95	\$705.90	\$1,058.85	
	70-74	\$527.11	\$527.11	\$527.11	\$527.11	\$352.95	\$705.90	\$1,058.85	
	>74	\$527.11	\$527.11	\$527.11	\$527.11	\$352.95	\$705.90	\$1,058.85	



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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D57 with Rx Option AA, Blue 6	<25	\$349.35	\$841.34	\$349.35	\$841.34	\$389.01	\$778.02	\$1,167.03	
	25-29	\$367.66	\$965.67	\$367.66	\$965.67	\$389.01	\$778.02	\$1,167.03	
	30-34	\$426.39	\$944.31	\$426.39	\$944.31	\$389.01	\$778.02	\$1,167.03	
	35-39	\$535.47	\$926.77	\$535.47	\$926.77	\$389.01	\$778.02	\$1,167.03	
	40-44	\$669.72	\$970.25	\$669.72	\$970.25	\$389.01	\$778.02	\$1,167.03	
	45-49	\$877.19	\$1,102.97	\$877.19	\$1,102.97	\$389.01	\$778.02	\$1,167.03	
	50-54	\$1,165.52	\$1,165.52	\$1,165.52	\$1,165.52	\$389.01	\$778.02	\$1,167.03	
	55-59	\$1,186.88	\$1,186.88	\$1,186.88	\$1,186.88	\$389.01	\$778.02	\$1,167.03	
	60-64	\$1,186.88	\$1,186.88	\$1,186.88	\$1,186.88	\$389.01	\$778.02	\$1,167.03	
	65-69	\$1,186.88	\$1,186.88	\$1,186.88	\$1,186.88	\$389.01	\$778.02	\$1,167.03	
	70-74	\$1,186.88	\$1,186.88	\$1,186.88	\$1,186.88	\$389.01	\$778.02	\$1,167.03	
	>74	\$1,186.88	\$1,186.88	\$1,186.88	\$1,186.88	\$389.01	\$778.02	\$1,167.03	
			<b>Medicare Primary</b>						
	<25	\$349.35	\$369.95	\$349.35	\$369.95	\$349.35	\$698.70	\$1,048.05	
	25-29	\$349.35	\$424.87	\$349.35	\$424.87	\$349.35	\$698.70	\$1,048.05	
	30-34	\$349.35	\$415.71	\$349.35	\$415.71	\$349.35	\$698.70	\$1,048.05	
	35-39	\$349.35	\$408.08	\$349.35	\$408.08	\$349.35	\$698.70	\$1,048.05	
	40-44	\$349.35	\$427.15	\$349.35	\$427.15	\$349.35	\$698.70	\$1,048.05	
	45-49	\$385.96	\$485.12	\$385.96	\$485.12	\$349.35	\$698.70	\$1,048.05	
	50-54	\$512.58	\$512.58	\$512.58	\$512.58	\$349.35	\$698.70	\$1,048.05	
	55-59	\$521.74	\$521.74	\$521.74	\$521.74	\$349.35	\$698.70	\$1,048.05	
	60-64	\$521.74	\$521.74	\$521.74	\$521.74	\$349.35	\$698.70	\$1,048.05	
	65-69	\$521.74	\$521.74	\$521.74	\$521.74	\$349.35	\$698.70	\$1,048.05	
	70-74	\$521.74	\$521.74	\$521.74	\$521.74	\$349.35	\$698.70	\$1,048.05	
	>74	\$521.74	\$521.74	\$521.74	\$521.74	\$349.35	\$698.70	\$1,048.05	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D58 with Rx Option 7, Blue 6	<25	\$354.92	\$854.74	\$354.92	\$854.74	\$395.21	\$790.42	\$1,185.63	
	25-29	\$373.51	\$981.05	\$373.51	\$981.05	\$395.21	\$790.42	\$1,185.63	
	30-34	\$433.18	\$959.36	\$433.18	\$959.36	\$395.21	\$790.42	\$1,185.63	
	35-39	\$544.00	\$941.53	\$544.00	\$941.53	\$395.21	\$790.42	\$1,185.63	
	40-44	\$680.38	\$985.70	\$680.38	\$985.70	\$395.21	\$790.42	\$1,185.63	
	45-49	\$891.16	\$1,120.54	\$891.16	\$1,120.54	\$395.21	\$790.42	\$1,185.63	
	50-54	\$1,184.08	\$1,184.08	\$1,184.08	\$1,184.08	\$395.21	\$790.42	\$1,185.63	
	55-59	\$1,205.78	\$1,205.78	\$1,205.78	\$1,205.78	\$395.21	\$790.42	\$1,185.63	
	60-64	\$1,205.78	\$1,205.78	\$1,205.78	\$1,205.78	\$395.21	\$790.42	\$1,185.63	
	65-69	\$1,205.78	\$1,205.78	\$1,205.78	\$1,205.78	\$395.21	\$790.42	\$1,185.63	
	70-74	\$1,205.78	\$1,205.78	\$1,205.78	\$1,205.78	\$395.21	\$790.42	\$1,185.63	
	>74	\$1,205.78	\$1,205.78	\$1,205.78	\$1,205.78	\$395.21	\$790.42	\$1,185.63	
			<b>Medicare Primary</b>						
	<25	\$354.92	\$375.84	\$354.92	\$375.84	\$354.92	\$709.84	\$1,064.76	
	25-29	\$354.92	\$431.63	\$354.92	\$431.63	\$354.92	\$709.84	\$1,064.76	
	30-34	\$354.92	\$422.33	\$354.92	\$422.33	\$354.92	\$709.84	\$1,064.76	
	35-39	\$354.92	\$414.58	\$354.92	\$414.58	\$354.92	\$709.84	\$1,064.76	
	40-44	\$354.92	\$433.96	\$354.92	\$433.96	\$354.92	\$709.84	\$1,064.76	
	45-49	\$392.11	\$492.85	\$392.11	\$492.85	\$354.92	\$709.84	\$1,064.76	
	50-54	\$520.75	\$520.75	\$520.75	\$520.75	\$354.92	\$709.84	\$1,064.76	
	55-59	\$530.05	\$530.05	\$530.05	\$530.05	\$354.92	\$709.84	\$1,064.76	
	60-64	\$530.05	\$530.05	\$530.05	\$530.05	\$354.92	\$709.84	\$1,064.76	
	65-69	\$530.05	\$530.05	\$530.05	\$530.05	\$354.92	\$709.84	\$1,064.76	
	70-74	\$530.05	\$530.05	\$530.05	\$530.05	\$354.92	\$709.84	\$1,064.76	
	>74	\$530.05	\$530.05	\$530.05	\$530.05	\$354.92	\$709.84	\$1,064.76	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D58 with Rx Option AE, Blue 6	<25	\$346.59	\$834.68	\$346.59	\$834.68	\$385.94	\$771.88	\$1,157.82	
	25-29	\$364.75	\$958.03	\$364.75	\$958.03	\$385.94	\$771.88	\$1,157.82	
	30-34	\$423.02	\$936.84	\$423.02	\$936.84	\$385.94	\$771.88	\$1,157.82	
	35-39	\$531.23	\$919.43	\$531.23	\$919.43	\$385.94	\$771.88	\$1,157.82	
	40-44	\$664.41	\$962.57	\$664.41	\$962.57	\$385.94	\$771.88	\$1,157.82	
	45-49	\$870.25	\$1,094.24	\$870.25	\$1,094.24	\$385.94	\$771.88	\$1,157.82	
	50-54	\$1,156.29	\$1,156.29	\$1,156.29	\$1,156.29	\$385.94	\$771.88	\$1,157.82	
	55-59	\$1,177.48	\$1,177.48	\$1,177.48	\$1,177.48	\$385.94	\$771.88	\$1,157.82	
	60-64	\$1,177.48	\$1,177.48	\$1,177.48	\$1,177.48	\$385.94	\$771.88	\$1,157.82	
	65-69	\$1,177.48	\$1,177.48	\$1,177.48	\$1,177.48	\$385.94	\$771.88	\$1,157.82	
	70-74	\$1,177.48	\$1,177.48	\$1,177.48	\$1,177.48	\$385.94	\$771.88	\$1,157.82	
	>74	\$1,177.48	\$1,177.48	\$1,177.48	\$1,177.48	\$385.94	\$771.88	\$1,157.82	
			<b>Medicare Primary</b>						
	<25	\$346.59	\$367.02	\$346.59	\$367.02	\$346.59	\$693.18	\$1,039.77	
	25-29	\$346.59	\$421.50	\$346.59	\$421.50	\$346.59	\$693.18	\$1,039.77	
	30-34	\$346.59	\$412.42	\$346.59	\$412.42	\$346.59	\$693.18	\$1,039.77	
	35-39	\$346.59	\$404.85	\$346.59	\$404.85	\$346.59	\$693.18	\$1,039.77	
	40-44	\$346.59	\$423.77	\$346.59	\$423.77	\$346.59	\$693.18	\$1,039.77	
	45-49	\$382.91	\$481.28	\$382.91	\$481.28	\$346.59	\$693.18	\$1,039.77	
	50-54	\$508.53	\$508.53	\$508.53	\$508.53	\$346.59	\$693.18	\$1,039.77	
	55-59	\$517.61	\$517.61	\$517.61	\$517.61	\$346.59	\$693.18	\$1,039.77	
	60-64	\$517.61	\$517.61	\$517.61	\$517.61	\$346.59	\$693.18	\$1,039.77	
	65-69	\$517.61	\$517.61	\$517.61	\$517.61	\$346.59	\$693.18	\$1,039.77	
	70-74	\$517.61	\$517.61	\$517.61	\$517.61	\$346.59	\$693.18	\$1,039.77	
	>74	\$517.61	\$517.61	\$517.61	\$517.61	\$346.59	\$693.18	\$1,039.77	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D58 with Rx Option AA, Blue 6	<25	\$342.84	\$825.66	\$342.84	\$825.66	\$381.76	\$763.52	\$1,145.28	
	25-29	\$360.80	\$947.67	\$360.80	\$947.67	\$381.76	\$763.52	\$1,145.28	
	30-34	\$418.44	\$926.71	\$418.44	\$926.71	\$381.76	\$763.52	\$1,145.28	
	35-39	\$525.49	\$909.50	\$525.49	\$909.50	\$381.76	\$763.52	\$1,145.28	
	40-44	\$657.23	\$952.17	\$657.23	\$952.17	\$381.76	\$763.52	\$1,145.28	
	45-49	\$860.84	\$1,082.41	\$860.84	\$1,082.41	\$381.76	\$763.52	\$1,145.28	
	50-54	\$1,143.80	\$1,143.80	\$1,143.80	\$1,143.80	\$381.76	\$763.52	\$1,145.28	
	55-59	\$1,164.76	\$1,164.76	\$1,164.76	\$1,164.76	\$381.76	\$763.52	\$1,145.28	
	60-64	\$1,164.76	\$1,164.76	\$1,164.76	\$1,164.76	\$381.76	\$763.52	\$1,145.28	
	65-69	\$1,164.76	\$1,164.76	\$1,164.76	\$1,164.76	\$381.76	\$763.52	\$1,145.28	
	70-74	\$1,164.76	\$1,164.76	\$1,164.76	\$1,164.76	\$381.76	\$763.52	\$1,145.28	
	>74	\$1,164.76	\$1,164.76	\$1,164.76	\$1,164.76	\$381.76	\$763.52	\$1,145.28	
			<b>Medicare Primary</b>						
	<25	\$342.84	\$363.05	\$342.84	\$363.05	\$342.84	\$685.68	\$1,028.52	
	25-29	\$342.84	\$416.95	\$342.84	\$416.95	\$342.84	\$685.68	\$1,028.52	
	30-34	\$342.84	\$407.96	\$342.84	\$407.96	\$342.84	\$685.68	\$1,028.52	
	35-39	\$342.84	\$400.48	\$342.84	\$400.48	\$342.84	\$685.68	\$1,028.52	
	40-44	\$342.84	\$419.19	\$342.84	\$419.19	\$342.84	\$685.68	\$1,028.52	
	45-49	\$378.77	\$476.08	\$378.77	\$476.08	\$342.84	\$685.68	\$1,028.52	
	50-54	\$503.03	\$503.03	\$503.03	\$503.03	\$342.84	\$685.68	\$1,028.52	
	55-59	\$512.01	\$512.01	\$512.01	\$512.01	\$342.84	\$685.68	\$1,028.52	
	60-64	\$512.01	\$512.01	\$512.01	\$512.01	\$342.84	\$685.68	\$1,028.52	
	65-69	\$512.01	\$512.01	\$512.01	\$512.01	\$342.84	\$685.68	\$1,028.52	
	70-74	\$512.01	\$512.01	\$512.01	\$512.01	\$342.84	\$685.68	\$1,028.52	
	>74	\$512.01	\$512.01	\$512.01	\$512.01	\$342.84	\$685.68	\$1,028.52	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D59 with Rx Option 7, Blue 6	<25	\$336.84	\$811.22	\$336.84	\$811.22	\$375.09	\$750.18	\$1,125.27	
	25-29	\$354.49	\$931.10	\$354.49	\$931.10	\$375.09	\$750.18	\$1,125.27	
	30-34	\$411.12	\$910.51	\$411.12	\$910.51	\$375.09	\$750.18	\$1,125.27	
	35-39	\$516.30	\$893.59	\$516.30	\$893.59	\$375.09	\$750.18	\$1,125.27	
	40-44	\$645.74	\$935.51	\$645.74	\$935.51	\$375.09	\$750.18	\$1,125.27	
	45-49	\$845.78	\$1,063.48	\$845.78	\$1,063.48	\$375.09	\$750.18	\$1,125.27	
	50-54	\$1,123.79	\$1,123.79	\$1,123.79	\$1,123.79	\$375.09	\$750.18	\$1,125.27	
	55-59	\$1,144.38	\$1,144.38	\$1,144.38	\$1,144.38	\$375.09	\$750.18	\$1,125.27	
	60-64	\$1,144.38	\$1,144.38	\$1,144.38	\$1,144.38	\$375.09	\$750.18	\$1,125.27	
	65-69	\$1,144.38	\$1,144.38	\$1,144.38	\$1,144.38	\$375.09	\$750.18	\$1,125.27	
	70-74	\$1,144.38	\$1,144.38	\$1,144.38	\$1,144.38	\$375.09	\$750.18	\$1,125.27	
	>74	\$1,144.38	\$1,144.38	\$1,144.38	\$1,144.38	\$375.09	\$750.18	\$1,125.27	
			<b>Medicare Primary</b>						
	<25	\$336.84	\$356.70	\$336.84	\$356.70	\$336.84	\$673.68	\$1,010.52	
	25-29	\$336.84	\$409.65	\$336.84	\$409.65	\$336.84	\$673.68	\$1,010.52	
	30-34	\$336.84	\$400.83	\$336.84	\$400.83	\$336.84	\$673.68	\$1,010.52	
	35-39	\$336.84	\$393.47	\$336.84	\$393.47	\$336.84	\$673.68	\$1,010.52	
	40-44	\$336.84	\$411.86	\$336.84	\$411.86	\$336.84	\$673.68	\$1,010.52	
	45-49	\$372.15	\$467.76	\$372.15	\$467.76	\$336.84	\$673.68	\$1,010.52	
	50-54	\$494.23	\$494.23	\$494.23	\$494.23	\$336.84	\$673.68	\$1,010.52	
	55-59	\$503.06	\$503.06	\$503.06	\$503.06	\$336.84	\$673.68	\$1,010.52	
	60-64	\$503.06	\$503.06	\$503.06	\$503.06	\$336.84	\$673.68	\$1,010.52	
	65-69	\$503.06	\$503.06	\$503.06	\$503.06	\$336.84	\$673.68	\$1,010.52	
	70-74	\$503.06	\$503.06	\$503.06	\$503.06	\$336.84	\$673.68	\$1,010.52	
	>74	\$503.06	\$503.06	\$503.06	\$503.06	\$336.84	\$673.68	\$1,010.52	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children
		Male	Female	Male	Female			
Alternate Option: Blue Access Option D59 with Rx Option AE, Blue 6	<25	\$328.51	\$791.16	\$328.51	\$791.16	\$365.81	\$731.62	\$1,097.43
	25-29	\$345.73	\$908.07	\$345.73	\$908.07	\$365.81	\$731.62	\$1,097.43
	30-34	\$400.96	\$887.99	\$400.96	\$887.99	\$365.81	\$731.62	\$1,097.43
	35-39	\$503.53	\$871.49	\$503.53	\$871.49	\$365.81	\$731.62	\$1,097.43
	40-44	\$629.77	\$912.38	\$629.77	\$912.38	\$365.81	\$731.62	\$1,097.43
	45-49	\$824.87	\$1,037.18	\$824.87	\$1,037.18	\$365.81	\$731.62	\$1,097.43
	50-54	\$1,096.00	\$1,096.00	\$1,096.00	\$1,096.00	\$365.81	\$731.62	\$1,097.43
	55-59	\$1,116.08	\$1,116.08	\$1,116.08	\$1,116.08	\$365.81	\$731.62	\$1,097.43
	60-64	\$1,116.08	\$1,116.08	\$1,116.08	\$1,116.08	\$365.81	\$731.62	\$1,097.43
	65-69	\$1,116.08	\$1,116.08	\$1,116.08	\$1,116.08	\$365.81	\$731.62	\$1,097.43
	70-74	\$1,116.08	\$1,116.08	\$1,116.08	\$1,116.08	\$365.81	\$731.62	\$1,097.43
	>74	\$1,116.08	\$1,116.08	\$1,116.08	\$1,116.08	\$365.81	\$731.62	\$1,097.43
			<b>Medicare Primary</b>					
	<25	\$328.51	\$347.88	\$328.51	\$347.88	\$328.51	\$657.02	\$985.53
	25-29	\$328.51	\$399.52	\$328.51	\$399.52	\$328.51	\$657.02	\$985.53
	30-34	\$328.51	\$390.92	\$328.51	\$390.92	\$328.51	\$657.02	\$985.53
	35-39	\$328.51	\$383.74	\$328.51	\$383.74	\$328.51	\$657.02	\$985.53
	40-44	\$328.51	\$401.68	\$328.51	\$401.68	\$328.51	\$657.02	\$985.53
	45-49	\$362.94	\$456.19	\$362.94	\$456.19	\$328.51	\$657.02	\$985.53
	50-54	\$482.01	\$482.01	\$482.01	\$482.01	\$328.51	\$657.02	\$985.53
	55-59	\$490.62	\$490.62	\$490.62	\$490.62	\$328.51	\$657.02	\$985.53
	60-64	\$490.62	\$490.62	\$490.62	\$490.62	\$328.51	\$657.02	\$985.53
	65-69	\$490.62	\$490.62	\$490.62	\$490.62	\$328.51	\$657.02	\$985.53
	70-74	\$490.62	\$490.62	\$490.62	\$490.62	\$328.51	\$657.02	\$985.53
	>74	\$490.62	\$490.62	\$490.62	\$490.62	\$328.51	\$657.02	\$985.53

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D59 with Rx Option AA, Blue 6	<25	\$324.77	\$782.14	\$324.77	\$782.14	\$361.64	\$723.28	\$1,084.92	
	25-29	\$341.79	\$897.72	\$341.79	\$897.72	\$361.64	\$723.28	\$1,084.92	
	30-34	\$396.39	\$877.86	\$396.39	\$877.86	\$361.64	\$723.28	\$1,084.92	
	35-39	\$497.79	\$861.55	\$497.79	\$861.55	\$361.64	\$723.28	\$1,084.92	
	40-44	\$622.59	\$901.97	\$622.59	\$901.97	\$361.64	\$723.28	\$1,084.92	
	45-49	\$815.46	\$1,025.36	\$815.46	\$1,025.36	\$361.64	\$723.28	\$1,084.92	
	50-54	\$1,083.50	\$1,083.50	\$1,083.50	\$1,083.50	\$361.64	\$723.28	\$1,084.92	
	55-59	\$1,103.36	\$1,103.36	\$1,103.36	\$1,103.36	\$361.64	\$723.28	\$1,084.92	
	60-64	\$1,103.36	\$1,103.36	\$1,103.36	\$1,103.36	\$361.64	\$723.28	\$1,084.92	
	65-69	\$1,103.36	\$1,103.36	\$1,103.36	\$1,103.36	\$361.64	\$723.28	\$1,084.92	
	70-74	\$1,103.36	\$1,103.36	\$1,103.36	\$1,103.36	\$361.64	\$723.28	\$1,084.92	
	>74	\$1,103.36	\$1,103.36	\$1,103.36	\$1,103.36	\$361.64	\$723.28	\$1,084.92	
			Medicare Primary						
	<25	\$324.77	\$343.91	\$324.77	\$343.91	\$324.77	\$649.54	\$974.31	
	25-29	\$324.77	\$394.97	\$324.77	\$394.97	\$324.77	\$649.54	\$974.31	
	30-34	\$324.77	\$386.46	\$324.77	\$386.46	\$324.77	\$649.54	\$974.31	
	35-39	\$324.77	\$379.37	\$324.77	\$379.37	\$324.77	\$649.54	\$974.31	
	40-44	\$324.77	\$397.10	\$324.77	\$397.10	\$324.77	\$649.54	\$974.31	
	45-49	\$358.80	\$450.99	\$358.80	\$450.99	\$324.77	\$649.54	\$974.31	
	50-54	\$476.51	\$476.51	\$476.51	\$476.51	\$324.77	\$649.54	\$974.31	
	55-59	\$485.02	\$485.02	\$485.02	\$485.02	\$324.77	\$649.54	\$974.31	
	60-64	\$485.02	\$485.02	\$485.02	\$485.02	\$324.77	\$649.54	\$974.31	
	65-69	\$485.02	\$485.02	\$485.02	\$485.02	\$324.77	\$649.54	\$974.31	
	70-74	\$485.02	\$485.02	\$485.02	\$485.02	\$324.77	\$649.54	\$974.31	
	>74	\$485.02	\$485.02	\$485.02	\$485.02	\$324.77	\$649.54	\$974.31	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D60 with Rx Option 7, Blue 6	<25	\$331.45	\$798.24	\$331.45	\$798.24	\$369.09	\$738.18	\$1,107.27	
	25-29	\$348.82	\$916.20	\$348.82	\$916.20	\$369.09	\$738.18	\$1,107.27	
	30-34	\$404.55	\$895.94	\$404.55	\$895.94	\$369.09	\$738.18	\$1,107.27	
	35-39	\$508.04	\$879.30	\$508.04	\$879.30	\$369.09	\$738.18	\$1,107.27	
	40-44	\$635.41	\$920.55	\$635.41	\$920.55	\$369.09	\$738.18	\$1,107.27	
	45-49	\$832.25	\$1,046.47	\$832.25	\$1,046.47	\$369.09	\$738.18	\$1,107.27	
	50-54	\$1,105.81	\$1,105.81	\$1,105.81	\$1,105.81	\$369.09	\$738.18	\$1,107.27	
	55-59	\$1,126.08	\$1,126.08	\$1,126.08	\$1,126.08	\$369.09	\$738.18	\$1,107.27	
	60-64	\$1,126.08	\$1,126.08	\$1,126.08	\$1,126.08	\$369.09	\$738.18	\$1,107.27	
	65-69	\$1,126.08	\$1,126.08	\$1,126.08	\$1,126.08	\$369.09	\$738.18	\$1,107.27	
	70-74	\$1,126.08	\$1,126.08	\$1,126.08	\$1,126.08	\$369.09	\$738.18	\$1,107.27	
	>74	\$1,126.08	\$1,126.08	\$1,126.08	\$1,126.08	\$369.09	\$738.18	\$1,107.27	
			<b>Medicare Primary</b>						
	<25	\$331.45	\$350.99	\$331.45	\$350.99	\$331.45	\$662.90	\$994.35	
	25-29	\$331.45	\$403.10	\$331.45	\$403.10	\$331.45	\$662.90	\$994.35	
	30-34	\$331.45	\$394.42	\$331.45	\$394.42	\$331.45	\$662.90	\$994.35	
	35-39	\$331.45	\$387.18	\$331.45	\$387.18	\$331.45	\$662.90	\$994.35	
	40-44	\$331.45	\$405.27	\$331.45	\$405.27	\$331.45	\$662.90	\$994.35	
	45-49	\$366.19	\$460.27	\$366.19	\$460.27	\$331.45	\$662.90	\$994.35	
	50-54	\$486.33	\$486.33	\$486.33	\$486.33	\$331.45	\$662.90	\$994.35	
	55-59	\$495.01	\$495.01	\$495.01	\$495.01	\$331.45	\$662.90	\$994.35	
	60-64	\$495.01	\$495.01	\$495.01	\$495.01	\$331.45	\$662.90	\$994.35	
	65-69	\$495.01	\$495.01	\$495.01	\$495.01	\$331.45	\$662.90	\$994.35	
	70-74	\$495.01	\$495.01	\$495.01	\$495.01	\$331.45	\$662.90	\$994.35	
	>74	\$495.01	\$495.01	\$495.01	\$495.01	\$331.45	\$662.90	\$994.35	



