APPENDIX B

2003 PLAN YEAR SPECIFIC INFORMATION

Personnel Cabinet
Office of Public Employee Health Insurance
2003 Health Insurance Rates

CODE	HMO	SINGLE		PARENT PLUS		COUPLE		FAMILY	
		A	B	A	B	A	B	A	B
091	Bluegrass Family Health	331.12	298.00	496.68	447.00	745.04	670.52	827.80	745.04
101	CHA Health	315.04	283.68	472.56	425.52	708.84	638.28	787.60	709.20
151	Humana – MBP	342.80	308.52	514.20	462.84	771.28	694.20	857.00	771.36

CODE	POS	SINGLE		PARENT PLUS		COUPLE		FAMILY	
		A	B	A	B	A	B	A	B
092	Bluegrass Family Health	403.28	362.96	604.92	544.44	907.40	816.68	1008.20	907.40
102	CHA Health	354.56	319.20	531.84	478.80	797.76	718.20	886.40	798.00
162	Humana	467.76	421.00	701.64	631.56	1052.48	947.24	1169.44	1052.52

CODE	PPO	SINGLE		PARENT PLUS		COUPLE		FAMILY	
		A	B	A	B	A	B	A	B
333	Anthem Blue Access PPO	397.08	357.44	595.76	536.12	893.52	804.20	992.80	893.56
093	Bluegrass Family Health	278.76	250.88	418.12	376.32	627.24	564.52	696.92	627.24
103	CHA Health	269.44	242.56	404.16	363.84	606.24	545.76	673.60	606.40
143	Humana	292.00	262.80	438.00	394.24	657.00	591.32	730.00	657.04

THERE ARE NO OUT-OF-NETWORK SERVICES FOR THE EPO PLAN

CODE	EPO	SINGLE	PARENT PLUS	COUPLE	FAMILY
335	Anthem Blue Access PPO	293.80	440.68	661.00	734.48
095	Bluegrass Family Health	215.24	322.88	484.28	538.12
105	CHA Health	211.04	316.56	474.84	527.60
145	Humana PPO	215.00	322.52	483.76	537.52

Commonwealth of Kentucky
Office of Public Employee Health Insurance
Healthcare 2003
Availability Chart

	Anthem BC/BS				Bluegrass Family Health				CHA				Humana				Employer Contribution OR Lowest Cost Single Opt A Plan
	HMO	POS	PPO	EPO	HMO	POS	PPO	EPO	HMO	POS	PPO	EPO	HMO	POS	PPO	EPO	
Carrier Code	331	332	333	335	091	092	093	095	101	102	103	105	151	162	143	145	
Adair					■	■	■	■	■	■	■	■					$ 269.44
Allen					■	■	■	■									$ 278.76
Anderson					■	■	■	■	■	■	■	■					$ 269.44
Ballard					■	■	■	■									$ 278.76
Barren															■	■	$ 292.00
Bath					■	■	■	■	■	■	■	■					$ 269.44
Bell					■	■	■	■	■	■	■	■					$ 269.44
Boone									■	■	■	■			■	■	$ 269.44
Bourbon					■	■	■	■	■	■	■	■	■	■	■	■	$ 269.44
Boyd			■	■													$ 397.08
Boyle					■	■	■	■									$ 278.76
Bracken									■	■	■	■			■	■	$ 269.44
Breathitt					■	■	■	■	■	■	■	■			■	■	$ 269.44
Breckinridge					■	■	■	■									$ 278.76
Bullitt													■	■	■	■	$ 292.00
Butler					■	■	■	■									$ 278.76
Caldwell					■	■	■	■									$ 278.76
Calloway					■	■	■	■									$ 278.76
Campbell									■	■	■	■			■	■	$ 269.44
Carlisle					■	■	■	■									$ 278.76
Carroll													■	■	■	■	$ 292.00
Carter			■	■													$ 397.08
Casey					■	■	■	■	■	■	■	■					$ 269.44
Christian			■	■			■	■									$ 278.76
Clark					■	■	■	■	■	■	■	■	■	■	■	■	$ 269.44
Clay					■	■	■	■	■	■	■	■					$ 269.44

