

RENEWAL PRESENTATION

PREPARED FOR MARSHALL COUNTY FISCAL COURT

PRESENTED: SEPTEMBER 30, 2020







YOUR TEAM ASSIGNED BENEFITS SERVICE STAFF



DJ Story, CSFS Benefits Advisor dstory@peelholland.com 270.527.6132 (direct)

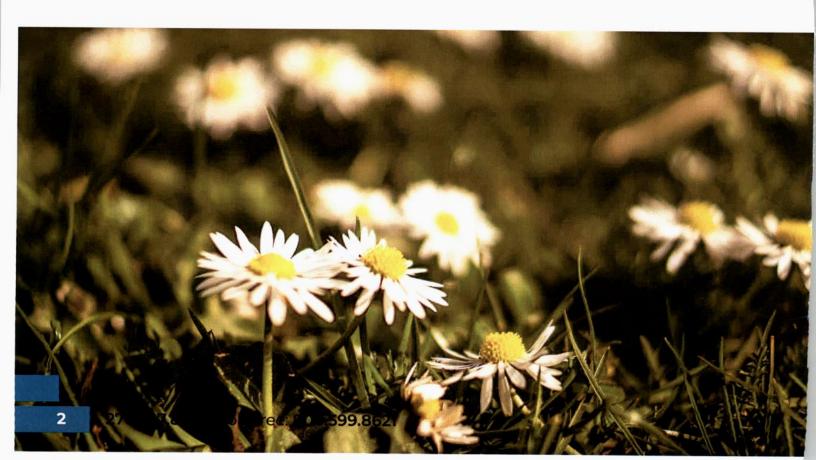


Kim Hiebert Account Manager khiebert@peelholland.com 270.527.6127(direct)



Sherry Orr Account Administrator sorr@peelholland.com 270.527.6130(direct)

Note: Peel & Holland's entire benefits team is available and ready to serve Marshall County Fiscal Court.



AGENDA

JANUARY 2020 BENEFITS RENEWAL PLANNING

- O Advisory Agreement Peel & Holland
- O Health KEHP (Anthem)
- O Dental Current Delta Dental vs KEHP Anthem Offerings Discuss
- O Vision Current Avesis vs DeltaVision vs Anthem KEPH Vision Offerings **Discuss**
- O Health Reimbursement Arrangement (HRA) FEBCO **Discuss**
- O Waiver Health Reimbursement Arrangement (HRA) FEBCO **Discuss**
- O Flexible Spending Account (FSA) FEBCO
- O Group Life & AD&D MetLife (Rate Hold)
- O Voluntary Life Cincinnati Life
- O Supplemental Benefits Aflac
- O MASA (Medical Transport Services) Any interest in offering as a voluntary benefit?

BENEFITS RENEWAL TIMELINE

- O September 30, 2020 Renewal from KEHP/Anthem presented to MCFC
- O October 6, 2020 Approval from MCFC
- O October 21-22, 2020 Open Enrollment (Active, Mandatory)

STEWARDSHIP REPORT

OCTOBER 2019

Knee-to-Knee Open Enrollment

JANUARY 2020

Marketed to Anthem for KACo Rates (Non-Competitive)

AUGUST 2020

Humana Declined to Quote

SEPTEMBER 2020

Claims Review Benefits Renewal Presentation

SERVICE STATISTICS

ANNUAL PLAN YEAR

- O Personalized knee-to-knee employee benefits meetings with all new hires (on average 15 per year)
- O Process all new hire enrollment paperwork
- O Coordinate cross-reference enrollments with other employers
- O Process all qualifying event changes (frequently requires knee-to-knee meeting with affected employee)
- O Process all employee terminations (on average 15 per year)
- O Process COBRA notifications
- O Process COBRA enrollments
- O Assist with death claim filing process
- O Carrier record maintenance and service:
 - · KEHP
 - · Delta Dental
 - Avesis
 - FEBCO HRA
 - · FEBCO HSA
 - · MetLife Group Life
 - USAdmin COBRA
 - · Cincinnati Life Voluntary Life
- O Maintain electronic copy of all documentation (approximately 2,500-3,000 pages annually)
- O Provide copies of all personnel-related documents to Treasurer's office for HR maintenance
- O Claims issues assistance and resolution
- O Grievance issues assistance and resolution
- O Maintain enrollment spreadsheet providing at-a-glance details of benefits elections on an employee-by-employee basis
- O Renewal process, including personalized annual open enrollment meetings with all employees.
- O NavMD ACA annual IRS reporting set-up
- O ACA guidance and assistance
- O Personalized Knee-To-Knee Open Enrollment meetings with all employees

HEALTH PLAN RENEWAL

2021 HEALTH PLAN RENEWAL

- O Employer premium contributions have increased by 3%; employers continue to pay an average of 85% of the total monthly premium.
- O Employee premium contributions have increased an average of \$6.02, with the highest increase at \$20.46
- O First changes to the LivingWell PPO plan since 2014:
 - Specialist Office Visit Copay has increased by \$5 to \$50
 - Prescription Copay has increased by \$5 to \$15 for Tier 1 Generic and \$40 for Tier 2 – Formulary for 30-Day Supply and to \$30 & \$80 respectively for 90-day supply (retail or mail-order)..
- O New two-tier prescription Value Formulary for all plans (more Generic options, fewer name brand options).

Recommendation: Remain in the KEHP Health Plan.

HEALTH PLAN RENEWAL

Calculations below are based on enrollment as of 9/21/2020, assume employees will enroll the same for the 2021 plan year, and that all employees completed the 2020 LivingWell Promise. The Employee Share of premium will be an additional \$40 per month for any employee who failed to complete their 2020 LivingWell Promise.

The Employee Share of premium will be an addition	MARSHALL COUNTY FISCAL COURT 2021 PLAN YEAR MONTHLY RATES & ENROLLMENT ASSUMPTIONS										
	20211	PLAN TE	AR I	MONTHLIR	TOTALS)LLI	ILITI AGG	OMI HONO			
Total Number of Enrolled Employees (Tobacco/Non-Tobacco)	LivingW	ell CDHP	Livir	ngWell PPO	LivingWell Basic CDHP	Lim	vingWell hited High eductible Plan	\$175 <u>Monthly</u> Contribution - HRA Waivers	\$250 EE County Embedded HRA <u>Annual</u> Contribution	\$500 ES or EC County Embedded HRA <u>Annual</u> Contribution	\$750 ESC County Embedded HRA <u>Annual</u> Contribution
Non-Tobacco	8	83		17	5		0	38	49	32	38
Tobacco		10		5	2		0			5000	
			Emp	ployee Share							
(Non Tobacco)	\$ 1	14,797.80	\$	3,670.18	\$ 463.86	\$	-				
(Tobacco)	\$	2,157.48	\$	637.00	\$ 135.56	\$	-				
TOTAL MONTHLY EE PREMIUM/CONTRIB	\$ 1	16,955.28	\$	4,307.18	\$ 599.42	\$	-		Note: If members are married and both working for		
TOTAL ANNUAL EE PREMIUM/CONTRIB	\$ 20	03,463.36		51,686.16		\$	-		County, as a couple	they receive only or contribution.	ne embedded HRA
AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.			Em	ployer Share							
(Non Tobacco)	\$ 7	72,609.02		13,155.92		-	-				
(Tobacco)	\$	7,949.42	\$	3,131.80		_	-				
TOTAL MONTHLY ER PREMIUM/CONTRIB	\$ 8	80,558.44	\$	16,287.72		-	-	\$ 6,650.00			1 4 00 500 00
TOTAL ANNUAL ER PREMIUM/CONTRIB	\$ 96	66,701.28	\$	195,452.64	\$ 67,924.56	\$	-	\$ 79,800.00	\$ 12,250.00	\$ 16,000.00	\$ 28,500.00
MONTHLY PREMIUM & HRA TOTALS	No.	Total Arts	91185							and the second	
Total Employer Monthly Health Premium	117	02,506.54									
Total Employer Monthly Waiver HRA Contribution		6,650.00	ı								
MONTHLY TOTAL	\$ 10	09,156.54	_			Name of Street					
ANNUAL PREMIUM & HRA TOTALS	Tales Har		100			100			The second		The second second
Total Employer Annual Health Premium		30,078.48									
Total Employer Annual Waiver HRA Contribution		79,800.00	1								
Total Employer Annual HRA Contribution		56,750.00 66,628.48	l								
ANNUAL TOTAL	\$ 1,3	00,020.48	_					-			

