



**Chillicothe & Ross County  
Public Library**

Insurance Company	Guardian		Guardian		Standard	
Plan Name	Plan 1		Plan 1		Freedom Dual Option	
Health Benefits	Value	NAP	Value	NAP	Plan 1	Plan 2
Annual Maximum	\$1,000		\$1,000		\$1,000	
Single Deductible	\$50		\$50		\$50	
Family Deductible	\$150		\$150		\$150	
Preventive Deductible	\$0		\$0		\$0	
Preventive Coinsurance	100%	100%	100%	100%	100%	100%
Basic Coinsurance	100%	80%	100%	80%	100%	80%
Major Coinsurance	60%	50%	60%	50%	60%	50%
Ortho Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A
Ortho Max	N/A		N/A		N/A	
Out-Of-Network	MAC	90th UCR	MAC	90th UCR	MAC	90th UCR
Rollover Maximum	Included		Included		Included	
DENTAL CENSUS & RATES						
DENTAL	Census	Rate	Census	Rate	Census	Rate
Employee Only	23	\$23.98	23	\$26.14	23	\$21.64
Employee + Spouse	4	\$46.80	4	\$51.01	4	\$42.24
Employee + Child(ren)	2	\$46.80	2	\$51.01	2	\$42.24
Employee + Family	7	\$81.81	7	\$89.17	7	\$73.84
<b>Monthly Cost</b>	<b>\$1,405.01</b>		<b>\$1,531.46</b>		<b>\$1,268.04</b>	
<b>Annual Cost</b>	<b>\$16,860.12</b>		<b>\$18,377.53</b>		<b>\$15,216.48</b>	
<b>Percentage Increase</b>	<b>Current</b>		<b>9.00%</b>		<b>-9.75%</b>	

Insurance Company	Guardian		Guardian		Standard	
Plan Name	VSP		VSP		VSP	
Vision Exam	Every Calendar Year		Every Calendar Year		Every Calendar Year	
New Lenses	Every Calendar Year		Every Calendar Year		Every Calendar Year	
New Frames	Every Other Calendar Year		Every Other Calendar Year		Every Other Calendar Year	
Or New Contacts	Every Calendar Year		Every Calendar Year		Every Calendar Year	
Frame Allowance	\$130 + 15%		\$130 + 15%		\$130 + 20%	
Contact Allowance	\$130		\$130		\$130	
Exam Copay	\$10		\$10		\$10	
Materials Copay	\$10		\$10		\$0	
VISION CENSUS & RATES						
VISION	Census	Rate	Census	Rate	Census	Rate
Employee Only	22	\$8.57	22	\$8.57	22	\$7.08
Employee + Spouse	4	\$16.22	4	\$16.22	4	\$13.44
Employee + Child(ren)	2	\$16.53	2	\$16.53	2	\$13.68
Full Family	7	\$26.16	7	\$26.16	7	\$21.68
<b>Vision Monthly Cost</b>	<b>\$469.60</b>		<b>\$469.60</b>		<b>\$388.64</b>	
<b>Vision Annual Cost</b>	<b>\$5,635.20</b>		<b>\$5,635.20</b>		<b>\$4,663.68</b>	
<b>Percentage Change</b>	<b>Current Plan</b>		<b>0.00%</b>		<b>-17.24%</b>	

LIFE & ACCIDENT CENSUS AND RATES						
Insurance Company	Guardian		Guardian		Standard	
GROUP LIFE	Volume	Rate	Volume	Rate	Volume	Rate
Group Term Life	\$1,075,000	\$0.215	\$1,075,000	\$0.215	\$1,075,000	\$0.153
Accidental Death	\$1,075,000	\$0.019	\$1,075,000	\$0.019	\$1,075,000	\$0.019
<b>Life Monthly Cost</b>	<b>\$251.55</b>		<b>\$251.55</b>		<b>\$184.90</b>	
<b>Life Annual Cost</b>	<b>\$3,018.60</b>		<b>\$3,018.60</b>		<b>\$2,218.80</b>	
<b>Percentage Increase</b>	<b>Current</b>		<b>0.00%</b>		<b>-26.50%</b>	

<b>TOTAL MONTHLY COST</b>	<b>\$2,126.16</b>	<b>\$2,252.61</b>	<b>\$1,841.58</b>
<b>TOTAL ANNUAL COST</b>	<b>\$25,513.92</b>	<b>\$27,031.33</b>	<b>\$22,098.96</b>
<b>PERCENTAGE INCREASE</b>	<b>Current</b>	<b>5.95%</b>	<b>-13.38%</b>



