

September 24, 2023

Boone Co Reg Sewer Dist  
1314 N Seventh Street  
Columbia, MO 65201

Dear Valued Group,

Thank you for choosing Anthem Blue Cross and Blue Shield for your employees' health plan. We value your business and hope to continue serving you as your policy renews. As you consider your options for renewal, we'd like to make sure you have all the information you need to choose a plan that works best for you.

Please review this packet, which includes the following information about your current benefit package:

- ▶ Amendment to Fully Insured Master Contract
- ▶ Amendment to Master Contract Addendum A
- ▶ Amendment to Master Contract Addendum B
- ▶ Monthly Premium Comparison

We continue to be concerned about the rising cost of health care, which leads to a corresponding rise in insurance premiums. Some of the factors that contribute to higher health care costs are new treatment technologies and unhealthy lifestyles. General inflation, higher drug costs, and other factors also increase health care costs. On our part, we're working hard to reduce cost by being efficient and by promoting health and wellness and quality of care. When these savings aren't enough to offset the increase caused by other factors, premiums may go up.

As you approach your renewal, we want to remind you that we offer very competitive rates for dental, vision, disability and life insurance. 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 the plan we're offering, do nothing. We'll take care of the rest.
- ▶ Choose a different plan, just sign the rate sheet for the plan you want and send it to us.
- ▶ Add dental, vision, disability or life insurance, call your broker for a quote.
- ▶ Get more information, visit [anthem.com](https://www.anthem.com)

Again, thank you for the opportunity to serve you. We look forward to another year of helping improve the lives of your employees and their families.

Sincerely,



Stan Marczak  
Regional Vice President, Sales  
Anthem Blue Cross and Blue Shield in Missouri  
Enclosures

## Important information: Missouri

Employees and dependents who initially waived coverage or did not enroll timely, and now wish to enroll, may do so during the Employer's open enrollment period, which runs from 31 days before to 31 days after your renewal date. If the application is received during the 31 days after the renewal effective date, coverage will be available effective on the first day of the following month.

### Selection of benefits

**IF YOU WISH TO RENEW YOUR COVERAGE AS ILLUSTRATED** on the enclosed *Summary of Benefits*, no action is required. Please note the benefit plan(s) in this renewal package may not be the same as your current benefit plan(s) due to changes made under health care reform.

### Alternative benefit options

You may make changes to the Anthem Blue Cross and Blue Shield (Anthem) benefits package effective as your contract renews. Some changes may reduce the cost of the premium. Simply contact your broker if you have questions or need additional details regarding benefit options.

### Affordability of health care

We continue to be extremely concerned about the increasing cost of health care and how this affects your ability to offer affordable, quality coverage for your employees. There are several factors which contribute to the rise of health care costs and the corresponding rise in insurance premiums. Consumer lifestyle (e.g., smoking and obesity), prescription drug costs, health care fraud and abuse, costs associated with complying with government mandates and other regulations, advances in expensive technologies and general inflation are primary drivers. Another significant cause is cost shifting, in which providers require higher reimbursement rates from private insurers to offset lower, legally mandated reimbursement rates for government programs, e.g., Medicare.

The vast majority of total premiums paid to Anthem are spent covering medical care and services that members receive, such as doctor visits, hospital stays and prescription drugs. So when costs for these services rise, so must our premiums. Your premium dollars also fund the services we provide, such as claims processing, enrollment and billing, customer service and complying with government regulations. Premiums also fund efforts to control the rising cost of health care. Indeed, Anthem is working very aggressively to try to help reduce rising costs by promoting transparency and quality of care, educating our members about benefit alternatives and health and wellness, and working to reduce and minimize expenses.



Health · Pharmacy · Dental · Vision · Disability · Life

Life and Disability products underwritten by Anthem Life Insurance Company. In Missouri, (excluding 30 counties in the Kansas City area) Anthem Blue Cross and Blue Shield is the trade name of 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. 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.

Anthem offers a full range of products including traditional PPO plans and Consumer-Driven Health plans. If you have questions or would like to learn more about how Anthem can help you mitigate your increasing health care costs, please contact your broker — we work as a team and will be happy to assist you.

### Health Care Reform

As you know, the federal health care reform law allows employers to “grandfather” their health plan. Grandfathered plans are exempt from some health care reform rules.

### 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 to discuss your new plan options.

### The year ahead

Again, we greatly appreciate your business and we look forward to continuing to serve you and your employees in the upcoming year.



Health · Pharmacy · Dental · Vision · Disability · Life

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# Getting to the bottom of health care costs

**A look at rising premiums and what we're doing to help control them**

## **Health care costs and premiums go hand-in-hand**

It's a question we've heard hundreds of times: "Why are my health care premiums going up when our plan's members have used less health care than in the past?"

A lot of employers think their premiums increase just because their plan members use too many health care services – like what happens to your car insurance if you get too many speeding tickets. But the number of services is just one piece of the puzzle. The problem is bigger than that.

The fact is that costs are rising rapidly within the whole health care system. By 2019, the U.S. will spend about \$4.4 trillion on health care.<sup>1</sup> Yes, trillion with a "t." It's hard to wrap your head around a number that big, isn't it? Here's what it really means:

- Almost twice what we spent in 2007
- About 1/5 of our economy
- More than \$13,000 per person each year

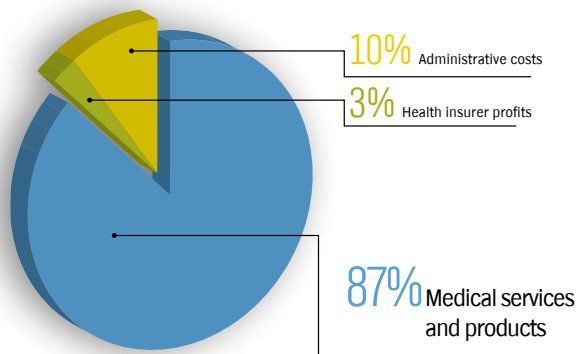
Unfortunately, there's no magic bullet to change the direction we're heading in. But here's where we can start ...

**When health care costs go up, often premiums go up, too. When premiums go up, employers may have less money to spend on building their business and paying salaries and, well, everything else. That's where the problem really hits home.**



Based on industry averages, 87% of the premium is used to pay for health care services members receive – things like doctor visits, hospital costs and prescription drugs.<sup>2</sup>

Here's a look at why the cost of those services keeps going up:



#### More costly technology, used more often

Medical technology is the key driver of health care spending, accounting for an estimated half to two-thirds of spending growth.<sup>3</sup> As new tests and more costly equipment come out, we can expect to see an increase in the use of these services – even though they're not necessarily more effective than existing, less expensive services.