NON-TOBACCO | EMPLOYER

THE REAL PROPERTY OF THE PARTY		NO	N-	TOBAC	CO							NON-TO)B/	ACCO				
		2019		2020	2	021		20	019				20			20	21	Facilities (1)
LivingWell CDHP Non-Tobacco		Total Premium	F	Total Premium	1000	otal mium	Co	imployer entribution ompleted V Promise	C	Employer ontribution ncomplete W Promise	C	Employer ontribution Completed W Promise	Co	Employer ontribution acomplete W Promise	Co	Employer entribution ompleted V Promise	Co In	mployer ntribution complete V Promise
Single	\$	709.46	\$	710.94	\$	732.26	\$	660.04	\$	620.04	\$	660.04	\$	620.04	\$	679.84	\$	639.84
Parent Plus	\$	978.50	\$	982.30	\$ 1	,011.78	\$	851.84	\$	811.84	\$	851.84	\$	811.84	\$	877.40	\$	837.40
Couple	\$	1,333.64	\$	1,342.78	\$ 1	,383.08	\$	1,029.02	\$	989.02	\$	1,029.02	\$	989.02	\$	1,059.90	\$	1,019.90
Family	-		\$	1,500.50	\$ 1	,545.50	\$	1,131.64	\$	1,091.64	\$	1,131.64	\$	1,091.64	\$	1,165.58	\$	1,125.58
Family CR	\$	818.96	\$	821.36	\$	846.00	\$	738.64	\$	698.64	\$	738.64	\$	698.64	\$	760.80	\$	720.80
	Г	2019		2020	2	021		20	19			20	20		No.	20	24	
LivingWell PPO Non-Tobacco		Total Premium	P	Total Premium	T	otal mium	Co	mployer ntribution ompleted / Promise	Co	Employer ontribution ocomplete W Promise	C	Employer contribution Completed W Promise	Co	Employer ontribution ocomplete V Promise	Co	mployer ntribution ompleted / Promise	Co In	mployer ntribution complete / Promise
Single	_		\$	731.82		753.76	\$	646.96	\$	606.96	\$	646.96	\$	606.96	\$	666.36	\$	626.36
Parent Plus	-	30 CO	\$	1,044.12	\$ 1,	075.44	\$	802.26	\$	762.26	\$	802.26	\$	762.26	\$	826.32	\$	786.32
Couple	-		\$	1,604.96		653.10	\$	1,060.74	\$	1,020.74	\$	1,060.74	\$	1,020.74	\$	1,092.56	\$	1,052.56
Family	-	· ·	\$	1,787.46		841.08	\$	1,105.34	\$	1,065.34	\$	1,105.34	\$	1,065.34	\$	1,138.50	\$	1,098.50
Family CR	\$	876.68	\$	881.40	\$	907.84	\$	719.12	\$	679.12	\$	719.12	\$	679.12	\$	740.70	\$	700.70
Beginning 2019		2019		2020	2	021		20	19			20	20			20.	21	
LivingWell Basic CDHP (formerly Standard PPO) Non- Tobacco	1	Total Premium	P	Total Premium	100	otal mium	Col	mployer ntribution ompleted Promise	Co In	Employer entribution complete	C	Employer ontribution completed	Co In	mployer entribution complete V Promise	Col	mployer ntribution ompleted	Co	mployer ntribution complete Promise
Single	·									N Promise	LV	N Promise		FIGHING	LIV	/ Promise		A CONTRACTOR OF THE PARTY OF TH
			\$	683.58		704.08	\$	656.60	\$	616.60	\$	656.60	\$	616.60	\$	676.30	\$	636.30
Parent Plus	\$	940.64	\$	952.52	\$	970.78	\$	656.60 878.24	\$	616.60 838.24	\$	656.60 878.24	\$	616.60 838.24		The second second second		864.58
Parent Plus Couple	\$	940.64 1,450.02	\$	952.52 1,457.82	\$ \$ 1,	970.78 501.56	\$ \$ \$	656.60 878.24 1,189.96	\$	616.60 838.24 1,149.96	\$	656.60 878.24 1,189.96	\$ \$ \$	616.60 838.24 1,149.96	\$ \$	676.30 904.58 1,225.66	\$	864.58 1,185.66
Parent Plus Couple Family	\$ \$	940.64 1,450.02 1,615.30	\$	952.52 1,457.82 1,624.66	\$ \$ 1, \$ 1,	970.78 501.56 673.40	\$ \$ \$	656.60 878.24 1,189.96 1,303.24	\$ \$ \$	616.60 838.24 1,149.96 1,263.24	\$ \$ \$	656.60 878.24 1,189.96 1,303.24	\$ \$ \$	616.60 838.24 1,149.96 1,263.24	\$ \$ \$	676.30 904.58 1,225.66 1,342.34	\$ \$ \$	864.58 1,185.66 1,302.34
Parent Plus Couple	\$ \$	940.64 1,450.02	\$	952.52 1,457.82	\$ \$ 1, \$ 1,	970.78 501.56	\$ \$ \$	656.60 878.24 1,189.96	\$ \$ \$	616.60 838.24 1,149.96	\$	656.60 878.24 1,189.96	\$ \$ \$	616.60 838.24 1,149.96	\$ \$	676.30 904.58 1,225.66 1,342.34	\$ \$ \$	864.58 1,185.66
Parent Plus Couple Family Family CR Beginning 2019	\$ \$ \$	940.64 1,450.02 1,615.30	\$	952.52 1,457.82 1,624.66	\$ \$ 1, \$ 1,	970.78 501.56 673.40	\$ \$ \$	656.60 878.24 1,189.96 1,303.24	\$ \$ \$ \$	616.60 838.24 1,149.96 1,263.24	\$ \$ \$	656.60 878.24 1,189.96 1,303.24	\$ \$ \$ \$	616.60 838.24 1,149.96 1,263.24	\$ \$ \$	676.30 904.58 1,225.66 1,342.34	\$ \$ \$ \$	864.58 1,185.66 1,302.34
Parent Plus Couple Family Family CR Beginning 2019	\$ \$ \$	940.64 1,450.02 1,615.30 800.94	\$ \$	952.52 1,457.82 1,624.66 801.82	\$ 1, \$ 1, \$ 1	970.78 501.56 673.40 825.88	\$ \$ \$ \$ Con	656.60 878.24 1,189.96 1,303.24 771.84	\$ \$ \$ \$ Co	616.60 838.24 1,149.96 1,263.24	\$ \$ \$ \$ \$ CO C	656.60 878.24 1,189.96 1,303.24 771.84	\$ \$ \$ \$ Co	616.60 838.24 1,149.96 1,263.24	\$ \$ \$ \$ Coi	676.30 904.58 1,225.66 1,342.34 795.00	\$ \$ \$ \$ Coi	864.58 1,185.66 1,302.34