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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D60 with Rx Option AE, Blue 6	<25	\$323.22	\$778.41	\$323.22	\$778.41	\$359.92	\$719.84	\$1,079.76	
	25-29	\$340.16	\$893.45	\$340.16	\$893.45	\$359.92	\$719.84	\$1,079.76	
	30-34	\$394.50	\$873.69	\$394.50	\$873.69	\$359.92	\$719.84	\$1,079.76	
	35-39	\$495.42	\$857.46	\$495.42	\$857.46	\$359.92	\$719.84	\$1,079.76	
	40-44	\$619.63	\$897.68	\$619.63	\$897.68	\$359.92	\$719.84	\$1,079.76	
	45-49	\$811.58	\$1,020.48	\$811.58	\$1,020.48	\$359.92	\$719.84	\$1,079.76	
	50-54	\$1,078.35	\$1,078.35	\$1,078.35	\$1,078.35	\$359.92	\$719.84	\$1,079.76	
	55-59	\$1,098.11	\$1,098.11	\$1,098.11	\$1,098.11	\$359.92	\$719.84	\$1,079.76	
	60-64	\$1,098.11	\$1,098.11	\$1,098.11	\$1,098.11	\$359.92	\$719.84	\$1,079.76	
	65-69	\$1,098.11	\$1,098.11	\$1,098.11	\$1,098.11	\$359.92	\$719.84	\$1,079.76	
	70-74	\$1,098.11	\$1,098.11	\$1,098.11	\$1,098.11	\$359.92	\$719.84	\$1,079.76	
	>74	\$1,098.11	\$1,098.11	\$1,098.11	\$1,098.11	\$359.92	\$719.84	\$1,079.76	
			<b>Medicare Primary</b>						
	<25	\$323.22	\$342.28	\$323.22	\$342.28	\$323.22	\$646.44	\$969.66	
	25-29	\$323.22	\$393.09	\$323.22	\$393.09	\$323.22	\$646.44	\$969.66	
	30-34	\$323.22	\$384.62	\$323.22	\$384.62	\$323.22	\$646.44	\$969.66	
	35-39	\$323.22	\$377.56	\$323.22	\$377.56	\$323.22	\$646.44	\$969.66	
	40-44	\$323.22	\$395.21	\$323.22	\$395.21	\$323.22	\$646.44	\$969.66	
	45-49	\$357.10	\$448.84	\$357.10	\$448.84	\$323.22	\$646.44	\$969.66	
	50-54	\$474.25	\$474.25	\$474.25	\$474.25	\$323.22	\$646.44	\$969.66	
	55-59	\$482.72	\$482.72	\$482.72	\$482.72	\$323.22	\$646.44	\$969.66	
	60-64	\$482.72	\$482.72	\$482.72	\$482.72	\$323.22	\$646.44	\$969.66	
	65-69	\$482.72	\$482.72	\$482.72	\$482.72	\$323.22	\$646.44	\$969.66	
	70-74	\$482.72	\$482.72	\$482.72	\$482.72	\$323.22	\$646.44	\$969.66	
	>74	\$482.72	\$482.72	\$482.72	\$482.72	\$323.22	\$646.44	\$969.66	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option D60 with Rx Option AA, Blue 6	<25	\$319.51	\$769.48	\$319.51	\$769.48	\$355.79	\$711.58	\$1,067.37	
	25-29	\$336.25	\$883.19	\$336.25	\$883.19	\$355.79	\$711.58	\$1,067.37	
	30-34	\$389.97	\$863.66	\$389.97	\$863.66	\$355.79	\$711.58	\$1,067.37	
	35-39	\$489.73	\$847.61	\$489.73	\$847.61	\$355.79	\$711.58	\$1,067.37	
	40-44	\$612.51	\$887.37	\$612.51	\$887.37	\$355.79	\$711.58	\$1,067.37	
	45-49	\$802.26	\$1,008.76	\$802.26	\$1,008.76	\$355.79	\$711.58	\$1,067.37	
	50-54	\$1,065.97	\$1,065.97	\$1,065.97	\$1,065.97	\$355.79	\$711.58	\$1,067.37	
	55-59	\$1,085.50	\$1,085.50	\$1,085.50	\$1,085.50	\$355.79	\$711.58	\$1,067.37	
	60-64	\$1,085.50	\$1,085.50	\$1,085.50	\$1,085.50	\$355.79	\$711.58	\$1,067.37	
	65-69	\$1,085.50	\$1,085.50	\$1,085.50	\$1,085.50	\$355.79	\$711.58	\$1,067.37	
	70-74	\$1,085.50	\$1,085.50	\$1,085.50	\$1,085.50	\$355.79	\$711.58	\$1,067.37	
	>74	\$1,085.50	\$1,085.50	\$1,085.50	\$1,085.50	\$355.79	\$711.58	\$1,067.37	
			<b>Medicare Primary</b>						
	<25	\$319.51	\$338.35	\$319.51	\$338.35	\$319.51	\$639.02	\$958.53	
	25-29	\$319.51	\$388.58	\$319.51	\$388.58	\$319.51	\$639.02	\$958.53	
	30-34	\$319.51	\$380.20	\$319.51	\$380.20	\$319.51	\$639.02	\$958.53	
	35-39	\$319.51	\$373.23	\$319.51	\$373.23	\$319.51	\$639.02	\$958.53	
	40-44	\$319.51	\$390.67	\$319.51	\$390.67	\$319.51	\$639.02	\$958.53	
	45-49	\$353.00	\$443.69	\$353.00	\$443.69	\$319.51	\$639.02	\$958.53	
	50-54	\$468.80	\$468.80	\$468.80	\$468.80	\$319.51	\$639.02	\$958.53	
	55-59	\$477.17	\$477.17	\$477.17	\$477.17	\$319.51	\$639.02	\$958.53	
	60-64	\$477.17	\$477.17	\$477.17	\$477.17	\$319.51	\$639.02	\$958.53	
	65-69	\$477.17	\$477.17	\$477.17	\$477.17	\$319.51	\$639.02	\$958.53	
	70-74	\$477.17	\$477.17	\$477.17	\$477.17	\$319.51	\$639.02	\$958.53	
	>74	\$477.17	\$477.17	\$477.17	\$477.17	\$319.51	\$639.02	\$958.53	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children
		Male	Female	Male	Female			
Alternate Option: Blue Access Option 70 with Rx Option 7, Blue 6	<25	\$558.25	\$1,344.44	\$558.25	\$1,344.44	\$621.63	\$1,243.26	\$1,864.89
	25-29	\$587.50	\$1,543.11	\$587.50	\$1,543.11	\$621.63	\$1,243.26	\$1,864.89
	30-34	\$681.36	\$1,508.99	\$681.36	\$1,508.99	\$621.63	\$1,243.26	\$1,864.89
	35-39	\$855.66	\$1,480.95	\$855.66	\$1,480.95	\$621.63	\$1,243.26	\$1,864.89
	40-44	\$1,070.18	\$1,550.43	\$1,070.18	\$1,550.43	\$621.63	\$1,243.26	\$1,864.89
	45-49	\$1,401.72	\$1,762.51	\$1,401.72	\$1,762.51	\$621.63	\$1,243.26	\$1,864.89
	50-54	\$1,862.46	\$1,862.46	\$1,862.46	\$1,862.46	\$621.63	\$1,243.26	\$1,864.89
	55-59	\$1,896.59	\$1,896.59	\$1,896.59	\$1,896.59	\$621.63	\$1,243.26	\$1,864.89
	60-64	\$1,896.59	\$1,896.59	\$1,896.59	\$1,896.59	\$621.63	\$1,243.26	\$1,864.89
	65-69	\$1,896.59	\$1,896.59	\$1,896.59	\$1,896.59	\$621.63	\$1,243.26	\$1,864.89
	70-74	\$1,896.59	\$1,896.59	\$1,896.59	\$1,896.59	\$621.63	\$1,243.26	\$1,864.89
	>74	\$1,896.59	\$1,896.59	\$1,896.59	\$1,896.59	\$621.63	\$1,243.26	\$1,864.89
			<b>Medicare Primary</b>					
	<25	\$558.25	\$591.16	\$558.25	\$591.16	\$558.25	\$1,116.50	\$1,674.75
	25-29	\$558.25	\$678.92	\$558.25	\$678.92	\$558.25	\$1,116.50	\$1,674.75
	30-34	\$558.25	\$664.29	\$558.25	\$664.29	\$558.25	\$1,116.50	\$1,674.75
	35-39	\$558.25	\$652.11	\$558.25	\$652.11	\$558.25	\$1,116.50	\$1,674.75
	40-44	\$558.25	\$682.58	\$558.25	\$682.58	\$558.25	\$1,116.50	\$1,674.75
	45-49	\$616.76	\$775.21	\$616.76	\$775.21	\$558.25	\$1,116.50	\$1,674.75
	50-54	\$819.09	\$819.09	\$819.09	\$819.09	\$558.25	\$1,116.50	\$1,674.75
	55-59	\$833.72	\$833.72	\$833.72	\$833.72	\$558.25	\$1,116.50	\$1,674.75
	60-64	\$833.72	\$833.72	\$833.72	\$833.72	\$558.25	\$1,116.50	\$1,674.75
	65-69	\$833.72	\$833.72	\$833.72	\$833.72	\$558.25	\$1,116.50	\$1,674.75
	70-74	\$833.72	\$833.72	\$833.72	\$833.72	\$558.25	\$1,116.50	\$1,674.75
	>74	\$833.72	\$833.72	\$833.72	\$833.72	\$558.25	\$1,116.50	\$1,674.75

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children
		Male	Female	Male	Female			
Alternate Option: Blue Access Option 70 with Rx Option AE, Blue 6	<25	\$547.70	\$1,319.03	\$547.70	\$1,319.03	\$609.89	\$1,219.78	\$1,829.67
	25-29	\$576.40	\$1,513.96	\$576.40	\$1,513.96	\$609.89	\$1,219.78	\$1,829.67
	30-34	\$668.48	\$1,480.47	\$668.48	\$1,480.47	\$609.89	\$1,219.78	\$1,829.67
	35-39	\$839.49	\$1,452.97	\$839.49	\$1,452.97	\$609.89	\$1,219.78	\$1,829.67
	40-44	\$1,049.96	\$1,521.13	\$1,049.96	\$1,521.13	\$609.89	\$1,219.78	\$1,829.67
	45-49	\$1,375.24	\$1,729.21	\$1,375.24	\$1,729.21	\$609.89	\$1,219.78	\$1,829.67
	50-54	\$1,827.27	\$1,827.27	\$1,827.27	\$1,827.27	\$609.89	\$1,219.78	\$1,829.67
	55-59	\$1,860.76	\$1,860.76	\$1,860.76	\$1,860.76	\$609.89	\$1,219.78	\$1,829.67
	60-64	\$1,860.76	\$1,860.76	\$1,860.76	\$1,860.76	\$609.89	\$1,219.78	\$1,829.67
	65-69	\$1,860.76	\$1,860.76	\$1,860.76	\$1,860.76	\$609.89	\$1,219.78	\$1,829.67
	70-74	\$1,860.76	\$1,860.76	\$1,860.76	\$1,860.76	\$609.89	\$1,219.78	\$1,829.67
	>74	\$1,860.76	\$1,860.76	\$1,860.76	\$1,860.76	\$609.89	\$1,219.78	\$1,829.67
			<b>Medicare Primary</b>					
	<25	\$547.70	\$579.99	\$547.70	\$579.99	\$547.70	\$1,095.40	\$1,643.10
	25-29	\$547.70	\$666.09	\$547.70	\$666.09	\$547.70	\$1,095.40	\$1,643.10
	30-34	\$547.70	\$651.74	\$547.70	\$651.74	\$547.70	\$1,095.40	\$1,643.10
	35-39	\$547.70	\$639.78	\$547.70	\$639.78	\$547.70	\$1,095.40	\$1,643.10
	40-44	\$547.70	\$669.68	\$547.70	\$669.68	\$547.70	\$1,095.40	\$1,643.10
	45-49	\$605.10	\$760.57	\$605.10	\$760.57	\$547.70	\$1,095.40	\$1,643.10
	50-54	\$803.62	\$803.62	\$803.62	\$803.62	\$547.70	\$1,095.40	\$1,643.10
	55-59	\$817.97	\$817.97	\$817.97	\$817.97	\$547.70	\$1,095.40	\$1,643.10
	60-64	\$817.97	\$817.97	\$817.97	\$817.97	\$547.70	\$1,095.40	\$1,643.10
	65-69	\$817.97	\$817.97	\$817.97	\$817.97	\$547.70	\$1,095.40	\$1,643.10
	70-74	\$817.97	\$817.97	\$817.97	\$817.97	\$547.70	\$1,095.40	\$1,643.10
	>74	\$817.97	\$817.97	\$817.97	\$817.97	\$547.70	\$1,095.40	\$1,643.10

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children
		Male	Female	Male	Female			
Alternate Option: Blue Access Option 71 with Rx Option AE, Blue 6	<25	\$530.96	\$1,278.70	\$530.96	\$1,278.70	\$591.24	\$1,182.48	\$1,773.72
	25-29	\$558.78	\$1,467.67	\$558.78	\$1,467.67	\$591.24	\$1,182.48	\$1,773.72
	30-34	\$648.05	\$1,435.21	\$648.05	\$1,435.21	\$591.24	\$1,182.48	\$1,773.72
	35-39	\$813.83	\$1,408.54	\$813.83	\$1,408.54	\$591.24	\$1,182.48	\$1,773.72
	40-44	\$1,017.86	\$1,474.62	\$1,017.86	\$1,474.62	\$591.24	\$1,182.48	\$1,773.72
	45-49	\$1,333.19	\$1,676.34	\$1,333.19	\$1,676.34	\$591.24	\$1,182.48	\$1,773.72
	50-54	\$1,771.40	\$1,771.40	\$1,771.40	\$1,771.40	\$591.24	\$1,182.48	\$1,773.72
	55-59	\$1,803.86	\$1,803.86	\$1,803.86	\$1,803.86	\$591.24	\$1,182.48	\$1,773.72
	60-64	\$1,803.86	\$1,803.86	\$1,803.86	\$1,803.86	\$591.24	\$1,182.48	\$1,773.72
	65-69	\$1,803.86	\$1,803.86	\$1,803.86	\$1,803.86	\$591.24	\$1,182.48	\$1,773.72
	70-74	\$1,803.86	\$1,803.86	\$1,803.86	\$1,803.86	\$591.24	\$1,182.48	\$1,773.72
	>74	\$1,803.86	\$1,803.86	\$1,803.86	\$1,803.86	\$591.24	\$1,182.48	\$1,773.72
			<b>Medicare Primary</b>					
	<25	\$530.96	\$562.26	\$530.96	\$562.26	\$530.96	\$1,061.92	\$1,592.88
	25-29	\$530.96	\$645.73	\$530.96	\$645.73	\$530.96	\$1,061.92	\$1,592.88
	30-34	\$530.96	\$631.82	\$530.96	\$631.82	\$530.96	\$1,061.92	\$1,592.88
	35-39	\$530.96	\$620.22	\$530.96	\$620.22	\$530.96	\$1,061.92	\$1,592.88
	40-44	\$530.96	\$649.21	\$530.96	\$649.21	\$530.96	\$1,061.92	\$1,592.88
	45-49	\$586.60	\$737.31	\$586.60	\$737.31	\$530.96	\$1,061.92	\$1,592.88
	50-54	\$779.05	\$779.05	\$779.05	\$779.05	\$530.96	\$1,061.92	\$1,592.88
	55-59	\$792.96	\$792.96	\$792.96	\$792.96	\$530.96	\$1,061.92	\$1,592.88
	60-64	\$792.96	\$792.96	\$792.96	\$792.96	\$530.96	\$1,061.92	\$1,592.88
	65-69	\$792.96	\$792.96	\$792.96	\$792.96	\$530.96	\$1,061.92	\$1,592.88
	70-74	\$792.96	\$792.96	\$792.96	\$792.96	\$530.96	\$1,061.92	\$1,592.88
	>74	\$792.96	\$792.96	\$792.96	\$792.96	\$530.96	\$1,061.92	\$1,592.88

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 72 with Rx Option AE, Blue 6	<25	\$516.56	\$1,244.02	\$516.56	\$1,244.02	\$575.21	\$1,150.42	\$1,725.63	
	25-29	\$543.63	\$1,427.86	\$543.63	\$1,427.86	\$575.21	\$1,150.42	\$1,725.63	
	30-34	\$630.47	\$1,396.29	\$630.47	\$1,396.29	\$575.21	\$1,150.42	\$1,725.63	
	35-39	\$791.75	\$1,370.34	\$791.75	\$1,370.34	\$575.21	\$1,150.42	\$1,725.63	
	40-44	\$990.26	\$1,434.63	\$990.26	\$1,434.63	\$575.21	\$1,150.42	\$1,725.63	
	45-49	\$1,297.03	\$1,630.88	\$1,297.03	\$1,630.88	\$575.21	\$1,150.42	\$1,725.63	
	50-54	\$1,723.36	\$1,723.36	\$1,723.36	\$1,723.36	\$575.21	\$1,150.42	\$1,725.63	
	55-59	\$1,754.94	\$1,754.94	\$1,754.94	\$1,754.94	\$575.21	\$1,150.42	\$1,725.63	
	60-64	\$1,754.94	\$1,754.94	\$1,754.94	\$1,754.94	\$575.21	\$1,150.42	\$1,725.63	
	65-69	\$1,754.94	\$1,754.94	\$1,754.94	\$1,754.94	\$575.21	\$1,150.42	\$1,725.63	
	70-74	\$1,754.94	\$1,754.94	\$1,754.94	\$1,754.94	\$575.21	\$1,150.42	\$1,725.63	
	>74	\$1,754.94	\$1,754.94	\$1,754.94	\$1,754.94	\$575.21	\$1,150.42	\$1,725.63	
			<b>Medicare Primary</b>						
	<25	\$516.56	\$547.01	\$516.56	\$547.01	\$516.56	\$1,033.12	\$1,549.68	
	25-29	\$516.56	\$628.22	\$516.56	\$628.22	\$516.56	\$1,033.12	\$1,549.68	
	30-34	\$516.56	\$614.68	\$516.56	\$614.68	\$516.56	\$1,033.12	\$1,549.68	
	35-39	\$516.56	\$603.40	\$516.56	\$603.40	\$516.56	\$1,033.12	\$1,549.68	
	40-44	\$516.56	\$631.60	\$516.56	\$631.60	\$516.56	\$1,033.12	\$1,549.68	
	45-49	\$570.69	\$717.32	\$570.69	\$717.32	\$516.56	\$1,033.12	\$1,549.68	
	50-54	\$757.92	\$757.92	\$757.92	\$757.92	\$516.56	\$1,033.12	\$1,549.68	
	55-59	\$771.45	\$771.45	\$771.45	\$771.45	\$516.56	\$1,033.12	\$1,549.68	
	60-64	\$771.45	\$771.45	\$771.45	\$771.45	\$516.56	\$1,033.12	\$1,549.68	
	65-69	\$771.45	\$771.45	\$771.45	\$771.45	\$516.56	\$1,033.12	\$1,549.68	
	70-74	\$771.45	\$771.45	\$771.45	\$771.45	\$516.56	\$1,033.12	\$1,549.68	
	>74	\$771.45	\$771.45	\$771.45	\$771.45	\$516.56	\$1,033.12	\$1,549.68	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 73 with Rx Option AE, Blue 6	<25	\$494.71	\$1,191.41	\$494.71	\$1,191.41	\$550.88	\$1,101.76	\$1,652.64	
	25-29	\$520.63	\$1,367.47	\$520.63	\$1,367.47	\$550.88	\$1,101.76	\$1,652.64	
	30-34	\$603.81	\$1,337.23	\$603.81	\$1,337.23	\$550.88	\$1,101.76	\$1,652.64	
	35-39	\$758.27	\$1,312.39	\$758.27	\$1,312.39	\$550.88	\$1,101.76	\$1,652.64	
	40-44	\$948.37	\$1,373.95	\$948.37	\$1,373.95	\$550.88	\$1,101.76	\$1,652.64	
	45-49	\$1,242.18	\$1,561.90	\$1,242.18	\$1,561.90	\$550.88	\$1,101.76	\$1,652.64	
	50-54	\$1,650.47	\$1,650.47	\$1,650.47	\$1,650.47	\$550.88	\$1,101.76	\$1,652.64	
	55-59	\$1,680.72	\$1,680.72	\$1,680.72	\$1,680.72	\$550.88	\$1,101.76	\$1,652.64	
	60-64	\$1,680.72	\$1,680.72	\$1,680.72	\$1,680.72	\$550.88	\$1,101.76	\$1,652.64	
	65-69	\$1,680.72	\$1,680.72	\$1,680.72	\$1,680.72	\$550.88	\$1,101.76	\$1,652.64	
	70-74	\$1,680.72	\$1,680.72	\$1,680.72	\$1,680.72	\$550.88	\$1,101.76	\$1,652.64	
	>74	\$1,680.72	\$1,680.72	\$1,680.72	\$1,680.72	\$550.88	\$1,101.76	\$1,652.64	
			<b>Medicare Primary</b>						
	<25	\$494.71	\$523.87	\$494.71	\$523.87	\$494.71	\$989.42	\$1,484.13	
	25-29	\$494.71	\$601.65	\$494.71	\$601.65	\$494.71	\$989.42	\$1,484.13	
	30-34	\$494.71	\$588.68	\$494.71	\$588.68	\$494.71	\$989.42	\$1,484.13	
	35-39	\$494.71	\$577.88	\$494.71	\$577.88	\$494.71	\$989.42	\$1,484.13	
	40-44	\$494.71	\$604.89	\$494.71	\$604.89	\$494.71	\$989.42	\$1,484.13	
	45-49	\$546.56	\$686.98	\$546.56	\$686.98	\$494.71	\$989.42	\$1,484.13	
	50-54	\$725.86	\$725.86	\$725.86	\$725.86	\$494.71	\$989.42	\$1,484.13	
	55-59	\$738.82	\$738.82	\$738.82	\$738.82	\$494.71	\$989.42	\$1,484.13	
	60-64	\$738.82	\$738.82	\$738.82	\$738.82	\$494.71	\$989.42	\$1,484.13	
	65-69	\$738.82	\$738.82	\$738.82	\$738.82	\$494.71	\$989.42	\$1,484.13	
	70-74	\$738.82	\$738.82	\$738.82	\$738.82	\$494.71	\$989.42	\$1,484.13	
	>74	\$738.82	\$738.82	\$738.82	\$738.82	\$494.71	\$989.42	\$1,484.13	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children		
		Male	Female	Male	Female					
Alternate Option: Blue Access Option 74 with Rx Option AE, Blue 6	<25	\$483.58	\$1,164.60	\$483.58	\$1,164.60	\$538.48	\$1,076.96	\$1,615.44		
	25-29	\$508.92	\$1,336.71	\$508.92	\$1,336.71	\$538.48	\$1,076.96	\$1,615.44		
	30-34	\$590.22	\$1,307.15	\$590.22	\$1,307.15	\$538.48	\$1,076.96	\$1,615.44		
	35-39	\$741.21	\$1,282.86	\$741.21	\$1,282.86	\$538.48	\$1,076.96	\$1,615.44		
	40-44	\$927.04	\$1,343.04	\$927.04	\$1,343.04	\$538.48	\$1,076.96	\$1,615.44		
	45-49	\$1,214.23	\$1,526.76	\$1,214.23	\$1,526.76	\$538.48	\$1,076.96	\$1,615.44		
	50-54	\$1,613.34	\$1,613.34	\$1,613.34	\$1,613.34	\$538.48	\$1,076.96	\$1,615.44		
	55-59	\$1,642.91	\$1,642.91	\$1,642.91	\$1,642.91	\$538.48	\$1,076.96	\$1,615.44		
	60-64	\$1,642.91	\$1,642.91	\$1,642.91	\$1,642.91	\$538.48	\$1,076.96	\$1,615.44		
	65-69	\$1,642.91	\$1,642.91	\$1,642.91	\$1,642.91	\$538.48	\$1,076.96	\$1,615.44		
	70-74	\$1,642.91	\$1,642.91	\$1,642.91	\$1,642.91	\$538.48	\$1,076.96	\$1,615.44		
	>74	\$1,642.91	\$1,642.91	\$1,642.91	\$1,642.91	\$538.48	\$1,076.96	\$1,615.44		
			<b>Medicare Primary</b>							
		<25	\$483.58	\$512.09	\$483.58	\$512.09	\$483.58	\$967.16	\$1,450.74	
	25-29	\$483.58	\$588.11	\$483.58	\$588.11	\$483.58	\$967.16	\$1,450.74		
	30-34	\$483.58	\$575.44	\$483.58	\$575.44	\$483.58	\$967.16	\$1,450.74		
	35-39	\$483.58	\$564.88	\$483.58	\$564.88	\$483.58	\$967.16	\$1,450.74		
	40-44	\$483.58	\$591.28	\$483.58	\$591.28	\$483.58	\$967.16	\$1,450.74		
	45-49	\$534.26	\$671.52	\$534.26	\$671.52	\$483.58	\$967.16	\$1,450.74		
	50-54	\$709.53	\$709.53	\$709.53	\$709.53	\$483.58	\$967.16	\$1,450.74		
	55-59	\$722.20	\$722.20	\$722.20	\$722.20	\$483.58	\$967.16	\$1,450.74		
	60-64	\$722.20	\$722.20	\$722.20	\$722.20	\$483.58	\$967.16	\$1,450.74		
	65-69	\$722.20	\$722.20	\$722.20	\$722.20	\$483.58	\$967.16	\$1,450.74		
	70-74	\$722.20	\$722.20	\$722.20	\$722.20	\$483.58	\$967.16	\$1,450.74		
	>74	\$722.20	\$722.20	\$722.20	\$722.20	\$483.58	\$967.16	\$1,450.74		