#### Prescription drug costs and use

Nearly two-thirds of Americans fill a prescription during the year – and the average American fills 12. From 1990 to 2008, spending on prescription drugs increased nearly six times over – making drugs the fastest-growing segment of health care spending.<sup>4</sup>

#### Unhealthy lifestyles

Preventable risk factors like obesity, smoking and drug abuse play into increased use of health care services and can lead to chronic diseases, which account for 75% of U.S. health care spending each year.<sup>5,6,7</sup>

#### Services people don't need

Tests that have already been done. Treatments used despite a lack of proof they work. The costs add up. On average, one-third or more of procedures performed in the U.S. appear to be inappropriate or offer questionable benefits to patients.<sup>8</sup>

#### Health care fraud

The National Health Care Anti-Fraud Association estimates conservatively that 3% of all health care spending is lost to health care fraud each year. That's \$68 billion a year – or more than \$180 million per day.<sup>9</sup>

#### Complying with laws

It's estimated that private health insurers nationwide spend more than \$339 billion a year to comply with government regulations. Some of this money is used to pay for required services like screenings. But more than half is spent on regulatory costs such as filing and reporting.<sup>10</sup>

#### Cost shifting

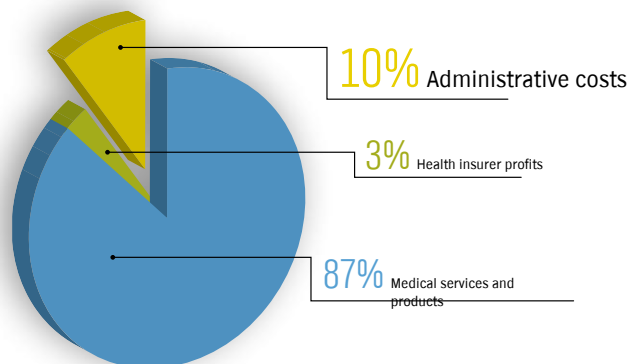
There's a significant difference between Medicaid and Medicare reimbursement rates and the rates of private insurers. One report estimates this leads to health care cost increases of about 10%, or \$1,788 yearly, for a typical family of four that has private health insurance.<sup>11</sup>

#### Inflation

Just as we spend more today for a gallon of milk than we did 20 years ago, we spend more for health care services. This health care price inflation outpaces general inflation and drives 51% of the growth in health care spending.<sup>12</sup>

On average, 10% of the premium pays for administrative services like claims processing, enrollment, billing, provider credentialing and complying with government rules.<sup>13</sup>

Some of our efforts to control the rising cost of care are also considered administrative services. Here are some key things we're doing to try to control costs:



### Helping employers and members save money on care

The discounts we negotiate with providers help customers save millions of dollars on health care every year. We developed a program that uses Google Maps, an online tool and targeted outreach to help members avoid costly emergency room visits in nonemergency situations. And we've started a program to help make sure high-cost services like MRIs and CT scans are being used appropriately.

### Working to lower drug costs

Our pharmacy benefit manager helps members get more value for their money – for instance, through outreach programs that aim to improve medication compliance and encourage use of generic drugs when appropriate. And we're working to promote better use of medicines by supporting new ways to reduce harmful drug events, among other activities.

### Empowering members to take charge of their health

As part of our total solution to help employers and members manage costs, we provide plans and programs that seek to change the way members use their benefits, including:

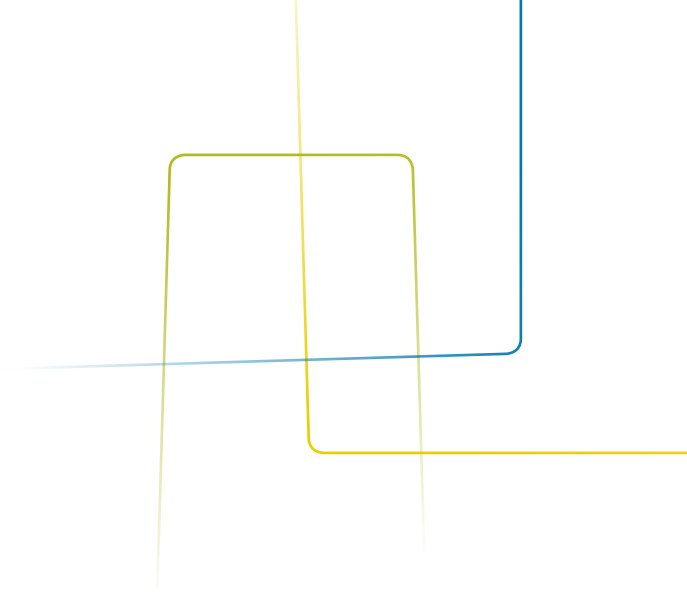
- Anthem Health Rewards – Provides incentives for healthy behaviors.
- Innovative plan designs – Get members more engaged in their care.
- Anthem Care Comparison and Zagat health survey – Help members make more informed decisions about where they receive care.

In addition, all Anthem health plans include these health and wellness programs at no additional cost:

- 24/7 NurseLine – Nurses help members make informed decisions about the appropriate level of care or talk about a medical issue or symptoms.
- Condition Management Programs – Help members manage chronic and complex health problems.
- MyHealth Advantage – Sends mailers to members reminding them of overdue screenings and prescription refills, as well as tips on how to save money on their medications.
- anthem.com – A health assessment that offers personalized tips, plus health information.

### Promoting quality, not quantity

We're encouraging treatments that generally work and are beginning to pay doctors based on their performance.



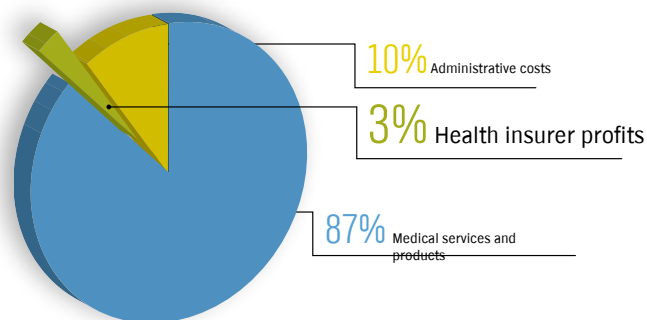
### Finding and fixing fraud

We have dedicated teams that work to prevent, find and recoup dollars lost to fraud.

### Making our operations more efficient

As part of our efforts to control customers' premiums, we've taken steps to control our own costs for many years. This includes investing in technology that streamlines claims payment, helping to reduce costs while improving customer service.

That leaves 3% of every premium dollar as a buffer to make sure claims can be paid if there's a significant spike in health care spending, as well as for profits and paying taxes. We also use this part of the premium to make investments in new products and to improve the lives of the people we serve and the health of our communities.



Anthem continues to be a trusted choice in part because of our history of financial stability. We're committed to being here for our customers when they need us – and we can only do so if we're managing our financials responsibly and operating profitably.

As health care costs keep rising, we'll continue to focus on what's most important to you: helping you keep your workforce and your bottom line healthy.

### How will health care reform affect costs?

The Affordable Care Act will have wide-ranging impacts on the health insurance marketplace, especially for small employers. There are new rules for insurance premiums, a new framework for benefits, new taxes and fees, and, in some cases, government subsidies available.