Blue highlighted areas indicate carrier's product that is available in the county

7/30/2002

Commonwealth of Kentucky
Office of Public Employee Health Insurance
Healthcare 2003
Availability Chart

	Anthem BC/BS				Bluegrass Family Health				CHA				Humana				Employer Contribution OR Lowest Cost Single Opt A Plan
	HMO	POS	PPO	EPO	HMO	POS	PPO	EPO	HMO	POS	PPO	EPO	HMO	POS	PPO	EPO	
Carrier Code	331	332	333	335	091	092	093	095	101	102	103	105	151	162	143	145	
Clinton									■	■	■	■			■	■	$ 269.44
Crittenden					■	■	■	■									$ 278.76
Cumberland					■	■	■	■	■	■	■	■			■	■	$ 269.44
Daviess			■	■													$ 397.08
Edmonson					■	■	■	■									$ 278.76
Elliott			■	■													$ 397.08
Estill					■	■	■	■	■	■	■	■	■	■	■	■	$ 269.44
Fayette					■	■	■	■	■	■	■	■	■	■	■	■	$ 269.44
Fleming									■	■	■	■					$ 269.44
Floyd					■	■	■	■	■	■	■	■					$ 269.44
Franklin					■	■	■	■	■	■	■	■	■	■	■	■	$ 269.44
Fulton					■	■	■	■									$ 278.76
Gallatin									■	■	■	■			■	■	$ 269.44
Garrard					■	■	■	■					■	■	■	■	$ 278.76
Grant									■	■	■	■			■	■	$ 269.44
Graves					■	■	■	■									$ 278.76
Grayson					■	■	■	■									$ 278.76
Green					■	■		■							■	■	$ 292.00
Greenup			■	■													$ 397.08
Hancock			■	■													$ 397.08
Hardin															■	■	$ 292.00
Harlan							■	■	■	■	■	■					$ 269.44
Harrison					■	■	■	■									$ 278.76
Hart					■	■		■							■	■	$ 292.00
Henderson			■	■													$ 397.08
Henry					■	■	■	■					■	■	■	■	$ 278.76

Blue highlighted areas indicate carrier's product that is available in the county

7/30/2002

Commonwealth of Kentucky
Office of Public Employee Health Insurance
Healthcare 2003
Availability Chart

	Anthem BC/BS				Bluegrass Family Health				CHA				Humana				Employer Contribution OR Lowest Cost Single Opt A Plan
	HMO	POS	PPO	EPO	HMO	POS	PPO	EPO	HMO	POS	PPO	EPO	HMO	POS	PPO	EPO	
Carrier Code	331	332	333	335	091	092	093	095	101	102	103	105	151	162	143	145	
Hickman					■	■	■	■									$ 278.76
Hopkins			■	■											■	■	$ 292.00
Jackson					■	■	■	■	■	■	■	■			■	■	$ 269.44
Jefferson					■	■		■					■	■	■	■	$ 292.00
Jessamine					■	■	■	■	■	■	■	■	■	■	■	■	$ 269.44
Johnson					■	■	■	■	■	■	■	■					$ 269.44
Kenton									■	■	■	■			■	■	$ 269.44
Knott					■	■	■	■	■	■	■	■					$ 269.44
Knox					■	■	■	■	■	■	■	■					$ 269.44
Larue															■	■	$ 292.00
Laurel					■	■	■	■	■	■	■	■			■	■	$ 269.44
Lawrence			■	■													$ 397.08
Lee					■	■	■	■	■	■	■	■			■	■	$ 269.44
Leslie					■	■	■	■	■	■	■	■			■	■	$ 269.44
Letcher									■	■	■	■			■	■	$ 269.44
Lewis									■	■	■	■					$ 269.44
Lincoln					■	■	■	■									$ 278.76
Livingston					■	■	■	■									$ 278.76
Logan					■	■	■	■							■	■	$ 278.76
Lyon					■	■	■	■									$ 278.76
McCracken					■	■	■	■									$ 278.76
McCreary					■	■	■	■	■	■	■	■			■	■	$ 269.44
McLean			■	■													$ 397.08
Madison					■	■	■	■	■	■	■	■	■	■	■	■	$ 269.44
Magoffin					■	■	■	■	■	■	■	■					$ 269.44
Marion					■	■	■	■					■	■	■	■	$ 278.76