Parent Plus Couple Family Family CR Beginning 2019 LivingWell Ltd High Ded Plan (Plan Eliminated: Standard CDHP Non-	\$ \$ \$	940.64 1,450.02 1,615.30 800.94 2019	\$ \$ \$	952.52 1,457.82 1,624.66 801.82 2020 Total tremium	\$ 1, \$ 1, \$ 1, \$ Prei	970.78 501.56 673.40 825.88	\$ \$ \$ \$ Con	656.60 878.24 1,189.96 1,303.24 771.84 20 mployer ntribution mpleted	\$ \$ \$ \$ Co	616.60 838.24 1,149.96 1,263.24 731.84 Employer intribution complete	\$ \$ \$ \$ \$ CO C	656.60 878.24 1,189.96 1,303.24 771.84 202 Employer Intribution Completed V Promise	\$ \$ \$ \$ Co	616.60 838.24 1,149.96 1,263.24 731.84 imployer ntribution complete	\$ \$ \$ \$ Con	676.30 904.58 1,225.66 1,342.34 795.00 20 mployer ntribution empleted ' Promise	\$ \$ \$ \$ Cooling	864.58 1,185.66 1,302.34 755.00 mployer ntribution complete Promise
Parent Plus Couple Family CR Beginning 2019 LivingWell Ltd High Ded Plan (Plan Eliminated: Standard CDHP Non- Tobacco)	\$ \$ \$	940.64 1,450.02 1,615.30 800.94 2019 Total Premium	\$ \$ \$ \$ \$ \$ \$	952.52 1,457.82 1,624.66 801.82 2020 Total tremium	\$ 1, \$ 1, \$ 20 To Prei	970.78 501.56 673.40 825.88 021 otal	\$ \$ \$ \$ Con	656.60 878.24 1,189.96 1,303.24 771.84 20 mployer ntribution impleted 7 Promise	\$ \$ \$ \$ \$ Coolin LV	616.60 838.24 1,149.96 1,263.24 731.84 Employer entribution complete V Promise	\$ \$ \$ \$ \$ CO C LV	656.60 878.24 1,189.96 1,303.24 771.84 202 Employer Intribution In	\$ \$ \$ \$ \$ Co	616.60 838.24 1,149.96 1,263.24 731.84 <i>imployer</i> <i>intribution</i> <i>complete</i> V Promise 543.96	\$ \$ \$ \$ \$ \$ Coor Coo LW	676.30 904.58 1,225.66 1,342.34 795.00 20 mployer ntribution mpleted Promise 601.48	\$ \$ \$ \$ \$ \$ \$ Cooling LW	864.58 1,185.66 1,302.34 755.00 mployer ntribution complete Promise 561.48
Parent Plus Couple Family Family CR Beginning 2019 LivingWell Ltd High Ded Plan (Plan Eliminated: Standard CDHP Non- Tobacco) Single	\$ \$ \$	940.64 1,450.02 1,615.30 800.94 2019 Total Premium 607.54	\$ \$ \$ \$ \$ \$ \$	952.52 1,457.82 1,624.66 801.82 2020 Total remium 608.24	\$ 1, \$ 1, \$ 20 To Prer	970.78 501.56 673.40 825.88 021 otal mium	\$ \$ \$ \$ Con Co	656.60 878.24 1,189.96 1,303.24 771.84 20 mployer ntribution mpleted Promise 583.96	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	616.60 838.24 1,149.96 1,263.24 731.84 Employer Intribution complete V Promise	\$ \$ \$ \$ CO C LV	656.60 878.24 1,189.96 1,303.24 771.84 202 Employer Intribution Completed V Promise 583.96 808.92	\$ \$ \$ \$ \$ Cool In LW	616.60 838.24 1,149.96 1,263.24 731.84 <i>imployer</i> <i>ntribution</i> <i>complete</i> <i>V Promise</i> 543.96 768.92	\$ \$ \$ \$ Con	676.30 904.58 1,225.66 1,342.34 795.00 20: mployer ntribution mpleted Promise 601.48 833.18	\$ \$ \$ \$ Cooling	864.58 1,185.66 1,302.34 755.00 mployer ntribution complete Promise
Parent Plus Couple Family Family CR Beginning 2019 LivingWell Ltd High Ded Plan (Plan Eliminated: Standard CDHP Non- Tobacco) Single Parent Plus	\$ \$ \$	940.64 1,450.02 1,615.30 800.94 2019 Total Premium 607.54 865.08	\$ \$ \$ \$ \$ \$ \$ \$	952.52 1,457.82 1,624.66 801.82 2020 Total remium 608.24 866.76 1,334.18	\$ 1, \$ 1, \$ 20 Prei	970.78 501.56 673.40 825.88 021 otal mium 626.48 892.76	\$ \$ \$ \$ \$ Cool LW	656.60 878.24 1,189.96 1,303.24 771.84 20 mployer ntribution mpleted Promise 583.96 808.92	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	616.60 838.24 1,149.96 1,263.24 731.84 Employer entribution complete V Promise 543.96 768.92	\$ \$ \$ \$ \$ COC CLV	656.60 878.24 1,189.96 1,303.24 771.84 202 Employer Intribution Completed IV Promise 583.96 808.92 1,093.10	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	616.60 838.24 1,149.96 1,263.24 731.84 imployer intribution complete V Promise 543.96 768.92 1,053.10	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	676.30 904.58 1,225.66 1,342.34 795.00 20 mployer ntribution mpleted Promise 601.48 833.18 1,125.90	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	864.58 1,185.66 1,302.34 755.00 mployer atribution complete Promise 561.48 793.18