These new changes mean that insurance premiums will increase for some and decrease for others. For example, the cost of new mandated benefits, taxes and fees will be included in premiums. Additionally, new rules for insurance premiums mean that some groups will lose discounts while others will benefit from the elimination of surcharges. The bottom line is that the impact of reform can vary significantly from employer to employer.

**As we continue to receive and evaluate health care reform regulations, we'll keep you informed about how the law will affect you. Find the latest information at [anthem.com/healthcarereform](http://anthem.com/healthcarereform).**



**Anthem**   
Health. Join In.<sup>SM</sup>

This content is provided solely for informational purposes: it is not intended as and does not constitute legal advice. The information contained herein should not be relied upon or used as a substitute for consultation with legal, accounting, tax and/or other professional advisors.

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Premium breakdown represents all carriers and all lines of business and, therefore, may not be representative of a particular plan.

- 1 Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group, "National Health Expenditure Projections 2009-2019 (September 2010)."
- 2 PricewaterhouseCoopers' Health Research Institute "Share of Benefit Premiums" Medical Cost Trend for 2009.
- 3 Sarah Goodell, M.A. and Paul B. Ginsburg, Ph.D., "High and rising health care costs: Demystifying U.S. health care spending," October, 2008. <http://www.rwjf.org/pr/product.jsp?id=35368> (accessed June 9, 2011).
- 4 Kaiser Family Foundation: "Prescription Drug Trends," May 2010. <http://www.kff.org/odrugs/upload/3057-08.pdf> (accessed July 5, 2011)
- 5 Thorpe, et al, Health Affairs, June 2005.
- 6 PricewaterhouseCoopers, "The Factors Fueling Rising Health Care Costs 2008" December 2008.
- 7 Will Dunham, More Americans getting multiple chronic illnesses, Thomson Reuters, January 2009.
- 8 <http://www.rand.org/health/feature/forty/health-services-utilization-study.html> (accessed June 9, 2011).
- 9 National Health Care Anti-Fraud Association "The Problem of Health Care Fraud." [http://www.nhcaa.org/leweb/DynamicPage.aspx?webcode=anti\\_fraud\\_resource\\_cent&wpscode=TheProblemOfHCFraud](http://www.nhcaa.org/leweb/DynamicPage.aspx?webcode=anti_fraud_resource_cent&wpscode=TheProblemOfHCFraud) (accessed June 9, 2011).
- 10 Conover, Christopher J. "Health Care Regulation: A \$169 Billion Hidden Tax" October 4, 2004. [http://www.cato.org/pub\\_display.php?pub\\_id=2466](http://www.cato.org/pub_display.php?pub_id=2466) (accessed June 9, 2011).
- 11 "Hospital & Physician Cost Shift: Payment Level Comparison of Medicare, Medicaid, And Commercial Payers," Millman, December 2008.
- 12 Businessweek, "Behind Rising Health-Care costs" July 14, 2008. [http://www.businessweek.com/technology/content/jul2008/tc2008079\\_279097.htm](http://www.businessweek.com/technology/content/jul2008/tc2008079_279097.htm) (accessed June 9, 2011).
- 13 PricewaterhouseCoopers' Health Research Institute "Share of Benefit Premiums" Medical Cost Trend for 2009.

# Healthy Options



**Your Agent:**  
Naught, Philip A.

Group #: 00137022-0000  
Effective Date: December 01, 2023

## Renewal Package For Boone Co Reg Sewer Dist



# We're here for you and your employees. Just as we have been for more than 87 years.

Headquarters: St. Louis

President: Stephanie Vojcic

Employees: 1,178

Membership: 1.3 million

Serving Missouri since 1936

## Superior network strength means extra savings and convenience.

You and your employees enjoy:

- ▶ Blue Access: 3,600 primary care physicians, 5,200 specialists, 135 hospitals
- ▶ Blue Access Choice (St. Louis region): 2,600 primary care physicians, 4,400 specialists, 58 hospitals
- ▶ Blue Preferred: 2,900 primary care physicians, 3,800 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

# 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 Preferred Plus Option 5 with Rx Option P, Blue 3	\$12,269.87	\$13,484.29	9.9%	\$0/\$0	\$500/\$1,000	\$15 Copays	20%	\$150 \$50	\$8/\$25/\$45/25% up to \$2,500	See your contract	No

**Total Current Premium: \$12,269.87**

**Total New Premium: \$13,484.29**

**Increase: 9.9%**

Note: Durable Medical Equipment, Orthotics and Prosthetics: Unlimited. 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.

# 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 Preferred Plus Option 5 with Rx Option P, Blue 3	<25	\$221.99	\$608.85	\$221.99	\$608.85	\$269.10	\$538.20	\$807.30
	25-29	\$272.04	\$725.44	\$272.04	\$725.44	\$269.10	\$538.20	\$807.30
	30-34	\$329.16	\$735.45	\$329.16	\$735.45	\$269.10	\$538.20	\$807.30
	35-39	\$433.38	\$683.64	\$433.38	\$683.64	\$269.10	\$538.20	\$807.30
	40-44	\$524.06	\$732.51	\$524.06	\$732.51	\$269.10	\$538.20	\$807.30
	45-49	\$642.42	\$846.74	\$642.42	\$846.74	\$269.10	\$538.20	\$807.30
	50-54	\$938.60	\$1,027.51	\$938.60	\$1,027.51	\$269.10	\$538.20	\$807.30
	55-59	\$1,244.21	\$1,225.95	\$1,244.21	\$1,225.95	\$269.10	\$538.20	\$807.30
	60-64	\$1,645.20	\$1,442.64	\$1,645.20	\$1,442.64	\$269.10	\$538.20	\$807.30
	65-69	\$2,082.70	\$1,705.26	\$2,082.70	\$1,705.26	\$269.10	\$538.20	\$807.30
	70-74	\$2,082.70	\$1,705.26	\$2,082.70	\$1,705.26	\$269.10	\$538.20	\$807.30
	>74	\$2,082.70	\$1,705.26	\$2,082.70	\$1,705.26	\$269.10	\$538.20	\$807.30
	<b>Medicare Primary</b>							
	<25	\$97.75	\$267.92	\$97.75	\$267.92	\$118.36	\$236.72	\$355.08
	25-29	\$119.53	\$319.15	\$119.53	\$319.15	\$118.36	\$236.72	\$355.08
	30-34	\$144.85	\$323.86	\$144.85	\$323.86	\$118.36	\$236.72	\$355.08
	35-39	\$190.78	\$300.89	\$190.78	\$300.89	\$118.36	\$236.72	\$355.08
	40-44	\$230.82	\$322.09	\$230.82	\$322.09	\$118.36	\$236.72	\$355.08
	45-49	\$282.64	\$372.73	\$282.64	\$372.73	\$118.36	\$236.72	\$355.08
	50-54	\$412.77	\$452.22	\$412.77	\$452.22	\$118.36	\$236.72	\$355.08
	55-59	\$547.62	\$539.37	\$547.62	\$539.37	\$118.36	\$236.72	\$355.08
	60-64	\$723.68	\$634.76	\$723.68	\$634.76	\$118.36	\$236.72	\$355.08
	65-69	\$916.22	\$750.17	\$916.22	\$750.17	\$118.36	\$236.72	\$355.08
	70-74	\$916.22	\$750.17	\$916.22	\$750.17	\$118.36	\$236.72	\$355.08
	>74	\$916.22	\$750.17	\$916.22	\$750.17	\$118.36	\$236.72	\$355.08

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.