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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 75 with Rx Option AE, Blue 6	<25	\$468.96	\$1,129.39	\$468.96	\$1,129.39	\$522.20	\$1,044.40	\$1,566.60	
	25-29	\$493.53	\$1,296.29	\$493.53	\$1,296.29	\$522.20	\$1,044.40	\$1,566.60	
	30-34	\$572.37	\$1,267.62	\$572.37	\$1,267.62	\$522.20	\$1,044.40	\$1,566.60	
	35-39	\$718.79	\$1,244.07	\$718.79	\$1,244.07	\$522.20	\$1,044.40	\$1,566.60	
	40-44	\$899.00	\$1,302.43	\$899.00	\$1,302.43	\$522.20	\$1,044.40	\$1,566.60	
	45-49	\$1,177.51	\$1,480.59	\$1,177.51	\$1,480.59	\$522.20	\$1,044.40	\$1,566.60	
	50-54	\$1,564.55	\$1,564.55	\$1,564.55	\$1,564.55	\$522.20	\$1,044.40	\$1,566.60	
	55-59	\$1,593.22	\$1,593.22	\$1,593.22	\$1,593.22	\$522.20	\$1,044.40	\$1,566.60	
	60-64	\$1,593.22	\$1,593.22	\$1,593.22	\$1,593.22	\$522.20	\$1,044.40	\$1,566.60	
	65-69	\$1,593.22	\$1,593.22	\$1,593.22	\$1,593.22	\$522.20	\$1,044.40	\$1,566.60	
	70-74	\$1,593.22	\$1,593.22	\$1,593.22	\$1,593.22	\$522.20	\$1,044.40	\$1,566.60	
	>74	\$1,593.22	\$1,593.22	\$1,593.22	\$1,593.22	\$522.20	\$1,044.40	\$1,566.60	
			<b>Medicare Primary</b>						
	<25	\$468.96	\$496.60	\$468.96	\$496.60	\$468.96	\$937.92	\$1,406.88	
	25-29	\$468.96	\$570.32	\$468.96	\$570.32	\$468.96	\$937.92	\$1,406.88	
	30-34	\$468.96	\$558.04	\$468.96	\$558.04	\$468.96	\$937.92	\$1,406.88	
	35-39	\$468.96	\$547.80	\$468.96	\$547.80	\$468.96	\$937.92	\$1,406.88	
	40-44	\$468.96	\$573.40	\$468.96	\$573.40	\$468.96	\$937.92	\$1,406.88	
	45-49	\$518.10	\$651.21	\$518.10	\$651.21	\$468.96	\$937.92	\$1,406.88	
	50-54	\$688.08	\$688.08	\$688.08	\$688.08	\$468.96	\$937.92	\$1,406.88	
	55-59	\$700.36	\$700.36	\$700.36	\$700.36	\$468.96	\$937.92	\$1,406.88	
	60-64	\$700.36	\$700.36	\$700.36	\$700.36	\$468.96	\$937.92	\$1,406.88	
	65-69	\$700.36	\$700.36	\$700.36	\$700.36	\$468.96	\$937.92	\$1,406.88	
	70-74	\$700.36	\$700.36	\$700.36	\$700.36	\$468.96	\$937.92	\$1,406.88	
	>74	\$700.36	\$700.36	\$700.36	\$700.36	\$468.96	\$937.92	\$1,406.88	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 76 with Rx Option AE, Blue 6	<25	\$427.58	\$1,029.73	\$427.58	\$1,029.73	\$476.12	\$952.24	\$1,428.36	
	25-29	\$449.98	\$1,181.90	\$449.98	\$1,181.90	\$476.12	\$952.24	\$1,428.36	
	30-34	\$521.87	\$1,155.76	\$521.87	\$1,155.76	\$476.12	\$952.24	\$1,428.36	
	35-39	\$655.37	\$1,134.29	\$655.37	\$1,134.29	\$476.12	\$952.24	\$1,428.36	
	40-44	\$819.68	\$1,187.51	\$819.68	\$1,187.51	\$476.12	\$952.24	\$1,428.36	
	45-49	\$1,073.61	\$1,349.95	\$1,073.61	\$1,349.95	\$476.12	\$952.24	\$1,428.36	
	50-54	\$1,426.50	\$1,426.50	\$1,426.50	\$1,426.50	\$476.12	\$952.24	\$1,428.36	
	55-59	\$1,452.64	\$1,452.64	\$1,452.64	\$1,452.64	\$476.12	\$952.24	\$1,428.36	
	60-64	\$1,452.64	\$1,452.64	\$1,452.64	\$1,452.64	\$476.12	\$952.24	\$1,428.36	
	65-69	\$1,452.64	\$1,452.64	\$1,452.64	\$1,452.64	\$476.12	\$952.24	\$1,428.36	
	70-74	\$1,452.64	\$1,452.64	\$1,452.64	\$1,452.64	\$476.12	\$952.24	\$1,428.36	
	>74	\$1,452.64	\$1,452.64	\$1,452.64	\$1,452.64	\$476.12	\$952.24	\$1,428.36	
			<b>Medicare Primary</b>						
	<25	\$427.58	\$452.78	\$427.58	\$452.78	\$427.58	\$855.16	\$1,282.74	
	25-29	\$427.58	\$520.00	\$427.58	\$520.00	\$427.58	\$855.16	\$1,282.74	
	30-34	\$427.58	\$508.80	\$427.58	\$508.80	\$427.58	\$855.16	\$1,282.74	
	35-39	\$427.58	\$499.46	\$427.58	\$499.46	\$427.58	\$855.16	\$1,282.74	
	40-44	\$427.58	\$522.80	\$427.58	\$522.80	\$427.58	\$855.16	\$1,282.74	
	45-49	\$472.39	\$593.75	\$472.39	\$593.75	\$427.58	\$855.16	\$1,282.74	
	50-54	\$627.36	\$627.36	\$627.36	\$627.36	\$427.58	\$855.16	\$1,282.74	
	55-59	\$638.56	\$638.56	\$638.56	\$638.56	\$427.58	\$855.16	\$1,282.74	
	60-64	\$638.56	\$638.56	\$638.56	\$638.56	\$427.58	\$855.16	\$1,282.74	
	65-69	\$638.56	\$638.56	\$638.56	\$638.56	\$427.58	\$855.16	\$1,282.74	
	70-74	\$638.56	\$638.56	\$638.56	\$638.56	\$427.58	\$855.16	\$1,282.74	
	>74	\$638.56	\$638.56	\$638.56	\$638.56	\$427.58	\$855.16	\$1,282.74	

North Manchester  
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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 76 with Rx Option AA, Blue 6	<25	\$423.45	\$1,019.80	\$423.45	\$1,019.80	\$471.53	\$943.06	\$1,414.59	
	25-29	\$445.64	\$1,170.51	\$445.64	\$1,170.51	\$471.53	\$943.06	\$1,414.59	
	30-34	\$516.84	\$1,144.62	\$516.84	\$1,144.62	\$471.53	\$943.06	\$1,414.59	
	35-39	\$649.05	\$1,123.35	\$649.05	\$1,123.35	\$471.53	\$943.06	\$1,414.59	
	40-44	\$811.77	\$1,176.05	\$811.77	\$1,176.05	\$471.53	\$943.06	\$1,414.59	
	45-49	\$1,063.26	\$1,336.93	\$1,063.26	\$1,336.93	\$471.53	\$943.06	\$1,414.59	
	50-54	\$1,412.74	\$1,412.74	\$1,412.74	\$1,412.74	\$471.53	\$943.06	\$1,414.59	
	55-59	\$1,438.63	\$1,438.63	\$1,438.63	\$1,438.63	\$471.53	\$943.06	\$1,414.59	
	60-64	\$1,438.63	\$1,438.63	\$1,438.63	\$1,438.63	\$471.53	\$943.06	\$1,414.59	
	65-69	\$1,438.63	\$1,438.63	\$1,438.63	\$1,438.63	\$471.53	\$943.06	\$1,414.59	
	70-74	\$1,438.63	\$1,438.63	\$1,438.63	\$1,438.63	\$471.53	\$943.06	\$1,414.59	
	>74	\$1,438.63	\$1,438.63	\$1,438.63	\$1,438.63	\$471.53	\$943.06	\$1,414.59	
			<b>Medicare Primary</b>						
	<25	\$423.45	\$448.42	\$423.45	\$448.42	\$423.45	\$846.90	\$1,270.35	
	25-29	\$423.45	\$514.99	\$423.45	\$514.99	\$423.45	\$846.90	\$1,270.35	
	30-34	\$423.45	\$503.89	\$423.45	\$503.89	\$423.45	\$846.90	\$1,270.35	
	35-39	\$423.45	\$494.65	\$423.45	\$494.65	\$423.45	\$846.90	\$1,270.35	
	40-44	\$423.45	\$517.76	\$423.45	\$517.76	\$423.45	\$846.90	\$1,270.35	
	45-49	\$467.83	\$588.03	\$467.83	\$588.03	\$423.45	\$846.90	\$1,270.35	
	50-54	\$621.31	\$621.31	\$621.31	\$621.31	\$423.45	\$846.90	\$1,270.35	
	55-59	\$632.41	\$632.41	\$632.41	\$632.41	\$423.45	\$846.90	\$1,270.35	
	60-64	\$632.41	\$632.41	\$632.41	\$632.41	\$423.45	\$846.90	\$1,270.35	
	65-69	\$632.41	\$632.41	\$632.41	\$632.41	\$423.45	\$846.90	\$1,270.35	
	70-74	\$632.41	\$632.41	\$632.41	\$632.41	\$423.45	\$846.90	\$1,270.35	
	>74	\$632.41	\$632.41	\$632.41	\$632.41	\$423.45	\$846.90	\$1,270.35	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children
		Male	Female	Male	Female			
Alternate Option: Blue Access Option 77 with Rx Option AA, Blue 6	<25	\$420.86	\$1,013.56	\$420.86	\$1,013.56	\$468.64	\$937.28	\$1,405.92
	25-29	\$442.91	\$1,163.34	\$442.91	\$1,163.34	\$468.64	\$937.28	\$1,405.92
	30-34	\$513.67	\$1,137.61	\$513.67	\$1,137.61	\$468.64	\$937.28	\$1,405.92
	35-39	\$645.08	\$1,116.48	\$645.08	\$1,116.48	\$468.64	\$937.28	\$1,405.92
	40-44	\$806.80	\$1,168.85	\$806.80	\$1,168.85	\$468.64	\$937.28	\$1,405.92
	45-49	\$1,056.75	\$1,328.74	\$1,056.75	\$1,328.74	\$468.64	\$937.28	\$1,405.92
	50-54	\$1,404.10	\$1,404.10	\$1,404.10	\$1,404.10	\$468.64	\$937.28	\$1,405.92
	55-59	\$1,429.82	\$1,429.82	\$1,429.82	\$1,429.82	\$468.64	\$937.28	\$1,405.92
	60-64	\$1,429.82	\$1,429.82	\$1,429.82	\$1,429.82	\$468.64	\$937.28	\$1,405.92
	65-69	\$1,429.82	\$1,429.82	\$1,429.82	\$1,429.82	\$468.64	\$937.28	\$1,405.92
	70-74	\$1,429.82	\$1,429.82	\$1,429.82	\$1,429.82	\$468.64	\$937.28	\$1,405.92
	>74	\$1,429.82	\$1,429.82	\$1,429.82	\$1,429.82	\$468.64	\$937.28	\$1,405.92
			<b>Medicare Primary</b>					
	<25	\$420.86	\$445.67	\$420.86	\$445.67	\$420.86	\$841.72	\$1,262.58
	25-29	\$420.86	\$511.83	\$420.86	\$511.83	\$420.86	\$841.72	\$1,262.58
	30-34	\$420.86	\$500.81	\$420.86	\$500.81	\$420.86	\$841.72	\$1,262.58
	35-39	\$420.86	\$491.62	\$420.86	\$491.62	\$420.86	\$841.72	\$1,262.58
	40-44	\$420.86	\$514.59	\$420.86	\$514.59	\$420.86	\$841.72	\$1,262.58
	45-49	\$464.97	\$584.43	\$464.97	\$584.43	\$420.86	\$841.72	\$1,262.58
	50-54	\$617.51	\$617.51	\$617.51	\$617.51	\$420.86	\$841.72	\$1,262.58
	55-59	\$628.53	\$628.53	\$628.53	\$628.53	\$420.86	\$841.72	\$1,262.58
	60-64	\$628.53	\$628.53	\$628.53	\$628.53	\$420.86	\$841.72	\$1,262.58
	65-69	\$628.53	\$628.53	\$628.53	\$628.53	\$420.86	\$841.72	\$1,262.58
	70-74	\$628.53	\$628.53	\$628.53	\$628.53	\$420.86	\$841.72	\$1,262.58
	>74	\$628.53	\$628.53	\$628.53	\$628.53	\$420.86	\$841.72	\$1,262.58

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 78 with Rx Option AE, Blue 6	<25	\$372.85	\$897.93	\$372.85	\$897.93	\$415.18	\$830.36	\$1,245.54	
	25-29	\$392.39	\$1,030.63	\$392.39	\$1,030.63	\$415.18	\$830.36	\$1,245.54	
	30-34	\$455.07	\$1,007.83	\$455.07	\$1,007.83	\$415.18	\$830.36	\$1,245.54	
	35-39	\$571.49	\$989.11	\$571.49	\$989.11	\$415.18	\$830.36	\$1,245.54	
	40-44	\$714.76	\$1,035.51	\$714.76	\$1,035.51	\$415.18	\$830.36	\$1,245.54	
	45-49	\$936.19	\$1,177.16	\$936.19	\$1,177.16	\$415.18	\$830.36	\$1,245.54	
	50-54	\$1,243.92	\$1,243.92	\$1,243.92	\$1,243.92	\$415.18	\$830.36	\$1,245.54	
	55-59	\$1,266.71	\$1,266.71	\$1,266.71	\$1,266.71	\$415.18	\$830.36	\$1,245.54	
	60-64	\$1,266.71	\$1,266.71	\$1,266.71	\$1,266.71	\$415.18	\$830.36	\$1,245.54	
	65-69	\$1,266.71	\$1,266.71	\$1,266.71	\$1,266.71	\$415.18	\$830.36	\$1,245.54	
	70-74	\$1,266.71	\$1,266.71	\$1,266.71	\$1,266.71	\$415.18	\$830.36	\$1,245.54	
	>74	\$1,266.71	\$1,266.71	\$1,266.71	\$1,266.71	\$415.18	\$830.36	\$1,245.54	
			<b>Medicare Primary</b>						
	<25	\$372.85	\$394.83	\$372.85	\$394.83	\$372.85	\$745.70	\$1,118.55	
	25-29	\$372.85	\$453.44	\$372.85	\$453.44	\$372.85	\$745.70	\$1,118.55	
	30-34	\$372.85	\$443.67	\$372.85	\$443.67	\$372.85	\$745.70	\$1,118.55	
	35-39	\$372.85	\$435.53	\$372.85	\$435.53	\$372.85	\$745.70	\$1,118.55	
	40-44	\$372.85	\$455.89	\$372.85	\$455.89	\$372.85	\$745.70	\$1,118.55	
	45-49	\$411.93	\$517.76	\$411.93	\$517.76	\$372.85	\$745.70	\$1,118.55	
	50-54	\$547.06	\$547.06	\$547.06	\$547.06	\$372.85	\$745.70	\$1,118.55	
	55-59	\$556.83	\$556.83	\$556.83	\$556.83	\$372.85	\$745.70	\$1,118.55	
	60-64	\$556.83	\$556.83	\$556.83	\$556.83	\$372.85	\$745.70	\$1,118.55	
	65-69	\$556.83	\$556.83	\$556.83	\$556.83	\$372.85	\$745.70	\$1,118.55	
	70-74	\$556.83	\$556.83	\$556.83	\$556.83	\$372.85	\$745.70	\$1,118.55	
	>74	\$556.83	\$556.83	\$556.83	\$556.83	\$372.85	\$745.70	\$1,118.55	

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## Premium Rates (Continued)

The Employer shall pay Anthem the following rates per Member per month for the Contract Period.

Health Coverage	Age Bands	Employee		Spouse		1 Child	2 Children	3+ Children	
		Male	Female	Male	Female				
Alternate Option: Blue Access Option 79 with Rx Option AA, Blue 6	<25	\$358.78	\$864.04	\$358.78	\$864.04	\$399.51	\$799.02	\$1,198.53	
	25-29	\$377.58	\$991.73	\$377.58	\$991.73	\$399.51	\$799.02	\$1,198.53	
	30-34	\$437.89	\$969.79	\$437.89	\$969.79	\$399.51	\$799.02	\$1,198.53	
	35-39	\$549.91	\$951.77	\$549.91	\$951.77	\$399.51	\$799.02	\$1,198.53	
	40-44	\$687.78	\$996.43	\$687.78	\$996.43	\$399.51	\$799.02	\$1,198.53	
	45-49	\$900.86	\$1,132.73	\$900.86	\$1,132.73	\$399.51	\$799.02	\$1,198.53	
	50-54	\$1,196.96	\$1,196.96	\$1,196.96	\$1,196.96	\$399.51	\$799.02	\$1,198.53	
	55-59	\$1,218.90	\$1,218.90	\$1,218.90	\$1,218.90	\$399.51	\$799.02	\$1,198.53	
	60-64	\$1,218.90	\$1,218.90	\$1,218.90	\$1,218.90	\$399.51	\$799.02	\$1,198.53	
	65-69	\$1,218.90	\$1,218.90	\$1,218.90	\$1,218.90	\$399.51	\$799.02	\$1,198.53	
	70-74	\$1,218.90	\$1,218.90	\$1,218.90	\$1,218.90	\$399.51	\$799.02	\$1,198.53	
	>74	\$1,218.90	\$1,218.90	\$1,218.90	\$1,218.90	\$399.51	\$799.02	\$1,198.53	
			<b>Medicare Primary</b>						
	<25	\$358.78	\$379.93	\$358.78	\$379.93	\$358.78	\$717.56	\$1,076.34	
	25-29	\$358.78	\$436.33	\$358.78	\$436.33	\$358.78	\$717.56	\$1,076.34	
	30-34	\$358.78	\$426.93	\$358.78	\$426.93	\$358.78	\$717.56	\$1,076.34	
	35-39	\$358.78	\$419.09	\$358.78	\$419.09	\$358.78	\$717.56	\$1,076.34	
	40-44	\$358.78	\$438.68	\$358.78	\$438.68	\$358.78	\$717.56	\$1,076.34	
	45-49	\$396.38	\$498.21	\$396.38	\$498.21	\$358.78	\$717.56	\$1,076.34	
	50-54	\$526.41	\$526.41	\$526.41	\$526.41	\$358.78	\$717.56	\$1,076.34	
	55-59	\$535.81	\$535.81	\$535.81	\$535.81	\$358.78	\$717.56	\$1,076.34	
	60-64	\$535.81	\$535.81	\$535.81	\$535.81	\$358.78	\$717.56	\$1,076.34	
	65-69	\$535.81	\$535.81	\$535.81	\$535.81	\$358.78	\$717.56	\$1,076.34	
	70-74	\$535.81	\$535.81	\$535.81	\$535.81	\$358.78	\$717.56	\$1,076.34	
	>74	\$535.81	\$535.81	\$535.81	\$535.81	\$358.78	\$717.56	\$1,076.34	

## Amendment to Master Contract Addendum A



It is agreed that in consideration of the applicable premiums paid, the Contract is amended in accordance with the terms of this Amendment.

00000324-0000

Employer (Affiliated companies must be listed below to be included for coverage):

██████████

**North Manchester**

Effective Date of Amendment: 01-01-2024

### Section I - Eligibility

Every Subscriber within any of the classifications set forth below shall be eligible for coverage. Family members of Subscribers shall be eligible for coverage if they meet the definition of "Dependent" contained in the Certificate applicable to the Subscriber under whom the family member claims coverage.

All active full-time hourly and salaried Employees working at least 25 hours per week in Ohio [30 hours per week in Kentucky] and who work in states in which Anthem provides coverage shall be eligible for coverage under this Contract. All active full time hourly and salaried Employees working at least 30 hours per week in Missouri and who live or work in states in which Anthem provides coverage shall be eligible for coverage under this Contract.

Coverage for eligible new Employees shall be effective on the date selected in the Employer Application or other documentation accepted by Anthem, as long as the application is received by Anthem within the time period specified in the Employer Application or other documentation accepted by Anthem.

### Section II - Benefits

Anthem shall provide or cause to be provided, through a Participating Plan or otherwise, the benefits evidenced in the applicable Certificates, including any amendments to such benefits hereafter agreed to by the Employer and Anthem, and provided by the administrative practices and procedures of Anthem and/or a Participating Plan. "Participating Plan" means any Blue Cross and/or Blue Shield Plan other than Anthem that has agreed, either by written document, oral understanding, or course of dealing or conduct, to participate in providing any services to Anthem, administrative or otherwise, in connection with the provision of payment for Covered Services under this Contract.

The health care benefits to be provided by Anthem are fully described in the Certificates identified by the product identification codes thereon.

## Amendment to Master Contract Addendum B



### North Manchester

Group No: 00000324-0000

#### MONTHLY PREMIUM RATES

For Health Benefits that are age/sex rated, rather than composite rated, the monthly premium rates shall be determined from the preceding tables and shall be based upon the age and sex of each member to be covered under the Master Group Contract, and whether the employee is covering spouse only and/or dependent children.

For Life Benefits, the monthly premium rates shall be determined from the preceding tables and shall be based upon the age and sex of each employee to be covered under the Group Policy, and the types of coverage for which the person is enrolled. For Health and Life Benefits, such rates shall be based on the age of each employee/spouse as of the effective date of your coverage and the effective date of any subsequent rate change. When an employee/spouse has a birthday that changes age bands, the new premium rate will be reflected on the next months billing following the change in age bands; provided, however, for KY Health Benefits only, there will be no rate change during the Contract Period. For Health and Life Benefits, when an individual is added or deleted from coverage, the monthly premium payments shall be recalculated based upon the persons to be covered that month. Such calculation shall be made by using the preceding table, as well as the rates set forth after the tables for additional types of coverage, if any. The calculation of the monthly premium payments shall ultimately be the responsibility of Anthem and Anthem Life and such calculations shall be final.

#### Additional Fees or Charges applicable to Health Coverage:

Premium shall be payable and received by Anthem on the due date indicated on the invoice.

Anthem shall provide the Employer with the premium rates applicable to the next Contract Period at least 30 days prior to the expiration of this Contract Period.

By payment of the appropriate premiums, the Employer accepts the terms and conditions of this Amendment to the Group Contract. Upon such acceptance, this Amendment becomes part of the Group Contract and is subject to all terms and conditions thereof not inconsistent with the specific provisions of this Amendment.

Anthem Blue Cross and Blue Shield

Harry Hayes

Director, Kentucky Small Group & Association Sales



# Keeping Medicare-eligible individuals informed about creditable coverage

## 2024 Kentucky Small Group Grandmothered

There are certain communications needed to keep your Medicare-eligible employees and retirees up to date about their plans. Medicare Part D drug coverage helps to cover the cost of prescription drugs. To help your individuals with Medicare make an informed decision about their available medication coverage options, you are required to let them know whether their current prescription drug plan is “creditable” or “noncreditable.”

**Creditable** prescription plans ensure that when a Medicare-eligible individual pays for prescription medication, the costs are the same or less than what Medicare covers. **Noncreditable** prescription plans means that drugs cost more, on average, than what Medicare's plan covers.

Medicare-eligible individuals with creditable plans can keep their current coverage to avoid higher costs for medications. Those with noncreditable drug plans may want to enroll in Medicare Part D to reduce their medication costs.

### How to notify your Medicare-eligible individuals

Once a year, you must send a Notice of Non-Creditable Coverage to let Medicare-eligible individuals know if their current prescription drug benefit is noncreditable coverage. You need to do this every year for all Medicare eligible active employees and their dependents, Medicare eligible COBRA individuals and their dependents, Medicare eligible disabled individuals covered under the prescription drug plan, and any retirees and their dependents. A late enrollment penalty on individuals who do not maintain creditable coverage for a period of 63 days or longer following their initial enrollment period for the Medicare prescription drug benefit may apply. Accordingly, this information is essential to an individual's decision whether to enroll in a Medicare Part D prescription drug plan. For tips on what to include in your letter, take a look at the sample letter at [cms.hhs.gov/creditablecoverage](https://cms.hhs.gov/creditablecoverage).

You should notify Medicare-eligible members about their coverage:

- Before the person's initial enrollment period (IEP) for Part D.
- Before the annual coordinated election period (ACEP) each year, which begins October 15.
- Before the effective date of the person's enrollment in the plan.
- At the time of any change that would affect whether or not the prescription plan coverage is creditable.
- Upon request from the beneficiary.

### How to notify CMS

This information must also be recorded with the Centers for Medicare & Medicaid Services (CMS). Go to [cms.hhs.gov/creditablecoverage](https://cms.hhs.gov/creditablecoverage) and complete the [Disclosure to CMS Form](#) unless your organization is exempt, as outlined in the disclosure to CMS guidance.

You can find details about creditable coverage, such as rules, forms, model disclosure notice language for beneficiaries, and requirements for your CMS disclosure notice, at [cms.hhs.gov/creditablecoverage](https://cms.hhs.gov/creditablecoverage).

### Are your plans creditable?

The 2024 Kentucky Small Group Grandmothered plan(s) that include “noncreditable” prescription drug benefits are outlined on the next page.

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/co/networkaccess](https://anthem.com/co/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): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC 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 PDS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare 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.

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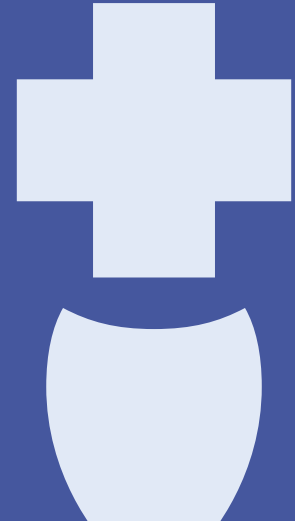
## 2024 Kentucky Small Group Grandmothered

The following plans are noncreditable:

2024 Kentucky Small Group Grandmothered	Contract code	Creditable coverage status
V05 Blue Access PPO \$2500/\$4000/0.2 RxM	N/A	Noncreditable
V05 Blue Access PPO \$500/\$1000/0.2 RxM	N/A	Noncreditable
V05 Blue Access PPO \$250/\$2000/0.2 RxM	N/A	Noncreditable
V05 Blue Access PPO \$1500/\$3000/0.2 RxM	N/A	Noncreditable
V05 Blue Access PPO \$7500/\$15000/0.2 RxM	N/A	Noncreditable
V05 Anthem Essential \$1000/\$5000/\$500/20% RxM	N/A	Noncreditable
V05 Anthem Essential \$2000/\$5000/\$750/20% RxM	N/A	Noncreditable
V05 Anthem Essential \$2500/\$5000/\$1000/20% RxM	N/A	Noncreditable
V05 Anthem Essential \$5000/\$10000/\$1000/20% RxM	N/A	Noncreditable
V06 Lumenos Health Saving Account \$5000/\$6050/0.1 Rx_	N/A	Noncreditable
V06 Lumenos Deductible First HRA \$2500/\$5000/\$10000/0.2 Rx0.2_	N/A	Noncreditable
V06 Lumenos Deductible First HRA \$5000/\$7500/\$10000/0.2 Rx0.2_	N/A	Noncreditable
V06 Lumenos Health Savings Account w/Copay \$0/\$100/0 RxAO	N/A	Noncreditable
V06 Lumenos Health Savings Accounts \$5000/\$6050/0.1/0.1 Rx_Single	N/A	Noncreditable

## We are here to help

If you have questions about creditable and noncreditable coverage, please contact your Anthem representative.