NON-TOBACCO | EMPLOYEE

				NON	l-TO	BACCO						
		201	9	Name of the last		202	0			202	1	
LivingWell CDHP Non-Tobacco	Co	mployee ntribution ompleted / Promise	Con	ployee tribution omplete Promise	Con	ployee tribution npleted Promise	Con	nployee stribution omplete Promise	Con	ployee tribution npleted Promise	Inco LW	ployee ribution mplete Promise
Single	\$	49.42	\$	89.42	\$	50.90	\$	90.90	\$		\$	92.42
Parent Plus	\$	126.66	\$	166.66	\$	130.46	\$	170.46	\$		\$	174.38
Couple	\$	304.62	\$	344.62	\$	313.76	\$	353.76	\$	323.18	\$	363.18
Family	\$	358.12	\$	398.12	\$	368.86	\$	408.86	\$	379.92	\$	419.92
Family CR	\$	80.32	\$	120.32	\$	82.72	\$	122.72	\$	85.20	\$	125.20
		20	10			20	20			202	21	
LivingWell PPO Non Tobacco	Cor	imployee entribution mpleted LW Promise	En Con Incor	nployee atribution mplete LW romise	Con	nployee tribution mpleted Promise	Coi	mployee ntribution complete / Promise	Con Con	nployee stribution mpleted Promise	En Con	ployee tribution omplete Promise
Single	\$	82.38	\$	122.38	\$	84.86	\$	124.86	\$	87.40	\$	127.40
Parent Plus		234.82	\$	274.82	\$	241.86	\$	281.86	\$	249.12	\$	289.12
Couple	\$	528.36	\$	568.36	\$	544.22	\$	584.22	\$	560.54	\$	600.54
Family	\$	662.26	\$	702.26	\$	682.12	\$	722.12	\$	702.58	\$	742.58
Family CR	13.7	157.56	\$	197.56	\$	162.28	\$	202.28	\$	167.14	\$	207.14
Beginning 2019		2019 (Begin	s Nev	v Plan)		20	20			20	21	
LivingWell Basic CDHP (formerly Standard PPO) Non-	C	Employee ontribution mpleted LW	Col	mployee ntribution mplete LW	Col	nployee ntribution mpleted	Co	mployee intribution complete	Coi Co	mployee ntribution empleted	Con	nployee stribution omplete
Tobacco		Promise	F	Promise	LW	Promise		V Promise		/ Promise	MACHINE.	Promise
Single		26.20	\$	66.20	\$	26.98	\$	66.98	\$	27.78	\$	67.78
Parent Plus	100	62.40	\$	102.40	\$	64.28	\$	104.28	\$	66.20	\$	106.20 315.90
Couple		260.06	\$	300.06	\$	267.86	\$	307.86 361.42	\$	275.90 331.06	\$	371.06
Family CR		312.06 29.10	\$	352.06	\$	321.42 29.96	\$	69.98	\$	30.88	\$	70.88
Family CR	Þ	29.10	\$	69.10	14	29.90	Ψ	05.50	Ψ.	00.00		10.00
Beginning 2019		2019 (Begin	s Ne	w Plan)		20	020			20	21	
LivingWell Ltd High		Employee	Co	mployee Intribution Implete LW	Co	mployee ntribution ompleted	Co In	Employee ontribution complete W Promise	Co	mployee ntribution ompleted V Promise	Co.	mployee ntribution complete / Promise
Ded Plan (Plan Eliminated: Standard CDHP Non- Tobacco)		Contribution	100000000000000000000000000000000000000	Promise		/ Promise					1000	
Ded Plan (Plan Eliminated: Standard CDHP Non-	(Contribution 23.58	1	CONTRACTOR OF THE PARTY OF THE	_	V Promise 24.28	\$	64.28	_	25.00	\$	65.00
Ded Plan (Plan Eliminated: Standard CDHP Non- Tobacco)	\$		\$	Promise	\$	24.28 57.84	\$	64.28 97.84	\$	59.58	\$	99.58
Ded Plan (Plan Eliminated: Standard CDHP Non- Tobacco) Single	\$ \$	23.58	\$	Promise 63.58	\$	24.28	\$	64.28	\$	59.58 248.32	\$	99.58 288.32
Ded Plan (Plan Eliminated: Standard CDHP Non- Tobacco) Single	\$ \$ \$	23.58 56.16	\$ \$ \$	63.58 96.16	\$ \$ \$	24.28 57.84	\$	64.28 97.84	\$	59.58	\$ \$	99.58

