

Medicare Secondary Payer



Employer Status Form

Please complete this form to assist with compliance with the Medicare Secondary Payer regulations of the Centers for Medicare and Medicaid Services (CMS). You may want to check with your legal counsel to confirm the Medicare Secondary Payer requirements.

Group name Lexington-Fayette Urban County Govt.	Group contact Tamara Walters
Group identification no. 004007832	Telephone no. 859-258-3030

The business or organization ("Group") named above:

Does NOT Does

have 20 or more employees for each working day in each of 20 or more calendar weeks in the current calendar year or the preceding calendar year, **and**

Does NOT Does

have 100 or more employees on 50 percent or more of its regular business days during the preceding calendar year.

"Employees" include (even if they are not eligible for Anthem group health plan benefits):

- Part-time, full-time and leased employees;
- Persons not working but receiving payments normally subject to FICA taxes, such as persons on disability for the first six months.

If the Group is part of a controlled group of employers under IRC Sec. 52(a) and (b) or an affiliated service under IRC Sec. 414(m), then all employees in the aggregated group of employers must be included in the count of the Group's employees.

The Group agrees to notify Anthem Blue Cross and Blue Shield as soon as the statement above is no longer true.

The Group employed 3,221 (number) of such "employees" as of 09/15/2023 (date).

If this form states a change in the category (i.e., under 20, over 20 or over 100 employees) for the Group, then a copy of the business' or organization's latest wage and tax statement must be attached and returned with this form.

I certify that the information provided above is true to the best of my knowledge and belief.

Group administrator signature Tamara M. Walters	Date 09/15/2023
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Life and Disability products are underwritten by Anthem Life Insurance Company.
In Indiana: Anthem Blue Cross and Blue Shield is a trade name of Anthem Insurance Companies, Inc.
In Kentucky: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc.
In most of Missouri, Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RIT).
Healthy Alliance® Life Insurance Company (HALIC) and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits.
In Ohio: Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
In Wisconsin, Blue Cross Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare") underwrites or administers the HMO policies; and CompCare and BCBSWI collectively underwrite or administer the POS policies.
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Stephanie Williams
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September 1, 2023

Kashene Wayne
HR Manager – Benefits
Lexington-Fayette Urban County Government

2024 Benefit Confirmation

Dear Ms. Wayne :

Thank you for renewing your benefit plans and programs with Anthem Blue Cross and Blue Shield for the 2024 plan year. We look forward to another year of partnering together to deliver better care to our members, providing greater value to you, our customer, and helping improve the health of our communities.

The purpose of this letter is to confirm benefits, programs and other terms for the upcoming renewal year. Please review the items below carefully and provide your approval by signing this letter and returning it, via email to your Anthem Account Team. You may also send an email to your Anthem Client Management Team containing the renewal information and indicating your approval. **We are unable to move forward with your 2024 renewal and/or any changes until we receive your written approval. Any delay in receiving your approval may result in a delay implementing your 2024 benefit plans and programs.**

2024 PLANS and PRODUCTS

Renewing Benefit Plans

- Grandfathered Plans: N/A
- Non – Grandfathered Plans:
 - HSA1
 - HSA2
 - PPO1
 - PPO2
- Exempt Plans: N/A

Termed Benefit Plans

N/A

New Benefit Plans

N/A

Renewing Products –

- HSA1
- HSA2
- PPO1
- PPO2
- Health and Wellness – Enhanced Foundational
- Health Equity ~~HAS~~ HSA
- LiveHealth Online – Medical, Psychology/Psychiatry, etc.
- VPC (Virtual Primary Care)
- Carelon RX
 - Open Specialty
 - National Formulary
 - Specialty Cost Optimization
 - Cost Relief – OPT OUT – Non-ERISA Government Group
 - Specialty Condition Management Enhanced – OPT OUT
 - RX Care Nexus – OPT OUT
- COBRA Services

New Product(s)

- N/A

Terminating Products

N/A

2024 Benefit Plan Changes

- Annual Benefit Changes (ABC)
 - Accept All ABCs
- Benefit changes that apply to all/some plans
 - HSA 1
 - increase INN Ded to \$3200/\$6400
 - increase INN OOP to \$3200/\$6400
 - HSA 2
 - Increase INN Ded to \$3200/\$6400
- Benefit plans that will have no changes
 - PPO1
 - PPO2

High Deductible/Health Savings Account compatible Plans

- Per ACA guidelines, the annual 2024 member out-of-pocket maximum limit for non-HSA qualified plans is **\$9,450** per individual for all plans and a total of **\$18,900** for family
- Per IRS guidelines, the minimum annual 2024-member deductible for HSA-qualified plans is **\$1,600** for individual and **\$3,200** for family.
- Per IRS guidelines, the plan HDHP Out of Pocket must not exceed the IRS's out-of-pocket maximums, Self-only **\$8,050** and family (other than self-only plans) **\$16,100**.

Reminder:

- Employee only=individual plan, Employee +1 or more = Family Plan
- Embedded-once an individual with family coverage meets the individual OOP maximum, the plan must pay 100% of all covered expenses for that person, even if the family maximum has not been met.
- Non-Embedded- the entire family OOP maximum must be met before the plan pays 100%.

Account Structure Changes

None

Other Renewal/Change Information:

- ID Cards File Feeds
- Reporting / Data Extracts – Annual Confirmation that current reporting and extracts are still needed
- Open Enrollment Dates
- Benefit Booklets
- SBCs

We look forward to continuing our relationship for many years to come.

Sincerely,

Stephanie Williams
Strategic Account Executive
Anthem BlueCross BlueShield



09/15/2023

Lexington-Fayette Urban County Government authorized signature/ date
Confirmation of 2024 Benefit/Program