Blue highlighted areas indicate carrier's product that is available in the county

7/30/2002

Commonwealth of Kentucky
Office of Public Employee Health Insurance
Healthcare 2003
Availability Chart

	Anthem BC/BS				Bluegrass Family Health				CHA				Humana				Employer Contribution OR Lowest Cost Single Opt A Plan
	HMO	POS	PPO	EPO	HMO	POS	PPO	EPO	HMO	POS	PPO	EPO	HMO	POS	PPO	EPO	
Carrier Code	331	332	333	335	091	092	093	095	101	102	103	105	151	162	143	145	
Marshall																	$ 278.76
Martin																	$ 269.44
Mason																	$ 269.44
Meade																	$ 292.00
Menifee																	$ 269.44
Mercer																	$ 278.76
Metcalfe																	$ 278.76
Monroe																	$ 278.76
Montgomery																	$ 269.44
Morgan																	$ 269.44
Muhlenberg																	$ 278.76
Nelson																	$ 292.00
Nicholas																	$ 269.44
Ohio																	$ 278.76
Oldham																	$ 278.76
Owen																	$ 269.44
Owsley																	$ 278.76
Pendleton																	$ 269.44
Perry																	$ 269.44
Pike																	$ 269.44
Powell																	$ 292.00
Pulaski																	$ 269.44
Robertson																	$ 269.44
Rockcastle																	$ 269.44
Rowan																	$ 269.44
Russell																	$ 269.44

Blue highlighted areas indicate carrier's product that is available in the county

7/30/2002

Commonwealth of Kentucky
Office of Public Employee Health Insurance
Healthcare 2003
Availability Chart

	Anthem BC/BS				Bluegrass Family Health				CHA				Humana				Employer Contribution OR Lowest Cost Single Opt A Plan
	HMO	POS	PPO	EPO	HMO	POS	PPO	EPO	HMO	POS	PPO	EPO	HMO	POS	PPO	EPO	
Carrier Code	331	332	333	335	091	092	093	095	101	102	103	105	151	162	143	145	
Scott																	$ 269.44
Shelby																	$ 292.00
Simpson																	$ 278.76
Spencer																	$ 292.00
Taylor																	$ 278.76
Todd																	$ 278.76
Trigg																	$ 397.08
Trimble																	$ 278.76
Union																	$ 397.08
Warren																	$ 278.76
Washington																	$ 278.76
Wayne																	$ 269.44
Webster																	$ 292.00
Whitley																	$ 269.44
Wolfe																	$ 269.44
Woodford																	$ 269.44

Blue highlighted areas indicate carrier's product that is available in the county

7/30/2002

Personnel Cabinet
Office of Public Employee Health Insurance

Additional Carrier Availability
for Plan Year 2003

County	Carrier	Products Offered by Additional Carrier	2003 Employer Contribution Published in Handbook	2003 Contribution Depending on Carrier Selected
Anderson	Bluegrass Family Health		$269.44	$269.44
	CHA Health		$269.44	$269.44
	Humana	HMO/POS/PPO/EPO		$269.44
Edmonson	Bluegrass Family Health		$278.76	$278.76
	Humana	PPO/EPO		$278.76
Green	**Bluegrass Family Health**	PPO *		$278.76
	Humana		$292.00	$292.00
Hart	**Bluegrass Family Health**	PPO *		$278.76
	Humana		$292.00	$292.00
Owen	Bluegrass Family Health		$269.44	$269.44
	CHA Health		$269.44	$269.44
	Humana	HMO/POS/PPO/EPO		$269.44
Owsley	Bluegrass Family Health		$278.76	$278.76
	CHA Health	HMO/POS/PPO/EPO		$269.44
	Humana	PPO/EPO		$278.76
Powell	**Bluegrass Family Health**	HMO/POS/PPO/EPO		$278.76
	CHA Health	HMO/POS/PPO/EPO		$269.44
	Humana		$292.00	$292.00