TOBACCO | EMPLOYER

Separate Management of the Co.	TOBAC	СО							TOB	AC	СО			1000	
	2019	2020	2021		20	119			20	20			20	21	
LivingWell CDHP Tobacco	Total Premium	Total Premium	Total Premium	Co	mployer ntribution ompleted / Promise	Co In	Employer ontribution complete N Promise	Co	imployer intribution iompleted V Promise	Co <u>Ir</u>	Employer ontribution ocomplete W Promise	C	Employer ontribution completed W Promise	Co In	imployer ntribution complete V Promise
Single		\$ 710.94	\$ 732.26	\$	620.04	\$	580.04	\$	620.04	\$	580.04	\$	639.84	\$	599.84
Parent Plus	\$ 978.50	\$ 982.30	\$ 1,011.78	\$	771.84	\$	731.84	\$	771.84	\$	731.84	\$	797.40	\$	757.40
Couple		\$ 1,342.78	\$ 1,383.08	\$	949.02	\$	909.02	\$	949.02	\$	909.02	\$	979.90	\$	939.90
Family		\$ 1,500.50	\$ 1,545.50	\$	1,051.64	\$	1,011.64	\$	1,051.64	\$	1,011.64	\$	1,085.58	\$	1,045.58
Family CR	\$ 818.96	\$ 821.36	\$ 846.00	\$	698.64	\$	658.64	\$	698.64	\$	658.64	\$	720.80	\$	680.80
	2019	2020	2021		20	19			20	20			20	21	
LivingWell PPO Tobacco	Total Premium	Total Premium	Total Premium	Con	mployer ntribution ompleted / Promise	Co In	mployer entribution complete V Promise	Col	mployer ntribution ompleted / Promise	Co In	Employer ontribution ocomplete N Promise	Co	Employer ontribution completed N Promise	Co In	mployer ntribution complete / Promise
Single		\$ 731.82	\$ 753.76	\$	606.96	\$	566.96	\$	606.96	\$	566.96	\$	626.36	\$	586.36
Parent Plus	\$ 1,037.08	\$ 1,044.12	\$ 1,075.44	\$	722.26	\$	682.26	\$	722.26	\$	682.26	\$	746.32	\$	706.32
Couple	\$ 1,589.10	\$ 1,604.96	\$ 1,653.10	\$		\$	940.74	\$		\$	940.74	\$	1,012.56	\$	972.56
Family		\$ 1,787.46	\$ 1,841.08	\$	1,025.34	\$	985.34	\$	1,025.34	\$	985.34	\$	1,058.50	\$	1,018.50
Family CR	\$ 876.68	\$ 881.40	\$ 907.84	\$	679.12	\$	639.12	\$	679.12	\$	639.12	\$	700.70	\$	660.70
Beginning 2019	2019	2020	2021		20				20	20			20	21	
LivingWell Basic CDHP (formerly	Total Premium	Total Premium	Total Premium	Cor	mployer ntribution ompleted	Co	mployer ntribution complete	Cor	mployer ntribution ompleted	Co	mployer ontribution complete	Co	mployer entribution completed	Co	mployer ntribution complete Promise
Standard PPO) Tobacco	. roman		Fremium						/ Promise	1000					
		\$ 683.58	\$ 704.08	LW	7 Promise 616.60		V Promise	LW	7 Promise 616.60	LV	V Promise	LV	V Promise	LN	
Tobacco Single					Promise	LV			616.60	1000	V Promise 576.60	LV \$	636.30	LN \$	596.30
Tobacco Single	\$ 682.80	\$ 683.58	\$ 704.08	LW \$	7 Promise 616.60	LV \$	V Promise 576.60	LW \$	616.60 798.24	LV \$	576.60 758.24	LV	636.30 824.58	\$ \$	596.30 784.58
Tobacco Single Parent Plus	\$ 682.80 \$ 940.64 \$ 1,450.02	\$ 683.58 \$ 942.52	\$ 704.08 \$ 970.78	\$ \$	7 Promise 616.60 798.24	\$	576.60 758.24	\$ \$	616.60 798.24 1,108.96	\$ \$	V Promise 576.60	\$ \$	636.30 824.58 1,145.66	LN \$	596.30 784.58 1,105.66
Tobacco Single Parent Plus Couple	\$ 682.80 \$ 940.64 \$ 1,450.02 \$ 1,615.30	\$ 683.58 \$ 942.52 \$ 1,457.82	\$ 704.08 \$ 970.78 \$ 1,501.56	\$ \$ \$	7Promise 616.60 798.24 1,109.96	\$ \$ \$	758.24 1,069.96	\$ \$ \$	616.60 798.24 1,108.96 1,223.24	\$ \$ \$	576.60 758.24 1,069.96 1,183.24	\$ \$ \$	636.30 824.58	\$ \$ \$	596.30 784.58 1,105.66 1,222.34
Tobacco Single Parent Plus Couple Family Family CR	\$ 682.80 \$ 940.64 \$ 1,450.02 \$ 1,615.30	\$ 683.58 \$ 942.52 \$ 1,457.82 \$ 1,624.66	\$ 704.08 \$ 970.78 \$ 1,501.56 \$ 1,673.40	\$ \$ \$ \$	7 Promise 616.60 798.24 1,109.96 1,223.24	\$ \$ \$ \$	758.24 1,069.96 1,183.24	\$ \$ \$ \$	616.60 798.24 1,108.96 1,223.24	\$ \$ \$ \$	576.60 758.24 1,069.96 1,183.24	\$ \$ \$	636.30 824.58 1,145.66 1,262.34 755.00	\$ \$ \$ \$ \$	596.30 784.58 1,105.66
Tobacco Single Parent Plus Couple Family	\$ 682.80 \$ 940.64 \$ 1,450.02 \$ 1,615.30 \$ 800.94	\$ 683.58 \$ 942.52 \$ 1,457.82 \$ 1,624.66 \$ 801.82	\$ 704.08 \$ 970.78 \$ 1,501.56 \$ 1,673.40 \$ 825.88	LW \$ \$ \$ \$ \$ Con	7 Promise 616.60 798.24 1,109.96 1,223.24 731.84	\$ \$ \$ \$ \$ Cooling	758.24 1,069.96 1,183.24	\$ \$ \$ \$ Cor	616.60 798.24 1,108.96 1,223.24 731.84	\$ \$ \$ \$ Coolin	576.60 758.24 1,069.96 1,183.24	\$ \$ \$ \$ Co	636.30 824.58 1,145.66 1,262.34	\$ \$ \$ \$ Con	596.30 784.58 1,105.66 1,222.34
Tobacco Single Parent Plus Couple Family Family CR Beginning 2019 LivingWell Ltd High Ded Plan (Plan Eliminated: Standard CDHP Tobacco) Single	\$ 682.80 \$ 940.64 \$ 1,450.02 \$ 1,615.30 \$ 800.94 2019 Total Premium	\$ 683.58 \$ 942.52 \$ 1,457.82 \$ 1,624.66 \$ 801.82 2020 Total Premium \$ 608.24	\$ 704.08 \$ 970.78 \$ 1,501.56 \$ 1,673.40 \$ 825.88 2021	LW \$ \$ \$ \$ \$ Con	7 Promise 616.60 798.24 1,109.96 1,223.24 731.84 20 mployer ntribution impleted	\$ \$ \$ \$ \$ Cooling	758.24 1,069.96 1,183.24 691.84	\$ \$ \$ \$ Cor	616.60 798.24 1,108.96 1,223.24 731.84 20: mployer ntribution mpleted ' Promise	\$ \$ \$ \$ Coolin	758.24 1,069.96 1,183.24 691.84	\$ \$ \$ \$ Co	824.58 1,145.66 1,262.34 755.00 Employer entribution completed V Promise	S S S S S Cooling	596.30 784.58 1,105.66 1,222.34 715.00 mployer ntribution complete Promise
Tobacco Single Parent Plus Couple Family Family CR Beginning 2019 LivingWell Ltd High Ded Plan (Plan Eliminated: Standard CDHP Tobacco)	\$ 682.80 \$ 940.64 \$ 1,450.02 \$ 1,615.30 \$ 800.94 2019 Total Premium	\$ 683.58 \$ 942.52 \$ 1,457.82 \$ 1,624.66 \$ 801.82 2020 Total Premium \$ 608.24	\$ 704.08 \$ 970.78 \$ 1,501.56 \$ 1,673.40 \$ 825.88 2021 Total Premium	LW \$ \$ \$ \$ Con Co	7 Promise 616.60 798.24 1,109.96 1,223.24 731.84 20 mployer atribution ampleted / Promise	\$ \$ \$ \$ \$ \$ Co. Inc. LW	758.24 1,069.96 1,183.24 691.84 5mployer ntribution complete V Promise 503.96	LW \$ \$ \$ \$ Con	616.60 798.24 1,108.96 1,223.24 731.84 20: mployer ntribution mpleted ' Promise	\$ \$ \$ \$ Coolin LV	758.24 1,069.96 1,183.24 691.84 Employer entribution complete V Promise	S S S S COCLU	824.58 1,145.66 1,262.34 755.00 Employer entribution completed V Promise	\$ \$ \$ \$ Cooling	596.30 784.58 1,105.66 1,222.34 715.00 mployer ntribution complete
Tobacco Single Parent Plus Couple Family Family CR Beginning 2019 LivingWell Ltd High Ded Plan (Plan Eliminated: Standard CDHP Tobacco) Single	\$ 682.80 \$ 940.64 \$ 1,450.02 \$ 1,615.30 \$ 800.94 2019 Total Premium 607.54 865.08	\$ 683.58 \$ 942.52 \$ 1,457.82 \$ 1,624.66 \$ 801.82 2020 Total Premium \$ 608.24	\$ 704.08 \$ 970.78 \$ 1,501.56 \$ 1,673.40 \$ 825.88 2021 Total Premium \$ 626.48	LW \$ \$ \$ \$ Con Co	7 Promise 616.60 798.24 1,109.96 1,223.24 731.84 20 mployer ntribution impleted 7 Promise 543.96	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	758.24 1,069.96 1,183.24 691.84 5mployer ntribution complete V Promise 503.96 688.92	\$ \$ \$ \$ \$ Concording to the control of the control	616.60 798.24 1,108.96 1,223.24 731.84 200 mployer ntribution mpleted Promise 543.96 728.92	\$ \$ \$ \$ Coolin LV	758.24 1,069.96 1,183.24 691.84 Employer entribution complete V Promise	S S S S COCLU	## Promise 636.30 824.58 1,145.66 1,262.34 755.00 20 Employer Intribution Completed	\$ \$ \$ \$ Cooling	596.30 784.58 1,105.66 1,222.34 715.00 mployer ntribution complete (Promise) 521.48 713.18
Tobacco Single Parent Plus Couple Family Family CR Beginning 2019 LivingWell Ltd High Ded Plan (Plan Eliminated: Standard CDHP Tobacco) Single Parent Plus	\$ 682.80 \$ 940.64 \$ 1,450.02 \$ 1,615.30 \$ 800.94 2019 Total Premium 607.54 865.08 1327.16	\$ 683.58 \$ 942.52 \$ 1,457.82 \$ 1,624.66 \$ 801.82 2020 Total Premium \$ 608.24 \$ 866.76 \$ 1,334.18	\$ 704.08 \$ 970.78 \$ 1,501.56 \$ 1,673.40 \$ 825.88 2021 Total Premium \$ 626.48 \$ 892.76	S S S S S S Con Co LW	7 Promise 616.60 798.24 1,109.96 1,223.24 731.84 20 mployer ntribution impleted 7 Promise 543.96 728.92	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	758.24 1,069.96 1,183.24 691.84 691.84 691.84 691.84 691.84	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	616.60 798.24 1,108.96 1,223.24 731.84 200 mployer ntribution mpleted Promise 543.96 728.92	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	576.60 758.24 1,069.96 1,183.24 691.84 Employer entribution complete V Promise 503.96 688.92 973.10	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	## A Promise 636.30 824.58 1,145.66 1,262.34 755.00 ## A Promise 561.48 753.18 1,045.90	S S S S S S Cool Inc LW	596.30 784.58 1,105.66 1,222.34 715.00 mployer ntribution complete Promise 521.48

