

Benefit Plan Information Report

WESTERN KY UNIVERSITY

Carrier	Plan Description	Plan Code	Coverage Level	Premium	COBRA Premium	Plan Type	Start Date	
DENTAL	DELTA DENTAL CORE PLAN	DELTADNCR	Employee	14.40	14.69	Dental Plan	1/1/2024	
DENTAL	DELTA DENTAL CORE PLAN	DELTADNCR	Employee + Spouse	30.38	30.99	Dental Plan	1/1/2024	
DENTAL	DELTA DENTAL CORE PLAN	DELTADNCR	Employee + Child(ren)	31.68	32.31	Dental Plan	1/1/2024	
DENTAL	DELTA DENTAL CORE PLAN	DELTADNCR	Employee + Family	50.39	51.40	Dental Plan	1/1/2024	
DENTAL	DELTA DENTAL CORE PLAN	DELTADNCR	Single Only	14.40	14.69	Dental Plan	1/1/2024	
DENTAL	DELTA DENTAL CORE PLAN	DELTADNCR	Single Spouse + Child(ren)	30.38	30.99	Dental Plan	1/1/2024	
DENTAL	DELTA DENTAL PREMIER PLAN	DELTADPR	Employee	29.13	29.71	Dental Plan	1/1/2024	
DENTAL	DELTA DENTAL PREMIER PLAN	DELTADPR	Employee + Spouse	57.14	58.28	Dental Plan	1/1/2024	
DENTAL	DELTA DENTAL PREMIER PLAN	DELTADPR	Employee + Child(ren)	67.74	69.09	Dental Plan	1/1/2024	
DENTAL	DELTA DENTAL PREMIER PLAN	DELTADPR	Employee + Family	106.23	108.35	Dental Plan	1/1/2024	
DENTAL	DELTA DENTAL PREMIER PLAN	DELTADPR	Single Only	29.13	29.71	Dental Plan	1/1/2024	
DENTAL	DELTA DENTAL PREMIER PLAN	DELTADPR	Single Spouse + Child(ren)	57.14	58.28	Dental Plan	1/1/2024	
MEDICAL	004-ANTHEM ENH PPO	ANTHEM004	Employee	758.82	774.00	Health Plan	1/1/2024	PPO 1,100
MEDICAL	004-ANTHEM ENH PPO	ANTHEM004	Employee + Spouse	1821.57	1858.00	Health Plan	1/1/2024	
MEDICAL	004-ANTHEM ENH PPO	ANTHEM004	Employee + Child(ren)	1442.16	1471.00	Health Plan	1/1/2024	
MEDICAL	004-ANTHEM ENH PPO	ANTHEM004	Employee + Family	2162.75	2206.01	Health Plan	1/1/2024	
MEDICAL	004-ANTHEM ENH PPO	ANTHEM004	Single Only	758.82	774.00	Health Plan	1/1/2024	
MEDICAL	004-ANTHEM ENH PPO	ANTHEM004	Single Spouse + Child(ren)	1442.16	1471.00	Health Plan	1/1/2024	
MEDICAL	005-ANTHEM BASIC PPO	ANTHEM005	Employee	583.33	595.00	Health Plan	1/1/2024	PPO 1,600
MEDICAL	005-ANTHEM BASIC PPO	ANTHEM005	Employee + Spouse	1400.98	1429.00	Health Plan	1/1/2024	
MEDICAL	005-ANTHEM BASIC PPO	ANTHEM005	Employee + Child(ren)	1108.82	1131.00	Health Plan	1/1/2024	
MEDICAL	005-ANTHEM BASIC PPO	ANTHEM005	Employee + Family	1663.73	1697.00	Health Plan	1/1/2024	
MEDICAL	005-ANTHEM BASIC PPO	ANTHEM005	Single Only	583.33	595.00	Health Plan	1/1/2024	
MEDICAL	005-ANTHEM BASIC PPO	ANTHEM005	Single Spouse + Child(ren)	1108.82	1131.00	Health Plan	1/1/2024	
MEDICAL	AACG008 ANTHEM HS	ANTHEM03	Employee	573.53	585.00	Health Plan	1/1/2024	Saver 3,200
MEDICAL	AACG008 ANTHEM HS	ANTHEM03	Employee + Spouse	1377.45	1405.00	Health Plan	1/1/2024	