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VOLUNTARY LIFE & AD&D	Rate	Rate	Rate
<25	\$0.081	\$0.081	\$0.081
25-29	\$0.081	\$0.081	\$0.081
30-34	\$0.104	\$0.104	\$0.104
35-39	\$0.115	\$0.115	\$0.115
40-44	\$0.127	\$0.127	\$0.127
45-49	\$0.196	\$0.196	\$0.196
50-54	\$0.299	\$0.299	\$0.299
55-59	\$0.552	\$0.552	\$0.552
60-64	\$0.851	\$0.851	\$0.851
65-69	\$1.630	\$1.630	\$1.630
70-74	\$1.630	\$1.630	\$1.630
75+	\$1.630	\$1.630	\$1.630

Insurance Company	Guardian	Guardian	Standard
CRITICAL ILLNESS	Rate	Rate	Rate
<25	\$0.450	\$0.450	\$0.276
25-29	\$0.450	\$0.450	\$0.346
30-34	\$0.820	\$0.820	\$0.463
35-39	\$0.820	\$0.820	\$0.670
40-44	\$1.590	\$1.590	\$0.916
45-49	\$1.590	\$1.590	\$1.272
50-54	\$3.050	\$3.050	\$1.750
55-59	\$3.050	\$3.050	\$2.315
60-64	\$5.120	\$5.120	\$3.289
65-69	\$5.120	\$5.120	\$4.608
70-74	\$8.040	\$8.040	\$6.312
75+	\$8.040	\$8.040	\$8.810

Insurance Company	Guardian	Guardian	Standard
HOSPITAL	Rate	Rate	Rate
15-49 Employee Only	\$15.70	\$15.70	\$13.13
15-49 Employee + Spouse	\$26.07	\$26.07	\$26.00
15-49 Employee + Child(ren)	\$25.40	\$25.40	\$17.42
15-49 Employee + Family	\$35.78	\$35.78	\$30.29
50-59 Employee Only	\$15.31	\$15.31	\$13.13
50-59 Employee + Spouse	\$30.66	\$30.66	\$26.00
50-59 Employee + Child(ren)	\$25.02	\$25.02	\$17.42
50-59 Employee + Family	\$40.37	\$40.37	\$30.29
60-64 Employee Only	\$18.88	\$18.88	\$13.13
60-64 Employee + Spouse	\$38.29	\$38.29	\$26.00
60-64 Employee + Child(ren)	\$28.58	\$28.58	\$17.42
60-64 Employee + Family	\$48.00	\$48.00	\$30.29
65-99 Employee Only	\$30.96	\$30.96	\$13.13
65-99 Employee + Spouse	\$65.32	\$65.32	\$26.00
65-99 Employee + Child(ren)	\$40.67	\$40.67	\$17.42
65-99 Employee + Family	\$75.02	\$75.02	\$30.29

Insurance Company	Guardian	Guardian	Standard
ACCIDENT	Rate	Rate	Rate
Employee Only	\$10.91	\$10.91	\$12.76
Employee + Spouse	\$18.24	\$18.24	\$22.06
Employee + Child(ren)	\$19.19	\$19.19	\$31.79
Employee + Family	\$26.52	\$26.52	\$42.86

<b>Initial Critical Illness Benefits*</b>		
Heart Attack (100%)	Option 1	Option 2
Stroke (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Waiver of Premium (employee only)	Yes	Yes
<b>Cancer Critical Illness Benefits*</b>		
Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma in Situ (25%)	\$2,500	\$5,000
<b>Reoccurrence of Critical Illness Benefits*</b>		
Initial Critical Illness (same amount as Initial Critical Illness Benefit)	Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)	Yes	Yes
<b>Rider Benefits</b>		
Skin Cancer Rider	\$250	\$250
Specified Chronic Illness Rider* (50%)	\$5,000	\$10,000
Specified Chronic Illness or Injury Rider*	Illness (50%) Injury (100%)	\$5,000 \$10,000
Supplemental Critical Illness Rider*		
Advanced Alzheimer's Disease (100%)	\$10,000	\$20,000
Advanced Parkinson's Disease (100%)	\$10,000	\$20,000
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Complete Loss of Sight (100%)	\$10,000	\$20,000
Complete Loss of Speech (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
Fixed Wellness Rider (per year)	\$50	\$50