TOBACCO | EMPLOYEE

				T	OB/	ACCO						
		201	19	Maria I		202	20			202	1	
LivingWell CDHP Tobacco	Con	nployee ntribution mpleted Promise	Con	nployee tribution omplete Promise	Con	nployee stribution mpleted Promise	Cor	mployee ntribution complete / Promise	Con Con LW	nployee tribution mpleted Promise	Con Inco LW	nployee tribution omplete Promise
Single	\$	89.42	\$	129.42	\$	90.90	\$	130.90	\$		\$	132.42
	\$	206.66	\$	246.66	\$		\$	250.46	\$		\$	254.38
Couple		384.62	\$	424.62	\$	393.76	\$	433.76	\$		\$	443.18
	\$	438.12	\$	478.12	\$	448.86	\$	488.86	\$	459.92	\$	499.92
Family CR	\$	120.32	\$	160.32	\$	122.72	\$	162.72	\$	125.20	\$	165.20
THE VIEW THE		20	10			20	20			20	21	
LivingWell PPO Tobacco	Cor Co	mployee ntribution mpleted Promise	Cor Inc	nployee ntribution complete Promise	Cor	mployee ntribution mpleted ! Promise	Col	mployee ntribution complete V Promise	Cor	mployee ntribution mpleted Promise	En Con Inc	nployee ntribution omplete Promise
Single	\$	122.38	\$	162.38	\$	124.86	\$	164.86	\$	127.40	\$	167.40
Parent Plus	\$	314.82	\$	354.82	\$	321.86	\$	361.86	\$	329.12	\$	369.12
Couple	\$	608.36	\$	648.36	\$	624.22	\$	664.22	\$	640.54	\$	680.54
Family	\$	742.26	\$	782.26	\$	762.12	\$	802.12	\$	782.58	\$	822.58
Family CR	\$	197.56	\$	237.56	\$	202.28	\$	242.28	\$	207.14	\$	247.14
Beginning 2019		2019 (Begin	s Nev	w Plan)		20	20			20		N. VIII
LivingWell Basic	F	mployee	E	mployee	E	mployee	E	mployee	10 V 16	mployee	E	mployee
CDHP (formerly Standard PPO) Tobacco	Co	ntribution ompleted	Col	ntribution complete	Co.	ntribution empleted	Co	complete V Promise	Co	ntribution ompleted / Promise	Inc	complete Promise
CDHP (formerly Standard PPO) Tobacco	Co.	ntribution ompleted V Promise	Inc LW	ntribution	Co.	ntribution mpleted / Promise	Co Inc LV		Co LW	mpleted / Promise	Inc	ntribution complete
CDHP (formerly Standard PPO) Tobacco Single	Cor LW \$	ntribution ompleted V Promise 66.20	LW \$	complete / Promise 106.20	Col Co LW \$	ntribution empleted / Promise 66.98	Co Inc LV	V Promise 106.98	<u>Сс</u> LИ	mpleted	<u>Inc</u> LW	ntribution complete / Promise
CDHP (formerly Standard PPO) Tobacco Single Parent Plus	Con LW \$	ntribution ompleted V Promise 66.20 142.40	Cor Inc LW \$	ntribution complete / Promise 106.20 182.40	Col Co LN \$	ntribution ompleted / Promise 66.98 144.28	Co Inc LV \$	Complete N Promise 106.98 184.28	20 LW \$	### 67.78 146.20	Inc LW	ntribution complete / Promise 107.78
CDHP (formerly Standard PPO) Tobacco Single Parent Plus Couple	Col Co LW \$ \$	ntribution ompleted V Promise 66.20 142.40 340.06	Coi Inc LW \$ \$	ntribution complete / Promise 106.20 182.40 380.06	Col Co LW \$ \$	ntribution ompleted / Promise 66.98 144.28 347.86	Co Inc LV \$ \$	complete N Promise 106.98 184.28 387.86	\$ \$ \$	mpleted / Promise 67.78	!nc LW \$ \$	ntribution complete / Promise 107.78 186.20 395.90
CDHP (formerly Standard PPO) Tobacco Single Parent Plus Couple Family	Cor LW \$ \$ \$	ntribution ompleted V Promise 66.20 142.40 340.06 392.06	Cor Inc LW \$ \$ \$	ntribution complete / Promise 106.20 182.40 380.06 432.06	Col LW \$ \$ \$	### Add to 1.42 #### Add to 1.42 #### Add to 1.42 #### Add to 1.42 ####################################	Co Inc LV \$ \$	complete N Promise 106.98 184.28 387.86 441.42	\$ \$ \$ \$	67.78 146.20 355.90	Inc LW \$	ntribution complete / Promise 107.78 186.20
CDHP (formerly Standard PPO) Tobacco Single Parent Plus Couple	Col LW \$ \$ \$ \$	ntribution ompleted / Promise 66.20 142.40 340.06 392.06 69.10	Cor Inc LW \$ \$ \$ \$	ntribution complete / Promise 106.20 182.40 380.06 432.06 109.10	Col Co LW \$ \$	ntribution ompleted / Promise 66.98 144.28 347.86 401.42 69.98	\$ \$ \$ \$	complete N Promise 106.98 184.28 387.86	\$ \$ \$	### April 19 ##	!nc LW \$ \$ \$ \$ \$	ntribution complete / Promise 107.78 186.20 395.90 451.06
CDHP (formerly Standard PPO) Tobacco Single Parent Plus Couple Family Family CR	Col Co LW \$ \$ \$ \$	ntribution ompleted V Promise 66.20 142.40 340.06 392.06 69.10	Cor Inc LW \$ \$ \$ \$	ntribution complete / Promise 106.20 182.40 380.06 432.06 109.10 w Plan)	\$ \$ \$ \$ \$	ntribution ompleted / Promise 66.98 144.28 347.86 401.42 69.98	\$ \$ \$ \$	complete N Promise 106.98 184.28 387.86 441.42 109.98	\$ \$ \$ \$ \$	### ### ##############################	Inc LW \$ \$ \$ \$ \$	ntribution complete / Promise 107.78 186.20 395.90 451.06 110.88
CDHP (formerly Standard PPO) Tobacco Single Parent Plus Couple Family Family CR	Cool LIN	ntribution ompleted / Promise 66.20 142.40 340.06 392.06 69.10	S S S S S S S S	ntribution complete / Promise 106.20 182.40 380.06 432.06 109.10	Con Con LIN S	ntribution ompleted / Promise 66.98 144.28 347.86 401.42 69.98	\$ \$ \$ \$ Cooling	complete N Promise 106.98 184.28 387.86 441.42	\$ \$ \$ \$ Co	### April 19 ##	\$ \$ \$ \$ Cooling	ntribution complete / Promise 107.78 186.20 395.90 451.06
CDHP (formerly Standard PPO) Tobacco Single Parent Plus Couple Family Family CR Beginning 2019 LivingWell Ltd High Ded Plan (Plan Eliminated: Standard CDHP	S S S S S CO	ntribution pmpleted V Promise 66.20 142.40 340.06 392.06 69.10 2019 (Begin	S S S S S S S S	ntribution complete / Promise 106.20 182.40 380.06 432.06 109.10 w Plan) mployee ntribution complete	Con Con LIN S	ntribution mpleted / Promise 66.98 144.28 347.86 401.42 69.98 20 mployee ntribution empleted	\$ \$ \$ \$ Cooling	Complete N Promise 106.98 184.28 387.86 441.42 109.98 Employee ontribution acomplete	\$ \$ \$ \$ Co	### April 19 ##	\$ \$ \$ \$ Cooling	### April 10
CDHP (formerly Standard PPO) Tobacco Single Parent Plus Couple Family Family CR Beginning 2019 LivingWell Ltd High Ded Plan (Plan Eliminated: Standard CDHP Tobacco)	S S S S S CO CC LW	ntribution mpleted V Promise 66.20 142.40 340.06 392.06 69.10 2019 (Begin mployee intribution completed V Promise	S S Net	ntribution complete / Promise 106.20 182.40 380.06 432.06 109.10 w Plan) mployee ntribution complete / Promise	S S S S S S COC	ntribution mpleted / Promise 66.98 144.28 347.86 401.42 69.98 20 mployee ntribution completed V Promise	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	complete N Promise 106.98 184.28 387.86 441.42 109.98 Employee ontribution acomplete W Promise	S S S S S Co	### ### ### ### ### ### ### ### ### ##	\$\\$\\$\\$\$ \$Cooling	ntribution complete / Promise 107.78 186.20 395.90 451.06 110.88 mployee ntribution complete / Promise
CDHP (formerly Standard PPO) Tobacco Single Parent Plus Couple Family Family CR Beginning 2019 LivingWell Ltd High Ded Plan (Plan Eliminated: Standard CDHP Tobacco) Single	S S S S S S S S S S S S S S S S S S S	ntribution ompleted / Promise 66.20 142.40 340.06 69.10 2019 (Begin ompleted V Promise 63.58	S S Nee	ntribution complete / Promise 106.20 182.40 380.06 432.06 109.10 w Plan) mployee ntribution complete / Promise 103.58	S S S S S S S S S S	ntribution mpleted / Promise 66.98 144.28 347.86 401.42 69.98 20 mployee ntribution mpleted V Promise 64.28	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	complete N Promise 106.98 184.28 387.86 441.42 109.98 Employee ontribution acomplete W Promise 104.28	\$ \$ \$ \$ Coccurrent of the content of	### April 19 ##	\$ \$ \$ \$ \$ Cooling LV	### April 105.00
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DENTAL RENEWAL DELTA DENTAL

Core Option

Delta Dental of Kentucky

Renewal Rates for MARSHALL COUNTY FISCAL COURT #692070

Effective January 1, 2021



Rates		
Rates per subscriber per month	Current Rate(s) January 1, 2020 through December 31, 2020	Renewal Rate(s) January 1, 2021 through December 31, 2021
Subscriber only	\$22.35	\$22.35
Subscriber and spouse	\$45.03	\$45.03
Subscriber and child(ren)	\$50.60	\$50.60
Subscriber, spouse and child(ren)	\$79.61	\$79.61
Overall Percent Change	0.0	00%

Buy Up Option

Delta Dental of Kentucky

Renewal Rates for MARSHALL COUNTY FISCAL COURT #692070

Effective January 1, 2021



Rates		
Rates per subscriber per month	Current Rate(s) January 1, 2020 through December 31, 2020	Renewal Rate(s) January 1, 2021 through December 31, 2021
Subscriber only	\$28.38	\$28.38
Subscriber and spouse	\$55.80	\$55.80
Subscriber and child(ren)	\$64.23	\$64.23
Subscriber, spouse and child(ren)	\$98.72	\$98.72
Overall Percent Change	0.0	00%

Recommendation: Remain with Delta Dental to avoid any service or provider disruptions.

