

2025



Benefits

KY  
CPA

Overview

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**Anthem**, the medical carrier has the largest network of physicians and facilities in the region.

- ✓ Medical rates based on the Association large group pooling. Nearly 1,000 members in the association pool. KYCPA Association treated as a Large Group Employer thereby providing in most cases more competitive rates for its large membership.
- ✓ The Society is outperforming Anthem's commercial benchmark of claims by 30%, in most cases, better rates for you!
- ✓ Must have at least 2 eligible employees, however one of the employees can waive and one person group can be written.
- ✓ If six or more enrolling employees, only requires employee census to gather a quote. Groups with one to five enrolling employees complete a simplified medical underwriting application.
- ✓ Overall renewals for Society members have averaged single digits during the past 5 years.
- ✓ Offer 6 PPO, 5 HDHP (HSA) options.
- ✓ Two benefit plans may be offered if five enrolled employees, 10 or more enrolled employees can select up to three benefit plans.
- ✓ Cobra Services provided free of charge

### 2025 KYCPA Anthem Medical Plans- PPO

Plan Name	04E2-2025	11E2-2025	17E2-2025	19E3-2025	24E3-2025	32E3-2025
<b>Basic Benefit Overview</b> <i>Current Contract Enrollment</i>	<b>In-Network Benefits</b>					
<b>Annual Deductible</b> (Individual/Family)	\$500 / \$1,500	\$1,500 / \$3,000	\$2,000 / \$4,000	\$2,500 / \$5,000	\$3,000 / \$6,000	\$4,000 / \$8,000
<b>Annual Out-of-Pocket Limit</b> (Individual/Family)	\$4,000 / \$8,000	\$5,000 / \$10,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$7,000 / \$14,000	\$9,000 / \$18,000
<b>Coinsurance</b>	20%	20%	30%	30%	30%	50%
<b>Routine Preventive Care Visit</b>	No cost	No cost	No cost	No cost	No cost	No cost
<b>Preferred PCP/ Primary Care / Specialist Office Visit</b>	\$5 / \$20 / \$50	\$5 / \$20 / \$50	\$5 / \$20 / \$50	\$5 / \$20 / \$50	\$5 / \$20 / \$50	\$5 / \$30 / \$75
<b>Virtual Text and Virtual Primary Care visits</b>	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
<b>Outpatient Surgery and Facility Charge</b>	20% after ded	20% after ded	30% after ded	30% after ded	30% after ded	50% after ded
<b>Outpatient Major Diagnostic</b>	20% after ded	20% after ded	30% after ded	30% after ded	30% after ded	50% after ded
<b>Inpatient Hospitalization</b>	20% after ded	20% after ded	30% after ded	30% after ded	30% after ded	50% after ded
<b>Emergency Services</b>						
<b>Emergency Room</b>	\$300 copay then 20%	\$300 copay then 20%	\$300 copay then 30%	\$300 copay then 30%	\$300 copay then 30%	\$300 copay then 50%
<b>Urgent Care</b>	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$30 copay
<b>Prescription Drugs</b>						
<b>Retail: Tier 1 / Tier 2 / Tier 3 / Tier 4</b>	\$10 / \$35 / \$75 / 25% \$350 max			\$15 / \$40 / \$80 / 25% \$350 max		
<b>Home Delivery: Tier 1/ Tier 2 / Tier 3 / Tier 4</b>	\$30 / \$105 / \$225 / 25% \$350 max			\$45 / \$120 / \$240 / 25% \$350 max		