*Bluegrass Family Health is currently offering HMO, POS and EPO. The PPO product is additional product

Highlighted carriers are additional carriers

09/24/2002

Personnel Cabinet
Office of Public Employee Health Insurance
2003 Health Insurance COBRA Rates

CODE	HMO	SINGLE		PARENT PLUS		COUPLE		FAMILY	
		A	B	A	B	A	B	A	B
091	Bluegrass Family Health	337.74	303.96	506.61	455.94	759.94	683.93	844.36	759.94
101	CHA Health	321.34	289.35	482.01	434.03	723.02	651.05	803.35	723.38
151	Humana – MBP	349.66	314.69	524.48	472.10	786.71	708.08	874.14	786.79

CODE	POS	SINGLE		PARENT PLUS		COUPLE		FAMILY	
		A	B	A	B	A	B	A	B
092	Bluegrass Family Health	411.35	370.22	617.02	555.33	925.55	833.01	1028.36	925.55
102	CHA Health	361.65	325.58	542.48	488.38	813.72	732.56	904.13	813.96
162	Humana	477.12	429.42	715.67	644.19	1073.53	966.18	1192.83	1073.57

CODE	PPO	SINGLE		PARENT PLUS		COUPLE		FAMILY	
		A	B	A	B	A	B	A	B
333	Anthem Blue Access PPO	405.02	364.59	607.68	546.84	911.39	820.28	1012.66	911.43
093	Bluegrass Family Health	284.34	255.90	426.48	383.85	639.78	575.81	710.86	639.78
103	CHA Health	274.83	247.41	412.24	371.12	618.36	556.68	687.07	618.53
143	Humana	297.84	268.06	446.76	402.12	670.14	603.15	744.60	670.18

THERE ARE NO OUT-OF-NETWORK SERVICES FOR THE EPO PLAN

CODE	EPO	SINGLE	PARENT PLUS	COUPLE	FAMILY
335	Anthem Blue Access PPO	299.68	449.49	674.22	749.17
095	Bluegrass Family Health	219.54	329.34	493.97	548.88
105	CHA Health	215.26	322.89	484.34	538.15
145	Humana PPO	219.30	328.97	493.44	548.27

2003 Contiguous County Chart

Contiguous County Chart							
Contiguous Counties							Counties for Insurance Selection
Hart	Metcalfe	Monroe	Allen	Edmonson			Barren
Mercer	Garrard	Lincoln	Casey	Marion	Washington		Boyle
Trigg	Caldwell	Muhlenberg	Todd				Christian
Hancock	Ohio	McLean					Daviess
Scott	Bourbon	Clark	Madison	Jessamine	Woodford		Fayette
Martin	Johnson	Magoffin	Breathitt	Knott			Floyd
Bullitt	Nelson	Larue	Hart	Grayson	Breckinridge	Meade	Hardin
Union	Webster	McLean					Henderson
Crittenden	Webster	McLean	Muhlenberg	Caldwell			Hopkins
Oldham	Shelby	Spencer	Bullitt				Jefferson
Ballard	Carlisle	Graves	Marshall	Livingston			McCracken
Knott	Letcher	Harlan	Leslie	Clay	Owsley	Breathitt	Perry
Martin	Knott	Letcher					Pike
Laurel	McCreary	Wayne	Russell	Casey	Lincoln	Rockcastle	Pulaski
Allen	Simpson	Logan	Edmonson	Butler			Warren

Refer to Section 1 for explanation of chart.

