



Rates for Plan Year FY 2019 Effective January 1, 2019

Group: Kenai Peninsula Borough School District

Please complete the following steps:

- Indicate which medical plan or plans you will offer by checking the appropriate green box(s)
 - Indicate the dental plan that will go with the medical plan(s) offered by checking the corresponding orange box(s)
 - If orthodontia is included under the plan indicate by checking the corresponding purple box
- Review your current enrollment provided within the rate exhibit below. The enrollment by plan and rate tier is listed under the Tiered Rates section.

Initial, sign and date the bottom of the rate sheet **Return this form to the Trust no later than November 2, 2018**

Medical Plan Choices		TIERED RATES				Dental Plan Choices			
		Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)	(rates illustrated below medical rates)			
Enrollment Assumption		209	209	107	559	A	B	V	Ortho
<input type="checkbox"/>	Plan A Medical	\$1,202.00	\$2,523.00	\$2,332.00	\$3,653.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Plan B Medical	\$1,156.00	\$2,426.00	\$2,242.00	\$3,512.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Plan C Medical	\$1,140.00	\$2,393.00	\$2,211.00	\$3,464.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Plan E Medical	\$1,053.00	\$2,211.00	\$2,042.00	\$3,200.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Plan F Medical	\$1,034.00	\$2,172.00	\$2,005.00	\$3,143.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Plan G Medical	\$954.00	\$2,004.00	\$1,850.00	\$2,900.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	HDHP	\$960.00	\$2,016.00	\$1,862.00	\$2,918.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SHDHP	\$877.00	\$1,843.00	\$1,704.00	\$2,670.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan Dental A		\$57.70	\$121.30	\$129.90	\$193.50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan Dental B		\$54.90	\$115.30	\$123.50	\$183.90	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan Dental Value (V)		\$25.30	\$53.10	\$56.90	\$84.70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthodontia Rider		\$9.60	\$20.10	\$21.60	\$32.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Initial		
Group has selected to offer Medical Plan(s) indicated above		_____
Group has selected to offer Dental Plan(s) indicated above		_____
Group has selected to offer Orthodontia, if indicated above		_____
Group will offer coverage to Domestic Partners		_____
Signature	Title	Date

Proposal Assumptions

Rates assume a January 1, 2019 effective date and are guaranteed through June 30, 2019
 Rates will only cover claims incurred and paid effective January 1, 2019 and after
 Employee must work a minimum of 15 hours on average per work week to be eligible for coverage
 Our rates assume the PEHT plans are the only benefits offered to employees. If other plans are made available, the Trust must be notified and have an opportunity to review
 PEHT reserves the right to change rates if enrollment changes by 10% or more
 Plan deductibles and out of pocket maximums are accumulated on a calendar year basis
 For mid-year enrollment of new groups, plan deductibles can be credited for prior coverage, provided EOB information is submitted to the Plan Administrator
 Rates include broker payment of 2.75% of premium to a maximum of \$15,000 annually for a fiscal year, payable to Marsh & McLennan Agency.
 Rates include a new group load, which will be reviewed annually for up to three plan years starting at the July 1, 2019 renewal
 A group participation agreement must be signed and returned no later than December 1, 2018
 Completed enrollment applications must be submitted by December 1, 2018
 Proof of dependent eligibility documents must be submitted by January 31, 2019