MEDICAL	AACG008 ANTHEM HS	ANTHEM03	Employee + Child(ren)	1090.20	1112.00	Health Plan	1/1/2024	
MEDICAL	AACG008 ANTHEM HS	ANTHEM03	Employee + Family	1636.27	1669.00	Health Plan	1/1/2024	
MEDICAL	AACG008 ANTHEM HS	ANTHEM03	Single Only	573.53	585.00	Health Plan	1/1/2024	
MEDICAL	AACG008 ANTHEM HS	ANTHEM03	Single Spouse + Child(ren)	1090.20	1112.00	Health Plan	1/1/2024	
MEDICAL	AACP-004 ANTHEM ENH PPO (HRA)	ANTHEM06	Employee	800.98	817.00	Health Plan	1/1/2024	Healthy PPO 1,100
MEDICAL	AACP-004 ANTHEM ENH PPO (HRA)	ANTHEM06	Employee + Spouse	1904.90	1943.00	Health Plan	1/1/2024	
MEDICAL	AACP-004 ANTHEM ENH PPO (HRA)	ANTHEM06	Employee + Child(ren)	1525.49	1556.00	Health Plan	1/1/2024	
MEDICAL	AACP-004 ANTHEM ENH PPO (HRA)	ANTHEM06	Employee + Family	2246.08	2291.00	Health Plan	1/1/2024	
MEDICAL	AACP-004 ANTHEM ENH PPO (HRA)	ANTHEM06	Single Only	800.98	817.00	Health Plan	1/1/2024	
MEDICAL	AACP-004 ANTHEM ENH PPO (HRA)	ANTHEM06	Single Spouse + Child(ren)	1525.49	1556.00	Health Plan	1/1/2024	
MEDICAL	AACP005 ANTHEM BASIC PPO (HRA)	ANTHEM007	Employee	625.49	638.00	Health Plan	1/1/2024	Healthy PPO 1,600
MEDICAL	AACP005 ANTHEM BASIC PPO (HRA)	ANTHEM007	Employee + Spouse	1484.31	1514.00	Health Plan	1/1/2024	
MEDICAL	AACP005 ANTHEM BASIC PPO (HRA)	ANTHEM007	Employee + Child(ren)	1192.16	1216.00	Health Plan	1/1/2024	
MEDICAL	AACP005 ANTHEM BASIC PPO (HRA)	ANTHEM007	Employee + Family	1747.06	1782.00	Health Plan	1/1/2024	
MEDICAL	AACP005 ANTHEM BASIC PPO (HRA)	ANTHEM007	Single Only	625.49	638.00	Health Plan	1/1/2024	
MEDICAL	AACP005 ANTHEM BASIC PPO (HRA)	ANTHEM007	Single Spouse + Child(ren)	1192.16	1216.00	Health Plan	1/1/2024	
VISION	AVESIS VISION	AVSVISION	Employee	5.18	5.28	Vision Plan	1/1/2024	
VISION	AVESIS VISION	AVSVISION	Employee + Spouse	9.27	9.46	Vision Plan	1/1/2024	
VISION	AVESIS VISION	AVSVISION	Employee + Child(ren)	10.00	10.20	Vision Plan	1/1/2024	
VISION	AVESIS VISION	AVSVISION	Employee + Family	13.72	13.99	Vision Plan	1/1/2024	
VISION	AVESIS VISION	AVSVISION	Single Only	5.18	5.28	Vision Plan	1/1/2024	
VISION	AVESIS VISION	AVSVISION	Single Spouse + Child(ren)	10.00	10.20	Vision Plan	1/1/2024	
VISION	AVESIS VISION BUY UP	AVVSBYUP	Employee	7.00	7.14	Vision Plan	1/1/2024	
VISION	AVESIS VISION BUY UP	AVVSBYUP	Employee + Spouse	12.80	13.06	Vision Plan	1/1/2024	
VISION	AVESIS VISION BUY UP	AVVSBYUP	Employee + Child(ren)	13.86	14.14	Vision Plan	1/1/2024	
VISION	AVESIS VISION BUY UP	AVVSBYUP	Employee + Family	18.86	19.24	Vision Plan	1/1/2024	
VISION	AVESIS VISION BUY UP	AVVSBYUP	Single Only	7.00	7.14	Vision Plan	1/1/2024	
VISION	AVESIS VISION BUY UP	AVVSBYUP	Single Spouse + Child(ren)	13.86	14.14	Vision Plan	1/1/2024	