DENTAL RENEWAL

DELTA DENTAL

Marshall County	Core Current Plan Delta Dental PPO plus Premier	Buy-Up Plan Delta Dental PPO plus Premier	KEHP Anthem Bronze Plan	KEHP Anthem Silver Plan	KEHP Anthem Gold Plan
Fiscal Court	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
Employee Only	\$22.35	\$26.45	\$13.28	\$20.18	\$26.78
Employee + Spouse	\$45.03	\$53.27	\$24.22	\$38.32	\$51.78
Employee + 1 Child	\$50.60	\$59.86	\$31.50	\$43.32	\$66.04
Employee + Children	\$50.60	\$59.86	\$31.50	\$43.32	\$66.04
Family	\$79.61	\$94.19	\$46.48	\$64.40	\$96.32
BENEFIT COMPARISON (Some limita				re In-Network & Out-of- N	etwork. Out-of-Network
prov	iders may balance bill after i	nsurance pays. Payment	percentages based on all	owable amounts.	
Annual Maximum	\$750	\$1,500	\$750	\$1,000	\$1,500
Deductible	None	\$25 (\$75 Family Max.)	\$50/Per Person	\$50/Per Person	\$50 (\$150 Max.)
Exams & Cleanings (2x Year)	100%	100%	100%	100%	100%
Radiographs (X-Rays)	100% Bitewing 1x Yr. Full 1x 5 Yrs.	100% Bitewing 1x Yr. Full 1x 5 Yrs.	100% after deductible Bitewing 1x 12 Mos. Full 1x 60 Mos.	100% after deductible Bitewing 1x 12 Mos. Full 1x 60 Mos.	100% after deductible Bitewing 1x 12 Mos. Full 1x 60 Mos.
Fillings & Crown Repair	50% Composite Resin	80% after deductile Composite Resin	50% after deductible White/Silver	80% after deductible White/Silver	80% after deductible White/Silver
Endodontic Services	50%	80% after deductible	Not Specified	Not Specified	Not Specified
Root Canals	50%	80% after deductible	Not Specified	Not Specified	Not Specified
Periodontic (Gum Disease)	50%	80% after deductible	Not Covered	50% after deductible	50% after deductible
Oral Surgery (Extractions)	50%	80% after deductible	Not Covered	80% after deductible	80% after deductible
Oral Surgery (Dental Surgery)	50%	80% after deductible	Not Covered	50% after deductible	80% after deductible
Crowns	50%	80% after deductible	Not Covered	50% after deductible, 1 per tooth per 84 mos.	50% after deductible, 1 per tooth per 84 mos.
Relines & Repairs (Bridges, Implants, & Dentures)	50%	50% after deductible	Not Specified	Not Specified	Not Specified
Prosthodontic (Bridges)	50%	50% after deductible	Not Covered	50% after deductible, 1 per tooth per 84 mos.	50% after deductible, 1 per tooth per 84 mos.
Prosthodontic (Implants)	50%	50% after deductible	Not Covered	50% after deductible, 1 per tooth per 84 mos.	50% after deductible, 1 per tooth per 84 mos.
Prosthodontic (Dentures)	50%	50% after deductible	Not Covered	Not Covered	50% after deductible
Orthodontia (Braces -Dependent Children to age 19)	50%	50% after deductible	Not Covered	Not Covered	50% after deductible
White the state of		Lifetime Limit		THE REAL PROPERTY.	Charles and the
Applies to orthodontics & some additional services	\$750	\$1,000	Not Covered	Not Covered	\$1,000
TOTAL STREET	THE STREET	Additional Informa	A STATE OF THE PARTY OF THE PAR	A PROPERTY OF	AND REAL PROPERTY.
Annual Max Carryover	Does Not Apply	Does Not Apply	Does Not Apply	Does Not Apply	Allowed

VISION RENEWAL AVESIS



September 3, 2020

RE: Marshall County Fiscal Court

Vision Plan Renewal

Thank you for choosing Avēsis as your vision care provider. We are privileged to have you as our client and are committed to ensuring that Marshall County Fiscal Court receives the best vision care experience available. We look forward to continuing our relationship with you and serving as your vision carrier of choice in the coming years.

We are pleased to offer a (2) year guarantee with the following premium rates:

Group Number: 30790-1516

Current Rates: \$7.96 / \$13.93 / \$20.71

Renewal Period: January 01, 2021 - December 31, 2022

Option 1 (Current Plan)

Renewal Plan: 924
Lens Option Package: N/A
Copays: \$10 / \$10
Wholesale Frame Allowance: \$50
Contact Lens Allowance: \$130

Renewal Rates: \$7.96 / \$13.93 / \$20.71

We would like to offer your groups some additional benefits for (3) year guarantee to better suit their needs!

Option 2

Plan 050130CZ-L3

Lens Option Package: L3

Copays: \$10 / \$10 Wholesale Frame Allowance: \$50 Contact Lens Allowance: \$130

Renewal Rates: \$9.70 / \$17.18 / \$25.67

Option 3

Plan 050130CZ-L5

Lens Option Package: L5
Copays: \$10 / \$10
Wholesale Frame Allowance: \$50
Contact Lens Allowance: \$130

Renewal Rates: \$10.62 / \$18.90 / \$28.30

VISION RENEWAL

Lens Package Options

Avēsis has several different lens packages with options that include:

	Lens Package 2	Lens Package 3	Lens Package 4	Lens Package 5	Lens Package 6	Lens Package 7
Adult Polycarbonate	1	1		1		1
Standard Scratch-Resistant Coating		1		1		1
Ultra-Violet Screening		1		1		1
Solid or Gradient Tint		1		1		1
Standard Anti-Reflective Coating		1		1		1
Level 1 Progressives			1	1	1	1
Level 2 Progressives					1	1

GROUP LIFE RENEWAL

Renewal Rates effective January 1, 2021

*Specific group coverages not listed below will be renewed at current rates.

Coverage	Current Rates	Renewal Rates	Volume/Lives	Renewal Annual Premium
Basic Life	\$0.178/\$1,000	\$0.178/\$1,000	\$6,702,000.00	\$14,315.47
	Rates are guarante	ed from January 1, 2	2021 - December 31, 2	021 (12 months)

Coverage	Current Rates	Renewal Rates	Volume/Lives	Renewal Annual Premium
Basic AD&D	\$0.028/\$1,000	\$0.028/\$1,000	\$6,702,000.00	\$2,251.87
Basic AD&D			\$6,702,000.00	

VISION RENEWAL COMPARISON

Marshall County Fiscal Court	Current Avesis Plan (2-Yr. Rate Hold) Monthly Premium	Current Avesis Plan (3-Yr. Rate Hold) Enhanced Lens Option 2 Monthly Premium	Current Avesis Plan (3-Yr. Rate Hold) Enhanced Lens Option 3 Monthly Premium
Employee Only	\$7.96	\$9.70	\$10.62
Employee + Spouse	\$14.93	\$17.18	\$18.90
Employee + 1 Child	\$14.93	\$17.18	\$18.90
Employee + 2 or More Children	\$20.71	\$25.67	\$28.30
Family	\$20.71	\$25.67	\$28.30
PART PRINCE AND RES		BENEFIT COMPARISON	Some limitations apply, see
Eye Exam	\$10 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)
Contact Lense Exam	\$10 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)
Frame Allowance	\$150 (1x 24 Mos.)	\$150 (1x 24 Mos.)	\$150 (1x 24 Mos.)
Lenses (Single Vision)	\$10 Copay then covered in full (1x 12 Mos.)	\$10 Copay then covered in full (1x 12 Mos.)	\$10 Copay then covered in full (1x 12 Mos.)
Lenses (Bifocal)	\$10 Copay then covered in full (1x 12 Mos.)	\$10 Copay then covered in full (1x 12 Mos.)	\$10 Copay then covered in full (1x 12 Mos.)
Lenses (Trifocal)	\$10 Copay then covered in full (1x 12 Mos.)	\$10 Copay then covered in full (1x 12 Mos.)	\$10 Copay then covered in full (1x 12 Mos.)
Lenses (Lentricular)	\$10 Copay then covered in full (1x 12 Mos.)	\$10 Copay then covered in full (1x 12 Mos.)	\$10 Copay then covered in full (1x 12 Mos.)
Lenses (Contacts) (In lieu of spectacle frames & lenses)	\$130 Allowance-Electicve Covered in Full if Medically Necessary (1x 12 Mos.)	\$130 Allowance-Electicve Covered in Full if Medically Necessary (1x 12 Mos.)	\$130 Allowance-Electicve Covered in Full if Medically Necessary (1x 12 Mos.)
Other Lense Option Upgrades	Discounted Up to 20%	Discounted Up to 20%	Discounted Up to 20%

^{*}Ded. must be met before Copay's apply. Copay's apply to OOP max. Spreadsheet is for information purposes only. In the

Currently in year two fo a 2-Year rate gurantee with Avesis.