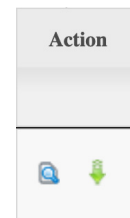
# How to access your Summary of Benefits and Coverage and Summary of Dental Benefits and Coverage

As you may know, employers are responsible for sending an electronic or printed copy of the Summary of Benefits and Coverage (SBC) and Summary of Dental Benefits and Coverage (SDBC) to plan participants. Here is how to access them for your Small Group plan(s):

- 1 Go to [sbc.anthem.com](https://sbc.anthem.com).
- 2 Choose your **state, market segment, and product type**.
- 3 You can find plans using different data. You can search by:
  - Plan name (be descriptive for best results)
  - Contract code
  - State
  - Market segment (Small Group)
  - Coverage effective date
  - Language (may not be available online or may need to be requested)



- 4 Choose the plan by selecting **View** or the down arrow to download in the Action column.



## We are here to help

If you have questions or need assistance, please contact your Anthem representative.

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. 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): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC 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 (BCBSW), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies. WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

## Important information regarding ADA/GINA

Under final rules issued by EEOC under the Americans with Disabilities Act and the Genetic Information Nondiscrimination Act, wellness incentives are subject to certain limits in some situations. Incentive limits may also apply under the Affordable Care Act. Employers are responsible for taking steps to comply with all legally-required limits. Please consult your attorneys or advisors for additional information as needed.



Life and Disability products underwritten by Anthem Life Insurance Company. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



P. O. Box 6570  
Carol Stream, IL 60197-6570

An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. ®Registered marks Blue Cross and Blue Shield Association.

111523 DPL372339 KYGRP 735 03

|||||...|||\*\*\*\*\*MIXED AADC 377  
1737 1 MB 0.561  
NORTH MANCHESTER  
ATTN: LONNIE HENSLEY  
7361 N HWY 421  
MANCHESTER KY 40962-6646

20231115 000242 \*\*\*\*\* Env [1,737] 1 of 3 B 4

**DETACH AND RETURN LOWER PORTION WITH YOUR PAYMENT**

**RETURN THIS WITH YOUR PAYMENT - DO NOT STAPLE**

**North Manchester**

Group No.	From Date	Through Date	Due Date
00000324-0000	12/01/2023	12/31/2023	12/01/2023
Amount Due		Amount Paid	
\$12,265.46			

**Unit No.** 003 **FKY1-MB**  
**Bill Clerk** Kentucky Small Group Service Number



An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. ®Registered marks Blue Cross and Blue Shield Association.

**MAKE CHECKS PAYABLE TO  
ANTHEM BLUE CROSS BLUE SHIELD**

|||||...|||  
ANTHEM BCBS KY GROUP  
PO Box 6570  
Carol Stream IL 60197-6570

000000000000051900100000324000000000714653662000012012300000000012265460

**Group ID:** 00000324  
**SubGroup ID:** 0000

**Invoice Number:** 146536620



An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. ®Registered marks Blue Cross and Blue Shield Association.

**Billing for:** North Manchester  
 7361 N Hwy 421  
 Manchester, KY 40962

**Due Date:** 12/01/2023  
**Billing Date:** 11/15/2023  
**Coverage Period From:** 12/01/2023  
**Through:** 12/31/2023

**Group ID:** 00000324  
**SubGroup ID:** 0000

**Invoice Number:** 146536620

**Account Summary**

10/18/2023 Previous Total Due \$10,376.60  
 Payment ( \$2,355.01)

Outstanding Balance as of 11/15/2023 \$8,021.59  
 Current Invoice \$4,243.87  
**Total Due** \$12,265.46

**Please Pay This Amount**

For billing questions, please call 1-888-290-9159.

PLEASE NOTE: If your premium has changed, it could be due to an age change in one or more employee and/or spouse .

Employer Access - Everything you need for more efficient plan administration of your Anthem Group Benefits. Ask about it or visit [www.anthem.com](http://www.anthem.com) today for more information

+ Remember to PAY AS BILLED - pay the total amount shown as due on the bill.

+ Do not add or delete members by writing on your bill - your payment goes to an automatic deposit box that cannot read your changes.

+ Submit membership changes to Anthem as they occur. We will adjust your premiums, when applicable, on a future bill.

**IMPORTANT NOTICE REGARDING PAYMENT OF PREMIUM**

Please be advised that if Anthem does not receive the group premium payment within the 30 day grace period following the premium payment due date, the group health coverage will be terminated effective on the last date through which full premiums were paid. This notice serves as the 30-day notice of termination required by law.

IMPORTANT NOTICE: If this bill reflects an outstanding premium balance for the prior month's bill, Anthem's issuance of this invoice does not waive Anthem's contractual right to automatically terminate your group's coverage for failure to timely pay premiums.

IMPORTANT NOTICE: Remember to audit your bill monthly to verify the information is correct. Anthem

20231115 000242 Env [1,737] 2 of 3 B 4

**Group ID:** 00000324  
**SubGroup ID:** 0000

**Invoice Number:** 146536620

**Account Detail**

	<b>Subscribers</b>	<b>Dependents</b>	<b>Current</b>	<b>Retro</b>	<b>Net</b>
Health 4 Premium	3	0	\$4,243.87	\$0.00	\$4,243.87
			<u>\$4,243.87</u>	<u>\$0.00</u>	<u>\$4,243.87</u>
					<u>\$8,021.59</u>
		<b>Total</b>			\$12,265.46

**Group ID:** 00000324  
**SubGroup ID:** 0000

**Invoice Number:** 146536620

Current Subscriber Details

**SubGroup ID:** 0000

**SubGroup Name:** North Manchester

Subscriber	Subscriber ID	Plan	Volume	Subscriber	Dependent	Total
Gray, Bill	[REDACTED]	Health 4		\$852.17	\$0.00	\$852.17
Jarvis, Paul	[REDACTED]	Health 4		\$1,888.86	\$0.00	\$1,888.86
Lewis, Telo	[REDACTED]	Health 4		\$1,502.84	\$0.00	\$1,502.84
<b>Subtotal for 0000</b>				<b>\$4,243.87</b>	<b>\$0.00</b>	<b>\$4,243.87</b>

UNPAGGRU1 UJMB 40231118001 JBUC  
 20231115 000242 [REDACTED] Em [1,737] 3 of 3 B 4



**Group ID:** 00000324  
**SubGroup ID:** 0000

**Invoice Number:** 146536620

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Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-11:**

Provide the contract or agreement between North Manchester Water and its health insurance provider, and any other documents to support the premium charged for each employee for whom insurance coverage is provided for both 2022 and 2023. If the premium charged is different for each employee, provide the coverage documents supporting the reasons for the differences.

**Response: See attached exhibit 3-10.**

**Witness: Rose Lewis**

Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-12:**

Provide the meeting minutes for all North Manchester Water board meetings in the last 36 months during which health insurance was discussed or decided upon.

**Response: No responsive meeting minutes exist.**

**Witness: Rose Lewis**

Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-13:**

State the individual(s) who are authorized to make changes to health insurance coverage including changes in plan benefits, employee additions, employee deletions, or changes in employee plan coverage, also state who serves as a point of contact between North Manchester Water and its health insurance provide.

**Response: The NMWA governing board**

**Witness: Rose Lewis**

Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-14:**

Provide copies of all correspondence between North Manchester Water and its health insurance carrier since June 30, 2021. This is a continuing request.

**Response: See attached exhibit 3-10.**

**Witness: Rose Lewis**

Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-15:**

State which invoices and bills for North Manchester Water are sent to the utility's office and which are sent directly to the association's accountant. The response to this item should have two sponsoring witnesses, North Manchester Water's accountant and the utility employee responsible for office management.

**Response: The Bills that come to NMWA office is Anthem health insurance, Manchester lumber, R&S hardware, Boyd Caterpillar, Clay Mobile Home Parts, Consolidate Pipe, Right quick, Core & Main, Delta Gas.**

**Bills that come directly to Mr. Woods area as follows: Truck Payment, Jackson Energy electric bill, Life Insurance company of Alabama, KRWA dues, Kentucky Utilities, Mineral Labs Testing, Appalachian Wireless – cell phones, East Laurel Water District, PRTC – Land phone line, City of Manchester wholesale water bill, 421 Service Station – Truck Maintenance.**

**Witness: Rose Lewis and Ted Woods**

Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-16:**

Provide the status of the 2022 Audited Financial Statement, including when the audit is expected to be completed and the reasons that the audit is not yet completed. Provide the names of all software programs used to produce customer bills, payroll, and general ledger as well as any programs used to pay the bills of the utility; for each program listed, state whether the program can be used to supply reports in Excel format with all formulas, columns, and rows unprotected and fully accessible, and state for what functions the software is used.

**Response: Nmwa currently owes an outstanding invoice to Sammy Lee, the account doing the audits. I spoke to him today 11/28/2023 and he said that he would complete the 2022 audit within 60 – 90 days upon final payment. NMWA is making provisions to make final payment to Mr. Lee by 12/31/2023. Eldorado is the billing software used by NMWA. It can be downloaded in excel format.**

**Witness: Rose Lewis**

Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-17:**

State whether the billing software used by North Manchester Water is capable of calculating and issuing refunds to customers and explain the steps North Manchester Water must take to issue a refund to a customer using this software.

**Response: El Dorado software allows the NMWA to issues credits to accounts. Meaning the reading is corrected and if less will result in a credit to the account in question.**

**Witness: Rose Lewis**



Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-18:**

Provide a copy of a 2023 customer invoice for a 5/8th inch meter for approximately 4,000 gallons of water usage.

**Response: See attached Exhibit 3-18**

**Witness: Rose Lewis**

North Manchester Water Assoc, 7361 N. Hwy. 421, Manchester, KY 40962

ACCOUNT NUM	SERVICE FROM	SERVICE TO	DAYS	PAST DUE AFTER
04455	10-03-23	10-20-23	18	11-16-23
METER READINGS		USAGE	Water	CHARGE
PREVIOUS	PRESENT			AMOUNT
945130	946555	3550		\$1.24
On/After 11-16-23 add \$3.21 penalty and pay \$35.39				
Last Payment received was \$64.22 on 10-19-23				
BILLING PERIOD	DAYS	USAGE	TAXES	0.94
THIS YEAR	31	\$100	TOTAL DUE	32.18
LAST YEAR				
BASE	RATES PER GALLONS			

www3.invoicecloud.com/manchesterky PLEASE PAY THIS AMOUNT -  
 ay Online or by Phone 1 855 688 6881

Address Service Requested

Phone:  
 (606) 598 - 5403  
 Emergency Ph.:  
 (606) 598-8411

Presorted  
 First Class  
 U.S. Postage  
 PAID  
 PERMIT # 2350  
 Portland, OR

PLEASE RETURN THIS STUB WITH PAYMENT

BILLING DATE	PAST DUE AFTER
10-20-23	11-16-23
ACCOUNT NUMBER	AMOUNT DUE
04455	32.18
On/After 11-16-23 pay \$35.39	

MANCHESTER KY 40962

10/28



Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-19:**

Provide all available documentation of the lease agreement between Clay County Fiscal Court and North Manchester Water concerning a Kentucky Infrastructure Authority (KIA) loan, for which Clay County Fiscal Court is the borrower, not already provided in this proceeding.

This is a continuing request.

**Response: See previous responses and Exhibit 3-19**

**Witness: Rose Lewis**



*Tommy Harmon*  
*Clay County Judge/Executive*

102 Richmond Road  
Suite 201  
Manchester, Ky. 40962

(606)598-2071-phone  
(606)598-7849-fax  
(606)681-5333 Cell

**MONTHLY PAYMENT INVOICE**

To: NORTH MANCHESTER WATER ASSOCIATION, INC.

From: Clay County Fiscal Court

DATE: 11/10/23

ORIGINAL AMOUNT DUE FOR MONTH OF NOV, 2023 \$ 12,700.<sup>00</sup>

*Please be advised that the above monthly payment invoice is for the original monthly payment that would have been due should North Manchester Water Association, Inc. have been in full compliance of its payment agreement on the above date. The original amount due as shown does not include any charges, fees, interest, costs, or other monies due that are due in addition as a result of North Manchester Water Association, Inc.'s non-compliance and no amount of such due is waived.*



## Clay County Fiscal Court

102 Richmond Road, Suite 201  
Manchester, Ky 40962  
606-598-2071

### MONTHLY PAYMENT INVOICE

NORTH MANCHESTER WATER ASSOCIATION, INC.

DATE: 10/16/23

ORIGINAL AMOUNT DUE FOR MONTH OF Oct, 2023. \$ 12,648.21

*Please be advised that the above monthly payment invoice is for the original monthly payment that would have been due should North Manchester Water Association, Inc. have been in full compliance of its payment agreement on the above date. The original amount due as shown does not include any charges, fees, interest, costs, or other monies due that are due in addition as a result of North Manchester Water Association, Inc.'s non-compliance and no amount of such due is waived.*

Handwritten signature of Vickie L. Nicholson in cursive.

Vickie L. Nicholson  
Finance Officer  
Clay County Fiscal Court

Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-20:**

Provide an aging of accounts receivable as of September 30, 2023, in the format below:

	Current (< 30 days)	30 – 60 days	60 – 90 days	> 90 days	Total
Dollars	\$	\$	\$	\$	\$
Number of Customers					

**Response: See attached exhibit 3-20**

**Witness: Rose Lewis**

Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-21:**

Provide an aging of accounts payable as of September 30, 2023, in the format below.

Amounts that are current may be lumped together where "total \$" is noted below. For amounts that are greater than thirty days, list each supplier or contractor and the amounts due for each time reference period. For amounts that are greater than 60 days past due, provide an explanation for the delay of payment.

	Current (< 30 days)	30 – 60 days	60 – 90 days	> 90 days	Total
Dollars	total \$				
Name					
Name					
Name					
Total					

**Response:** See attached Exhibit 3-21

**Witness:** Rose Lewis

	CURRENT (< 30 days)	30-60 days	60-90 days	> 90 days	Total
SK LEE CPAs				4,000.00	4,000.00
421 Service Station	572.00				572.00
Strugill, Turner	2,680.00				2,680.00
Taylor, Keller & Oswald	35.00				35.00
Core & Main	339.82				339.82
Payroll	5,709.45				5,709.45
Manchester Municipal Water Works	8,001.20				8,001.20
Manchester Municipal Water Works	920.20				920.20
Manchester Municipal Water Works	26,888.00				26,888.00
East Laurel Water District	705.92				705.92
Delta	37.63				37.63
Clay County Fiscal Court				?	
Sisler-Maggard Engineering, PLLC	600.00				600.00
Robert Davidson	255.00				255.00
Bowlings Town Market 2	975.82				975.82
Citco Water	1,060.00				1,060.00
Mineral Labs, Inc.	1,806.77				1,806.77
Consolidated Pipe & Supply Co., Inc	2,882.15				2,882.15
World Fuel Services, Inc.	998.59				998.59
Smith Wholesale Auto Parts	51.98				51.98
Manchester Lumber Co	345.48				345.48
Rawlings & Goins	68.98				68.98
KU	2,911.07				2,911.07
Cintas Corp	526.24				526.24
R & S Variety Tru-Value Hardware	94.68				94.68
Tax Administrator	413.93				413.93
K-1	486.73				486.73
941	1,029.82				1,029.82
UI-3	21.96				21.96

\$ 64,418.42



Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-22:**

Provide 12 months of reports, complete with all attachments, for the Utility Gross Receipts License Tax to support the amount recorded of \$30,918.67 in account number 622, Utility Tax, in the general ledger for the year ended December 31, 2022.

**Response: See attached Exhibit 3-22**

**Witness: Rose Lewis**

1/20/22, 1:44 AM

EEPS Payment

Print

## Payment Schedule Confirmation

Your payment has been scheduled! You will receive an email when the payment is processed. Please print a copy of this receipt for your records.

### Payment Details

**Tax Account Number:** [REDACTED]  
**Payment ID:** 7086466  
**Payment Date:** 01/20/2022

### Account Holder Details

**NORTH MANCHESTER**  
7362 N HWY 421  
MANCHESTER, KY 40962

Payment Method	Description	Payment Amount
ACH	KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 12/31/2021	2457.31

**Kentucky Department of Revenue**  
501 High Street  
Frankfort, KY 40601  
(502) 564-4581

1/20/22, 1:40 AM

Kentucky: Department of Revenue

# KY E-Tax

JOSEPHINE . GROSS (APPROVER)  
 ↻ Log out (<https://ugrlt.ky.gov/ETax/logout.aspx>)

🏠 (<http://revenue.ky.gov/Pages/index.aspx>) / KY E-Tax (<https://ugrlt.ky.gov/ETax/home.aspx>)  
 / UGRLT (Utility Gross Receipts License Tax) (<http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx>)  
 / Tax Return

## Tax Return

Amended Reason:

<b>Account Number:</b> <input type="text"/> <b>Account Name:</b> NORTH MANCHESTER ASSOC CORP <b>Location Address</b> 7362 N HWY 421 MANCHESTER, KY 40962 Update	Period Beginning 12/01/2021 Period Ending 12/31/2021 Return Due 1/20/2022  <input type="text" value="Web File"/>
---	--

### Part I - Tax Computation

1. Total Gross Receipts - Enter total amount received (less utility gross receipts license tax) for furnishing utility, cable, wireless cable services and video streaming services in school districts imposing the tax.	1.	\$	<input type="text" value="81,910.17"/>
2. Deductions			
a. Prepaid calling services	2a.	\$	<input type="text"/>
b. Interstate telephone services	2b.	\$	<input type="text"/>
c. Internet access	2c.	\$	<input type="text"/>
d. Service resold	2d.	\$	<input type="text"/>
e. Federal and state taxes	2e.	\$	<input type="text"/>
f. Energy direct pay receipts	2f.	\$	<input type="text"/>
g. Other (specify) <input type="text"/>	2g.	\$	<input type="text"/>
3. Total Deductions	3.	\$	<input type="text" value="0.00"/>

1/20/22, 1:40 AM

Kentucky: Department of Revenue

4. Gross Receipts Subject to Tax 4. \$
- 5a. Consumers--Enter the amount of purchases from utility service providers for which you are liable for tax. 5a. \$
- 5b. EDP Account Holders--Enter the amount as reported on line 23b of the sales and use tax return for the same period. 5b. \$

**Allocate amounts from lines 4, 5a, and/or 5b in part II.**

**Part II- Allocation Schedule**

District Name-(Code)-Tax Rate-Service Type

Gross Receipts  Consumer Purchases  EDP Amount

To edit dollar amounts, tab through the Grid

Code	District Name / Service Type	Gross Receipts	Consumer Purchases	EDP Amount	Tax Rate	Tax Amount	Delete
125	CLAY CO. / UTILITY	<input type="text" value="81,910.17"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	0.0300	2,457.31	Delete
Totals	-	\$81,910.17	\$0.00	\$0.00	-	-	
TaxAmount	-	-	-	-	-	\$2,457.31	

If you make changes, you must click the Calculate Amount Due button to see the correct total amount due.

**Part III - Payment**

- 6a. Total Tax Amount Due (Total Tax Amount from Part II) 6a. \$
- 6b. Less payments credited to account 6b. \$
- 
7. Interest (Estimated - additional interest may apply) 7. \$
8. Penalties (Estimated - additional Penalties may apply) 8. \$
9. Total Amount Due 9. \$

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief it is a true, correct and complete return.

1/20/22, 1:44 AM

Kentucky: Department of Revenue

Electronic Payment

Demographics

Taxpayer Information

Payment Review

## Payment Review

**Tax Account Number:** [REDACTED]

**Payment Date:** 01/20/2022

Payment Method	Description	Payment Amount
ACH	KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 12/31/2021	2457.31

By clicking "Sign and Submit," I certify that:

- The Routing, Account numbers and Payment Information are correct; and,
- I have contacted my financial institution and authorized Kentucky.gov's originating bank, First Premier Bank (ODFI ID #1522077581) and JP Morgan Chase (ODFI ID #9006402001), to debit my account; and,
- If the ACH Debit transaction gets returned by the bank as not payable, I am responsible for any fees or penalties assessed by my financial institution and the Department of Revenue; and,
- **PLEASE NOTE:** If you are not protesting your liability and are not paying your tax debt in full within 60 days of the original notice date on your bill, you may be referred to the Division of Collections. If you need to negotiate a payment plan that exceeds this time frame, please contact the Division of Collections at 502-564-4921, ext. 5357 for assistance.

◀ PREVIOUS

SIGN AND SUBMIT ▶



# FNB

120 TOWN SQUARE • MANCHESTER, KENTUCKY 40962  
 Phone (606) 598-6111 • Fax (606) 598-1451  
 Telephone Banking • 599-0734  
 www.fnb-manchester.com • MEMBER FDIC

PAGE 3

23 NORTH MANCHESTER WATER ASSN  
 7361 NORTH HIGHWAY 421  
 MANCHESTER KY 40962

SEE DISCLOSURES ON BACK

PRIMARY ACCT: 604 STATEMENT PERIOD: 12/01/2021 - 12/31/2021  
 REGULAR CHECKING 604

-- BALANCE INFORMATION --

DATE.....	BALANCE	DATE.....	BALANCE	DATE.....	BALANCE
11/30	17,912.73	12/08	21,754.24	12/20	8,344.85
12/02	5,912.73	12/13	33,682.24	12/22	4,100.70
12/03	11,580.43	12/14	5,682.24	12/27	21,345.48
12/06	11,257.38	12/17	8,906.50	12/31	21,343.48
12/07	6,362.74				

SUMMARY:

ACCOUNT	PREVIOUS	TOTAL	TOTAL	SERVICE	ENDING
.....NUMBER.....	..BALANCE..	.....DEBITS.....	.....CREDITS.....	..CHARGES..	..BALANCE..
DDA 604	17,912.73	10 60,655.16	23 64,091.91	6.00	21,343.48

23

Handwritten calculations:  
 $84,367.48$   
 $\div 1.03$   


---

 $81910.17$   
 $\times 3\%$   


---

 $2457.31$

Faint printed text, possibly a list of transactions or account details, mostly illegible due to low contrast.

2/19/22, 6:26 PM

EEPS Payment

Print

## Payment Schedule Confirmation

Your payment has been scheduled! You will receive an email when the payment is processed. Please print a copy of this receipt for your records.

### Payment Details

**Tax Account Number:** [REDACTED]  
**Payment ID:** 7200030  
**Payment Date:** 02/19/2022

### Account Holder Details

**NORTH MANCHESTER**  
7362 N HWY 421  
MANCHESTER, KY 40962

Payment Method	Description	Payment Amount
ACH	KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 1/31/2022	3175.55

**Kentucky Department of Revenue**  
501 High Street  
Frankfort, KY 40601  
(502) 564-4581

2/19/22, 6:22 PM

Kentucky: Department of Revenue

# KY E-Tax

JOSEPHINE . GROSS (APPROVER)  
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Home (<http://revenue.ky.gov/Pages/index.aspx>) / KY E-Tax (<https://ugrlt.ky.gov/ETax/home.aspx>)  
/ [UGRLT \(Utility Gross Receipts License Tax\)](http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx) (<http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx>)  
/ Tax Return

## Tax Return

Amended Reason:

<b>Account Number:</b> <input type="text"/>	Period Beginning 01/01/2022
<b>Account Name:</b> NORTH MANCHESTER ASSOC CORP	Period Ending 01/31/2022
<b>Location Address</b> 7362 N HWY 421 MANCHESTER, KY 40962 Update	Return Due 2/22/2022
	<input type="button" value="Web File"/>

### Part I - Tax Computation

1. Total Gross Receipts - Enter total amount received (less utility gross receipts license tax) for furnishing utility, cable, wireless cable services and video streaming services in school districts imposing the tax. 1. \$
2. Deductions
  - a. Prepaid calling services 2a. \$
  - b. Interstate telephone services 2b. \$
  - c. Internet access 2c. \$
  - d. Service resold 2d. \$
  - e. Federal and state taxes 2e. \$
  - f. Energy direct pay receipts 2f. \$
  - g. Other (specify)  2g. \$
3. Total Deductions 3. \$
4. Gross Receipts Subject to Tax 4. \$
- 5a. Consumers--Enter the amount of purchases from utility service providers for which you are liable for tax. 5a. \$
- 5b. EDP Account Holders--Enter the amount as reported on line 23b of the sales and use tax return for the same period. 5b. \$



2/19/22, 6:26 PM

Kentucky: Department of Revenue

Electronic Payment

Demographics

Taxpayer Information

Payment Review →

## Payment Review

**Tax Account Number:** [REDACTED]

**Payment Date:** 02/19/2022

Payment Method	Description	Payment Amount
ACH	KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 1/31/2022	3175.55

By clicking "Sign and Submit," I certify that:

- The Routing, Account numbers and Payment Information are correct; and,
- I have contacted my financial institution and authorized Kentucky.gov's originating bank, First Premier Bank (ODFI ID #1522077581) and JP Morgan Chase (ODFI ID #9006402001), to debit my account; and,
- If the ACH Debit transaction gets returned by the bank as not payable, I am responsible for any fees or penalties assessed by my financial institution and the Department of Revenue; and,
- **PLEASE NOTE:** If you are not protesting your liability and are not paying your tax debt in full within 60 days of the original notice date on your bill, you may be referred to the Division of Collections. If you need to negotiate a payment plan that exceeds this time frame, please contact the Division of Collections at 502-564-4921, ext. 5357 for assistance.

