

*Resolution
 2022-0503-07*

Interested in changes to your Medical Plan(s)? (Continued)

If you would like to renew with the plan(s) we've selected for you no additional paperwork is needed to implement your renewal. Otherwise, check the select box for all the plan(s) you would like to offer upon renewal.

Select	Plan Name/ Contract Code	Ded Ind/Fam	OOP Max	Office Visit PCP/SPC	Inpatient Hospital	ER/ UC	Prescription Drugs	EMP	ESP	ECH	FAM
<input type="checkbox"/>	SOCA Benefit Plan Blue Access Options PPO 500/10%/5000 - 6ANB	(T1) \$500/ \$1000 (T2) \$2000/ \$4000	(T1) \$5000/ \$10000 (T2) \$5000/ \$10000	(T1) \$20/ \$40 (T2) \$30/ \$60	(T1) Ded:10% (T2) Ded:30%	(T1) \$350;30%/ \$75 (T2) \$350;30%/ \$75	Level 1- \$15/ \$45/ \$90/ \$275 Level 2- \$25/ \$55/ \$100/ \$375	\$754.43 M \$389.29	\$1658.24 M \$856.28	\$1273.48 M \$657.86	\$2328.93 M \$1202.56
							Monthly Estimate* \$9769.13				
<input type="checkbox"/>	SOCA Benefit Plan Blue Access PPO 1500/20%/7000 - 6ANB	\$1500/ \$3000	\$7000/ \$14000	\$30/ \$60	Ded:20%	\$400;20%/ \$75	Level 1- \$15/ \$45/ \$90/ \$275 Level 2- \$25/ \$55/ \$100/ \$375	\$736.89 M \$380.24	\$1619.68 M \$836.37	\$1243.87 M \$642.57	\$2274.78 M \$1174.60
							Monthly Estimate* \$9541.99				
<input type="checkbox"/>	SOCA Benefit Plan Blue Access Options PPO 1500/0%/7000 - 6ANC	(T1) \$1500/ \$3000 (T2) \$2500/ \$5000	(T1) \$7000/ \$14000 (T2) \$7000/ \$14000	(T1) \$20/ \$40 (T2) \$35/ \$70	(T1) Ded:0% (T2) Ded:20%	(T1) \$350;20%/ \$75 (T2) \$350;20%/ \$75	Level 1- \$15/ \$45/ \$90/ \$275 Level 2- \$25/ \$55/ \$100/ \$375	\$717.33 M \$370.14	\$1576.69 M \$814.17	\$1210.85 M \$625.51	\$2214.40 M \$1143.42
							Monthly Estimate* \$9288.71				
<input checked="" type="checkbox"/>	SOCA Benefit Plan Blue Access PPO 3500/0%/7000 - 6AN9	\$3500/ \$7000	\$7000/ \$14000	\$30/ \$60	Ded:0%	\$400;0%/ \$75	Level 1- \$15/ \$45/ \$90/ \$275 Level 2- \$25/ \$55/ \$100/ \$375	\$712.19 M \$367.49	\$1565.39 M \$808.34	\$1202.18 M \$621.03	\$2198.53 M \$1135.23
							Monthly Estimate* \$9222.15				
<input type="checkbox"/>	SOCA Benefit Plan Blue Access PPO 3000/5500 - 6APB	\$3000/ \$6000	\$5500/ \$11000	\$10/ \$75	Ded:\$750	Ded:\$500/ \$75	Level 1- \$15/ \$45/ \$90/ \$275/ \$250 Ded Tier(s) 2-4 Level 2- \$25/ \$55/ \$100/ \$375/ \$250 Ded Tier(s) 2-4	\$706.85 M \$364.73	\$1553.66 M \$802.27	\$1193.16 M \$616.37	\$2182.05 M \$1126.72
							Monthly Estimate* \$9153.01				
<input type="checkbox"/>	SOCA Benefit Plan Blue Access PPO 3000/20%/7000 - 6AN8	\$3000/ \$6000	\$7000/ \$14000	\$30/ \$60	Ded:20%	\$400;20%/ \$75	Level 1- \$15/ \$45/ \$90/ \$275 Level 2- \$25/ \$55/ \$100/ \$375	\$676.42 M \$349.03	\$1486.77 M \$767.74	\$1141.80 M \$589.84	\$2088.11 M \$1078.21
							Monthly Estimate* \$8768.97				

* Monthly Estimate calculation uses the premium equivalent rates and assumes all employees with medical coverage are enrolled on this plan.

Anthem Primary	EMP	ESP	ECH	FAM
Medicare Primary	2	0	1	3
Primary	0	0	0	0

Coverage Types - EMP=Employee Only, ESP=Employee/Spouse, ECH=Employee/Child(ren), FAM = Family

M - Medicare Primary Rates: The Medicare Primary Premium Equivalent Rates above are provided in advance of CMS approval. In order for Medicare Primary Payor rates to apply under the SOCA Benefit Plan for participating employers with fewer than 20 employees (on each working day in 20 or more calendar weeks in the current or preceding calendar year), participating employers must request and be approved for a Small Employer Exception to the Medicare Secondary Payor rules. 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.