### 2025 KYCPA Anthem Medical Plans- HDHP (H.S.A. Compliant)

Plan Name	HSAE01-2025	HSAE05-2025	HSAE06-2025	HSAE08-2025	HSAE07-2025
<b>Basic Benefit Overview</b> <i>Current Contract Enrollment</i>	<b>In-Network Benefits</b>				
<b>Annual Deductible</b> (Individual/Family)	\$3,300 / \$6,600	\$3,500 / \$7,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$6,000 / \$12,000
<b>Annual Out-of-Pocket Limit</b> (Individual/Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$6,500 / \$13,000	\$6,500 / \$13,000	\$8,000 / \$16,000
<b>Coinsurance</b>	20%	30%	30%	30%	0%
<b>Routine Preventive Care Visit</b>	No cost	No cost	No cost	No cost	No cost
<b>Preferred PCP/ Primary Care / Specialist Office Visit</b>	20% after ded	30% after ded	30% after ded	30% after ded	0% after ded
<b>Virtual Text and Virtual Primary Care visits</b>	0% after ded / 30% after ded	0% after ded			
<b>Outpatient Surgery and Facility Charge</b>	20% after ded	30% after ded	30% after ded	30% after ded	0% after ded
<b>Outpatient Major Diagnostic</b>	20% after ded	30% after ded	30% after ded	30% after ded	0% after ded
<b>Inpatient Hospitalization</b>	20% after ded	30% after ded	30% after ded	30% after ded	0% after ded
<b>Emergency Services</b>					
<b>Emergency Room</b>	20% after ded	30% after ded	30% after ded	30% after ded	0% after ded
<b>Urgent Care</b>	20% after ded	30% after ded	30% after ded	30% after ded	0% after ded
<b>Prescription Drugs</b>					
<b>Retail: Tier 1 / Tier 2 / Tier 3 / Tier 4</b>	20% after ded	30% after ded	30% after ded	30% after ded	0% after ded
<b>Home Delivery: Tier 1/ Tier 2 / Tier 3 / Tier 4</b>	20% after ded	30% after ded	30% after ded	30% after ded	0% after ded

**Delta Dental**, the dental carrier has the largest dental and providers in the region.

- ✓ Offers 4 PPO dental plan options
- ✓ Offers a DHMO plan with copayment schedule
- ✓ Minimum of two employees can enroll

### 2025 KYCPA Delta Dental Plans

Plan Name	PPO #2		PPO #3		PPO Plus Premier (w/ Ortho) #4	
	PPO	Premier or Non-Network	PPO	Premier or Non-Network	Premier and PPO	Non-Network nonparticipating fee
Annual Deductible/Individual	\$25	\$50	\$50		\$25	
Annual Deductible/Family	\$75	\$150	\$150		\$75	
Annual Plan Maximum (per person)	\$2,000	\$1,000	\$1,500		\$1,500	
Waiting Period	None		None		None	
<b>Type I: Preventive Services</b>						
Oral Exam (2 per year)						
Routine Cleaning (2 per year)	100%	80%	100%	80%	100%	
X-Rays - Bite Wings						
<b>Type II: Basic Services</b>						
Routine Fillings						
Simple Extractions	50%	40%	80%	60%	80%	
Endodontics, Periodontics			50%	40%		
Oral Surgery						
<b>Type III: Major Services</b>						
Inlays, Onlays, Crowns	50%	40%	50%	40%	50%	
Prosthodontics						
Implants	Not Covered	Not Covered	50%	40%	50%, once per tooth in 5 year period	
<b>Type IV: Orthodontia</b>						
Lifetime Maximum (children to age 19)	N/A		N/A		50%, up to \$1,000 per lifetime	
<b>Monthly Rates</b>						
	Voluntary or ER Paid		Voluntary or ER Paid		Voluntary or ER Paid	
Employee Only	\$24.92		\$27.83		\$34.40	
Employee + Spouse	\$47.88		\$53.47		\$66.11	
Employee + Child(ren)	\$50.56		\$56.47		\$69.82	
Employee + Family	\$72.10		\$80.52		\$99.55	

#### Delta Dental PPO

Delta Dental PPO utilizes the PPO network. Members who choose a Delta Dental PPO network provider have the lowest out-of-pocket expenses and cannot be balance billed. Members who choose a Delta Dental Premier or out-of-network provider could be balanced billed.