# 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
Beckman , Dylan T	M	24			S	202.00	221.99	202.00	221.99
Clark , Sandra	F	49		1	C	1,015.34	1,115.84	1,015.34	1,115.84
Cunningham , Daniel J	M	36			S	394.35	433.38	394.35	433.38
Farnen , Virgil P	M	57			S	1,132.15	1,244.21	1,132.15	1,244.21
Freeman , Roy A	M	61			S	1,497.03	1,645.20	1,497.03	1,645.20
Horton , Jason	M	41			S	476.86	524.06	476.86	524.06
Oneal , Scott	M	45*			S	584.56	642.42	584.56	642.42
Palmer , Russell M	M	62			S	1,497.03	1,645.20	1,497.03	1,645.20
Petrillose , Margaret A	F	38			S	622.07	683.64	622.07	683.64
Ratermann , Thomas T	M	60*			S	1,497.03	1,645.20	1,497.03	1,645.20
Rice , Wyatt D	M	24			S	202.00	221.99	202.00	221.99
Sublett , Kevin D	M	54	59	1	F	2,214.47	2,433.65	2,214.47	2,433.65
Wieggers , Wendy L	F	53			S	934.98	1,027.51	934.98	1,027.51
<b>Product Totals</b>						<b>12,269.87</b>	<b>13,484.29</b>	<b>12,269.87</b>	<b>13,484.29</b>
<b>% Change</b>							<b>9.9%</b>		
					<b>Grand Totals</b>			<b>\$12,269.87</b>	<b>\$13,484.29</b>
					<b>% Change</b>				<b>9.9%</b>

Rates are proposed for an effective date of 12/01/2023. Rerate is required after this date. Final rates will be based on actual effective date. Rates are based on SIC #9511, located primarily in the 65201 zip code area. Final rates will be based on actual location, enrolled census, final benefits selected and the underwriting rules in effect upon acceptance by RightCHOICE Managed Care, Inc., HMO Missouri, Inc., Healthy Alliance Life Insurance Company (excluding 30 counties in the Kansas City area) and Anthem Life. The renewal is subject to underwriting approval by RightCHOICE Managed Care, Inc., HMO Missouri, Inc., Healthy Alliance Life Insurance Company (excluding 30 counties in the Kansas City area) and Anthem Life; please do not cancel your coverage until the application has been approved in writing. The information is intended to present only a general overview of the benefits. 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

## 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.
- ▶ **Zagat® Health Survey. Doctor recommendations from peers.**  
Fellow Anthem members can help your employees find the doctor that's right for them. We've developed the Zagat Health Survey to let members share feedback about their experiences with doctors and see what other consumers say about their own experiences.
- ▶ **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

### 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

# 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.

00137022-0000

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

### Boone Co Reg Sewer Dist

Effective Date of Amendment: 12-01-2023

#### 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

## Boone Co Reg Sewer Dist

Group No: 00137022-0000

### 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



Stephanie Vojcic

President

## Important Information about your prescription coverage and Medicare Part D

Here are important facts about your Anthem Blue Cross and Blue Shield prescription drug coverage for your Medicare-eligible group members. Read on to see how you must notify these members – and the Centers for Medicare and Medicaid Services (CMS) – so you can meet CMS and legal requirements.

### How to notify CMS as required?

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 as 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.

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/).

You must complete the Disclosure Notice form on the CMS Creditable Coverage Disclosure web page unless exempt as outlined in the Disclosure to CMS guidance. You can find the Disclosure Notice form at [cms.hhs.gov/apps/ccdisclosure/default.asp](https://cms.hhs.gov/apps/ccdisclosure/default.asp).

### How to notify Medicare-eligible members as required

As a Plan Sponsor, you must notify all Medicare-eligible members of your group annually about whether their prescription drug coverage is creditable or non-creditable, per the MMA of 2003. This includes Medicare-eligible active employees, retirees, dependents, those on COBRA, and people who are eligible for Medicare due to disability or end stage renal disease.

You must provide notices to the Medicare-eligible members of your group:

- 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.

You can find model disclosure notice language for beneficiaries online at [cms.hhs.gov/CreditableCoverage/](https://cms.hhs.gov/CreditableCoverage/).

If you have questions or need more information, please contact your Anthem representative, broker or consultant.

The charts on the subsequent pages show our standard drug plans and their creditable or non-creditable status, according to CMS.



# Medicare Creditable Coverage

## Missouri Small Group Standard Rx Plans (pre-2014)

Blue Rx plan code	In network				
	Retail	Home delivery	Rx deductible	Network out of pocket	Creditable?
D	\$10/\$25/\$45/25% (\$150 max.)	\$10/\$65/\$135/25% (\$150 max.)	N/A	\$2,500 4th tier	Yes
K	\$15/\$30/25% (\$150 max.)	\$15/\$75/25% (\$150 max.)	N/A	\$2,500 4th tier	Yes
M	\$10 Generic	\$10 Generic	N/A	N/A	No
N	\$10/\$35/\$60/25% (\$150 max.)	\$10/\$90/\$180/25% (\$150 max.)	N/A	\$2,500 4th tier	Yes
O	\$10/\$35/\$75/25% (\$150 max.)	\$10/\$90/\$225/25% (\$150 max.)	N/A	\$2,500 4th tier	Yes
P	\$10/50%/50%/50%	\$10/50%/50%/50%	N/A	No out-of-pocket max.	Yes
AJ	\$15/\$45/\$75/25% (\$200 max.)	\$15/\$112/\$225/25% (\$200 max.)	N/A	\$2,500 4th tier	Yes
AK	\$10/\$25/\$45/25% (\$200 max.)	\$10/\$65/\$135/25% (\$200 max.)	N/A	\$2,500 4th tier	Yes
AL	\$10/\$35/\$60/25% (\$200 max.)	\$10/\$90/\$180/25% (\$200 max.)	N/A	\$2,500 4th tier	Yes
Z	\$10/\$30/\$50/25% (\$150 max.)	\$10/\$75/\$150/25% (\$150 max.)	Medical deductible applies before copayments	Accumulates to overall medical plan OOP (HSA – all Rx tiers; HRA – Tier 4 Rx only)	*
AH	\$10/\$35/\$60/25% (\$200 max.)	\$10/\$90/\$180/25% (\$200 max.)	Medical deductible applies before copayments	Accumulates to overall medical plan OOP (HSA – all Rx tiers; HRA – Tier 4 Rx only)	*
AI	\$10/\$35/\$60/25% (\$200 max.)	\$10/\$90/\$180/25% (\$200 max.)	N/A	\$2,500 4th tier	*

\*Credibility result depends on medical plan design. Please see medical plans below.