AUTOMATIC ASSIGNMENT CHART
2003 PLAN YEAR

COUNTY	PLAN NAME	COST PER MONTH
Adair	CHA PPO, Option A	$269.44
Allen	Bluegrass Family Health PPO, Option A	$278.76
Anderson	CHA PPO, Option A	$269.44
Ballard	Bluegrass Family Health PPO, Option A	$278.76
Barren	Humana PPO, Option A	$292.00
Bath	CHA PPO, Option A	$269.44
Bell	CHA PPO, Option A	$269.44
Boone	CHA PPO, Option A	$269.44
Bourbon	CHA PPO, Option A	$269.44
Boyd	Anthem Blue Access PPO, Option A	$397.08
Boyle	Bluegrass Family Health PPO, Option A	$278.76
Bracken	CHA PPO, Option A	$269.44
Breathitt	CHA PPO, Option A	$269.44
Breckinridge	Bluegrass Family Health PPO, Option A	$278.76
Bullitt	Humana PPO, Option A	$292.00
Butler	Bluegrass Family Health PPO, Option A	$278.76
Caldwell	Bluegrass Family Health PPO, Option A	$278.76
Calloway	Bluegrass Family Health PPO, Option A	$278.76
Campbell	CHA PPO, Option A	$269.44
Carlisle	Bluegrass Family Health PPO, Option A	$278.76
Carroll	Humana PPO, Option A	$292.00
Carter	Anthem Blue Access PPO, Option A	$397.08
Casey	CHA PPO, Option A	$269.44
Christian	Bluegrass Family Health PPO, Option A	$278.76
Clark	CHA PPO, Option A	$269.44
Clay	CHA PPO, Option A	$269.44

COUNTY	PLAN NAME	COST PER MONTH
Clinton	CHA PPO, Option A	$269.44
Crittenden	Bluegrass Family Health PPO, Option A	$278.76
Cumberland	CHA PPO, Option A	$269.44
Daviess	Anthem Blue Access PPO, Option A	$397.08
Edmonson	Bluegrass Family Health PPO, Option A	$278.76
Elliott	Anthem Blue Access PPO, Option A	$397.08
Estill	CHA PPO, Option A	$269.44
Fayette	CHA PPO, Option A	$269.44
Fleming	CHA PPO, Option A	$269.44
Floyd	CHA PPO, Option A	$269.44
Franklin	CHA PPO, Option A	$269.44
Fulton	Bluegrass Family Health PPO, Option A	$278.76
Gallatin	CHA PPO, Option A	$269.44
Garrard	Bluegrass Family Health PPO, Option A	$278.76
Grant	CHA PPO, Option A	$269.44
Graves	Bluegrass Family Health PPO, Option A	$278.76
Grayson	Bluegrass Family Health PPO, Option A	$278.76
Green	Humana PPO, Option A	$292.00
Greenup	Anthem Blue Access PPO, Option A	$397.08
Hancock	Anthem Blue Access PPO, Option A	$397.08
Hardin	Humana PPO, Option A	$292.00
Harlan	CHA PPO, Option A	$269.44
Harrison	Bluegrass Family Health PPO, Option A	$278.76
Hart	Humana PPO, Option A	$292.00
Henderson	Anthem Blue Access PPO, Option A	$397.08
Henry	Bluegrass Family Health PPO, Option A	$278.76
Hickman	Bluegrass Family Health PPO, Option A	$278.76
Hopkins	Humana PPO, Option A	$292.00