◀ PREVIOUS

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PAGE 3

22 NORTH MANCHESTER WATER ASSN  
 7361 NORTH HIGHWAY 421  
 MANCHESTER KY 40962

SEE DISCLOSURES ON BAC

PRIMARY ACCT: 604 STATEMENT PERIOD: 01/01/2022 - 01/31/2022

SUMMARY:

ACCOUNT	PREVIOUS	TOTAL	TOTAL	SERVICE	ENDING
NUMBER	BALANCE	DEBITS	CREDITS	CHARGES	BALANCE
DDA 604	21,343.48	8 70,457.31	23 89,160.53	2.00	40,044.70

22

$$\begin{array}{r}
 87866.60 \\
 - 68000.00 \text{ Transfers} \\
 \hline
 19,866.60 \\
 + 89,160.53 \\
 \hline
 109,027.13 \div 1.03 \\
 105,851.50 \\
 \times 3\% \\
 \hline
 3175.55
 \end{array}$$

EEPS Payment

Print

## Payment Schedule Confirmation

Your payment has been scheduled! You will receive an email when the payment is processed. Please print a copy of this receipt for your records.

### Payment Details

Tax Account Number: [REDACTED]  
Payment ID: 7436881  
Payment Date: 03/20/2022

### Account Holder Details

NORTH MANCHESTER  
7362 N HWY 421  
MANCHESTER, KY 40962

Payment Method	Description	Payment Amount
ACH	KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 2/28/2022	2405.29

**Kentucky Department of Revenue**  
501 High Street  
Frankfort, KY 40601  
(502) 564-4581

# KY E-Tax

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Home (<http://revenue.ky.gov/Pages/index.aspx>) / KY E-Tax (<https://ugrlt.ky.gov/ETax/home.aspx>)  
/ [UGRLT \(Utility Gross Receipts License Tax\)](http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx) (<http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx>)  
/ Tax Return

## Tax Return

Amended Reason:

<b>Account Number:</b> <input type="text"/>	Period Beginning 02/01/2022
<b>Account Name:</b> NORTH MANCHESTER ASSOC CORP	Period Ending 02/28/2022
<b>Location Address</b> 7362 N HWY 421 MANCHESTER, KY 40962 Update	Return Due 3/21/2022
	<a href="#">Web File</a>

### Part I - Tax Computation

1. Total Gross Receipts - Enter total amount received (less utility gross receipts license tax) for furnishing utility, cable, wireless cable services and video streaming services in school districts imposing the tax.	1. \$	<input type="text" value="80,176.27"/>
2. Deductions		
a. Prepaid calling services	2a. \$	<input type="text"/>
b. Interstate telephone services	2b. \$	<input type="text"/>
c. Internet access	2c. \$	<input type="text"/>
d. Service resold	2d. \$	<input type="text"/>
e. Federal and state taxes	2e. \$	<input type="text"/>
f. Energy direct pay receipts	2f. \$	<input type="text"/>
g. Other (specify) <input type="text"/>	2g. \$	<input type="text"/>
3. Total Deductions	3. \$	<input type="text" value="0.00"/>

3/20/22, 1:57 AM

Kentucky: Department of Revenue

4. Gross Receipts Subject to Tax 4. \$

5a. Consumers—Enter the amount of purchases from utility service providers for which you are liable for tax. 5a. \$

5b. EDP Account Holders—Enter the amount as reported on line 23b of the sales and use tax return for the same period. 5b. \$

**Allocate amounts from lines 4, 5a, and/or 5b in part II.**

**Part II- Allocation Schedule**

District Name-(Code)-Tax Rate-Service Type

▼

Gross Receipts

Consumer Purchases

EDP Amount

To edit dollar amounts, tab through the Grid

Code	District Name / Service Type	Gross Receipts	Consumer Purchases	EDP Amount	Tax Rate	Tax Amount	Delete
125	CLAY CO. / UTILITY	<input type="text" value="80,176.27"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	0.0300	2,405.29	Delete
<b>Totals</b>		<b>\$80,176.27</b>	<b>\$0.00</b>	<b>\$0.00</b>			
<b>TaxAmount</b>						<b>\$2,405.29</b>	

If you make changes, you must click the Calculate Amount Due button to see the correct total amount due.

**Part III - Payment**

6a. Total Tax Amount Due (Total Tax Amount from Part II) 6a. \$

6b. Less payments credited to account 6b. \$

7. Interest (Estimated - additional interest may apply) 7. \$

8. Penalties (Estimated - additional Penalties may apply) 8. \$

9. Total Amount Due 9. \$

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief it is a true, correct and complete return.

3/20/22, 2:00 AM

Kentucky: Department of Revenue

Electronic Payment

Demographics

Taxpayer Information

Payment Review →

## Payment Review

**Tax Account Number:** [REDACTED]

**Payment Date:** 03/20/2022

Payment Method	Description	Payment Amount
ACH	KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 2/28/2022	2405.29

By clicking "Sign and Submit," I certify that:

- The Routing, Account numbers and Payment Information are correct; and,
- I have contacted my financial institution and authorized Kentucky.gov's originating bank, First Premier Bank (ODFI ID #1522077581) and JP Morgan Chase (ODFI ID #9006402001), to debit my account; and,
- If the ACH Debit transaction gets returned by the bank as not payable, I am responsible for any fees or penalties assessed by my financial institution and the Department of Revenue; and,
- **PLEASE NOTE:** If you are not protesting your liability and are not paying your tax debt in full within 60 days of the original notice date on your bill, you may be referred to the Division of Collections. If you need to negotiate a payment plan that exceeds this time frame, please contact the Division of Collections at 502-564-4921, ext. 5357 for assistance.

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PAGE 2

19 NORTH MANCHESTER WATER ASSN  
 7361 NORTH HIGHWAY 421  
 MANCHESTER KY 40962

SEE DISCLOSURES ON BA

PRIMARY ACCT: 604 STATEMENT PERIOD: 02/01/2022 - 02/28/2022  
 =====  
 REGULAR CHECKING 604  
 =====

-- SUMMARY OF ELECTRONIC TRANSACTIONS --

DATE	AMOUNT	DESCRIPTION
02/22	3,175.55-	TRANSFER GENERATED FROM WEB APPLICATION. ACH DEBIT
02/24	30,000.00-	DEPT OF REVENUE [CCD] KY TAXPMNT WEB TRANSFER DEBIT TRANSFER GENERATED FROM WEB APPLICATION.

-- CHECKS --

NUMBER	AMOUNT	DATE	NUMBER	AMOUNT	DATE	NUMBER	AMOUNT	DATE

-- BALANCE INFORMATION --

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
01/31	40,044.70	02/09	28,277.76	02/22	44,175.18
02/02	10,044.70	02/15	37,790.54	02/24	27,135.02
02/04	19,738.85	02/16	47,350.73	02/28	27,133.02

SUMMARY:

ACCOUNT NUMBER	PREVIOUS BALANCE	TOTAL DEBITS	TOTAL CREDITS	SERVICE CHARGES	ENDING BALANCE
DDA 604	40,044.70	6 78,175.55	19 65,265.87	2.00	27,133.02

19

65265.87  
 14910.40  
 -----  
 80176.27

5/6/22, 1:12 PM

EEPS Payment

Print

## Payment Schedule Confirmation

Your payment has been scheduled! You will receive an email when the payment is processed. Please print a copy of this receipt for your records.

### Payment Details

**Tax Account Number:** [REDACTED]  
**Payment ID:** 7775902  
**Payment Date:** 05/06/2022

### Account Holder Details

**NORTH MANCHESTER**  
7362 N HWY 421  
MANCHESTER, KY 40962

Payment Method	Description	Payment Amount
ACH	KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 3/31/2022	2939.34

**Kentucky Department of Revenue**  
501 High Street  
Frankfort, KY 40601  
(502) 564-4581



5/6/22, 1:08 PM

Kentucky: Department of Revenue

# KY E-Tax

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Home (<http://revenue.ky.gov/Pages/index.aspx>) / KY E-Tax (<https://ugrlt.ky.gov/ETax/home.aspx>)  
 / [UGRLT \(Utility Gross Receipts License Tax\) \(http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx\)](http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx)  
 / Tax Return

## Tax Return

Amended Reason:

<b>Account Number:</b> <input type="text"/> <b>Account Name:</b> NORTH MANCHESTER ASSOC CORP <b>Location Address</b> 7362 N HWY 421 MANCHESTER, KY 40962 Update	Period Beginning 03/01/2022 Period Ending 03/31/2022 Return Due 4/20/2022  <input type="button" value="Web File"/>
--	--

### Part I - Tax Computation

1. Total Gross Receipts - Enter total amount received (less utility gross receipts license tax) for furnishing utility, cable, wireless cable services and video streaming services in school districts imposing the tax.	1. \$	<input type="text" value="94,011.28"/>
2. Deductions		
a. Prepaid calling services	2a. \$	<input type="text"/>
b. Interstate telephone services	2b. \$	<input type="text"/>
c. Internet access	2c. \$	<input type="text"/>
d. Service resold	2d. \$	<input type="text"/>
e. Federal and state taxes	2e. \$	<input type="text"/>
f. Energy direct pay receipts	2f. \$	<input type="text"/>
g. Other (specify) <input type="text"/>	2g. \$	<input type="text"/>
3. Total Deductions	3. \$	<input type="text" value="0.00"/>

5/6/22, 1:08 PM

Kentucky: Department of Revenue

4. Gross Receipts Subject to Tax 4. \$
- 5a. Consumers—Enter the amount of purchases from utility service providers for which you are liable for tax. 5a. \$
- 5b. EDP Account Holders—Enter the amount as reported on line 23b of the sales and use tax return for the same period. 5b. \$

**Allocate amounts from lines 4, 5a, and/or 5b in part II.**

**Part II- Allocation Schedule**

District Name-(Code)-Tax Rate-Service Type

Gross Receipts  Consumer Purchases  EDP Amount

To edit dollar amounts, tab through the Grid

Code	District Name / Service Type	Gross Receipts	Consumer Purchases	EDP Amount	Tax Rate	Tax Amount	Delete
125	CLAY CO. / UTILITY	<input type="text" value="94,011.28"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	0.0300	<input type="text" value="2,820.34"/>	Delete
<b>Totals</b>	-	\$94,011.28	\$0.00	\$0.00	-	-	-
<b>TaxAmount</b>	-	-	-	-	-	\$2,820.34	-

If you make changes, you must click the Calculate Amount Due button to see the correct total amount due.

**Part III - Payment**

- 6a. Total Tax Amount Due (Total Tax Amount from Part II) 6a. \$
- 6b. Less payments credited to account 6b. \$
- 
7. Interest (Estimated - additional interest may apply) 7. \$
8. Penalties (Estimated - additional Penalties may apply) 8. \$
9. Total Amount Due 9. \$

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief it is a true, correct and complete return.

5/6/22, 1:12 PM

Kentucky: Department of Revenue

Electronic Payment

Demographics

Taxpayer Information

Payment Review →

## Payment Review

Tax Account Number [REDACTED]

Payment Date: 05/06/2022

Payment Method	Description	Payment Amount
ACH	<b>KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 3/31/2022</b>	<b>2939.34</b>

By clicking "Sign and Submit," I certify that:

- The Routing, Account numbers and Payment Information are correct; and,
- I have contacted my financial institution and authorized Kentucky.gov's originating bank, First Premier Bank (ODFI ID #1522077581) and JP Morgan Chase (ODFI ID #9006402001), to debit my account; and,
- If the ACH Debit transaction gets returned by the bank as not payable, I am responsible for any fees or penalties assessed by my financial institution and the Department of Revenue; and,
- **PLEASE NOTE:** If you are not protesting your liability and are not paying your tax debt in full within 60 days of the original notice date on your bill, you may be referred to the Division of Collections. If you need to negotiate a payment plan that exceeds this time frame, please contact the Division of Collections at 502-564-4921, ext. 5357 for assistance.

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PAGE 6

45 NORTH MANCHESTER WATER ASSN  
 OPERATING AND MAINTENANCE ACCT  
 7361 NORTH HIGHWAY 421  
 MANCHESTER KY 40962

SEE DISCLOSURES ON BACK

PRIMARY ACCT: 612 STATEMENT PERIOD: 03/01/2022 - 03/31/2022  
 =====  
 REGULAR CHECKING 612  
 =====

-- CHECKS --

NUMBER	AMOUNT	DATE	NUMBER	AMOUNT	DATE	NUMBER	AMOUNT	DATE
7858	437.08	03/14	7867	816.44	03/21	7877	878.77	03/25
7859	238.62	03/21	7868	2,746.70	03/21	7878	1,081.25	03/25
7860	369.24	03/21	7869	135.00	03/22	7879	661.73	03/29
7862*	154.04	03/21	7872*	340.00	03/25	7880	786.29	03/29
7863	17.00	03/18	7873	1,810.81	03/18	7881	432.76	03/28
7864	184.57	03/21	7874	10.00	03/18	7882	437.08	03/28
7865	480.00	03/18	7875	1,560.08	03/28	7884*	3,770.21	03/29
7866	228.78	03/18	7876	1,034.79	03/25	7885	100.00	03/29

-- BALANCE INFORMATION --

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
02/28	40,887.17	03/10	60,705.15	03/22	42,171.57
03/01	38,374.36	03/11	22,939.31	03/23	43,073.53
03/02	34,690.62	03/14	20,988.60	03/24	43,438.92
03/03	35,896.69	03/15	20,761.01	03/25	40,443.94
03/04	35,858.37	03/16	20,978.65	03/28	38,117.14
03/07	56,225.43	03/17	21,788.43	03/29	33,443.17
03/08	57,630.76	03/18	22,513.36	03/30	32,303.72
03/09	60,184.34	03/21	42,355.83	03/31	32,301.72

=====

SUMMARY:							
ACCOUNT	PREVIOUS	TOTAL	TOTAL	SERVICE	ENDING		
NUMBER	BALANCE	DEBITS	CREDITS	CHARGES	BALANCE		
DDA	612 40,887.17	53 81,365.63	61 72,782.18	2.00	32,301.72		

=====

50000.00 Transfers  
22782.18 45

136,238.63 acct 604  
 -59,009.53 Flood \$

71,229.10  
 +22,782.18  
94,011.28

5/20/22, 3:01 PM

EEPS Payment

Print

## Payment Schedule Confirmation

Your payment has been scheduled! You will receive an email when the payment is processed. Please print a copy of this receipt for your records.

### Payment Details

**Tax Account Number:** [REDACTED]  
**Payment ID:** 7840907  
**Payment Date:** 05/20/2022

### Account Holder Details

**NORTH MANCHESTER**  
7362 N HWY 421  
MANCHESTER, KY 40962

Payment Method	Description	Payment Amount
ACH	KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 4/30/2022	2252.73

**Kentucky Department of Revenue**  
501 High Street  
Frankfort, KY 40601  
[\(502\) 564-4581](tel:(502)564-4581)

# KY E-Tax

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Home (<http://revenue.ky.gov/Pages/index.aspx>) / KY E-Tax (<https://ugrlt.ky.gov/ETax/home.aspx>)  
 / [UGRLT \(Utility Gross Receipts License Tax\)](http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx) (<http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx>)  
 / Tax Return

## Tax Return

Amended Reason:

<b>Account Number:</b> <input type="text"/> <b>Account Name:</b> NORTH MANCHESTER ASSOC CORP <b>Location Address</b> 7362 N HWY 421 MANCHESTER, KY 40962 Update	Period Beginning 04/01/2022 Period Ending 04/30/2022 Return Due 5/20/2022  <input type="button" value="Web File"/>
--	--

### Part I - Tax Computation

1. Total Gross Receipts - Enter total amount received (less utility gross receipts license tax) for furnishing utility, cable, wireless cable services and video streaming services in school districts imposing the tax.	1. \$	<input type="text" value="75,091.08"/>
2. Deductions		
a. Prepaid calling services	2a. \$	<input type="text"/>
b. Interstate telephone services	2b. \$	<input type="text"/>
c. Internet access	2c. \$	<input type="text"/>
d. Service resold	2d. \$	<input type="text"/>
e. Federal and state taxes	2e. \$	<input type="text"/>
f. Energy direct pay receipts	2f. \$	<input type="text"/>
g. Other (specify) <input type="text"/>	2g. \$	<input type="text"/>
3. Total Deductions	3. \$	<input type="text" value="0.00"/>

5/20/22, 2:55 PM

Kentucky: Department of Revenue

4. Gross Receipts Subject to Tax 4. \$ 75,091.08

5a. Consumers—Enter the amount of purchases from utility service providers for which you are liable for tax. 5a. \$

5b. EDP Account Holders—Enter the amount as reported on line 23b of the sales and use tax return for the same period. 5b. \$

**Allocate amounts from lines 4, 5a, and/or 5b in part II.**

**Part II- Allocation Schedule**

District Name-(Code)-Tax Rate-Service Type

SELECT DISTRICT

Gross Receipts

0.00

Consumer Purchases

0.00

EDP Amount

0.00

Add District

Delete All Districts

To edit dollar amounts, tab through the Grid

Code	District Name / Service Type	Gross Receipts	Consumer Purchases	EDP Amount	Tax Rate	Tax Amount	Delete
125	CLAY CO. / UTILITY	75,091.08	0.00	0.00	0.0300	2,252.73	Delete
<b>Totals</b>	-	\$75,091.08	\$0.00	\$0.00	-	-	-
<b>TaxAmount</b>	-	-	-	-	-	\$2,252.73	-

If you make changes, you must click the Calculate Amount Due button to see the correct total amount due.

**Part III - Payment**

6a. Total Tax Amount Due (Total Tax Amount from Part II) 6a. \$ 2,252.73

6b. Less payments credited to account 6b. \$ 0.00

Calculate Amount Due

7. Interest (Estimated - additional interest may apply) 7. \$ 0.00

8. Penalties (Estimated - additional Penalties may apply) 8. \$ 0.00

9. Total Amount Due 9. \$ 2,252.73

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief it is a true, correct and complete return.

5/20/22, 3:01 PM

Kentucky: Department of Revenue

Electronic Payment

Demographics

Taxpayer Information

Payment Review →

## Payment Review

Tax Account Number: [REDACTED]

Payment Date: 05/20/2022

Payment Method	Description	Payment Amount
ACH	KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 4/30/2022	2252.73

By clicking "Sign and Submit," I certify that:

- The Routing, Account numbers and Payment Information are correct; and,
- I have contacted my financial institution and authorized Kentucky.gov's originating bank, First Premier Bank (ODFI ID #1522077581) and JP Morgan Chase (ODFI ID #9006402001), to debit my account; and,
- If the ACH Debit transaction gets returned by the bank as not payable, I am responsible for any fees or penalties assessed by my financial institution and the Department of Revenue; and,
- **PLEASE NOTE:** If you are not protesting your liability and are not paying your tax debt in full within 60 days of the original notice date on your bill, you may be referred to the Division of Collections. If you need to negotiate a payment plan that exceeds this time frame, please contact the Division of Collections at 502-564-4921, ext. 5357 for assistance.

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PAGE 2

19 NORTH MANCHESTER WATER ASSN  
 7361 NORTH HIGHWAY 421  
 MANCHESTER KY 40962

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PRIMARY ACCT: 604 STATEMENT PERIOD: 04/01/2022 - 04/30/2022  
 =====  
 REGULAR CHECKING 604

-- SUMMARY OF ELECTRONIC TRANSACTIONS --

DATE	AMOUNT	DESCRIPTION
04/04	25,000.00-	TRANSFER GENERATED FROM WEB APPLICATION. WEB TRANSFER DEBIT
04/14	25,000.00-	TRANSFER GENERATED FROM WEB APPLICATION. WEB TRANSFER DEBIT

-- CHECKS --

NUMBER	AMOUNT	DATE	NUMBER	AMOUNT	DATE	NUMBER	AMOUNT	DATE
--------	--------	------	--------	--------	------	--------	--------	------

-- BALANCE INFORMATION --

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
03/31	99,964.36	04/14	63,666.34	04/21	81,425.43
04/04	71,241.06	04/15	63,640.09	04/25	92,836.87
04/12	88,666.34	04/19	81,459.43	04/30	92,834.87

SUMMARY:

ACCOUNT NUMBER	PREVIOUS BALANCE	TOTAL DEBITS	TOTAL CREDITS	SERVICE CHARGES	ENDING BALANCE
DDA 604	99,964.36	8 60,052.25	17 52,932.76	10.00	92,834.87

+22158.32  
 75091.08

6/20/22, 2:24 PM

EEPS Payment

Print

## Payment Schedule Confirmation

Your payment has been scheduled! You will receive an email when the payment is processed. Please print a copy of this receipt for your records.

### Payment Details

**Tax Account Number:** [REDACTED]  
**Payment ID:** 7939806  
**Payment Date:** 06/20/2022

### Account Holder Details

**NORTH MANCHESTER WATER ASSN INC**  
7362 N HWY 421  
MANCHESTER, KY 40962

<b>Payment Method</b>	<b>Description</b>	<b>Payment Amount</b>
ACH	KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 5/31/2022	2048.45

**Kentucky Department of Revenue**  
501 High Street  
Frankfort, KY 40601  
(502) 564-4581

6/20/22, 2:14 PM

Kentucky: Department of Revenue

# KY E-Tax

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- / KY E-Tax (<https://ugrlt.ky.gov/ETax/home.aspx>)
- / UGRLT (Utility Gross Receipts License Tax) (<http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx>)
- / Tax Return

## Tax Return

Amended Reason:

<b>Account Number:</b> <span style="background-color: black; color: black;">XXXXXXXXXX</span>	Period Beginning 05/01/2022
<b>Account Name:</b> NORTH MANCHESTER WATER CORP INC	Period Ending 05/31/2022
<b>Location Address</b> 7362 N HWY 421 MANCHESTER, KY 40962 Update	Return Due 6/21/2022
	<a href="#">Web File</a>

### Part I - Tax Computation

1. Total Gross Receipts - Enter total amount received (less utility gross receipts license tax) for furnishing utility, cable, wireless cable services and video streaming services in school districts imposing the tax. 1. \$
  
2. Deductions
  - a. Prepaid calling services 2a. \$
  - b. Interstate telephone services 2b. \$
  - c. Internet access 2c. \$
  - d. Service resold 2d. \$

6/20/22, 2:14 PM

Kentucky: Department of Revenue

e. Federal and state taxes	2e. \$	<input type="text"/>
f. Energy direct pay receipts	2f. \$	<input type="text"/>
g. Other (specify) <input type="text"/>	2g. \$	<input type="text"/>
3. Total Deductions	3. \$	<input type="text" value="0.00"/>
4. Gross Receipts Subject to Tax	4. \$	<input type="text" value="68,281.59"/>
5a. Consumers—Enter the amount of purchases from utility service providers for which you are liable for tax.	5a. \$	<input type="text"/>
5b. EDP Account Holders—Enter the amount as reported on line 23b of the sales and use tax return for the same period.	5b. \$	<input type="text"/>

**Allocate amounts from lines 4, 5a, and/or 5b in part II.**

**Part II- Allocation Schedule**

District Name-(Code)-Tax Rate-Service Type

▼

Gross Receipts	Consumer Purchases	EDP Amount
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

To edit dollar amounts, tab through the Grid

Code	District Name / Service Type	Gross Receipts	Consumer Purchases	EDP Amount	Tax Rate	Tax Amount	Delete
125	CLAY CO. / UTILITY	<input type="text" value="68,281.59"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	0.0300	2,048.45	Delete
<b>Totals</b>	-	<b>\$68,281.59</b>	<b>\$0.00</b>	<b>\$0.00</b>	-	-	-
<b>TaxAmount</b>	-	-	-	-	-	<b>\$2,048.45</b>	-

If you make changes, you must click the Calculate Amount Due button to see the correct total amount due.

**Part III - Payment**

6a. Total Tax Amount Due (Total Tax Amount from Part II) 6a. \$

6/20/22, 2:14 PM

Kentucky: Department of Revenue

6b. Less payments credited to account

6b. \$

Calculate Amount Due

7. Interest (Estimated - additional interest may apply)

7. \$

8. Penalties (Estimated - additional Penalties may apply)

8. \$

9. Total Amount Due

9. \$

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief it is a true, correct and complete return.

**For additional information, contact the Financial Tax Section, (502) 564-4810.**

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Accessibility (<http://kentucky.gov/policies/Pages/accessibility.aspx>)

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6/20/22, 2:23 PM

Kentucky: Department of Revenue

Electronic Payment

Demographics

Taxpayer Information

Payment Review →

## Payment Review

**Tax Account Number:** [REDACTED]  
**Payment Date: 06/20/2022**

<b>Payment Method</b>	<b>Description</b>
ACH	<b>KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 5/31/2022</b>

By clicking "Sign and Submit," I certify that:

- The Routing, Account numbers and Payment Information are correct; and,
- I have contacted my financial institution and authorized Kentucky.gov's originating bank, First Premier Bank (ODFI ID #15221 Morgan Chase (ODFI ID #9006402001), to debit my account; and,
- If the ACH Debit transaction gets returned by the bank as not payable, I am responsible for any fees or penalties assessed by institution and the Department of Revenue; and,
- **PLEASE NOTE:** If you are not protesting your liability and are not paying your tax debt in full within 60 days of the original r your bill, you may be referred to the Division of Collections. If you need to negotiate a payment plan that exceeds this time fi contact the Division of Collections at 502-564-4921, ext. 5357 for assistance.

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PAGE 6

49 NORTH MANCHESTER WATER ASSN  
 OPERATING AND MAINTENANCE ACCT  
 7361 NORTH HIGHWAY 421  
 MANCHESTER KY 40962

SEE DISCLOSURES ON BACK

PRIMARY ACCT: 612 STATEMENT PERIOD: 05/01/2022 - 05/31/2022  
 =====  
 REGULAR CHECKING 612

-- BALANCE INFORMATION --

DATE.....	BALANCE	DATE.....	BALANCE	DATE.....	BALANCE
04/30	25,185.44	05/11	12,373.96	05/20	34,695.35
05/02	49,176.01	05/12	13,012.90	05/23	17,302.43
05/03	47,396.84	05/13	12,394.40	05/24	17,608.05
05/04	47,521.78	05/16	12,685.13	05/25	16,884.78
05/05	41,188.12	05/17	13,608.45	05/26	17,062.63
05/06	37,630.15	05/18	17,178.52	05/27	16,155.07
05/09	46,922.40	05/19	37,720.79	05/31	40,563.63
05/10	47,510.40				

SUMMARY:

ACCOUNT	PREVIOUS	TOTAL	TOTAL	SERVICE	ENDING
.....NUMBER.....	..BALANCE..	.....DEBITS.....	.....CREDITS.....	..CHARGES..	..BALANCE..
DDA 612	25,185.44	54 83,851.08	56 99,231.27	2.00	40,563.63

=====

- 80,000.00 transfers 49

19,231.27

+ 49,050.32 604 deposits

---

68,281.59

7/20/22, 5:32 PM

EEPS Payment

Print

## Payment Schedule Confirmation

Your payment has been scheduled! You will receive an email when the payment is processed. Please print a copy of this receipt for your records.