Authorization for ANY Plan Change

Group Email Address: smithtwpfo@gmail.com Date: 4-20-2022

Printed Name: Audrey M. Fox Signature: Audrey M. Fox

Represents renewal plan(s) displayed on "Your Renewal Snapshot Page"

COMPLETE, SIGN, and Email to MEWAMemberMaintenance@anthem.com.

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Resolution 2022 0503-07

Smith Township
Effective Date: 5/1/2022

Carrier	Anthem		Anthem	
	Plan Name	Network	Plan Name	Network
Network URL	SOCA MEWA PPO 2500/0%/6000 SOCA MEWA		SOCA MEWA PPO 3500/0%/7000 SOCA MEWA	
Summary of Benefits URL	CURRENT		ALTERNATE	
Additional Information	Chamber Membership EFT Required SOCA FEE \$2.50		Chamber Membership EFT Required SOCA FEE \$2.50	
	Network	Non-Network	Network	Non-Network
Medical Deductible & Maximum Out of Pocket				
Individual Medical Deductible	\$2,500	\$7,500	\$3,500	\$10,500
Family Medical Deductible	\$5,000	\$15,000	\$7,000	\$21,000
Individual Medical Maximum Out of Pocket	\$6,000	\$18,000	\$7,000	\$21,000
Family Medical Maximum Out of Pocket	\$12,000	\$36,000	\$14,000	\$42,000
Coinsurance				
Coinsurance	0% after deductible	30% after deductible	0% after deductible	50% after deductible
Physicians Services				
Preventative Care	\$0	30% after deductible	\$0	50% after deductible
Primary Care Physician	\$30	30% after deductible	\$30	50% after deductible
Specialty Care Physician	\$60	30% after deductible	\$60	50% after deductible
Emergency Services				
Emergency Room		\$400 plus 0%		\$400 plus 0%
Urgent Care	\$75	30% after deductible	\$75	50% after deductible
Hospital Services				
Inpatient Facility	0% after deductible	30% after deductible	0% after deductible	50% after deductible
Outpatient Facility	0% after deductible	30% after deductible	0% after deductible	50% after deductible
Diagnostic Procedures				
Imaging	0% after deductible	30% after deductible	0% after deductible	50% after deductible
Lab Test	0% after deductible	30% after deductible	0% after deductible	50% after deductible
Pharmacy Deductible & Maximum Out of Pocket				
Individual Drug Deductible	\$0	\$0	\$0	\$0
Family Drug Deductible	\$0	\$0	\$0	\$0
Individual Drug Maximum Out of Pocket	Included in Medical	Included in Medical	Included in Medical	Included in Medical
Family Drug Maximum Out of Pocket	Included in Medical	Included in Medical	Included in Medical	Included in Medical
	Level 1 / Level 2	Level 1 / Level 2	Level 1 / Level 2	Level 1 / Level 2
Pharmacy Retail		Mail Order		Mail Order
Tier I / Generic	\$15 / \$25	\$38	\$15 / \$25	\$38
Tier II / Formulary	\$45 / \$55	\$135	\$45 / \$55	\$135
Tier III / Non-Formulary	\$80 / \$90	\$240	\$90 / \$100	\$270
Tier IV / Specialty	25%, up to \$350 /	25%, up to \$350	\$275 / \$375	\$275
Specialty Drug (Non-Preferred)	25%, up to \$450	Not Applicable	Not Applicable	Not Applicable
Number of Days Supply	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	30	90	30	90
MONTHLY PREMIUM*	\$8,544.79		\$9,222.15	
ANNUALIZED COST	\$102,537.48		\$110,665.80	
			7.93%	

Barnett, Larry (Waive)
Ceresna, Paul (Emp, Sp, 3)
Criss, Terry (Waive)
Davis, Donald (Emp, Sp, 2)
Fox, Audrey (Waive)
Mcdaniel, Steven (Emp)
Rhorne, Justin (Emp)
Showalter, Scott (Emp, Sp, 2)
Thorn, Tyler (Waive)
Wagner, Zachary (Emp, 1)

Age Banded	Composite
N/A	\$0.00
N/A	\$2,037.05
N/A	\$0.00
N/A	\$2,037.05
N/A	\$0.00
N/A	\$659.88
N/A	\$659.88
N/A	\$2,037.05
N/A	\$0.00
N/A	\$1,113.88

Age Banded	Composite
N/A	\$0.00
N/A	\$2,198.53
N/A	\$0.00
N/A	\$2,198.53
N/A	\$0.00
N/A	\$712.19
N/A	\$712.19
N/A	\$2,198.53
N/A	\$0.00
N/A	\$1,202.18



MORRIS FINANCIAL
G R O U P

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www.morrisfinancial.com

April 27, 2022

Audrey Fox
Smith Township
846 North Johnson Road
Sebring, OH 44672

RE: Group Health Renewal – May 1, 2022

Dear Audrey:

We are pleased to inform you that your request for a plan change with Anthem has been approved and is effective May 1, 2022. New employee certificates and I.D. cards will be forthcoming from the insurance company.

Also, we would like to take this opportunity to thank you for renewing your group health plan with our Agency. We sincerely value your continued business and are excited about the opportunity to continue our partnership.

We trust you have been pleased with your group health carrier over the past year. Please remember that we are here to assist you with any claims or administration problems that may arise.

Again, thank you! We look forward to serving you during the coming year.

Sincerely,

Gerri Erskine
Benefit Resource Representative