COUNTY	PLAN NAME	COST PER MONTH
Jackson	CHA PPO, Option A	$269.44
Jefferson	Humana PPO, Option A	$292.00
Jessamine	CHA PPO, Option A	$269.44
Johnson	CHA PPO, Option A	$269.44
Kenton	CHA PPO, Option A	$269.44
Knott	CHA PPO, Option A	$269.44
Knox	CHA PPO, Option A	$269.44
Larue	Humana PPO, Option A	$292.00
Laurel	CHA PPO, Option A	$269.44
Lawrence	Anthem Blue Access PPO, Option A	$397.08
Lee	CHA PPO, Option A	$269.44
Leslie	CHA PPO, Option A	$269.44
Letcher	CHA PPO, Option A	$269.44
Lewis	CHA PPO, Option A	$269.44
Lincoln	Bluegrass Family Health PPO, Option A	$278.76
Livingston	Bluegrass Family Health PPO, Option A	$278.76
Logan	Bluegrass Family Health PPO, Option A	$278.76
Lyon	Bluegrass Family Health PPO, Option A	$278.76
Madison	CHA PPO, Option A	$269.44
Magoffin	CHA PPO, Option A	$269.44
Marion	Bluegrass Family Health PPO, Option A	$278.76
Marshall	Bluegrass Family Health PPO, Option A	$278.76
Martin	CHA PPO, Option A	$269.44
Mason	CHA PPO, Option A	$269.44
McCracken	Bluegrass Family Health PPO, Option A	$278.76
McCreary	CHA PPO, Option A	$269.44
McLean	Anthem Blue Access PPO, Option A	$397.08
Meade	Humana PPO, Option A	$292.00

COUNTY	PLAN NAME	COST PER MONTH
Menifee	CHA PPO, Option A	$269.44
Mercer	Bluegrass Family Health PPO, Option A	$278.76
Metcalfe	Bluegrass Family Health PPO, Option A	$278.76
Monroe	Bluegrass Family Health PPO, Option A	$278.76
Montgomery	CHA PPO, Option A	$269.44
Morgan	CHA PPO, Option A	$269.44
Muhlenburg	Bluegrass Family Health PPO, Option A	$278.76
Nelson	Humana PPO, Option A	$292.00
Nicholas	CHA PPO, Option A	$269.44
Ohio	Bluegrass Family Health PPO, Option A	$278.76
Oldham	Bluegrass Family Health PPO, Option A	$278.76
Owen	CHA PPO, Option A	$269.44
Owsley	Bluegrass Family Health PPO, Option A	$278.76
Pendleton	CHA PPO, Option A	$269.44
Perry	CHA PPO, Option A	$269.44
Pike	CHA PPO, Option A	$269.44
Powell	Humana PPO, Option A	$292.00
Pulaski	CHA PPO, Option A	$269.44
Robertson	CHA PPO, Option A	$269.44
Rockcastle	CHA PPO, Option A	$269.44
Rowan	CHA PPO, Option A	$269.44
Russell	CHA PPO, Option A	$269.44
Scott	CHA PPO, Option A	$269.44
Shelby	Humana PPO, Option A	$292.00
Simpson	Bluegrass Family Health PPO, Option A	$278.76
Spencer	Humana PPO, Option A	$292.00
Taylor	Bluegrass Family Health PPO, Option A	$278.76
Todd	Bluegrass Family Health PPO, Option A	$278.76

COUNTY	PLAN NAME	COST PER MONTH
Trigg	Anthem Blue Access PPO, Option A	$397.08
Trimble	Bluegrass Family Health PPO, Option A	$278.76
Union	Anthem Blue Access PPO, Option A	$397.08
Warren	Bluegrass Family Health PPO, Option A	$278.76
Washington	Bluegrass Family Health PPO, Option A	$278.76
Wayne	CHA PPO, Option A	$269.44
Webster	Humana PPO, Option A	$292.00
Whitley	CHA PPO, Option A	$269.44
Wolfe	CHA PPO, Option A	$269.44
Woodford	CHA PPO, Option A	$269.44

COBRA Calendar
2003 Plan Year

Qualifying Event Date	COBRA End Date if Eligible for 18 Months of Coverage	COBRA End Date if Eligible for 36 Months of Coverage
12/02	06/30/2004	12/31/2005
01/03	07/31/2004	01/31/2006
02/03	08/31/2004	02/28/2006
03/03	09/30/2004	03/31/2006
04/03	10/31/2004	04/30/2006
05/03	11/30/2004	05/31/2006
06/03	12/31/2004	06/30/2006
07/03	01/31/2005	07/31/2006
08/03	02/28/2005	08/31/2006
09/03	03/31/2005	09/30/2006
10/03	04/30/2005	10/31/2006
11/03	5/31/2005	11/30/2006
12/03	6/30/2005	12/31/2006