### Payment Details

Tax Account Number: [REDACTED]  
Payment ID: 8068941  
Payment Date: 07/20/2022

### Account Holder Details

NORTH MANCHESTER WATER CORP INC  
7362 N HWY 421  
MANCHESTER, KY 40962

Payment Method	Description	Payment Amount
ACH	KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 6/30/2022	2921.33

**Kentucky Department of Revenue**  
501 High Street  
Frankfort, KY 40601  
(502) 564-4581



# KY E-Tax

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- Home (<http://revenue.ky.gov/Pages/index.aspx>)
- / KY E-Tax (<https://ugrlt.ky.gov/ETax/home.aspx>)
- / UGRLT (Utility Gross Receipts License Tax) (<http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx>)
- / Tax Return

## Tax Return

Amended Reason:

<b>Account Number:</b> <input type="text"/>	Period Beginning 06/01/2022
<b>Account Name:</b> NORTH MANCHESTER WATER CORP INC	Period Ending 06/30/2022
<b>Location Address:</b> 7362 N HWY 421 MANCHESTER, KY 40962 Update	Return Due 7/20/2022
	<input type="button" value="Web File"/>

### Part I - Tax Computation

- Total Gross Receipts - Enter total amount received (less utility gross receipts license tax) for furnishing utility, cable, wireless cable services and video streaming services in school districts imposing the tax. 1. \$
- Deductions
  - Prepaid calling services 2a. \$
  - Interstate telephone services 2b. \$
  - Internet access 2c. \$
  - Service resold 2d. \$

7/20/22, 5:28 PM

Kentucky: Department of Revenue

e. Federal and state taxes 2e. \$

f. Energy direct pay receipts 2f. \$

g. Other (specify)  2g. \$

3. Total Deductions 3. \$

4. Gross Receipts Subject to Tax 4. \$

5a. Consumers--Enter the amount of purchases from utility service providers for which you are liable for tax. 5a. \$

5b. EDP Account Holders--Enter the amount as reported on line 23b of the sales and use tax return for the same period. 5b. \$

**Allocate amounts from lines 4, 5a, and/or 5b in part II.**

**Part II- Allocation Schedule**

District Name-(Code)-Tax Rate-Service Type

▼

Gross Receipts  Consumer Purchases  EDP Amount

To edit dollar amounts, tab through the Grid

Code	District Name / Service Type	Gross Receipts	Consumer Purchases	EDP Amount	Tax Rate	Tax Amount	Delete
125	CLAY CO. / UTILITY	<input type="text" value="97,377.65"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	0.0300	2,921.33	Delete
<b>Totals</b>	-	<b>\$97,377.65</b>	<b>\$0.00</b>	<b>\$0.00</b>	-	-	
<b>TaxAmount</b>	-	-	-	-	-	<b>\$2,921.33</b>	

If you make changes, you must click the Calculate Amount Due button to see the correct total amount due.

**Part III - Payment**

6a. Total Tax Amount Due (Total Tax Amount from Part II) 6a. \$

7/20/22, 5:28 PM

Kentucky: Department of Revenue

6b. Less payments credited to account	6b. \$	0.00
<u>Calculate Amount Due</u>		
7. Interest (Estimated - additional interest may apply)	7. \$	0.00
8. Penalties (Estimated - additional Penalties may apply)	8. \$	0.00
9. Total Amount Due	9. \$	2,921.33

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief it is a true, correct and complete return.

Save	Complete	Submit to DOR	Cancel
------	----------	---------------	--------

**For additional information, contact the Financial Tax Section, (502) 564-4810.**

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7/20/22, 5:32 PM

Kentucky: Department of Revenue

Electronic Payment

Demographics

Taxpayer Information

Payment Review 

## Payment Review

**Tax Account Number:** [REDACTED]

**Payment Date:** 07/20/2022

Payment Method	Description
ACH	<b>KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 6/30/2022</b>

By clicking "Sign and Submit," I certify that:

- The Routing, Account numbers and Payment Information are correct; and,
- I have contacted my financial institution and authorized Kentucky.gov's originating bank, First Premier Bank (ODFI ID #15221 Morgan Chase (ODFI ID #9006402001), to debit my account; and,
- If the ACH Debit transaction gets returned by the bank as not payable, I am responsible for any fees or penalties assessed by institution and the Department of Revenue; and,
- **PLEASE NOTE:** If you are not protesting your liability and are not paying your tax debt in full within 60 days of the original r your bill, you may be referred to the Division of Collections. If you need to negotiate a payment plan that exceeds this time fi contact the Division of Collections at 502-564-4921, ext. 5357 for assistance.

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40 NORTH MANCHESTER WATER ASSN  
 OPERATING AND MAINTENANCE ACCT  
 7361 NORTH HIGHWAY 421  
 MANCHESTER KY 40962

SEE DISCLOSURES ON BA

PRIMARY ACCT: 612 STATEMENT PERIOD: 06/01/2022 - 06/30/2022  
 =====  
 REGULAR CHECKING 612  
 =====

-- BALANCE INFORMATION --

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
05/31	40,563.63	06/10	21,956.43	06/22	24,673.15
06/01	40,579.26	06/13	30,380.87	06/23	26,390.53
06/02	32,005.02	06/14	27,190.25	06/24	25,759.75
06/03	30,767.86	06/15	28,530.30	06/27	25,918.73
06/06	29,943.68	06/16	27,846.57	06/28	33,266.18
06/07	56,300.65	06/17	26,977.32	06/29	33,513.99
06/08	56,767.82	06/21	30,452.13	06/30	31,408.80
06/09	58,092.83				

=====

SUMMARY:

ACCOUNT	PREVIOUS	TOTAL	TOTAL	SERVICE	ENDING
NUMBER	BALANCE	DEBITS	CREDITS	CHARGES	BALANCE
DDA 612	40,563.63	47 79,348.32	62 70,195.49	2.00	31,408.80

=====

-35,000 transfers 40

35,195.49

+62,182.16 604 deposits

\$ 97,377.65

AN (\*) DENOTES GAP IN CHECK NUMBERS

6/17 5,000. Reserve  
 6/17 25,000. Opr  
 6/13 10,000. Opr  
 6/28 5,000. Reserve

Print

## Payment Schedule Confirmation

Your payment has been scheduled! You will receive an email when the payment is processed. Please print a copy of this receipt for your records.

### Payment Details

Tax Account Number: [REDACTED]

Payment ID: 8170840

Payment Date: 08/20/2022

### Account Holder Details

**NORTH MANCHESTER WATER CORP INC**

7362 N HWY 421

MANCHESTER, KY 40962

Payment Method	Description	Payment Amount
ACH	KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 7/31/2022	2894.61

### Kentucky Department of Revenue

501 High Street

Frankfort, KY 40601

(502) 564-4581

---

# KY E-Tax

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<http://revenue.ky.gov/Pages/index.aspx> / [KY E-Tax \(https://ugrlt.ky.gov/ETax/home.aspx\)](https://ugrlt.ky.gov/ETax/home.aspx)  
 / [UGRLT \(Utility Gross Receipts License Tax\) \(http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx\)](http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx)  
 / Tax Return

## Tax Return

Amended Reason:

<b>Account Number:</b> <span style="background-color: black; color: black;">XXXXXXXXXX</span> <b>Account Name:</b> NORTH MANCHESTER WATER CORP INC <b>Location Address</b> 7362 N HWY 421 MANCHESTER, KY 40962 Update	Period Beginning 07/01/2022 Period Ending 07/31/2022 Return Due 8/22/2022  <input type="button" value="Web File"/>
--	--

### Part I - Tax Computation

- |   |        |  |
|---|--------|--|
| 1. Total Gross Receipts - Enter total amount received (less utility gross receipts license tax) for furnishing utility, cable, wireless cable services and video streaming services in school districts imposing the tax. | 1. \$  | <input type="text" value="96,486.97"/> |
| 2. Deductions   |        |  |
| a. Prepaid calling services   | 2a. \$ | <input type="text"/>                   |
| b. Interstate telephone services  | 2b. \$ | <input type="text"/>                   |
| c. Internet access  | 2c. \$ | <input type="text"/>                   |
| d. Service resold   | 2d. \$ | <input type="text"/>                   |
| e. Federal and state taxes  | 2e. \$ | <input type="text"/>                   |
| f. Energy direct pay receipts   | 2f. \$ | <input type="text"/>                   |
| g. Other (specify) <input type="text"/>   | 2g. \$ | <input type="text"/>                   |
| 3. Total Deductions   | 3. \$  | <input type="text" value="0.00"/>      |
| 4. Gross Receipts Subject to Tax  | 4. \$  | <input type="text" value="96,486.97"/> |
| 5a. Consumers—Enter the amount of purchases from utility service providers for which you are liable for tax.  | 5a. \$ | <input type="text"/>                   |
| 5b. EDP Account Holders—Enter the amount as reported on line 23b of the sales and use tax return for the same period.   | 5b. \$ | <input type="text"/>                   |

Allocate amounts from lines 4, 5a, and/or 5b in part II.

### Part II- Allocation Schedule

District Name-(Code)-Tax Rate-Service Type

Gross Receipts                  Consumer Purchases                  EDP Amount

To edit dollar amounts, tab through the Grid

Code	District Name / Service Type	Gross Receipts	Consumer Purchases	EDP Amount	Tax Rate	Tax Amount	Delete
125	CLAY CO. / UTILITY	96,486.97	0.00	0.00	0.0300	2,894.61	Delete
<b>Totals</b>		<b>\$96,486.97</b>	<b>\$0.00</b>	<b>\$0.00</b>			
<b>TaxAmount</b>						<b>\$2,894.61</b>	

If you make changes, you must click the Calculate Amount Due button to see the correct total amount due.

**Part III - Payment**

6a. Total Tax Amount Due (Total Tax Amount from Part II)      6a. \$

6b. Less payments credited to account      6b. \$

7. Interest (Estimated - additional interest may apply)      7. \$

8. Penalties (Estimated - additional Penalties may apply)      8. \$

9. Total Amount Due      9. \$

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief it is a true, correct and complete return.

For additional information, contact the Financial Tax Section, (502) 564-4810.

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Electronic Payment

Demographics

Taxpayer Information

Payment Review 

## Payment Review

**Tax Account Number:** [REDACTED]  
**Payment Date:** 08/20/2022

Payment Method	Description	Payment Amount
ACH	<b>KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 7/31/2022</b>	<b>2894.61</b>

By clicking "Sign and Submit," I certify that:

- The Routing, Account numbers and Payment Information are correct; and,
- I have contacted my financial institution and authorized Kentucky.gov's originating bank, First Premier Bank (ODFI ID #1522077581) and JP Morgan Chase (ODFI ID #9006402001), to debit my account; and,
- If the ACH Debit transaction gets returned by the bank as not payable, I am responsible for any fees or penalties assessed by my financial institution and the Department of Revenue; and,
- **PLEASE NOTE:** If you are not protesting your liability and are not paying your tax debt in full within 60 days of the original notice date on your bill, you may be referred to the Division of Collections. If you need to negotiate a payment plan that exceeds this time frame, please contact the Division of Collections at 502-564-4921, ext. 5357 for assistance.

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42 NORTH MANCHESTER WATER ASSN  
 OPERATING AND MAINTENANCE ACCT  
 7361 NORTH HIGHWAY 421  
 MANCHESTER KY 40962

SEE DISCLOSURES ON BAC

PRIMARY ACCT: 612 STATEMENT PERIOD: 07/01/2022 - 07/31/2022

REGULAR CHECKING 612

-- BALANCE INFORMATION --

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
06/30	31,408.80	07/13	37,656.96	07/22	50,654.43
07/01	27,847.06	07/14	27,221.87	07/25	50,047.23
07/05	24,189.25	07/15	23,707.58	07/26	46,332.62
07/06	24,460.03	07/18	21,071.72	07/27	46,950.88
07/07	59,446.28	07/19	43,560.94	07/28	72,042.68
07/08	59,871.20	07/20	48,853.74	07/29	70,597.84
07/11	23,792.26	07/21	50,192.00	07/31	70,595.84
07/12	34,956.44				

SUMMARY:

ACCOUNT NUMBER	PREVIOUS BALANCE	TOTAL DEBITS	TOTAL CREDITS	SERVICE CHARGES	ENDING BALANCE
DDA 612	31,408.80	48 78,901.09	59 118,090.13	2.00	70,595.84

- 85,000.00 Transfers 42

33,090.13

+ 63,396.84 604 Deposits

96,486.97

7/7 30,000 opr  
 7/12 10,000 opr  
 7/19 20,000 opr  
 7/28 25,000 opr

Print

## Payment Schedule Confirmation

Your payment has been scheduled! You will receive an email when the payment is processed. Please print a copy of this receipt for your records.

### Payment Details

Tax Account Number: [REDACTED]  
Payment ID: 8282968  
Payment Date: 09/20/2022

### Account Holder Details

**NORTH MANCHESTER WATER CORP INC**  
7362 N HWY 421  
MANCHESTER, KY 40962

Payment Method	Description	Payment Amount
ACH	KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 8/31/2022	2471.03

**Kentucky Department of Revenue**  
501 High Street  
Frankfort, KY 40601  
(502) 564-4581

# KY E-Tax

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Logout (<https://ugrlt.ky.gov/ETax/logout.aspx>)

<http://revenue.ky.gov/Pages/index.aspx> / [KY E-Tax \(https://ugrlt.ky.gov/ETax/home.aspx\)](https://ugrlt.ky.gov/ETax/home.aspx)  
/ [UGRLT \(Utility Gross Receipts License Tax\) \(http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx\)](http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx)  
/ [Tax Return Summary](#)

## Tax Return Summary

Account Number: XXXXXXXXXX  
Account Name: NORTH MANCHESTER WATER CORP INC

Tax Period : 08/01 - 08/31/2022  
Due Date : 9/20/2022

Total Gross Receipts	\$82,367.71
Deductions	
Prepaid Calling Services	
Interstate Telephone Services	
Internet Access	
Services Resold	
Federal and State Taxes	
Energy Direct Pay Receipts	
Other :	
Total Deductions	\$0.00
Gross Receipts Subject to Tax	\$82,367.71
Consumer Purchases	\$0.00
EDP Account Holder Purchases	\$0.00
Total Tax Due	\$2,471.03
Less Payments credited to the account	\$0.00
Interest (Estimated - additional interest may apply)	\$0.00
Penalties (Estimated - additional penalties may apply)	\$0.00
Total Amount Due	\$2,471.03

[Allocation](#)

[Amend Return](#)

[Payment Summary](#)

[Unsubmit from DOR](#)

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Electronic Payment

Demographics

Taxpayer Information

Payment Review [➔](#)

## Payment Review

**Tax Account Number:** [REDACTED]

**Payment Date:** 09/20/2022

Payment Method	Description	Payment Amount
ACH	<b>KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 8/31/2022</b>	<b>2471.03</b>

By clicking "Sign and Submit," I certify that:

- The Routing, Account numbers and Payment Information are correct; and,
- I have contacted my financial institution and authorized Kentucky.gov's originating bank, First Premier Bank (ODFI ID #1522077581) and JP Morgan Chase (ODFI ID #9006402001), to debit my account; and,
- If the ACH Debit transaction gets returned by the bank as not payable, I am responsible for any fees or penalties assessed by my financial institution and the Department of Revenue; and,
- **PLEASE NOTE:** If you are not protesting your liability and are not paying your tax debt in full within 60 days of the original notice date on your bill, you may be referred to the Division of Collections. If you need to negotiate a payment plan that exceeds this time frame, please contact the Division of Collections at 502-564-4921, ext. 5357 for assistance.

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56 NORTH MANCHESTER WATER ASSN  
 OPERATING AND MAINTENANCE ACCT  
 7361 NORTH HIGHWAY 421  
 MANCHESTER KY 40962

SEE DISCLOSURES ON BAC

PRIMARY ACCT: 612 STATEMENT PERIOD: 08/01/2022 - 08/31/2022  
 =====  
 REGULAR CHECKING 612

-- CHECKS --

NUMBER	AMOUNT	DATE	NUMBER	AMOUNT	DATE	NUMBER	AMOUNT	DATE
8110	765.00	08/24	8114	912.00	08/29	8121*	567.50	08/30
8111	35.31	08/22	8115	917.19	08/29	8122	780.92	08/30
8112	1,427.75	08/29	8117*	350.73	08/29	8123	261.00	08/29
8113	1,030.85	08/26	8119*	7,000.00	08/29			

-- BALANCE INFORMATION --

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
07/31	70,595.84	08/10	62,338.53	08/22	24,489.62
08/01	65,298.70	08/11	27,941.12	08/23	25,100.04
08/02	41,383.93	08/12	24,022.60	08/24	21,402.44
08/03	40,165.67	08/15	19,284.69	08/25	21,691.68
08/04	32,896.71	08/16	17,226.19	08/26	40,828.43
08/05	32,984.47	08/17	17,106.47	08/29	30,791.55
08/08	33,677.96	08/18	22,319.55	08/30	29,497.41
08/09	60,020.43	08/19	23,858.55	08/31	28,984.43

=====

SUMMARY:							
ACCOUNT	PREVIOUS	TOTAL	TOTAL	SERVICE	ENDING		
NUMBER	BALANCE	DEBITS	CREDITS	CHARGES	BALANCE		
DDA	612 70,595.84	64 113,282.06	57 71,672.65	2.00	28,984.43		

=====

- 45,000 Transfers 56  
 26,672.65  
 + 55,695.06 604 Deposits  
 82,367.71

AN (\*) DENOTES GAP IN CHECK NUMBERS  
 819 25,000  
 826 20,000

Print

## Payment Schedule Confirmation

Your payment has been scheduled! You will receive an email when the payment is processed. Please print a copy of this receipt for your records.

### Payment Details

Tax Account Number: [REDACTED]  
Payment ID: 8399047  
Payment Date: 10/19/2022

### Account Holder Details

NORTH MANCHESTER WATER CORP INC  
7362 N HWY 421  
MANCHESTER, KY 40962

Payment Method	Description	Payment Amount
ACH	KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 9/30/2022	2426.88

Kentucky Department of Revenue  
501 High Street  
Frankfort, KY 40601  
(502) 564-4581

# KY E-Tax

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 [KY E-Tax \(https://ugrit.ky.gov/ETax/home.aspx\)](https://ugrit.ky.gov/ETax/home.aspx)  
 / [UGRLT \(Utility Gross Receipts License Tax\) \(http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx\)](http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx)  
 / Tax Return

## Tax Return

Amended Reason:

<b>Account Number:</b> [REDACTED]	Period Beginning 09/01/2022
<b>Account Name:</b> NORTH MANCHESTER WATER CORP INC	Period Ending 09/30/2022
<b>Location Address:</b> 7362 N HWY 421 MANCHESTER, KY 40962 Update	Return Due 10/20/2022
	Web File

### Part I - Tax Computation

1. Total Gross Receipts - Enter total amount received (less utility gross receipts license tax) for furnishing utility, cable, wireless cable services and video streaming services in school districts imposing the tax. 1. \$

2. Deductions

a. Prepaid calling services 2a. \$

b. Interstate telephone services 2b. \$

c. Internet access 2c. \$

d. Service resold 2d. \$

e. Federal and state taxes 2e. \$

f. Energy direct pay receipts 2f. \$

g. Other (specify)  2g. \$

3. Total Deductions 3. \$

4. Gross Receipts Subject to Tax 4. \$

5a. Consumers--Enter the amount of purchases from utility service providers for which you are liable for tax. 5a. \$

5b. EDP Account Holders--Enter the amount as reported on line 23b of the sales and use tax return for the same period. 5b. \$

Allocate amounts from lines 4, 5a, and/or 5b in part II.

### Part II- Allocation Schedule

District Name-(Code)-Tax Rate-Service Type

SELECT DISTRICT

Gross Receipts	Consumer Purchases	EDP Amount
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

Add District Delete All Districts

To edit dollar amounts, tab through the Grid

Code	District Name / Service Type	Gross Receipts	Consumer Purchases	EDP Amount	Tax Rate	Tax Amount	Delete
125	CLAY CO / UTILITY	<input type="text" value="80,896.05"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	0.0300	2,426.88	Delete



Totals	-	\$80,896.05	\$0.00	\$0.00	-	-
TaxAmount	-	-	-	-	-	\$2,426.88

If you make changes, you must click the Calculate Amount Due button to see the correct total amount due.

**Part III - Payment**

6a. Total Tax Amount Due (Total Tax Amount from Part II)	6a.	\$	<input type="text" value="2,426.88"/>
6b. Less payments credited to account	6b.	\$	<input type="text" value="0.00"/>
<u>Calculate Amount Due</u>			
7. Interest (Estimated - additional interest may apply)	7.	\$	<input type="text" value="0.00"/>
8. Penalties (Estimated - additional Penalties may apply)	8.	\$	<input type="text" value="0.00"/>
9. Total Amount Due	9.	\$	<input type="text" value="2,426.88"/>

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief it is a true, correct and complete return.

For additional information, contact the Financial Tax Section, (502) 564-4810.

The Kentucky Department of Revenue conducts work under the authority of the Finance and Administration Cabinet.  
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Electronic Payment

Home

My Account

Payment Information

## Payment Review

**Tax Account Number:** [REDACTED]

**Payment Date:** 10/19/2022

<b>Payment Method</b>	<b>Description</b>	<b>Payment Amount</b>
ACH	<b>KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 9/30/2022</b>	<b>2426.88</b>

By clicking "Sign and Submit," I certify that:

- The Routing, Account numbers and Payment Information are correct; and,
- I have contacted my financial institution and authorized Kentucky.gov's originating bank, First Premier Bank (ODFI ID #1522077581) and JP Morgan Chase (ODFI ID #9006402001), to debit my account; and,
- If the ACH Debit transaction gets returned by the bank as not payable, I am responsible for any fees or penalties assessed by my financial institution and the Department of Revenue; and,
- **PLEASE NOTE:** If you are not protesting your liability and are not paying your tax debt in full within 60 days of the original notice date on your bill, you may be referred to the Division of Collections. If you need to negotiate a payment plan that exceeds this time frame, please contact the Division of Collections at 502-564-4921, ext. 5357 for assistance.

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40 NORTH MANCHESTER WATER ASSN  
 OPERATING AND MAINTENANCE ACCT  
 7361 NORTH HIGHWAY 421  
 MANCHESTER KY 40962

SEE DISCLOSURES ON BA

PRIMARY ACCT: 612 STATEMENT PERIOD: 09/01/2022 - 09/30/2022  
 =====  
 REGULAR CHECKING 612

-- CHECKS --

NUMBER.....	AMOUNT...	DATE	NUMBER.....	AMOUNT...	DATE	NUMBER.....	AMOUNT...	DATE
8153	393.90	09/23	8157	135.00	09/26	8160	306.00	09/28
8155*	27.00	09/29	8159*	631.20	09/28	8163*	737.42	09/30
8156	381.34	09/23						

-- BALANCE INFORMATION --

DATE.....	BALANCE	DATE.....	BALANCE	DATE.....	BALANCE
08/31	28,984.43	09/13	15,553.44	09/22	32,391.02
09/01	22,636.07	09/14	14,636.77	09/23	29,553.22
09/02	22,672.17	09/15	25,809.12	09/26	28,498.47
09/06	24,414.43	09/16	25,574.66	09/27	28,689.79
09/07	25,840.97	09/19	17,163.46	09/28	26,265.92
09/08	49,383.14	09/20	24,318.11	09/29	25,591.24
09/09	47,677.79	09/21	22,364.61	09/30	25,045.78
09/12	17,099.90				

SUMMARY:

ACCOUNT	PREVIOUS	TOTAL	TOTAL	SERVICE	ENDING
.....NUMBER.....	BALANCE..	DEBITS.....	CREDITS.....	CHARGES ..	BALANCE..
DDA 612	28,984.43	47 83,309.64	60 79,372.99	2.00	25,045.78

9/8 20,000  
 9/12 10,000  
 9/15 10,000  
 9/22 10,000  
 - 50,000 transfers  
 29,372.99  
 + 51,523.06 604 Deposits  
 \$ 80,896.05

AN (\*) DENOTES GAP IN CHECK NUMBERS

Print

## Payment Schedule Confirmation

Your payment has been scheduled! You will receive an email when the payment is processed. Please print a copy of this receipt for your records.

### Payment Details

**Tax Account Number:** [REDACTED]  
**Payment ID:** 8512306  
**Payment Date:** 11/20/2022

### Account Holder Details

**NORTH MANCHESTER WATER CORP INC**  
7362 N HWY 421  
MANCHESTER, KY 40962

<b>Payment Method</b>	<b>Description</b>	<b>Payment Amount</b>
ACH	KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 10/31/2022	2319.95

**Kentucky Department of Revenue**  
501 High Street  
Frankfort, KY 40601  
(502) 564-4581

# KY E-Tax

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/ [UGRLT.\(Utility Gross Receipts License Tax\) \(http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx\)](http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx)  
/ Tax Return

## Tax Return

Amended Reason:

<b>Account Number:</b> [REDACTED]	Period Beginning 10/01/2022
<b>Account Name:</b> NORTH MANCHESTER WATER CORP INC	Period Ending 10/31/2022
<b>Location Address</b> 7362 N HWY 421 MANCHESTER, KY 40962 Update	Return Due 11/21/2022
	<a href="#">Web File</a>

### Part I - Tax Computation

1. Total Gross Receipts - Enter total amount received (less utility gross receipts license tax) for furnishing utility, cable, wireless cable services and video streaming services in school districts imposing the tax. 1. \$
2. Deductions
- a. Prepaid calling services 2a. \$
  - b. Interstate telephone services 2b. \$
  - c. Internet access 2c. \$
  - d. Service resold 2d. \$
  - e. Federal and state taxes 2e. \$
  - f. Energy direct pay receipts 2f. \$
  - g. Other (specify)  2g. \$

- 3. Total Deductions 3. \$
- 4. Gross Receipts Subject to Tax 4. \$
- 5a. Consumers--Enter the amount of purchases from utility service providers for which you are liable for tax. 5a. \$
- 5b. EDP Account Holders--Enter the amount as reported on line 23b of the sales and use tax return for the same period. 5b. \$

**Allocate amounts from lines 4, 5a, and/or 5b in part II.**

**Part II- Allocation Schedule**

District Name-(Code)-Tax Rate-Service Type

▼

Gross Receipts

Consumer Purchases

EDP Amount

To edit dollar amounts, tab through the Grid

Code	District Name / Service Type	Gross Receipts	Consumer Purchases	EDP Amount	Tax Rate	Tax Amount	Delete
125	CLAY CO. / UTILITY	<input type="text" value="77,331.58"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	0.0300	2,319.95	Delete
<b>Totals</b>	-	<b>\$77,331.58</b>	<b>\$0.00</b>	<b>\$0.00</b>	-	-	
<b>TaxAmount</b>	-	-	-	-	-	<b>\$2,319.95</b>	

If you make changes, you must click the Calculate Amount Due button to see the correct total amount due.