## Missouri Small Group HSA/HRA Plans (pre-2014)

Missouri SG product	Prescription drug plan	In network						HRA bridge or ded first amount	Creditable?
		Deductible		Coinsurance	Out-of-pocket max.				
		Single	Family	In network	Single	Family			
6.0 Lumenos HRA 1 (with copays)	Rx AI	\$2,500	\$5,000	0%	\$2,500	\$5,000	\$1,500	Yes	
6.0 Lumenos HRA 5	Rx AH	\$2,000	\$4,000	0%	\$3,000	\$6,000	\$1,000	Yes	
6.0 Lumenos HRA 6	Rx AH	\$3,000	\$6,000	0%	\$4,000	\$8,000	\$2,000	Yes	
6.0 Lumenos HRA 7	Rx AH	\$5,000	\$10,000	0%	\$6,000	\$12,000	\$4,000	Yes	
6.0 Lumenos HSA 5	Rx AH	\$3,000	\$6,000	0%	\$4,000	\$8,000		Yes	
6.0 Lumenos HSA 6	20% retail/10% mail	\$2,500	\$5,000	20%	\$5,000	\$10,000		Yes	
6.0 Lumenos HSA 7	Rx AH	\$5,000	\$10,000	0%	\$6,050	\$12,100		No	
6.0 Lumenos HSA 8	Rx AH	\$2,500	\$5,000	0%	\$3,500	\$7,000		Yes	
6.0 Lumenos HSA E5 (with copays)	Rx AH	\$2,700	\$5,400	0%	\$4,000	\$8,000		Yes	
6.0 Lumenos HSA E2 (with copays)	Rx AH	\$3,000	\$6,000	0%	\$4,500	\$9,000		Yes	
6.0 Lumenos HSA E3 (with copays)	Rx AH	\$5,000	\$10,000	0%	\$6,050	\$12,100		No	
6.0 Lumenos HSA E4	Rx AH	\$3,000	\$6,000	0%	\$4,000	\$8,000		Yes	
6.0 Lumenos HSA E5	Rx AH	\$5,000	\$10,000	0%	\$6,050	\$12,100		No	
6.0 Lumenos HSA E8	Rx AH	\$2,700	\$5,400	0%	\$3,500	\$7,000		Yes	
6.0 Lumenos Ded First HRA 1	20% retail/10% mail	\$1,000	\$2,000	20%	\$5,000	\$10,000	\$500	Yes	
6.0 Lumenos Ded First HRA 2	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	\$1,000	Yes	

## Missouri Small Group HSA/HRA Plans (pre-2014) (continued)

Missouri SG product	Prescription drug plan	In network						
		Deductible		Coinsurance	Out-of-pocket max.		HRA bridge or ded first amount	Creditable?
		Single	Family	In network	Single	Family		
6.0 Lumenos Ded First HRA 3	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	\$1,500	Yes
6.0 Lumenos Ded First HRA 4	20% retail/10% mail	\$3,000	\$6,000	20%	\$5,000	\$10,000	\$2,000	Yes
6.0 Lumenos Ded First HRA 5	20% retail/10% mail	\$4,000	\$8,000	20%	\$5,000	\$10,000	\$2,000	Yes
6.0 Lumenos Ded First HRA 6	20% retail/10% mail	\$5,000	\$10,000	20%	\$10,000	\$20,000	\$2,500	Yes
6.0 Lumenos Ded First HRA 7	20% retail/10% mail	\$7,500	\$15,000	20%	\$10,000	\$20,000	\$5,000	No
6.0 Lumenos HRA 1	Rx Z	\$2,000	\$4,000	0%	\$3,000	\$6,000	\$1,000	Yes
6.0 Lumenos HRA 2	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	\$1,000	Yes
6.0 Lumenos HRA 3	Rx Z	\$3,000	\$6,000	0%	\$4,000	\$8,000	\$2,000	Yes
6.0 Lumenos HRA 4	Rx Z	\$5,000	\$10,000	0%	\$6,000	\$12,000	\$4,000	Yes
6.0 Lumenos HSA 1	Rx Z	\$2,000	\$4,000	0%	\$3,000	\$6,000		Yes
6.0 Lumenos HSA 2	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000		Yes
6.0 Lumenos HSA 3	Rx Z	\$3,000	\$6,000	0%	\$4,000	\$8,000		Yes
6.0 Lumenos HSA 4	20% retail/10% mail	\$3,000	\$6,000	20%	\$5,000	\$10,000		Yes
6.0 Lumenos HSA E1	Rx Z	\$3,000	\$6,000	0%	\$4,000	\$8,000		Yes
6.0 Lumenos HSA E2	Rx Z	\$5,000	\$10,000	0%	\$5,950	\$11,900		No
6.0 Lumenos HSA E3	Rx Z	\$5,000	\$10,000	0%	\$6,050	\$12,100		No
4.0/5.0 Lumenos Ded First HRA 1	20% retail/10% mail	\$1,000	\$2,000	20%	\$5,000	\$10,000	\$500	Yes
4.0/5.0 Lumenos Ded First HRA 2	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	\$1,000	Yes
4.0/5.0 Lumenos Ded First HRA 3	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	\$1,500	Yes
4.0/5.0 Lumenos Ded First HRA 4	20% retail/10% mail	\$3,000	\$6,000	20%	\$5,000	\$10,000	\$2,000	Yes
4.0/5.0 Lumenos Ded First HRA 5	20% retail/10% mail	\$4,000	\$8,000	20%	\$5,000	\$10,000	\$2,000	Yes
4.0/5.0 Lumenos Ded First HRA 6	20% retail/10% mail	\$5,000	\$10,000	20%	\$10,000	\$20,000	\$2,500	Yes
4.0/5.0 Lumenos Ded First HRA 7	20% retail/10% mail	\$7,500	\$15,000	20%	\$10,000	\$20,000	\$5,000	No
4.0/5.0 Lumenos HIA 1	10%	\$500	\$1,000	10%	\$2,500	\$5,000		Yes
4.0/5.0 Lumenos HIA 2	20% retail/10% mail	\$500	\$1,000	20%	\$3,500	\$7,000		Yes
4.0/5.0 Lumenos HIA 3	20% retail/10% mail	\$1,000	\$2,000	20%	\$4,000	\$8,000		Yes
4.0/5.0 Lumenos HIA+ 1	10%	\$1,000	\$2,000	10%	\$2,500	\$5,000	\$500	Yes
4.0/5.0 Lumenos HIA+ 2	Rx Z	\$2,000	\$4,000	0%	\$3,000	\$6,000	\$1,250	Yes
4.0/5.0 Lumenos HIA+ 3	20% retail/10% mail	\$1,500	\$3,000	20%	\$5,000	\$10,000	\$750	Yes
4.0/5.0 Lumenos HIA+ 4	20% retail/10% mail	\$1,500	\$3,000	20%	\$5,000	\$10,000	\$1,000	Yes
4.0/5.0 Lumenos HIA+ 5	Rx Z	\$1,500	\$3,000	0%	\$2,500	\$5,000	\$1,000	Yes
4.0/5.0 Lumenos HIA+ 6	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	\$1,250	Yes
4.0/5.0 Lumenos HIA+ 7	20% retail/10% mail	\$1,000	\$2,000	20%	\$5,000	\$10,000	\$500	Yes
4.0/5.0 Lumenos HIA+ 8	30%	\$1,500	\$3,000	30%	\$5,000	\$10,000	\$1,000	Yes
4.0/5.0 Lumenos HRA 1	10%	\$1,000	\$2,000	10%	\$2,500	\$5,000	\$500	Yes
4.0/5.0 Lumenos HRA 2	Rx Z	\$1,500	\$3,000	0%	\$2,500	\$5,000	\$1,000	Yes
4.0/5.0 Lumenos HRA 3	Rx Z	\$1,500	\$3,000	0%	\$2,500	\$5,000	\$750	Yes
4.0/5.0 Lumenos HRA 4	Rx Z	\$1,500	\$3,000	0%	\$2,500	\$5,000	\$1,000	Yes
4.0/5.0 Lumenos HRA 5	20% retail/10% mail	\$1,000	\$2,000	20%	\$5,000	\$10,000	\$500	Yes
4.0/5.0 Lumenos HRA 6	Rx Z	\$2,000	\$4,000	0%	\$3,000	\$6,000	\$500	Yes
4.0/5.0 Lumenos HRA 7	Rx Z	\$2,000	\$4,000	0%	\$3,000	\$6,000	\$1,000	Yes
4.0/5.0 Lumenos HRA 8	Rx Z	\$2,000	\$4,000	0%	\$3,000	\$6,000	\$1,250	Yes
4.0/5.0 Lumenos HRA 9	20% retail/10% mail	\$1,500	\$3,000	20%	\$5,000	\$10,000	\$750	Yes
4.0/5.0 Lumenos HRA 10	20% retail/10% mail	\$1,500	\$3,000	20%	\$5,000	\$10,000	\$1,000	Yes