#### Hospitalization Benefits

		Option 1
First Day Hospital Confinement Benefit		\$1,000
Limit to Number of Occurrences		One per Month
Daily Hospital Confinement Benefit (daily)		\$100
Maximum Days Payable		
If First Day Hospital Confinement Benefit is Payable		Days 2 - 10
If First Day Hospital Confinement Benefit is not Payable		Days 1 - 10
Hospital Intensive Care Benefit (daily)		\$100
Maximum Days Payable		10 Days
<b>Additional Conditions and Limitations</b>		
Mental and Nervous Disorders Covered		No
Drug Addiction and Alcoholism Covered		No
Pre-Existing Condition Limitation		
Limitation Period (months) / Lookback Period (months)		12 / 12

Covered Conditions (lump sum payments)	Condition	First Occurrence	Second Occurrence
	<b>Cancer</b>		
	Invasive Cancer:	100%	50%
	Carcinoma In Situ	30%	0%
	Benign Brain Tumor	75%	0%
	Skin Cancer	\$250	Not Covered
	<b>Vascular</b>		
	Heart Attack	100%	50%
	Stroke	100%	50%
	Heart Failure	100%	50%
	Coronary Arteriosclerosis	30%	0%
	<b>Other</b>		
	Organ Failure	100%	50%
	Kidney Failure	100%	50%
<b>Group 2 Covered Conditions</b>	First Occurrence of these additional illnesses: <ul style="list-style-type: none"> <li>100% Benefit: ALS (Lou Gehrig's Disease), Coma, Loss of Speech, Sight or Hearing, Parkinson's Disease, Severe Burns</li> <li>50% Benefit: Alzheimer's Disease</li> <li>30% Benefit: Addison's Disease, Huntington's Disease, Multiple Sclerosis</li> <li>Permanent Paralysis: 50% for 1 limb, 100% for 2 limbs</li> </ul>		
<b>Group 3 Childhood Covered Conditions</b>	100% of Child Benefit for the First Occurrence of Cerebral Palsy, Cleft lip/palate, Club Foot, Cystic Fibrosis, Down's Syndrome, Muscular Dystrophy, Spina Bifida, and Type 1 Diabetes.		

## BENEFITS

### All Eligible Employees

<b>Contributory/Participation</b>	Voluntary/Greater of 15% or 10 enrolled lives.
<b>Hospital/ICU Admission</b>	\$1000 per admission to a max of 1 admission per year, per insured, max of 3 admissions, per year, per covered family
<b>Hospital/ICU Confinement</b>	\$100 per day to a max of 15 days per year, per insured
<b>Dependent Age Limits</b>	Child Birth to 26 years (26 if full time student)
<b>Treatments Covered</b>	Sickness and Injury
<b>Treatment of Normal Pregnancy</b>	Hospital Admission benefits are not payable for birth within first 9 months of coverage. See Plan Limitations & Exclusions section below for details.
<b>Pre-Existing Condition Limitation</b>	3 month look back period, 12 month exclusion period, Continuity of Coverage



<b>Accidental Death</b>	\$25,000	\$40,000
<b>Common Carrier</b>	\$50,000	\$100,000
<b>Dismemberment</b>	\$25,000	\$40,000
<b>Hospitalization</b>		
Initial	\$1,000	\$1,000
Daily	\$250	\$200
ICU Initial	\$2,000	\$2,000
ICU Daily	\$500	\$400
<b>Ambulance</b>		
Ground	\$200	\$200
Air	\$1,000	\$600
<b>Paralysis</b>		
Paraplegia	\$12,500	\$15,000
Quadriplegia	\$25,000	\$30,000
<b>Physician Treatment</b>	\$50	\$100
<b>Chiropractic</b>	\$50	\$50
<b>Emergency Room</b>	\$200	\$200
<b>X-Ray</b>	\$40	\$200
<b>Advanced Imaging</b>	\$200	\$100
<b>Traumatic Brain Injury</b>	\$4,000	\$600
<b>Dislocations</b>	Up to \$5,000	Up to \$4,000
<b>Burns</b>	\$2,000	\$1,000
<b>Blood/Plasma</b>	\$300	\$600
<b>Coma</b>	\$10,000	\$20,000
<b>Tendon/Ligament Surgery</b>	\$1,000	\$1,000
<b>Prosthetics</b>	\$1,000	\$2,000
<b>Rehab Unit</b>	\$100	\$200
<b>Rehab Therapy</b>	\$60	\$60
<b>Appliance</b>	Up to \$500	Up to \$250
<b>Fracture</b>	Up to \$6,000	Up to \$4,000
<b>Surgery</b>	Up to \$1,250	Up to \$2,000
<b>Wellness Benefit</b>	\$50	\$50