**Part III - Payment**

6a. Total Tax Amount Due (Total Tax Amount from Part II) 6a. \$

6b. Less payments credited to account 6b. \$

7. Interest (Estimated - additional interest may apply) 7. \$

8. Penalties (Estimated - additional Penalties may apply) 8. \$

9. Total Amount Due 9. \$



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36 NORTH MANCHESTER WATER ASSN  
 OPERATING AND MAINTENANCE ACCT  
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SEE DISCLOSURES ON BAC

PRIMARY ACCT: 612 STATEMENT PERIOD: 10/01/2022 - 10/31/2022  
 =====  
 REGULAR CHECKING 612

-- BALANCE INFORMATION --

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
09/30	25,045.78	10/12	13,390.91	10/21	23,132.88
10/03	25,639.69	10/13	15,652.80	10/24	17,864.37
10/04	25,661.03	10/14	13,858.83	10/25	16,751.26
10/05	23,061.50	10/17	8,135.39	10/26	16,005.10
10/06	23,282.29	10/18	8,736.92	10/27	15,869.86
10/07	50,996.56	10/19	25,854.90	10/28	15,504.52
10/11	4,148.40	10/20	28,173.32	10/31	15,588.36

SUMMARY:

ACCOUNT NUMBER	PREVIOUS BALANCE	TOTAL DEBITS	TOTAL CREDITS	SERVICE CHARGES	ENDING BALANCE
DDA 612	25,045.78	43 83,871.64	55 74,416.22	2.00	15,588.36

-50,000 transfers 36  
24,416.22  
 +52,915.36 604 Dep  
\$ 77,331.58

Print

## Payment Schedule Confirmation

Your payment has been scheduled! You will receive an email when the payment is processed. Please print a copy of this receipt for your records.

### Payment Details

Tax Account Number: [REDACTED]

Payment ID: 8615813

Payment Date: 12/20/2022

### Account Holder Details

**NORTH MANCHESTER WATER ASSC INC**

7362 N HWY 421

MANCHESTER, KY 40962

Payment Method	Description	Payment Amount
ACH	KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License Tax , Tax Period 11/30/2022	2606.20

### Kentucky Department of Revenue

501 High Street

Frankfort, KY 40601

(502) 564-4581



# KY E-Tax

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- 🏠 (<http://revenue.ky.gov/Pages/index.aspx>)
- / KY E-Tax (<https://ugrlt.ky.gov/ETax/home.aspx>)
- / UGRLT (Utility Gross Receipts License Tax) (<http://revenue.ky.gov/Business/Utility-Gross-Receipts-License-Tax/Pages/default.aspx>)
- / Tax Return

## Tax Return

Amended Reason:

<b>Account Number:</b> [REDACTED]	Period Beginning 11/01/2022
<b>Account Name:</b> NORTH MANCHESTER WATER CORP INC	Period Ending 11/30/2022
<b>Location Address</b> 7362 N HWY 421 MANCHESTER, KY 40962 Update	Return Due 12/20/2022
	<a href="#">Web File</a>

### Part I - Tax Computation

1. Total Gross Receipts - Enter total amount received (less utility gross receipts license tax) for furnishing utility, cable, wireless cable services and video streaming services in school districts imposing the tax. 1. \$
2. Deductions
  - a. Prepaid calling services 2a. \$
  - b. Interstate telephone services 2b. \$
  - c. Internet access 2c. \$
  - d. Service resold 2d. \$
  - e. Federal and state taxes 2e. \$
  - f. Energy direct pay receipts 2f. \$
  - g. Other (specify)  2g. \$

- 3. Total Deductions 3. \$
- 4. Gross Receipts Subject to Tax 4. \$
- 5a. Consumers--Enter the amount of purchases from utility service providers for which you are liable for tax. 5a. \$
- 5b. EDP Account Holders--Enter the amount as reported on line 23b of the sales and use tax return for the same period. 5b. \$

**Allocate amounts from lines 4, 5a, and/or 5b in part II.**

**Part II- Allocation Schedule**

District Name-(Code)-Tax Rate-Service Type

▼

Gross Receipts

Consumer Purchases

EDP Amount

Add District

Delete All Districts

To edit dollar amounts, tab through the Grid

Code	District Name / Service Type	Gross Receipts	Consumer Purchases	EDP Amount	Tax Rate	Tax Amount	Delete
125	CLAY CO. / UTILITY	<input type="text" value="86,873.50"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	0.0300	2,606.20	Delete
Totals	-	\$86,873.50	\$0.00	\$0.00	-	-	
TaxAmount	-	-	-	-	-	\$2,606.20	

If you make changes, you must click the Calculate Amount Due button to see the correct total amount due.

**Part III - Payment**

6a. Total Tax Amount Due (Total Tax Amount from Part II) 6a. \$

6b. Less payments credited to account 6b. \$

Calculate Amount Due

7. Interest (Estimated - additional interest may apply) 7. \$

8. Penalties (Estimated - additional Penalties may apply)	8. \$	0.00
9. Total Amount Due	9. \$	2,606.20

I declare, under the penalties of perjury, that this return has been examined by me and to the best of my knowledge and belief it is a true, correct and complete return.

Save	Complete	Submit to DOR	Cancel
------	----------	---------------	--------

For additional information, contact the Financial Tax Section, (502) 564-4810.

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Electronic Payment

## Payment Review

Tax Account Number: [REDACTED]

Payment Date: 12/20/2022

Payment Method	Description
ACH	KY Dept of Revenue Tax Payment for Tax Type 095 - Utility Gross Receipts License T Tax Period 11/30/2022

By clicking "Sign and Submit," I certify that:

- The Routing, Account numbers and Payment Information are correct; and,
- I have contacted my financial institution and authorized Kentucky.gov's originating bank, First Premier Bank (ODI Morgan Chase (ODFI ID #9006402001), to debit my account; and,
- If the ACH Debit transaction gets returned by the bank as not payable, I am responsible for any fees or penalties institution and the Department of Revenue; and,
- **PLEASE NOTE:** If you are not protesting your liability and are not paying your tax debt in full within 60 days of t your bill, you may be referred to the Division of Collections. If you need to negotiate a payment plan that exceed contact the Division of Collections at 502-564-4921, ext. 5357 for assistance.

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 7361 NORTH HIGHWAY 421  
 MANCHESTER KY 40962

SEE DISCLOSURES ON BACK

PRIMARY ACCT: 612 STATEMENT PERIOD: 11/01/2022 - 11/30/2022  
 =====  
 REGULAR CHECKING 612  
 =====

-- CHECKS --

NUMBER	AMOUNT	DATE	NUMBER	AMOUNT	DATE	NUMBER	AMOUNT	DATE
8220	26,490.00	11/15	8228	1,310.64	11/21	8236	3,458.97	11/22
8221	150.00	11/16	8229	1,086.97	11/18	8238*	644.08	11/28
8222	216.63	11/17	8230	896.47	11/21	8239	1,312.44	11/21
8223	152.83	11/16	8231	917.19	11/21	8241*	250.57	11/23
8224	395.00	11/16	8232	773.84	11/21	8242	2,834.46	11/23
8225	464.45	11/21	8233	437.08	11/30	8243	379.94	11/29
8226	761.49	11/17	8234	1,878.00	11/23	8248*	7,000.00	11/30
8227	1,240.40	11/16	8235	705.46	11/23			

-- BALANCE INFORMATION --

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
10/31	15,588.36	11/09	39,747.60	11/21	19,763.43
11/01	14,976.22	11/10	32,996.95	11/22	17,166.33
11/02	14,908.25	11/14	41,411.44	11/23	10,759.28
11/03	11,643.45	11/15	4,721.95	11/25	11,250.48
11/04	9,715.32	11/16	21,099.62	11/28	31,003.57
11/07	36,593.30	11/17	20,359.26	11/29	31,427.55
11/08	38,620.25	11/18	23,937.71	11/30	24,731.84

SUMMARY:

ACCOUNT NUMBER	PREVIOUS BALANCE	TOTAL DEBITS	TOTAL CREDITS	SERVICE CHARGES	ENDING BALANCE
DDA 612	15,588.36	51 90,103.28	62 99,248.76	2.00	24,731.84

11/7 25,000  
 11/14 10,000  
 11/16 15,000  
 11/28 20,000

- 70,000 transfers  
 29,248.76  
 60,230.95  


---

 89,479.71  
 ÷ 1.03 (2600.21)  


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 86,873.50

AN (\*) DENOTES GAP IN CHECK NUMBERS

Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-23:**

Refer to North Manchester Water's response to Staff's Second Request, Item 4.

- a. Provide copies of the front and back of all checks paid to the Clay County Fiscal Court during 2022 and 2023 to service North Manchester Water's lease debt to the Fiscal Court.
- b. State whether there is any other reason that North Manchester Water would issue a check for \$7,000 to Clay County Fiscal Court other than to service its lease debt.

**Response: Please see attached Exhibit 3-23**

**Witness: Rose Lewis**

Front:

DOCUMENT IS PRINTED ON CHEMICALLY RESISTIVE PAPER. THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARP. NO. 2000

**NORTH MANCHESTER WATER ASSOCIATION, INC.**  
7281 N. HWY 421  
MANCHESTER, KY 40862  
606-588-6403

**THE FIRST NATIONAL BANK**  
MANCHESTER, KY 40862  
73-644/421

007675

11/08/2021

PAY TO THE ORDER OF CLAY FISCAL COURT \*\*\*\$\*\*\*7,000.00

Seven Thousand Dollars & 00 Cents DOLLARS

MEMO KIA LOAN 99-41616

*Stew Davis*  
*Bobby Wells*  
AUTHORIZED SIGNATURE

THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARP. NO. 2000

Back:

042705432  
03/21/2022  
11:21 AM

ATM

DO NOT WRITE BEYOND THIS LINE  
OR SIGN BELOW THIS LINE  
KEEP THIS CHECK IN A SAFE PLACE  
FOR PROTECTION AGAINST LOSS

CHECK HERE IF MOBILE DEPOSIT

ENDORSE HERE

DISCOUNTS FOR STATE AND LOCAL GOVERNMENTS ARE AVAILABLE ON CHECKS

Front:

DOCUMENTS PRINTED ON CHEMICAL RESISTANT PAPER BY THE FIRST NATIONAL BANK OF CHICAGO

**NORTH MANCHESTER WATER ASSOCIATION, INC.**  
7381 N. HWY 421  
MANCHESTER, KY 40962  
806-589-5403

**THE FIRST NATIONAL BANK**  
MANCHESTER, KY 40962  
73-544/421

007716

12/03/2021


PAY TO THE ORDER OF **CLAY FISCAL COURT** \*\*\*\$\*\*7,000.00

Seven Thousand Dollars & 00 Cents DOLLARS

MEMO KIA LOAN 99 41616

*Steve Davis*  
*Bobby Wolfe*

SUBMITTED BY SIGNATURE



Back:

842105442

01/18/2022  
3:44 PM

Attention: School Water

DO NOT WRITE, STAMP, OR SIGN BELOW THIS LINE

CHECK HERE

MOBILE DEPOSIT

UPPER DEPOSIT

DISCLOSURE: IF YOU ARE DEPOSITING A CHECK FROM ANOTHER BANK, YOU MAY BE SUBJECT TO A DELAYED CREDIT. IF YOU ARE DEPOSITING A CHECK FROM A BANK THAT IS NOT A MEMBER OF THE NATIONAL AUTOMATIC CLEARING HOUSE (NACHA), YOU MAY BE SUBJECT TO A DELAYED CREDIT. IF YOU ARE DEPOSITING A CHECK FROM A BANK THAT IS NOT A MEMBER OF THE NATIONAL AUTOMATIC CLEARING HOUSE (NACHA), YOU MAY BE SUBJECT TO A DELAYED CREDIT.



Front:

PRINTED ON CHEMICALLY REACTIVE PAPER. THE BACK OF THIS CHECK MAY BE RECYCLED. EVIDENT CHEMICAL WASH WARNING BOX.

**NORTH MANCHESTER WATER ASSOCIATION, INC.**  
 99-4616  
 7381 N. HWY 421  
 MANCHESTER, KY 40982  
 606-598-5403

**THE FIRST NATIONAL BANK**  
 MANCHESTER, KY 40982  
 73-544/421

**007761**


01/05/2022

**PAY TO THE ORDER OF** CLAY FISCAL COURT      **\*\*\$\*\*7,000.00**

Seven Thousand Dollars & 00 Cents      DOLLARS

MEMO KIA LOAN

*Steve Davis*  
*Bobby Wolff*  
 AUTHORIZED SIGNATURE



Back:

042105442

01/11/2022  
3:11 PM

**CHECK HERE TO DEPOSIT TO YOUR ACCOUNT**

**MOBILE DEPOSIT**

**DO NOT WRITE, STAMP, OR SIGN BELOW THIS LINE OR THE CHECK WILL NOT BE REDEEMED FOR CASH**

**CHECK HERE TO DEPOSIT TO YOUR ACCOUNT**

**MOBILE DEPOSIT**

**DO NOT WRITE, STAMP, OR SIGN BELOW THIS LINE OR THE CHECK WILL NOT BE REDEEMED FOR CASH**

**CHECK HERE TO DEPOSIT TO YOUR ACCOUNT**

**MOBILE DEPOSIT**

**DO NOT WRITE, STAMP, OR SIGN BELOW THIS LINE OR THE CHECK WILL NOT BE REDEEMED FOR CASH**

Front:

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER. THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT SEAL. VISIT [WWW.FIRSTNATIONALBANK.COM](http://WWW.FIRSTNATIONALBANK.COM) FOR MORE INFORMATION.

**NORTH MANCHESTER WATER ASSOCIATION, INC.**  
7881 N. HWY 421  
MANCHESTER, KY 40982  
608-598-5403

**THE FIRST NATIONAL BANK**  
MANCHESTER, KY 40982  
73-544/421

007871

99 4616


03/15/2022

PAY TO THE ORDER OF **CLAY FISCAL COURT** \*\*\*\$\*\*7,000.00

Seven Thousand Dollars & 00 Cents DOLLARS

MEMO KIA LOAN

*Steve Davi*  
*Debby Waffle*  
AUTHORIZED SIGNATURE



Back:

042105442

03/11/2022  
3:11 PM

Attention C

DO NOT WRITE, STAMP, OR SIGN BELOW THIS LINE OR ALL INFORMATION UNDER

CHECK HERE  
 MOBILE DEPOSIT

ENDORSE HERE

U.S. GOVERNMENT PRINTING OFFICE: 2010 O 450 000

Front:

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER. THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT SEAL.

**NORTH MANCHESTER WATER ASSOCIATION, INC.** *99-4616* **THE FIRST NATIONAL BANK** **007900**  
7381 N. HWY 421 MANCHESTER, KY 40982 73-544/421  
MANCHESTER, KY 40982  
606-588-5403

04/06/2022

PAY TO THE ORDER OF CLAY FISCAL COURT \*~~0~~\*7,000.00  
Seven Thousand Dollars & 00 Cents DOLLARS

MEMO KIA LOAN

*Stew Davis*  
*Robby Wolfe*  
AUTHORIZED SIGNATURE

[REDACTED]

Back:

042105422  
05/05/2022  
4:53 PM  
Kentucky State Bank

DO NOT WRITE IN THESE SPACES  
FOR SIGNATURE, STAMP, OR OTHER MARKS  
RESERVED FOR THE BANK

CHECK HERE FOR MOBILE DEPOSIT

FOR SIGNATURE, STAMP, OR OTHER MARKS  
RESERVED FOR THE BANK

FOR SIGNATURE, STAMP, OR OTHER MARKS  
RESERVED FOR THE BANK

Front:

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX

**NORTH MANCHESTER WATER ASSOCIATION, INC.**  
7381 N. HWY 421  
MANCHESTER, KY 40962  
608-588-5403

**THE FIRST NATIONAL BANK**  
MANCHESTER, KY 40962  
73-544/421

**007947**

05/03/2022

**PAY TO THE ORDER OF** **CLAY FISCAL COURT** **\*\*\$\*\*7,000.00**

**Seven Thousand Dollars & 00 Cents** DOLLARS

MEMO KIA LOAN 99-4616

*Stevie Davis*  
*Bobby Wolf*  
AUTHORIZED SIGNATURE

Back:

**042105442**  
**06/02/2022**  
**3:17 PM**

Attention: Check No. 1

**DO NOT WRITE, STAMP, OR SIGN BELOW THIS LINE**

**MOBILE DEPOSIT**

**CHECK HERE**

**FOR YOUR BANK**

THE BACK OF THIS CHECK IS A TAMPERS EVIDENT CHEMICAL WASH WARNING BOX  
 THIS CHECK IS VOID IF THE BACK OF THIS CHECK IS NOT PRINTED IN FULL  
 THE CHECK NUMBER IS 042105442  
 THE CHECK DATE IS 06/02/2022  
 THE CHECK TIME IS 3:17 PM  
 THE CHECK AMOUNT IS \*\*\$\*\*7,000.00  
 THE CHECK PAY TO THE ORDER OF IS CLAY FISCAL COURT  
 THE CHECK MEMO IS KIA LOAN  
 THE CHECK NUMBER IS 99-4616  
 THE CHECK DATE IS 06/02/2022  
 THE CHECK TIME IS 3:17 PM  
 THE CHECK AMOUNT IS \*\*\$\*\*7,000.00  
 THE CHECK PAY TO THE ORDER OF IS CLAY FISCAL COURT  
 THE CHECK MEMO IS KIA LOAN  
 THE CHECK NUMBER IS 99-4616

Front:

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHECKING BOX (WARNING BOX)

**NORTH MANCHESTER WATER ASSOCIATION, INC.**  
7361 N. HWY 421  
MANCHESTER, KY 40862  
808-598-5403

**THE FIRST NATIONAL BANK**  
MANCHESTER, KY 40862  
73-544/421

008045

09-41616


07/11/2022

PAY TO THE ORDER OF **CLAY COUNTY FISCAL COURT** \*\*\*\$\*\*\*7,000.00

Seven Thousand Dollars & 00 Cents DOLLARS

MEMO KIA LOAN

*Steve Davis*  
*Bobby Wolfe*  
AUTHORIZED SIGNATURE



Back:

042105442

08/04/2022 2:59 PM

042105442 1 08/04/2022 2:59 PM

DISCLOSED FOR STATE AND FEDERAL BANKING REGULATIONS

**CHECK HERE IF MOBILE DEPOSIT**

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RESERVED FOR FINANCIAL INSTITUTION USE

Endorse here

FOR SIGNATURE AND ENDORSEMENT

CLAY COUNTY, KY

042105442

08/04/2022 2:59 PM

DISCLOSED FOR STATE AND FEDERAL BANKING REGULATIONS

Front:

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER. THE BACK OF THIS DOCUMENT INCLUDES A TAPPER EVIDENT CHEMICAL WASH WARNING BOX

**NORTH MANCHESTER WATER ASSOCIATION, INC.**  
7381 N. HWY 421  
MANCHESTER, KY 40962  
606-588-5403

**THE FIRST NATIONAL BANK**  
MANCHESTER, KY 40962  
73-544/421

008119

08/22/2022

PAY TO THE ORDER OF CLAY COUNTY FISCAL COURT \*\*\$\*\*7,000.00

Seven Thousand Dollars & 00 Cents \_\_\_\_\_ DOLLARS

MEMO KIA LOAN 99-4616

*Steve Davis*  
*Bobby Wolfe*  
AUTHORIZED SIGNATURE

THE BACK OF THIS DOCUMENT AGENTS MUST PRINT IN INCREASING SIZE

Back:

042105442  
08/28/2022  
7:10 PM

Attention: CLAY COUNTY FISCAL COURT

DO NOT WRITE, STAMP, OR RESERVE FOR PIN

CHECK HERE

MOBILE DEPOSIT

DO NOT SIGN BELOW THIS LINE. CLUB INSTITUTION USE ONLY

REVERSE SIDE OF CHECK MUST BE USED FOR MOBILE DEPOSIT

THE SECURITY FEATURES LISTED BELOW ARE THE ONLY FEATURES THAT SHOULD BE USED TO VERIFY THE AUTHENTICITY OF THIS CHECK. IF ANY OF THESE FEATURES ARE MISSING OR DAMAGED, THE CHECK IS NOT VALID AND SHOULD BE REJECTED. IF YOU ARE IN ANY DOUBT, CONTACT YOUR BANK OR THE ISSUING INSTITUTION FOR MORE INFORMATION.

1. Watermark: A watermark of the number '100' is visible in the background of the check.

2. Security Thread: A security thread is embedded in the paper, which is visible when the check is held up to the light.

3. Microprint: Microprint is visible around the perimeter of the check.

4. Color Shifting Ink: The number '100' in the bottom right corner changes color when viewed from different angles.

5. UV Features: Under ultraviolet light, the check displays a yellow glow and a red '100' watermark.

6. Tactile Features: The number '100' in the bottom right corner has a raised texture.

7. Security Features: The check includes a security thread, a watermark, microprint, color shifting ink, UV features, and tactile features.

Front:

ALL INFORMATION PRINTED ON THE CHEMICAL IN REACTIVE COPIES THE BACK OF THIS CHECK IS VOID

**NORTH MANCHESTER WATER ASSOCIATION, INC.**  
7361 N. HWY 421  
MANCHESTER, KY 40982  
606-598-5403

**THE FIRST NATIONAL BANK**  
MANCHESTER, KY 40982  
73-544/421

008158

09/21/2022

PAY TO THE ORDER OF CLAY COUNTY FISCAL COURT \*\*\*7,000.00

Seven Thousand Dollars & 00 Cents DOLLARS

MEMO KIA LOAN

*Steve Davis*  
*Robley Wolfe*  
AUTHORIZED SIGNATURE

[REDACTED]

Back:

442105442  
09/21/2023  
10:30 AM

MANAGER Check de. no.

CHECK HERE  
MOBILE DEPOSIT

RECEIVED BY YOUR BANK  
CAN IN KY'S FRON. BY C. 12-3-7 251 36

Front:

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT SEAL

NORTH MANCHESTER WATER ASSOCIATION, INC.  
7361 N. HWY 421  
MANCHESTER, KY 40962  
806-598-6403

THE FIRST NATIONAL BANK  
MANCHESTER, KY 40962  
73-544/421

008195

10/18/2022

PAY TO THE ORDER OF CLAY COUNTY FISCAL COURT \*\*\*7,000.00

Seven Thousand Dollars & 00 Cents DOLLARS

99-4616  
MEMO KIA LOAN

*Stuart Davis*  
*Bobby Wolff*  
AUTHORIZED SIGNATURE

[Redacted]

Back:

042106442  
11/10/2022  
3:47 PM

042106442 1 11/10/2022 3:47 PM

DISCLAIMER OR STATE WHERE YOU CAN INDICATE PAID BY FEDERAL RESERVE

CHECK HERE IF MOBILE DEPOSIT

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE \*RESERVED FOR FINANCIAL INSTITUTION USE\*

ENDORSE HERE

ENDORSE HERE

DISCLAIMER: The security features listed below are subject to change without notice. For more information, visit [www.frb.org](http://www.frb.org).  
 - Watermark: A faint image of the Statue of Liberty is visible when held up to the light.  
 - Security Thread: A thin, wavy thread is embedded in the paper.  
 - Microprint: Tiny, repeating patterns of text are visible when viewed through a magnifying glass.  
 - Color Shifting: The color of the ink changes as the angle of view changes.  
 - UV Features: The paper glows under ultraviolet light.  
 - Tactile Features: Raised areas are visible when touched.  
 - Digital Watermark: A digital watermark is embedded in the paper.



