

# FRANKFORT AREA CHAMBER OF COMMERCE BENEFITS PROGRAM

Health benefit costs ranks as one of the top concerns for Frankfort Area Chamber members today. This program provides members a strategic health benefits solution. By offering affordable coverage along with proactive cost containment & employee wellness features, member companies can strategically manage healthcare costs while still maximizing employee benefits.

### **Healthy***Choice*

## Healthy 100

### Healthy Value

#### **HealthyConsumer**

Deductible
Lifestyle Deductible
Co-insurance
Office Visits Copay
Hospital ER Visits <sup>2</sup>
Urgent Care Visits <sup>3</sup>
Rx Drug Benefits Copay
Allergy Treatment
Diabetic Testing Supplies
Telemedicine Consult
Lab Testing

\$1000/1500/2000/2500 \$500 Deductible Credit 80/20 \$30 / \$50 \$250 Copay \$50 Copay \$1/\$15, \$50, \$80 \$25 Copay 100% thru Lifestyle \$0 Copay 100% thru Lifestyle \$2500/3000/3500/5000 \$500 Deductible Credit None \$30 / \$50 \$250 Copay \$50 Copay \$1/\$15, \$50, \$80 \$25 Copay 100% thru Lifestyle \$0 Copay

100% thru Lifestyle

\$2500/3500/6850/10,000 \$500 Deductible Credit 50/50 | None \$30 / \$50 \$250 Copay \$50 Copay \$1/\$15, \$50, \$80 \$25 Copay 100% thru Lifestyle \$0 Copay \$3000/3500/5000/6500
\$500 Deductible Credit

None
\$30 1 / \$50 1

Deductible / Co-insurance
Deductible / Co-insurance
\$1/\$15, \$50, \$80 1

Deductible / Co-insurance
Deductible / Co-insurance
\$0 Copay

Deductible / Co-insurance

For questions about the program or to receive a proposal, contact:

CARMEN INMAN at (502) 223-8261 or email chamber@frankfortky.info





#### SAMPLE MEDICAL RATES

Each client group will go through underwriting. Premiums may be higher or lower based on underwriting results.

PLAN OPTION	HealthyChoice 1500	Healthy100 3000	HealthyValue 6850	HealthyConsumer 5000
Employee Only	\$375.80	\$352.12	\$296.06	\$285.40
Employee / Spouse	\$807.97	\$757.05	\$636.53	\$613.62
Employee / Child(ren)	\$732.81	\$686.63	\$577.32	\$556.54
Family	\$1,116.13	\$1,045.79	\$879.31	\$847.65

<sup>&</sup>lt;sup>1</sup> After deductible is met. <sup>2</sup> After Copay then 100% to \$500 per visit, then Deductible/Co-insurance. <sup>3</sup> Hospital ER Facility Charge Only, after Copay then Deductible/Co-insurance. Copay is waived if admitted. \* Groups of 4-9 employees can choose two plans. Groups of 10-25 employees can choose three plans. Groups of 26+ employees can choose up to four plans. \*\* Eligibility for all plans is 30 hours. Plans are underwritten by our re-insurance partners and utilize various provider networks throughout the country. Contact your Lifestyle Sales Representative for more details.