## Missouri Small Group HSA/HRA Plans (pre-2014) (continued)

Missouri SG product	Prescription drug plan	In network						
		Deductible		Coinsurance	Out-of-pocket max.		HRA bridge or ded first amount	Creditable?
		Single	Family	In network	Single	Family		
4.0/5.0 Lumenos HRA 11	Rx Z	\$2,500	\$5,000	0%	\$3,500	\$7,000	\$1,000	Yes
4.0/5.0 Lumenos HRA 12	Rx Z	\$2,500	\$5,000	0%	\$3,500	\$7,000	\$1,500	Yes
4.0/5.0 Lumenos HRA 13	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	\$500	Yes
4.0/5.0 Lumenos HRA 14	Rx Z	\$2,500	\$5,000	0%	\$3,500	\$7,000	\$1,750	Yes
4.0/5.0 Lumenos HRA 15	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	\$1,000	Yes
4.0/5.0 Lumenos HRA 16	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	\$1,250	Yes
4.0/5.0 Lumenos HRA 17	Rx Z	\$3,000	\$6,000	0%	\$4,000	\$8,000	\$1,500	Yes
4.0/5.0 Lumenos HRA 18	Rx Z	\$3,000	\$6,000	0%	\$4,000	\$8,000	\$2,000	Yes
4.0/5.0 Lumenos HRA 19	20% retail/10% mail	\$2,500	\$5,000	20%	\$5,000	\$10,000	\$1,500	Yes
4.0/5.0 Lumenos HRA 20	20% retail/10% mail	\$2,500	\$5,000	20%	\$5,000	\$10,000	\$1,750	Yes
4.0/5.0 Lumenos HRA 21	30%	\$3,000	\$6,000	30%	\$5,000	\$10,000	\$2,000	Yes
4.0/5.0 Lumenos HRA 22	Rx Z	\$5,000	\$10,000	0%	\$6,000	\$12,000	\$4,000	Yes
4.0/5.0 Lumenos HSA 1	0%	\$1,500	\$3,000	0%	\$1,500	\$3,000		Yes
4.0/5.0 Lumenos HSA 17	10%	\$1,350	\$2,700	10%	\$2,500	\$5,000		Yes
4.0/5.0 Lumenos HSA 3	Rx Z	\$1,500	\$3,000	0%	\$2,500	\$5,000		Yes
4.0/5.0 Lumenos HSA 4	0%	\$2,000	\$4,000	0%	\$2,000	\$4,000		Yes
4.0/5.0 Lumenos HSA 5	Rx Z	\$2,000	\$4,000	0%	\$3,000	\$6,000		Yes
4.0/5.0 Lumenos HSA 6	0%	\$2,500	\$5,000	0%	\$2,500	\$5,000		Yes
4.0/5.0 Lumenos HSA 7	20% retail/10% mail	\$1,500	\$3,000	20%	\$5,000	\$10,000		Yes
4.0/5.0 Lumenos HSA 8	Rx Z	\$2,500	\$5,000	0%	\$3,500	\$7,000		Yes
4.0/5.0 Lumenos HSA 9	0%	\$3,000	\$6,000	0%	\$3,000	\$6,000		Yes
4.0/5.0 Lumenos HSA 10	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000		Yes
4.0/5.0 Lumenos HSA 11	Rx Z	\$3,000	\$6,000	0%	\$4,000	\$8,000		Yes
4.0/5.0 Lumenos HSA 12	20% retail/10% mail	\$2,500	\$5,000	20%	\$5,000	\$10,000		Yes
4.0/5.0 Lumenos HSA 13	20% retail/10% mail	\$3,000	\$6,000	20%	\$5,000	\$10,000		Yes
4.0/5.0 Lumenos HSA 14	0%	\$5,000	\$10,000	0%	\$5,000	\$10,000		No
4.0/5.0 Lumenos HSA 15	Rx Z	\$5,000	\$10,000	0%	\$5,800	\$11,600		No
4.0/5.0 Lumenos HSA E13	0%	\$2,700	\$5,400	0%	\$2,700	\$5,400		Yes
4.0/5.0 Lumenos HSA E14	Rx Z	\$2,700	\$5,400	0%	\$3,500	\$7,000		Yes
4.0/5.0 Lumenos HSA E3	0%	\$3,000	\$6,000	0%	\$3,000	\$6,000		Yes
4.0/5.0 Lumenos HSA E4	Rx Z	\$3,000	\$6,000	0%	\$4,000	\$8,000		Yes
4.0/5.0 Lumenos HSA E15	20% retail/10% mail	\$2,700	\$5,400	20%	\$5,000	\$10,000		Yes
4.0/5.0 Lumenos HSA E6	20% retail/10% mail	\$3,000	\$6,000	20%	\$5,000	\$10,000		Yes
4.0/5.0 Lumenos HSA E7	0%	\$5,000	\$10,000	0%	\$5,000	\$10,000		Yes
4.0/5.0 Lumenos HSA E8	Rx Z	\$5,000	\$10,000	0%	\$5,800	\$11,600		No
3.1 PPO HSA H1	0%	\$5,000	\$10,000	0%	\$5,000	\$10,000		No
3.1 PPO HSA H2	0%	\$5,000	\$10,000	0%	\$5,000	\$10,000		No
3.1 PPO HSA H3	20%	\$3,000	\$6,000	20%	\$5,000	\$10,000		Yes
3.1 PPO HSA H4	20%	\$2,500	\$5,000	20%	\$5,000	\$10,000		Yes
3.1 PPO HSA H5	20%	\$2,500	\$5,000	20%	\$5,000	\$10,000		Yes
3.1 PPO HSA H6	0%	\$3,000	\$6,000	0%	\$3,000	\$6,000		Yes
3.1 PPO HSA H7	0%	\$3,000	\$6,000	0%	\$3,000	\$6,000		Yes
3.1 PPO HSA H8	20%	\$2,000	\$4,000	20%	\$4,000	\$8,000		Yes
3.1 PPO HSA H9	20%	\$2,000	\$4,000	20%	\$4,000	\$8,000		Yes