**Delta Vision**, the vision carrier has the largest dental and providers in the region.

- ✓ Offers 4 vision plan options
- ✓ Minimum of two employees can enroll

## 2025 KYCPA Delta Vision Plans

Plan Name	DeltaVision 130	DeltaVision 150	DeltaVision 150+	DeltaVision 175
<b>Benefit Frequency</b>				
<b>WellVision Exam Every:</b>	12 Months	12 Months	12 Months	12 Months
<b>Lenses Every:</b>	12 Months	12 Months	12 Months	12 Months
<b>Frames Every:</b>	24 Months	24 Months	24 Months	12 Months
<b>Contacts (in lieu of glasses):</b>	12 Months	12 Months	12 Months	12 Months
<b>Co-Payments</b>				
<b>WellVision Exam:</b>	\$10 copay	\$10 copay	\$10 copay	\$10 copay
<b>Materials:</b>	\$25 copay	\$10 copay	\$10 copay	\$10 copay
<b>Contact Lens Exam: (fitting and evaluation)</b>	Up to \$60 copay	Up to \$60 copay	Up to \$60 copay	Up to \$60 copay
<b>In-Network Allowances</b>				
<b>Retail Frame Value:</b>	\$130	\$150	\$150	\$175
<b>Elective Contact Lenses:</b>	\$130	\$150	\$150	\$175
<b>Covered Lens Options:</b>	<ul style="list-style-type: none"> <li>Polycarbonate for Children</li> <li>Standard Progressive Lenses</li> </ul>	<ul style="list-style-type: none"> <li>Polycarbonate for Children</li> <li>Standard Progressive Lenses</li> </ul>	<ul style="list-style-type: none"> <li>Polycarbonate for Children</li> <li>Polycarbonate for Adults</li> <li>Standard Progressive Lenses</li> <li>Anti-Reflective Coating</li> <li>Scratch Resistant Coating</li> <li>UV Screening</li> <li>Solid or Gradient Tint</li> </ul>	<ul style="list-style-type: none"> <li>Polycarbonate for Children</li> <li>Standard Progressive Lenses</li> <li>Anti-Reflective Coating</li> </ul>
<b>Extra Discounts and Savings</b>				
<b>Lens Enhancements:</b>	Average Savings of 30%			
<b>Additional Pairs of Glasses:</b>	20% off			
<b>Sunglasses:</b>	20% off			
<b>Laser Vision Correction:</b>	Average 15% - 20% discount			
<b>Value Added Programs</b>				
Primary Eyecare, Eye Health Management, & Diabetic Exam Reminder Letters				
<b>Out-of-Network Coverage</b>				
Exam - up to \$45	Lined Bifocal Lenses - up to \$50	Progressive Lenses - up to \$50		
Frame - up to \$70	Lined Trifocal Lenses - up to \$65	Contacts - up to \$105		
Single Vision Lenses - up to \$30	Lenticular Lenses - up to \$100	Necessary Contact Lenses - up to \$210		

Monthly Rates	DeltaVision 130 (Employer Sponsored / Voluntary)	DeltaVision 150 (Employer Sponsored / Voluntary)	DeltaVision 150+ (Employer Sponsored / Voluntary)	DeltaVision 175 (Employer Sponsored / Voluntary)
<b>Employee Only</b>	\$5.36 / \$6.30	\$6.31 / \$7.43	\$7.35 / \$8.67	\$9.87 / \$11.67
<b>Employee + Spouse</b>	\$10.72 / \$12.60	\$12.62 / \$14.86	\$14.70 / \$17.33	\$19.73 / \$23.34
<b>Employee + Child(ren)</b>	\$11.47 / \$13.49	\$13.50 / \$15.90	\$15.20 / \$18.01	\$21.11 / \$24.98
<b>Employee + Family</b>	\$18.33 / \$21.55	\$21.58 / \$25.42	\$24.29 / \$28.79	\$33.74 / \$39.91

