

**2016 OPTIONAL INS RATES**

Carrier Name / Policy		Product	Wage Type	Frequency/ Payment Model	Old Rate (2014)	Last Rate (2015)	New Rate (2016)	Status
<b>Assurant</b>		Dental	5441	KY01	Rates effective beginning 12/1/15 with first deduction at new rate on 12/23/15.			
Freedom Preferred	Employee				43.19	53.56	45.35	YES
	Employee + One				85.51	106.03	89.79	YES
	Employee + Family				132.28	164.03	138.89	YES
Freedom Basic	Employee				23.70	29.39	24.89	YES
	Employee + One				44.54	55.24	46.78	YES
	Employee + Family				78.05	96.79	81.96	YES
Heritage Secure	Employee				9.30	9.30	9.30	no chg
	Employee + One				15.73	15.73	15.73	no chg
	Employee + Family				24.81	24.81	24.81	no chg
<b>Avesis</b>		Vision	5631	KY02				
	Single				9.45	9.45	9.45	no chg
	Family				21.00	21.00	21.00	no chg
<b>Burch</b>		Dental	5321	KY01	Rates effective beginning 12/1/15 with first deduction at new rate on 12/23/15.			
	Single				23.25	23.25	23.95	YES
	Dual				40.50	40.50	41.60	YES
	Family				58.25	58.25	60.00	YES
<b>Citizens Security</b>		Dental	5731	KY01				
EPO Bronze	Single				19.33	22.23	22.23	no chg
	Employee + 1				36.40	41.86	41.86	no chg
	Employee + Family				57.29	65.88	65.88	no chg
Freedom Gold	Single				29.53	22.23	22.23	no chg
	Employee + 1				55.62	41.86	41.86	no chg
	Employee + Family				87.52	65.88	65.88	no chg
<b>Citizens Security</b>		Vision	5721	KY02				
	Single				8.10	8.10	8.10	no chg
	Employee + 1				17.30	17.30	17.30	no chg
	Employee + Family				22.43	22.43	22.43	no chg
<b>CompBenefits</b>		Dental	5141	KY01				
AV3 Plan Advantage	Employee				21.28	21.28	21.28	no chg
	Employee + One				39.68	39.68	39.68	no chg
	Employee + Family				55.68	55.68	55.68	no chg
DHMO (C250Z) Plan	Employee				17.16	17.16	17.16	no chg
	Employee + One				34.30	34.30	34.30	no chg
	Employee + Family				51.46	51.46	51.46	no chg
PPO (EP510) Plan	Employee				27.98	27.98	27.98	no chg
	Employee + One				52.16	52.16	52.16	no chg
	Employee + Family				73.18	73.18	73.18	no chg
<b>CompBenefits</b>		Vision	5681	KY02				
	Employee				8.10	8.10	8.10	no chg
	Employee + One				19.44	19.44	19.44	no chg
	Employee + Family				22.68	22.68	22.68	no chg
<b>Delta Dental</b>		Dental	5511	KY01				
PPO	Employee = Single				19.95	19.95	19.95	no chg
	Employee = Dual				38.30	38.30	38.30	no chg
	Employee = Family				65.82	65.82	65.82	no chg
Premier Plan	Employee = Single				22.78	22.78	22.78	no chg
	Employee = Dual				43.74	43.74	43.74	no chg
	Employee = Family				72.30	72.30	72.30	no chg
<b>Dental Care Plus/DentaSelect</b>		Dental	5501	KY02				
Basic PPO	Single				41.42	37.28	37.28	no chg
	Double				76.66	68.99	68.99	no chg
	Family				104.90	94.41	94.41	no chg
Enhanced PPO	Single				48.24	43.42	43.42	no chg
	Double				89.26	80.33	80.33	no chg
	Family				131.58	118.42	118.42	no chg

<b>Dental Health Options (Health Resources, Inc)</b>		Dental	5521	ALL- KY01, KY02, KY09				
<b>DHO 6B</b>	Employee			<i>semi-monthly amount</i>	9.95	9.45	<b>9.45</b>	no chg
				<i>monthly amount</i>	19.90	18.90	<b>18.90</b>	no chg
	Employee & Spouse			<i>semi-monthly amount</i>	21.25	20.85	<b>20.85</b>	no chg
				<i>monthly amount</i>	42.50	41.70	<b>41.70</b>	no chg
	Employee & Child(ren)			<i>semi-monthly amount</i>	37.60	36.85	<b>36.85</b>	no chg
				<i>monthly amount</i>	75.20	73.70	<b>73.70</b>	no chg
Employee & Family			<i>semi-monthly amount</i>	56.00	54.90	<b>54.90</b>	no chg	
			<i>monthly amount</i>	112.00	109.80	<b>109.80</b>	no chg	
<b>National Vision Administrators (NVA)</b>		Vision	5581	KY01				
	Single				9.65	9.65	<b>9.65</b>	no chg
	Limited				17.45	17.45	<b>17.45</b>	no chg
	Family				25.25	25.25	<b>25.25</b>	no chg
<b>United Concordia</b>		Dental	5241	KY01				
<b>Concordia Plus (DHMO)</b>	Employee = Single				22.02	22.02	<b>22.02</b>	no chg
	2 Party + Spouse/Child				45.31	45.31	<b>45.31</b>	no chg
	Family + Children/Family				66.24	66.24	<b>66.24</b>	no chg
<b>Preferred</b>	Single (EE)				36.74	36.74	<b>36.74</b>	no chg
	2 Party (EE & Spouse/Child)				68.76	68.76	<b>68.76</b>	no chg
	Family (EE & Children/Family)				109.19	109.19	<b>109.19</b>	no chg
<p>These are <b>2016</b> rates.  Effective dates of changes are listed above.</p> <p><b>Payment Models/Frequencies:</b>  <b>KY01</b>- Effective with 1-15 Pay Period and Deducted on the 30th.  <b>KY02</b>- Effective with 16-30 Pay Period and Deducted on the 15th.  <b>KY09</b>- Effective with all Pay Periods and Deducted on the 15th and the 30th.</p> <p>PC/DHRA/DEM/slc</p>								