VISION RENEWAL COMPARISON

Alternative 1 DeltaVision (VSP) 130	Alternative 2 DeltaVision (VSP) 150	KEHP Option Anthem Bronze Plan	KEHP Option Anthem Silver Plan	KEHP Option Anthem Gold Plan
Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
\$6.30	\$7.43	\$5.52	\$6.46	\$13.12
\$12.60	\$14.86	\$10.94	\$12.80	\$26.14
\$13.49	\$15.90	\$11.22	\$13.12	\$26.80
\$13.49	\$15.90	\$11.22	\$13.12	\$26.80
\$21.55	\$25.42	\$16.64	\$19.48	\$39.82
Benefit Summary/Certificat	e for details) All benefits sh	own are In-Network		
\$10 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)	\$10 Copay (1x Cal Yr.)	\$10 Copay (1x Yr.)	\$10 Copay (1x Yr.)
Up to a \$60 Copay	Up to a \$60 Copay	\$10 Copay (1x Cal Yr.)	\$10 Copay (1x Yr.)	\$10 Copay (1x Yr.)
\$130 (1x 24 Mos.)	\$150 (1x 24 Mos.)	\$125 (1x 2 Cal Yrs.)	\$150 (1x 2 Cal Yrs.)	\$150 (1x 1 Cal Yr.)
\$25 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)	\$25 Copay (1x Yr.)	\$10 Copay (1x Yr.)	\$10 Copay (Lined Lenses) (1x Yr.)
\$25 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)	\$25 Copay (1x Yr.)	\$10 Copay (1x Yr.)	\$10 Copay (Lined Lenses) (1x Yr.)
\$25 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)	\$25 Copay (1x Yr.)	\$10 Copay (1x Yr.)	\$10 Copay (Lined Lenses) (1x Yr.)
\$25 Copay (1x 12 Mos.)	\$10 Copay (1x 12 Mos.)	Not Specified	Not Specified	Not Specified
\$130 Allowance (1x 12 Mos.)	\$150 Allowance (1x 12 Mos.)	\$150 Allowance (1x Yr.)	\$150 Allowance (1x Yr.)	\$175 Allowance (1x Yr.)
Average Savings of 30%	Average Savings of 30%	Various Copays Depending on Upgrade	Various Copays Depending On Upgrade	Various Copays Depending on Upgrade

event of discrepancy between premiums &/or the benefits listed, carrier bill, benefit summary, & certificate will prevail.

Recommendation: Remain with Avesis or move to DeltaVision VSP. KEHP Anthem Option(s) not recommended due to Walmart not being in-network.

CLAIMS REVIEW DATA FROM ANTHEM AS OF JUNE 30, 2020

Total	Employees	Members	Member Age Avg	Net Pay Med	Net Pay Rx	Net Pay Med and Rx
Time Period: Paid Month						
Jun 2020	112	247	32.8	\$46,674.42	\$47,164.47	\$93,838.89
May 2020	114	250	32.8	\$56,360.83	\$39,713.02	\$96,073.85
Apr 2020	113	246	32.9	\$120,660.57	\$33,231.63	\$153,892.20
Mar 2020	111	243	32.5	\$50,732.69	\$54,362.02	\$105,094.71
Feb 2020	114	250	32.3	\$80,539.26	\$34,820.45	\$115,359.71
Jan 2020	115	254	32.2	\$76,157.93	\$25,512.86	\$101,670.79
Dec 2019	115	255	32.5	\$200,199.75	\$34,042.71	\$234,242.46
Nov 2019	116	258	32.8	\$60,525.14	\$35,401.11	\$95,926.25
Oct 2019	114	259	32.5	\$61,711.67	\$45,007.99	\$106,719.66
Sep 2019	114	258	32.6	\$75,876.76	\$20,887.69	\$96,764.45
Aug 2019	112	254	32.6	\$86,823.10	\$54,323.80	\$141,146.90
Jul 2019	113	255	32.7	\$39,504.19	\$16,133.29	\$55,637.48
Jun 2019	111	252	32.5	\$130,209.56	\$47,767.56	\$177,977.12
May 2019	113	256	32.4	\$78,975.22	\$32,807.34	\$111,782.56
Apr 2019	112	255	32.4	\$52,117.88	\$44,719.65	\$96,837.53
Mar 2019	113	257	32.3	\$39,487.77	\$44,090.72	\$83,578.49
Feb 2019	109	245	32.6	\$62,005.51	\$42,869.98	\$104,875.49
Jan 2019	114	255	32.6	\$38,256.04	\$46,644.94	\$84,900.98
Dec 2018	119	263	33.6	\$86,590.32	\$40,321.80	\$126,912.12
Nov 2018	118	262	33.5	\$86,644.25	\$36,774.45	\$123,418.70
Oct 2018	120	262	33.7	\$136,276.46	\$48,788.46	\$185,064.92
Sep 2018	118	258	33.9	\$127,762.66	\$20,056.64	\$147,819.30
Aug 2018	120	253	34.3	\$243,929.92	\$45,913.29	\$289,843.21
Jul 2018	120	264	34.0	\$29,049.24	\$17,726.46	\$46,775.70

CLAIMS REVIEW

DATA FROM ANTHEM AS OF JUNE 30, 2020

Total	Employee Premium Amount	Employer Premium Amount	Prem Paid Eligibility Amount	
Time Period: Paid Month				
Jun 2020	\$21,335.18	\$99,949.50	\$121,284.68	
May 2020	\$21,739.84	\$101,598.56	\$123,338.40	
Apr 2020	\$21,227.98	\$99,883.92	\$121,111.90	
Mar 2020	\$20,863.32	\$98,194.86	\$119,058.18	
Feb 2020	\$21,527.94	\$100,473.50	\$122,001.44	
Jan 2020	\$22,041.26	\$101,574.32	\$123,615.58	
Dec 2019	\$20,869.12	\$102,243.42	\$123,112.54	
Nov 2019	\$21,415.70	\$103,961.46	\$125,377.16	
Oct 2019	\$21,265.72	\$102,821.26	\$124,086.98	
Sep 2019	\$21,285.18	\$102,665.56	\$123,950.74	
Aug 2019	\$21,012.40	\$101,117.58	\$122,129.98	
Jul 2019	\$21,134.78	\$101,724.54	\$122,859.32	
Jun 2019	\$20,664.52	\$100,522.20	\$121,186.72	
May 2019	\$20,908.76	\$102,024.50	\$122,933.26	
Apr 2019	\$20,819.34	\$101,404.46	\$122,223.80	
Mar 2019	\$21,089.98	\$101,808.04	\$122,898.02	
Feb 2019	\$20,423.54	\$97,598.90	\$118,022.44	
Jan 2019	\$21,070.02	\$102,072.24	\$123,142.26	
Dec 2018	\$21,139.78	\$106,364.80	\$127,504.58	
Nov 2018	\$21,050.36	\$105,744.76	\$126,795.12	
Oct 2018	\$21,092.52	\$107,401.90	\$128,494.42	
Sep 2018	\$20,876.44	\$105,930.02	\$126,806.46	
Aug 2018	\$20,711.34	\$106,390.26	\$127,101.60	
Jul 2018	\$21,551.10	\$107,953.92	\$129,505.02	

MASA | MEDICAL TRANSPORT SOLUTIONS







EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away fromhome.

Many American employers and employees believe that their health insurance policies cover most, if notall ambulance expenses. The truth is, they DO NOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

ONLY MASA provides over 1.6 million members with coverage for BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports them.

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



Any Ground. Any Air. Anywhere.™

OUR BENEFITS Benefit* Platinum Emergent Plus \$39/Month \$14/Month **Emergent Ground** U.S./Canada U.S./Canada Emergent Air U.S./Canada U.S./Canada Transportation Non-Emergent Air Worldwide U.S./Canada Transportation U.S./Canada Repatriation Worldwide Escort Transportation Worldwide Mortal Remains Worldwide Visitor Transportation BCA** Children/Grandchildren BCA** Vehicle Return BCA** Pet Return BCA** Organ Retrieval U.S./Canada Organ Recipient U.S./Canada Transportation Please refer to the MSA for a detailed explanation of benefits and eligibility, * Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba).



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claims process

For more information, please contact



EVERY FAMILY DESERVES A MASA MEMBERSHIP