Front:

DOCUMENT IS PRINTED ON CHEMICALLY REACTIVE PAPER - THE BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT SECURITY SEAL AND A MICR TRACK

**NORTH MANCHESTER WATER ASSOCIATION, INC.**  
7361 N. HWY 421  
MANCHESTER, KY 40982  
808-598-6403

**THE FIRST NATIONAL BANK**  
MANCHESTER, KY 40982  
79-544/421

008248

11/23/2022

PAY TO THE ORDER OF CLAY COUNTY FISCAL COURT \*\*\$\*\*7,000.00

Seven Thousand Dollars & 00 Cents \_\_\_\_\_ DOLLARS

*Stew Davis*  
*Bobby Wolfe*  
AUTHORIZED SIGNATURE

MEMO KIA LOAN

[REDACTED]

Back:

042105442  
11/30/2022  
3:07 PM

CLAY COUNTY FISCAL COURT

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RESERVED FOR FINANCIAL INSTITUTION USE

CHECK HERE IF MOBILE DEPOSIT

CHECKED TO THE ACCOUNT OF THE WITHIN NAMED PAYEE  
BANKS ENDORSE GUARANTEED BY THE FIRST NATIONAL BANK

ENDORSE HERE

RECEIVED AT 11:51 AM 11/30/2022  
BY CLERK

Front:

**NORTH MANCHESTER WATER ASSOCIATION, INC.**  
7381 N. HWY 421  
MANCHESTER, KY 40962  
606-599-5403

**THE FIRST NATIONAL BANK**  
MANCHESTER, KY 40962  
70-544461

008398

03/01/2023

PAY TO THE ORDER OF **CLAY COUNTY FISCAL COURT** \*\$\*\*7,000.00  
Seven Thousand Dollars & 00 Cents

MEMO KIA

*Stew Davis*  
*Bobby Wolf*  
APPROVED SIGNATURE

Back:

642108442  
03/21/2023  
10:30 AM

BRANDON STARK 13915

DO NOT WRITE ABOVE THIS LINE  
OR SIGNATURE AREA

CHECK HERE

MOBILE DEPOSIT

BRANDON STARK 13915

BRANDON STARK 13915

Front:

<b>NORTH MANCHESTER WATER ASSOCIATION, INC.</b> 7361 N.HWY 421 MANCHESTER, KY 40862 606-598-6403	<b>THE FIRST NATIONAL BANK</b> MANCHESTER, KY 40862 73-544/21	<b>008433</b>
		<b>03/01/2023</b>
PAY TO THE ORDER OF <u>CLAY COUNTY FISCAL COURT</u>		<b>* **7,000.00</b>
<u>Seven Thousand Dollars &amp; 00 Cents</u>		<b>DOLLARS</b>
		<i>Steve Davis</i> <i>Dobby Wolfe</i> AUTHORIZED SIGNATURE
MEMO <b>KIA</b>		

Back:

042105442  
03/21/2023  
10:30 AM  
ATM/CLEARING

DEPOSIT HERE  
MOBILE DEPOSIT

FOR DEPOSIT ONLY  
DO NOT WRITE IN THESE SPACES  
OR THE CHECK WILL NOT BE DEPOSITED

FOR DEPOSIT ONLY  
DO NOT WRITE IN THESE SPACES  
OR THE CHECK WILL NOT BE DEPOSITED

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DO NOT WRITE IN THESE SPACES  
OR THE CHECK WILL NOT BE DEPOSITED

FOR DEPOSIT ONLY  
DO NOT WRITE IN THESE SPACES  
OR THE CHECK WILL NOT BE DEPOSITED

Front:

**NORTH MANCHESTER WATER ASSOCIATION, INC.**  
7361 N. HWY 421  
MANCHESTER, KY 40962  
606-589-5408

**THE FIRST NATIONAL BANK**  
MANCHESTER, KY 40962  
73-544021

008434

03/01/2023

PAY TO THE ORDER OF **CLAY COUNTY FISCAL COURT** \*\$\*\*7,000.00  
**Seven Thousand Dollars & 00 Cents** DOLLARS

*Stuart Davis*  
*Bobby Wolff*  
AUTHORIZED SIGNATURE

MEMO - KIA

[REDACTED]

Back:

042165442  
03/01/2023  
10:30 AM

DEPOSIT HERE

CHECK HERE - MOBILE DEPOSIT

CLAY COUNTY FISCAL COURT

RECEIVED AT THE BANK OF AMERICA

CLAY COUNTY FISCAL COURT

RECEIVED AT THE BANK OF AMERICA

Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-24:**

Refer to North Manchester Water's response to Staff's First Request, Item 5 and Exhibit 5, specifically the minutes from the March 6, 2023 board meeting.

a. Explain the statement that reads: "The new judge is requesting us to pay \$13,000 per month instead of the \$8,000 that we are paying currently. KIA is satisfied with the current amount that we are paying right now." **Newly elected County Judge executive Tommy Harmon.**

b. Identify the new judge. **Tommy Harmon**

c. Provide documentation of the request that North Manchester Water pay \$13,000 per month. **See previous responses.**

d. Provide documentation and support for the payment or obligation to pay \$8,000 per month and to whom the payment is to be made. **NMWA agreed to pay \$7,000.00 per month. See Previous responses.**

e. Provide documentation and support for the statement that, "KIA is satisfied. . . "

**See Previous Responses.**

**Response:**

**Witness: Rose Lewis**

Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-25:**

Refer to North Manchester Water's response to Staff's First Request Item 5 and Exhibit 5.

a. Refer specifically to the minutes from the April 3, 2023 board meeting. Explain the statement that reads: "Ted's clerk forgot to pay 3 checks to KIA. He paid them all 3 to make sure the (sic) are caught up." The response should include a clarification concerning to whom the checks were payable, the amount involved, and the months for which the checks were forgotten. **Human error and oversight, the checks are payable to the Clay County Fiscal Court.**

b. Refer specifically to the minutes from the June 5, 2023 board meeting. Explain the statement that reads: "The county said they (sic) wasn't aware that KIA made an agreement to let us pay the amount we have been paying." Provide all available documentation and correspondence concerning this discussion. **The county elected a new County Judge executive and he must not be aware of the previous agreement with Donna Mcniel and KIA. Please see previous responses.**

c. Refer specifically to the minutes from the June 5, 2023 board meeting. Explain the statement that reads: "They need to take that balance forward off that they charged us for that we didn't use." The response should identify "they" and the obligation under discussion as well as the amount of the balance forward.

**Response: In Response to the City of Manchester of a wrong billing for the purchase of wholesale water. The City of Manchester made a billing mistake of the amount of gallons sold to NMWA.**

**Witness: Rose Lewis**

Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-26:**

Refer to North Manchester Water's response to Staff's Second Request, Item 6, specifically page 31 of 38 of the 2022 general ledger. Explain what "PAYMENTECH" is in account number 620 Materials and Supplies.

**Response:** Chase Paymentech can help you take payments in almost any way you can think of. Chase offers card processing, check processing, processing through smartphones and tablets, payment acceptance from international customers, e-commerce processing, and virtual terminals for taking payments by mail, phone, or fax. See attached Exhibit 3-26.

**Witness:** Rose Lewis



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# Statement Fees Defined

## MasterCard Fees

### MasterCard Assessment

Charged by MasterCard on all settled sales transactions

### Network Access and Brand Usage (NABU)

Charged by MasterCard on domestic authorizations and refunds when the card used by the customer is issued within the U.S. (all U.S. domestic issued cards); the NABU does not apply to reversals, chargebacks, or manual cash advances

### MasterCard Merchant Location Fee

Charged by MasterCard. This fee is assessed per merchant location and is based on monthly activity. It does not apply to merchant locations with less than \$200 in monthly gross MasterCard volume. Moving forward, the fee will be billed on a quarterly basis.

### MC AVS Auth Access (Card Present)

Charged by MasterCard when you use the address verification service to validate a cardholder's address where the card is present at the time of purchase and swiped through the terminal

### MC AVS Auth Access (Card Not Present)

Charged by MasterCard when you use the address verification service to validate a cardholder's address where the card is not present at the time of purchase or the card number is keyed into the terminal

### MC Account Status

Charged by MasterCard when you initiate a request to validate the cardholder account status, address verification (AVS), card validation code 2 (CVC 2), or any combination thereof

### MC Processing Integrity

Charged by MasterCard when an authorization is not utilized for a transaction in a timely manner or is not reversed based on MasterCard standards; if an authorization will not be used for a transaction, card present merchants must complete an authorization reversal within 24 hours; card not present merchants must complete a reversal within 72 hours

### MC Cross-Border Assessment

Charged by MasterCard on any transaction on a MasterCard branded credit or debit card in which the cardholder country code differs from the country code of the merchant

## Visa Fees

### Visa Assessment

Charged by Visa on all settled sales transactions





English ▼

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### **Visa Misuse of Authorization**

Charged by Visa when an authorization is not utilized in a timely manner or is not reversed based on Visa standards; if an authorization will not be used for a transaction, card present merchants must complete an authorization reversal within 24 hours; card not present merchants must complete a reversal within 72 hours

### **Visa Zero Floor Limit**

Charged by Visa when a clearing record cannot be matched to an approved or partially approved authorization

### **Visa Transaction Integrity**

Charged by Visa on all U.S. domestic Visa signature debit card transactions or Visa prepaid card transactions that do not meet the qualification criteria of the Custom Payment Service program

### **Visa Zero \$ Account Verification**

Charged by Visa when you initiate a request to validate the cardholder's account status

### **Visa Partial Auth Non-Participation**

Charged by Visa to Petroleum Automated Fuel Dispenser merchants (MCC 5542) that do not support partial authorization

### **Visa Inter-regional Acquiring Fee (IAF)**

A Visa U.S. fee that applies to all U.S. acquired purchase transactions on non-U.S. issued cards

### **Visa International Service Assessment**

An inter-regional fee applied to transactions that occur with a card issued outside the merchant's acquiring region

### **Visa Fixed Acquirer Network Fee (FANF)**

The FANF is a variable fee, calculated based on acceptance method (i.e., card present or card not present), merchant category code (MCC), taxpayer ID, and number of locations or sales volume

## Discover Fees

### **Discover Assessment**

Charged by Discover on all settled sales transactions

### **Discover Data Usage**

Charged by Discover on all Discover sales transactions

### **Discover International Service Fee (ISF)**

Charged by Discover on Discover, JCB, or China Union Pay U.S. transactions for which the card issuer is located in a country other than the U.S.

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English ▾

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*There may be additional fees on your statement not explained on this list. The applicability of the fees outlined herein may vary by Payment Brand, product, or region. If you have any questions about your fees, please contact 1-800-934-7717.*

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### Chase provides the following business banking products for your needs



#### Line of Credit

Compare between Business and Commercial [line of credit](#) options for your business' working capital needs. Help manage cash flow fluctuations, expand into new markets, or finance accounts receivable.



#### Business Credit Cards

Find and apply for the Ink business credit card best suited for your business. Compare the benefits of the Ink [business credit cards](#).



#### Merchant Services

Chase [Merchant Services](#) provides you with a more secure and convenient ways to do business. Our [payments solutions](#) give your customers the flexibility to make purchases however they choose with added security to protect their accounts.



#### Business Debit Cards

More convenient than cash and checks to make purchases — money is deducted right from your [business checking account](#). Make deposits and withdrawals at the ATM with your [business debit cards](#). Save time every month with recurring payments.



#### Commercial Banking

[Commercial Banking](#) provides businesses with annual revenues ranging from \$20 million to more than \$2 billion with a range of domestic and international solutions including [investment banking](#) and [asset management](#) - designed to help you achieve your business goals.



#### Business Services

We're here to help with your [business banking](#) needs. From [payment processing](#) to [foreign exchange](#), Chase Business Banking has solutions and services that work for you.



#### Business Checking

Chase offers a wide variety of [business checking accounts](#) for small, mid-sized and large businesses. Compare our [business checking solutions](#) chart to select exactly which checking account is right for you.

#### Not in the US?

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- [English](#)

- [Additional Business Banking Solutions](#)
- [All Chase Bank Solutions](#)
- [Online Banking Demo](#)

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By Ben Dwyer

Here, we'll provide a thorough review of Chase Paymentech, including information on credit card processing services, Paymentech's fees and pricing models, customer service, and opinions from former customers.

- History
- News
- What does Chase Paymentech do?
  - Card Processing and Equipment
  - Check Processing
  - Mobile Processing
  - E-commerce and Virtual Terminals
  - Foreign Payment Acceptance
- Security
- Chase Paymentech Rates and Fees
- What about contracts?
- Customer Service
- Chase Paymentech Reviews
  - The Better Business Bureau
  - Yelp and Ripoff Report
  - Chase Paymentech Customers
  - CardFellow's Experience

## History

Chase Paymentech was founded in 1985 in Dallas, Texas and has offices in the United States, Canada, and Europe. The company is an international processor, but for the purposes of this article we'll focus on services available to businesses based in the United States.

## News

In January of 2016, Chase announced the sale of its ISO portfolio to First American Payment Systems. If your credit card processing was previously through a Chase Paymentech ISO, it

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that sign up for a merchant account through Chase Paymentech and connect a Chase business checking account may be eligible for next-day funding. (Next-day funding doesn't apply on weekends or holidays.)

## What does Chase Paymentech do?

Chase Paymentech can help you take payments in almost any way you can think of. Chase offers card processing, check processing, processing through smartphones and tablets, payment acceptance from international customers, e-commerce processing, and virtual terminals for taking payments by mail, phone, or fax.

### Card Processing and Equipment

Chase Paymentech lets you easily take all major credit cards, including Visa, MasterCard, American Express, and Discover. You can also accept both PIN and signature debit cards.

Chase Paymentech has many credit card machines available and can also process cards with tablets. Chase offers popular brands Ingenico and VeriFone credit card terminals. Features vary depending on the model, but may include EMV chip card capability and contactless payment acceptance so you can take payments from newer technologies like Apple Pay.

### Check Processing

For accepting checks, Chase Paymentech offers electronic check processing to convert checks into secure, fast electronic transactions. Checks are converted at the time of sale and the service is available for both US and Canadian currency. Electronic check processing means you won't need to make a trip to the bank to deposit paper checks.

### Mobile Processing

If you're regularly taking payments on the go, you're probably interested in mobile card processing. With Chase Paymentech's mobile processing, you can accept payments using your smartphone or tablet with internet connection and the Chase Mobile Checkout app. If you want, you can also attach card readers to swipe credit cards instead of hand keying customers' card information.

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## E-Commerce and Virtual Terminals

If you want to accept payments online through your website or take payments for mail and phone orders, Chase Paymentech has several options.

### *Orbital virtual terminal*

Virtual terminals are internet-based payment forms that let you process transactions from your existing computer. You'll need internet access and the Orbital app.

### *PayPal*

Chase Paymentech has an integrated PayPal option that lets you easily accept PayPal payments.

### *Orbital payment gateway*

Think of the payment gateway as the credit card machine of websites. In a store, your customers swipe their card through a credit card machine to be processed. Online, they'll "swipe" it virtually by entering their payment information to be processed through the online gateway.

### *Hosted Payment Pages*

Orbital hosted payment pages are a great option for convenient and secure payment processing in your e-commerce website. The Orbital hosted pages let you integrate a secure checkout form that is hosted by Chase Paymentech, meaning that sensitive transaction data stays with Chase, not on your system. Keeping information secure with Chase Paymentech means easier PCI compliance, and more security for you and your customers. Even better, the hosted payment pages can be customized to match your existing website for a seamless experience for your customers.

## Foreign Payment Acceptance

If you do business with international customers, Chase Paymentech can help by giving you the ability to accept payments in 130 currencies, including the Euro, allowing transactions from any of the European Union countries that use Euros. Additionally, you can take JCB cards that are popular with Japanese customers, and Maestro, popular with many European customers.

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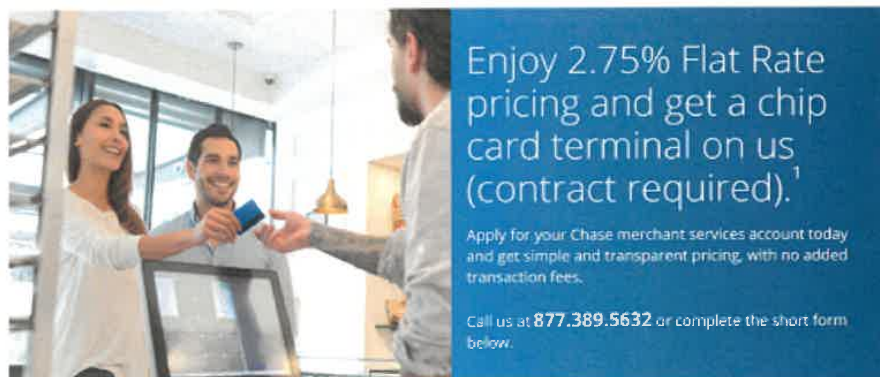
Chase Paymentech gives you a suite of security and fraud prevention services with your processing account. Chase utilizes Safetech encryption to ensure secure transactions at the time they're made, helping you meet advanced PCI compliance standards.

## Chase Paymentech Rates and Fees

Most of the time, Chase Paymentech doesn't publish rates or fees on their website. No problem! To find out what you'd pay to process credit cards with Chase Paymentech, simply request a confidential quote through your CardFellow account. If you don't have a CardFellow account, you can [sign up for free](#).

### Limited Offers

Occasionally, Chase Paymentech promotes limited time specialty pricing. For example, in April 2018, Chase Paymentech offered a flat rate of 2.75% for new customers as seen in this screenshot from Chase's website.



The deal included a free credit card machine, which the fine print clarified is an Ingenico iCT250. Fine print also specified that the 2.75% flat rate applies to swiped credit and non-PIN debit transactions. It mentions that PIN debit and ecommerce transactions are not included.

## What about contracts?



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check that it states in writing that there are no charges for cancelling.

Contract terms may vary for limited time or specialty pricing.

## Customer Service

When deciding on a payment processor, customer service is an often overlooked but important piece of the puzzle. Fortunately, Chase Paymentech has a variety of options for support. Customer service is available from 7am – 7pm central time Monday – Friday.

Additionally, Chase provides how-to videos and guides for using the terminals provided by Chase, a FAQ page, information for how to read your Chase statements and an explanation of fees.

## Chase Paymentech Reviews

Chase Paymentech has been processing credit cards for long enough to have a variety of reviews available online. For the most part, negative reviews are minimal considering the company's size, but details of the complaints found at the BBB, Yelp, and Ripoff Report are included here to give a full picture. It's also important to remember that one person's review may not be the same experience that you have.

## The Better Business Bureau

As of autumn 2015, Chase Paymentech is not accredited with the Better Business Bureau, but does have a profile with the BBB and boasts an A+ rating. Chase Paymentech has had 35 complaints lodged with the BBB in the past 3 years, with 6 closed in the past year. That's a pretty low number of complaints considering Chase's size and number of clients.

The majority of the complaints (18) are in the category "Problems with Product/Service." 15 complaints are in the "Billing/Collection Issues" category. 1 complaints are in the "Advertising/Sales Issues" category, and 1 complaint is in the "Delivery Issues" category.

Complaints allege improper collection practices, a failure to correct billing errors, unauthorized charges, and failure to honor contracts as agreed.

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or the business wasn't happy with Chase Paymentech's proposed resolution.

There are currently no customer reviews for Chase Paymentech on the Better Business Bureau website.

## Yelp and Ripoff Report

Yelp lists 3 reviews for Chase Paymentech in Dallas; two reviews are 1-star, and one review is 5-stars, bringing the average rating to 2.5 stars. The negative reviews complain of excess fees, and not being serviced as agreed. The positive review praises the company and says they provide great prices with no hidden fees and provide 24/7 customer service.

Ripoff Report shows 18 reports in their complaint directory. Reviews complain of deceptive business practices, hidden fees, improperly holding funds, and unhelpful customer service.

## Chase Paymentech Customers

Chase Paymentech has a selection of customer success stories on their website. Customers praise the easy transaction processing and report saving money with Chase's services. Customer success stories include the business name and reviewer name.

# CardFellow's Experience with Chase Paymentech

From what we've seen over the years, Chase Paymentech has proven to be the most transparent and competitive of the large bank processors. Of course, other large banks such as Wells Fargo Merchant Services and Bank of America Merchant Services don't exactly set the bar very high.

Chase Paymentech uses bundled surcharge pricing, tiered pricing, or interchange plus. The general format of its statements remains consistent, and it doesn't gouge businesses with equipment leases like many of its other big bank counterparts.

## Pricing

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### *Bundled surcharging*

Bundled surcharge pricing is similar to tiered pricing in that a processor uses interchange categories to charge a business rather than allowing the business to pay the actual cost of interchange.

We refer to bundled surcharging as its own pricing model because each interchange category often has its own surcharge amount, which makes the number of surcharges or would-be tiers equal to the number of interchange categories.

Bundled surcharging can be very misleading to the untrained eye due to the fact that interchange categories are itemized and it can be mistaken for more competitive interchange-plus pricing.

For example, the snippet below is taken from a Chase Paymentech statement where the business is being billed via a bundled surcharge pricing model.

 Chase Paymentech bundled surcharge statement

As you can see from the statement, Chase has assigned a qualified rate of 1.93% to credit volume and 1.34% to debit volume. It then surcharges volume that runs through interchange categories that it does not feel qualifies for these two rates. Chase has complete control over which interchange categories are surcharged, and by how much.

To calculate the total rate for a given interchange category the qualified rate must be added to the surcharge rate.

For example, the total rate charged for the category called "World Elite Merit 1" in the statement below is 2.85%, which is 1.93% qualified plus 0.92% surcharge.

Like many processors, Chase tends to favor bundled pricing and tiered pricing, which I'll cover next.

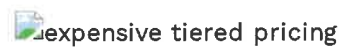
### *Tiered Pricing*

Chase's tiered pricing works much like the bundled pricing explained above with the main difference being the number of surcharge categories.



The more common three-tier model groups all interchange categories into tiers called qualified, mid-qualified, and non-qualified. Chase's preferred method creates these three tiers for credit and debit, and sometimes takes it one step further by creating separate tiers for credit reward and credit commercial interchange categories. The result is as many as twelve individual tiers.

For example, the snippet below is taken from a Chase Paymentech tiered pricing statement. As you can see, there are separate tiers for credit, debit, and reward credit volume, resulting in nine possible individual tiers (three for each group).



As we explain in detail in our article about tiered pricing, it's far more beneficial to processors than to businesses. Tiered pricing is opaque, since you can't necessarily tell what types of transactions will qualify for which tier, and it is often far more expensive than other forms of pricing, such as interchange plus.

### *Interchange-Plus*

When Chase uses interchange-plus pricing it clearly discloses interchange categories and lists its markup as a separate line item that it refers to as "*sales discount.*"

For example, the snippet below is taken from a Chase Paymentech interchange-plus statement. We've removed a few interchange rows to make the snippet a little smaller and more manageable for this post. The first few rows clearly show the name of the interchange category, the sales volume in the category, the number of transactions, and then the resulting rate, transaction fee, and total charge. The last row is Chase's markup.



This snippet is much more transparent than the previous examples, as it provides details for each transaction type and charge.

## Refunds



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detail in this article, most processors do not return the fees refunded at interchange to a business when it issues a refund.

The snippet below is taken from a Chase interchange-plus statement and shows that the business issued a refund of \$12. As you can see from the statement, Chase is allowing the business to receive interchange credits for refunds.



They don't always do it, but we've noticed it relatively more on Chase interchange-plus statements than other processors.

At CardFellow, interchange refunds are a requirement for certified quotes placed through our marketplace. If you choose your processor through CardFellow, you will benefit from interchange refunds when you refund payment to a customer. We'd like to see Chase Paymentech (and other processors) commit to regularly refunding interchange fees when businesses issue refunds to customers, but we do acknowledge that Chase Paymentech is a step ahead of many processors since they do sometimes issue interchange refunds.

## The Bottom Line

Chase Paymentech has the ability to offer you a competitive processing solution, or a not-so-competitive solution. Sign up to request a quote from Chase Paymentech through CardFellow to see how their offer for your specific business stacks up.



### Ben Dwyer

Ben Dwyer began his career in the processing industry in 2003 on the sales floor for a Connecticut-based processor. As he learned more about the inner-workings of the industry, rampant unethical practices, and lack of assistance available to businesses, he cut ties with his employer and started a blog where he could post accurate information about credit card processing. As the blog gained in popularity, Ben began directly assisting merchants in their search for a processor. Ben believes in empowering businesses by providing access to fair, competitive pricing, accurate information, and continued support. His dedication to transparency and education has made CardFellow a staunch small business advocate in the credit card processing industry.

#### OUR COMPANY

- [How It Works](#)
- [Our Company](#)

#### HELPFUL RESOURCES

- [Frequently Asked Questions](#)
- [Processor Directory](#)
- [Guide to Credit Card Processing](#)
- [Blog](#)

#### PROCESSORS

[INFO@CARDFELLOW.COM](mailto:INFO@CARDFELLOW.COM)

Case No. 2023-00183  
North Manchester Water Association, Inc.  
Response to Staff's Third Request for Information

**STAFF DR 3-27:**

Provide a current, updated copy of North Manchester Water's bylaws.

**Response: See attached Exhibit 3-27**

**Witness: Rose Lewis**

NORTH MANCHESTER WATER ASSOCIATION

7362 N HWY 421

MANCHESTER, KY 40962

BY LAWS

- (1) The water association will be run by seven board members.
- (2) The elected members will hold office for five years.
- (3) Two members - 1st year
- (4) Two members -3rd year
- (5) Three members-5th year
- (6) The seven board members will make and run the association by rules and regulations of P.S.C.
- (7) The seven board members will pick the president, vice-president, secretary & treasurer.
- (8) If a board member resigns his or her seat for any reason the remaining board members by a majority vote can appoint a person to the vacant seat, also the board can vote whether or not to let the candidate fill a full term. ( All must be done by a majority vote)
- (9) The seven board members will hold a meeting the first Monday of each month to conduct the water associations business, the board can at any time change time to accommodate working board members.
- (10) Annual board meetings will be held the first Monday in March each year at 6:00 p.m.
- (11) The time and place for the annual meetings will be advertised in the local newspaper two weeks before the meeting night.
- (12) Each member will have one vote. This person must have a meter in their name and bill current, each customer no matter how many meters are in their name still has only one vote.
- (13) To vote, the person has to have a water statement in his or her name the month before election.
- (14) To vote, his or her water statement has to be paid in full the month before election. Water statements cannot be past due this eliminates the right to vote in election.
- (15) Water statements are to be paid in full by the 15th of each month.
- (16) If water statements are not paid in full by the 15th of each month water service is subject for shut-off.
- (17) If water service is shut-off due to non payment of past due balances, a 90\$ re-hook fee will

apply before service is re- instated no exceptions.

(18) If water statement are not paid by the 15th of every month, there will be a 10% late fee added.

(19) There will be one house per meter.

(20) Therefore if any employee finds or suspects two houses on one meter can terminate service till issue is resolved, Two houses cannot share a meter. No exceptions.

(21) If you are an immediate family member of an employee at North Manchester Water, you cannot be employed by the water company other than contract labor. which can only be authorized by the board of directors. Also cannot set on the board of directors.

(22) The annual board meetings in march any candidate for a board seat must be present to qualify for that seat; but a Drs. excuse or work excuse presented at time of meeting the candidate will qualify. ( must have excuse at time of meeting and presented to exsisting board). if not they will be disqualified and a new candidate can run for that paticular seat.