



Structured Employee Benefits of Ohio, Inc.
 815 Grandview Ave. Suite 200
 Columbus, OH 43215
 Tel - (800) 589-7326 Fax - (800) 789-7326
 wes@sebohio.com www.benefitspool.org



Chillicothe & Ross County
Public Library

Insurance Company	Anthem		Aetna		Aetna	
Plan Name	Blue Access Option 21		AFA CPOSII 5000 100/50 CY		AFA CPOSII 5000 100/50 CY	
Health Benefits	Network	Non-Network	Network	Non-Network	Network	Non-Network
Single Deductible	\$6,000	\$18,000	\$5,000	\$10,000	\$5,000	\$10,000
Family Deductible	\$12,000	\$36,000	\$10,000	\$30,000	\$10,000	\$30,000
Coinsurance %	100%	70%	100%	50%	100%	50%
Single OOP Max	\$7,350	\$22,050	\$7,500	\$25,000	\$7,500	\$25,000
Family OOP Max	\$14,700	\$44,100	\$15,000	\$75,000	\$15,000	\$75,000
Inpatient Services	Ded. then 0%	Ded. then 30%	Ded. then 0%	Ded. then 50%	Ded. then 0%	Ded. then 50%
Outpatient Surgery	Ded. then 0%	Ded. then 30%	Ded. then 0%	Ded. then 50%	Ded. then 0%	Ded. then 50%
Doctor Office Copay	\$30	Ded. then 30%	\$35	Ded. then 50%	\$35	Ded. then 50%
Specialist Copay	\$60	Ded. then 30%	\$75	Ded. then 50%	\$75	Ded. then 50%
Urgent Care Copay	\$75	Ded. then 30%	\$75	Ded. then 50%	\$75	Ded. then 50%
ER Copay	\$400		\$300		\$300	
RX Generic Copay	\$10		\$10		\$10	
RX Preferred Brand Copay	\$40		\$50		\$50	
RX Nonpref Brand Copay	\$70		\$80		\$80	
RX Mail Order	\$25/\$125/\$210		\$20/\$100/\$160		\$20/\$100/\$160	
Network	Blue Access PPO		CPOSII		CPOSII	
Website	www.anthem.com		www.aetna.com		www.aetna.com	
TOTAL CENSUS & RATES						
HEALTH	Census	Rate	Census	Rate	Census	Rate
Employee Only	16	\$820.84	16	\$884.39	16	\$870.40
Employee + Spouse	4	\$1,804.20	4	\$2,098.92	4	\$2,065.72
Employee + Child(ren)	0	\$1,385.58	0	\$1,833.50	0	\$1,804.50
Full Family	7	\$2,533.93	7	\$2,875.13	7	\$2,829.65
Monthly Premium	\$38,087.75		\$42,671.83		\$41,996.83	
Annual Premium	\$457,053.00		\$512,061.96		\$503,961.96	
Percentage Change	Current		12.04%		10.26%	

EMPLOYEE CENSUS & RATES						
HEALTH	Census	Rate	Census	Rate	Census	Rate
Employee Only	16	\$164.17	16	\$176.88	16	\$174.08
Employee + Spouse	4	\$360.84	4	\$419.78	4	\$413.14
Employee + Child(ren)	0	\$277.12	0	\$366.70	0	\$360.90
Full Family	7	\$506.79	7	\$575.03	7	\$565.93
Monthly Premium	\$7,617.55		\$8,534.37		\$8,399.37	
Annual Premium	\$91,410.60		\$102,412.39		\$100,792.39	
Percentage Change	Current		12.04%		10.26%	

EMPLOYER CENSUS & RATES						
HEALTH	Census	Rate	Census	Rate	Census	Rate
Employee Only	16	\$656.67	16	\$707.51	16	\$696.32
Employee + Spouse	4	\$1,443.36	4	\$1,679.14	4	\$1,652.57
Employee + Child(ren)	0	\$1,108.46	0	\$1,466.80	0	\$1,443.60
Full Family	7	\$2,027.14	7	\$2,300.10	7	\$2,263.72
Monthly Premium	\$30,470.20		\$34,137.46		\$33,597.46	
Admin Credit	\$0.00		-\$8,100.00		\$0.00	
Annual Premium	\$365,642.40		\$401,549.57		\$403,169.57	
Percentage Change	Current		9.82%		10.26%	