



Montgomery County Featured Plans and Rates - MA

Effective: June 01, 2024 through December 31, 2024

Medical Plan	Custom PPO Plan 0PH
Members	265
Total Medical (monthly billed PMPM rate)	\$127.81
Total monthly premium	\$33,870
Total annual premium	\$406,436

Plan(s) Selected: _____
Authorized Signature: _____
Title: _____
Date: _____

Montgomery County Assumptions & Conditions Effective 06/01/2024 through 12/31/2024

Rates, rate guarantees, and benefits may need to be revised based on legislative, regulatory or other changes including, but not limited to, CMS guidance which becomes effective during the quoted product years.

Plan parameters and formularies are approved by CMS on an annual basis and can change in January each year.

Participants have Medicare Parts A and B.

Eligibility for coverage for subscribers or their dependents is based on the subscriber meeting their group's requirements for coverage of retiree medical benefits.

Contracted rates are on a Per-Member-Per-Month (PMPM) basis. Each individual will receive the same equal rate; a two member contract would receive twice the rate; a three member contract would receive triple the rate.

The group will contribute about 50% towards the premium. If the contribution strategy does change, Anthem must be notified and reserves the right to re-evaluate its underwriting position. If more than one plan is offered to members, then Montgomery County shall offer Anthem plan coverage to all eligible Members at terms and contribution levels that are no less favorable than those applicable to any other health coverage available through Montgomery County .

This plan may be limited in some states to groups that qualify as a large group within that state. The large group definition varies by state.

The pricing census included a total of 265 retired members, including 1 Medicare eligible, pre-65 retired members. If the enrolled membership differs from the pricing census by more than 10% we reserve the right to review and change the pricing if necessary.

Broker Commissions are included at \$12.50 PMPM.

This quote assumes Anthem will be the exclusive post-65 retiree offering. Furthermore, the quote assumes that Anthem will offer a single plan design. Any additional plan selections will be subject to underwriting consideration.

The group's eligibility policy does not allow for retirees to enroll in a group sponsored medical plan if the retiree has previously declined coverage.

A minimum of 90-day implementation is required.

Anthem may retroactively modify the premium rates if the data provided is inaccurate or new data is submitted that varies from the data previously provided to Anthem by group or its representative.

CMS guidance does not allow a network based Medicare Advantage plan (LPPO, HMO) to be offered with an individual Part D waiver plan. If the Medicare Advantage plan is being offered with another carrier's Part D group waiver plan, the Part D carrier must coordinate care with Anthem.

This quote is contingent upon the majority of the enrolled membership residing in an adequate network service area. The service area and plan design are subject to CMS approval.

Additional communications beyond those mandated by CMS or operationally required, such as printed home mailers, may be subject to additional marketing communication expenses for development, fulfillment, and/or mailing.

This quote assumes co-branding (plan sponsor name and/ or logo is allowed on member materials including Medicare Advantage plan quality and health programs).