## Missouri Small Group HSA/HRA Plans (pre-2014) (continued)

Missouri SG product	In network							Creditable?
	Prescription drug plan	Deductible		Coinsurance	Out-of-pocket max.		HRA bridge or ded first amount	
		Single	Family	In network	Single	Family		
3.1 PPO HSA H10	0%	\$2,650	\$5,300	0%	\$2,650	\$5,300		Yes
3.1 PPO HSA H11	0%	\$2,650	\$5,300	0%	\$2,650	\$5,300		Yes
3.1 PPO HSA H12	0%	\$2,000	\$4,000	0%	\$2,000	\$4,000		Yes
3.1 PPO HSA H13	10%	\$1,500	\$3,000	10%	\$3,000	\$6,000		Yes
3.1 PPO HSA H14	0%	\$2,000	\$4,000	0%	\$2,000	\$4,000		Yes
3.1 PPO HSA H15	20%	\$1,100	\$2,200	20%	\$3,300	\$6,600		Yes
3.1 PPO HSA H16	10%	\$1,500	\$3,000	10%	\$3,000	\$6,000		Yes
3.1 PPO HSA H18	0%	\$1,100	\$2,200	0%	\$1,100	\$2,200		Yes
3.1 PPO HSA H19	0%	\$1,100	\$2,200	0%	\$1,100	\$2,200		Yes
3.1 PPO HSA E1	20%	\$2,500	\$5,000	20%	\$5,000	\$10,000		Yes
3.1 PPO HSA E2	20%	\$2,500	\$5,000	20%	\$5,000	\$10,000		Yes
3.1 PPO HSA E3	0%	\$3,000	\$6,000	0%	\$3,000	\$6,000		Yes
3.1 PPO HSA E4	0%	\$3,000	\$6,000	0%	\$3,000	\$6,000		Yes
3.1 Lumenos HIA 1	10%	\$500	\$1,000	10%	\$2,500	\$5,000		Yes
3.1 Lumenos HIA 2	20% retail/10% mail	\$500	\$1,000	20%	\$3,500	\$7,000		Yes
3.1 Lumenos HIA 3	10%	\$750	\$1,500	10%	\$2,750	\$5,500		Yes
3.1 Lumenos HIA 4	20% retail/10% mail	\$750	\$1,500	20%	\$3,750	\$7,500		Yes
3.1 Lumenos HIA 5	10%	\$1,000	\$2,000	10%	\$3,000	\$6,000		Yes
3.1 Lumenos HIA 6	20% retail/10% mail	\$1,000	\$2,000	20%	\$4,000	\$8,000		Yes
3.1 Lumenos HIA 7	30%	\$500	\$1,000	30%	\$5,000	\$10,000		Yes
3.1 Lumenos HIA 8	30%	\$1,000	\$2,000	30%	\$5,000	\$10,000		Yes
3.1 Lumenos HRA 1	10%	\$1,000	\$2,000	10%	\$2,500	\$5,000	\$500	Yes
3.1 Lumenos HRA 3	20% retail/10% mail	\$1,000	\$2,000	20%	\$5,000	\$10,000	\$500	Yes
3.1 Lumenos HRA 5	0%	\$1,500	\$3,000	0%	\$1,500	\$3,000	\$1,000	Yes
3.1 Lumenos HRA 6	0%	\$1,500	\$3,000	0%	\$1,500	\$3,000	\$1,000	Yes
3.1 Lumenos HRA 7	0%	\$1,500	\$3,000	0%	\$1,500	\$3,000	\$750	Yes
3.1 Lumenos HRA 9	20% retail/10% mail	\$1,500	\$3,000	20%	\$5,000	\$10,000	\$1,000	Yes
3.1 Lumenos HRA 11	20% retail/10% mail	\$1,500	\$3,000	20%	\$5,000	\$10,000	\$750	Yes
3.1 Lumenos HRA 13	0%	\$2,000	\$4,000	0%	\$2,000	\$4,000	\$1,250	Yes
3.1 Lumenos HRA 15	0%	\$2,000	\$4,000	0%	\$2,000	\$4,000	\$1,000	Yes
3.1 Lumenos HRA 17	0%	\$2,000	\$4,000	0%	\$2,000	\$4,000	\$500	Yes
3.1 Lumenos HRA 18	0%	\$2,000	\$4,000	0%	\$2,000	\$4,000	\$500	Yes
3.1 Lumenos HRA 19	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	\$1,250	Yes
3.1 Lumenos HRA 21	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	\$1,000	Yes
3.1 Lumenos HRA 23	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	\$500	Yes
3.1 Lumenos HRA 25	0%	\$2,500	\$5,000	0%	\$2,500	\$5,000	\$1,750	Yes
3.1 Lumenos HRA 27	0%	\$2,500	\$5,000	0%	\$2,500	\$5,000	\$1,500	Yes
3.1 Lumenos HRA 29	0%	\$2,500	\$5,000	0%	\$2,500	\$5,000	\$1,000	Yes
3.1 Lumenos HRA 31	20% retail/10% mail	\$2,500	\$5,000	20%	\$5,000	\$10,000	\$1,750	Yes
3.1 Lumenos HRA 33	20% retail/10% mail	\$2,500	\$5,000	20%	\$5,000	\$10,000	\$1,500	Yes
3.1 Lumenos HRA 37	0%	\$3,000	\$6,000	0%	\$3,000	\$6,000	\$2,000	Yes
3.1 Lumenos HRA 39	0%	\$3,000	\$6,000	0%	\$3,000	\$6,000	\$1,500	Yes
3.1 Lumenos HRA 45	30%	\$3,000	\$6,000	30%	\$5,000	\$10,000	\$2,000	Yes
3.1 Lumenos HRA 46	0%	\$5,000	\$10,000	0%	\$5,000	\$10,000	\$4,000	Yes

