



**PY 2024-2025 Alternate Dual Option Plan Proposal**

Group: 336701 – Hopkins County

Effective Date: 10/01/2024

	Current Plan Plan 1575 NG BEN  Rx Option 5B NG	Renewal Rates Plan 1575 NG BEN  Rx Option 5B NG	Buy-Up Plan Plan 1500 NG  Rx Option 5B NG
<b>Rates</b>			
Employee Only	\$652.80	\$665.86	\$719.74
Employee + Child(ren) Employee + Spouse Employee + Family	\$853.66 \$1,559.48 \$1,672.72	\$870.72 \$1,590.66 \$1,706.16	\$941.68 \$1,721.48 \$1,846.60
<b>Medical Plan</b>			
Deductible In/Out Network			
Co-Insurance %	\$2500/N/A	\$2500/N/A	\$2500/\$7500
In/Out Co-Insurance Max	80/0	80/0	80/60
In Network/Family Office Visit – Primary Care Office Visit - Specialist Emergency Room Hospital	\$4350/N/A \$40 \$40 \$150	\$4350/N/A \$40 \$40 \$150	\$4350/\$8000 \$40 \$40 \$150
<b>Prescription Plan</b>			
Prescription Card Co-Pay	\$10/30/50	\$10/30/50	\$10/30/50
Deductible	\$100	\$100	\$100

Proposal rates are based on the following information:

- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Form must be received by 06/28/2024 to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here: \_\_\_\_\_

Signature *[Handwritten Signature]* Date: 7-23-24