## Missouri Small Group HSA/HRA Plans (pre-2014) (continued)

Missouri SG product	Prescription drug plan	In network						Creditable?
		Deductible		Coinsurance	Out-of-pocket max.		HRA bridge or ded first amount	
		Single	Family	In network	Single	Family		
3.1 Lumenos HSA 13	10%	\$1,300	\$2,600	10%	\$2,500	\$5,000	Yes	
3.1 Lumenos HSA 16	20% retail/10% mail	\$1,300	\$2,600	20%	\$5,000	\$10,000	Yes	
3.1 Lumenos HSA 3	0%	\$1,500	\$3,000	0%	\$1,500	\$3,000	Yes	
3.1 Lumenos HSA 4	10%	\$1,500	\$3,000	10%	\$3,000	\$6,000	Yes	
3.1 Lumenos HSA 5	20% retail/10% mail	\$1,500	\$3,000	20%	\$5,000	\$10,000	Yes	
3.1 Lumenos HSA 6	0%	\$2,000	\$4,000	0%	\$2,000	\$4,000	Yes	
3.1 Lumenos HSA 7	20% retail/10% mail	\$2,000	\$4,000	20%	\$5,000	\$10,000	Yes	
3.1 Lumenos HSA 8	0%	\$2,500	\$5,000	0%	\$2,500	\$5,000	Yes	
3.1 Lumenos HSA 9	20% retail/10% mail	\$2,500	\$5,000	20%	\$5,000	\$10,000	Yes	
3.1 Lumenos HSA 10	0%	\$3,000	\$6,000	0%	\$3,000	\$6,000	Yes	
3.1 Lumenos HSA 11	20% retail/10% mail	\$3,000	\$6,000	20%	\$5,000	\$10,000	Yes	
3.1 Lumenos HSA 12	0%	\$5,000	\$10,000	0%	\$5,000	\$10,000	No	
3.1 Lumenos HSA 15	0%	\$3,000	\$6,000	0%	\$3,000	\$6,000	Yes	
3.1 Lumenos HSA E13	0%	\$2,600	\$5,200	0%	\$2,600	\$5,200	Yes	
3.1 Lumenos HSA E9	20% retail/10% mail	\$2,500	\$5,000	20%	\$5,000	\$10,000	Yes	
3.1 Lumenos HSA E10	0%	\$3,000	\$6,000	0%	\$3,000	\$6,000	Yes	
3.1 Lumenos HSA E11	20% retail/10% mail	\$3,000	\$6,000	20%	\$5,000	\$10,000	Yes	
3.1 Lumenos HSA E12	0%	\$5,000	\$10,000	0%	\$5,000	\$10,000	Yes	

These creditability testing results were calculated using 2016 Part D benefits. Please use these results when determining the creditability of a standard plan with an effective/renewal date of January 1, 2016, or later until an updated listing using 2017 Part D benefits is released in August 2016.

Anthem Blue Cross and Blue Shield is a PDP plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal. Anthem Insurance Companies Inc. (AICI) has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer Medicare Prescription Drug Plans (PDPs) noted above and herein. AICI is the state-licensed, risk-bearing entity offering these plans. AICI has retained the services of its related companies and authorized agents/brokers/producers to provide administrative services and/or to make the PDPs available in this region.

In Missouri (excluding 30 counties in the Kansas City area), Anthem Blue Cross and Blue Shield is the trade name of 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. 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.

***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.***

**Premium Rate Generally**

Anthem reserves the right to change the premium rates by giving written notice to the employer not less than 31 days prior to the effective date of such change; however, such notice requirement shall not apply to changes in premium rates which are the results of changes in benefits provisions that are required by state or federal law.

**Factors that may cause changes in premium rates for small employers (2-50 eligible employees) include:**

1. The percentage change in the base premium rate measured from the first day of the prior rating period to the first day of the new rating period. "Base premium rate" means the lowest premium rate for new or existing business as determined by Anthem for the same or similar coverage under a plan or arrangement covering any small employer with similar case characteristics.
2. Changes in case characteristics or plan design of the small employer. "Case characteristics" include geographic area, age and sex of the individual employees and dependents, the appropriate industry classification as determined by Anthem, the number of employees and dependents, and such other objective criteria as may be established by Anthem.
3. An adjustment, not to exceed 15 percent of the base premium rate for the new rating period and adjusted pro rata for rating periods greater or less than one year, due to claims experience, health status or duration of coverage.

**Factors that may cause changes in premium rates for employers other than small employers (more than 50 eligible employees) include:**

1. The standard premium rate for groups with similar case characteristics and plan design, determined according to the Anthem rate manual.
2. Changes in case characteristics or plan design of the employer. "Case characteristics" include geographic area, age and sex of the individual employees and dependents, the appropriate industry classification as determined by Anthem, the number of employees and dependents, and such other objective criteria as may be established by Anthem.
3. Claims experience, health status and duration of coverage.

**Guaranteed Renewability**

Anthem's group policy is guaranteed renewable, and Anthem will only terminate the group policy in the event the employer fails to timely pay premium, engages in fraudulent conduct or misrepresentation, or fails to comply with contribution or participation requirements, or discontinues the product in the market.

**Pre-Existing Condition Limitations**

**Non-HMO products**

No benefits will be provided for expenses incurred during an insured person's first 12 months following their enrollment date, if those expenses result from a pre-existing condition. Late enrollees may apply for enrollment only at the group's next open enrollment period, and the pre-existing condition exclusion period for late enrollees could be extended to 18 months. A "pre-existing condition" is a condition (mental or physical) which was present and for which medical advice, diagnosis, care or treatment was recommended or received within the six month period ending on the enrollment date. Pregnancy is not a pre-existing condition.

## **HMO products**

HMO products do not have pre-existing condition limitations. For late enrollees to the HMO plan, enrollment can be delayed until the group's next open enrollment period.

## **HMO Affiliation Periods**

Anthem does not impose affiliation periods on our HMO products.

## **Available Benefits and Premiums**

Included with this disclosure statement are Cost Share Options Sheets which show all the benefits available under all health benefit plans for which small employers and large employers are qualified. To obtain premium information on a particular benefit plan, please request a quote from your broker or Anthem sales representative.

## **Request for information**

Anthem will provide information on provisions of coverage concerning the geographic areas serviced by the HMO to a small employer, upon request of the small employer. (A small employer is an employer with 2-50 eligible employees employed on average in the preceding calendar year and at least two eligible employees employed on the first day of the plan year.)

Please direct your request for information concerning a particular product or products to your broker or Anthem sales representative.