Your Anthem Blue Cross and Blue Shield Renewal Packet

Connecting you to the coverage you need

Administrative Services with Stop Loss (ASO with Stop Loss) renewal for:

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Group Number: W33022

Effective January 1, 2027 through December 31, 2027

Created on:	Broker:	Anthem Sales Contact:
August 24, 2026	BENEFIT INS MARKETING INC	Stephanie A. Williams

Fixed Administrative Costs (ASO)

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Effective January 1, 2027 through December 31, 2027

Fixed Administrative Costs	Current PCPM	1/1/2027 through 12/31/2027 PCPM
Subscribers	3,370	3,370
Members	6,490	6,490
Medical and Pharmacy Administration	$35.84	$36.73
Pharmacy Fee	$2.90	$2.90
Composite Total:	$38.74	$39.63
Annual fixed administrative costs based on assumed enrollment:	$1,566,646	$1,602,637
Percentage Change:		2.3%

Authorized Signature: _____

Title: _____

Date: _____

Additional Fee Disclosures:

See Additional Service Fees and Pharmacy Pricing for disclosure of additional service fees which are not included on this cost summary.

The Pharmacy Rebate Offset reflects the National Formulary. The offset may be adjusted if a different pharmacy formulary is sold.

0661526-05

Stop Loss Options (ASO)

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
Group Number(s): W33022
Effective January 1, 2027 through December 31, 2027

Option 1 - $350,000 Specific Stop Loss

Specific Stop Loss limit:	$350,000	
Specific Stop Loss contract basis:	Paid in 12	*
** Accumulation basis for claims will be incurred since January 1, 2015.*		
Lines of coverage Included:	Med And Rx	
Specific Stop Loss Maximum:	Unlimited	
Specific Stop Loss accumulation:	Per Member	
Commissions:	0.00%	
Renewal rate guarantee	50.00%	
This Stop Loss offer is:	FIRM	
This Stop Loss offer expires:	9/4/2026	

Additional terms for self-funded groups

This proposal guarantees your subsequent year's renewal will be capped at 50%.
A No New Lasers provision is included in this offer. Existing lasers will be reviewed and could be modified. See Assumptions & Conditions exhibit for more details.

Specific Stop Loss Premiums		Composite PCPM						Annualized Total
		3370						
Total	***Current***	$75.93						$3,070,609
	Renewal	***$82.72***						***$3,345,197***
Rate Change								***8.94%***

Authorized Signature: _____
Title: _____
Date: _____

Additional Fee Disclosures:

See Additional Service Fees and Pharmacy Pricing for disclosure of additional service fees which are not included on this report.
For stop loss renewals, Anthem/Wellpoint will exclude FDA-approved gene therapy claims that are covered under medical policy and administered by an in-network provider from the experience used to determine renewal rates.

Stop Loss Options (ASO)

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
Group Number(s): W33022
Effective January 1, 2027 through December 31, 2027

Option 2 - $375,000 Specific Stop Loss

Specific Stop Loss limit:	$375,000	
Specific Stop Loss contract basis:	Paid in 12	*
** Accumulation basis for claims will be incurred since January 1, 2015.*		
Lines of coverage Included:	Med And Rx	
Specific Stop Loss Maximum:	Unlimited	
Specific Stop Loss accumulation:	Per Member	
Commissions:	0.00%	
Renewal rate guarantee	50.00%	
This Stop Loss offer is:	FIRM	
This Stop Loss offer expires:	9/4/2026	

Additional terms for self-funded groups

This proposal guarantees your subsequent year's renewal will be capped at 50%.
A No New Lasers provision is included in this offer. Existing lasers will be reviewed and could be modified. See Assumptions & Conditions exhibit for more details.

Specific Stop Loss Premiums		Composite PCPM						Annualized Total
		3370						
Total	***Current***	$75.93						$3,070,609
	Renewal	***$79.44***						***$3,212,554***
Rate Change								***4.62%***

Authorized Signature: _____
Title: _____
Date: _____

Additional Fee Disclosures:

See Additional Service Fees and Pharmacy Pricing for disclosure of additional service fees which are not included on this report.
For stop loss renewals, Anthem/Wellpoint will exclude FDA-approved gene therapy claims that are covered under medical policy and administered by an in-network provider from the experience used to determine renewal rates.

Stop Loss Options (ASO)

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
Group Number(s): W33022
Effective January 1, 2027 through December 31, 2027

Option 3 - $400,000 Specific Stop Loss

Specific Stop Loss limit:	$400,000	
Specific Stop Loss contract basis:	Paid in 12	*
** Accumulation basis for claims will be incurred since January 1, 2015.*		
Lines of coverage Included:	Med And Rx	
Specific Stop Loss Maximum:	Unlimited	
Specific Stop Loss accumulation:	Per Member	
Commissions:	0.00%	
Renewal rate guarantee	50.00%	
This Stop Loss offer is:	FIRM	
This Stop Loss offer expires:	9/4/2026	

Additional terms for self-funded groups

This proposal guarantees your subsequent year's renewal will be capped at 50%.
A No New Lasers provision is included in this offer. Existing lasers will be reviewed and could be modified. See Assumptions & Conditions exhibit for more details.

Specific Stop Loss Premiums		Composite PCPM	Annualized Total
		3370	
Total	***Current***	$75.93	$3,070,609
	Renewal	***$77.06***	***$3,116,306***
Rate Change			***1.49%***

Authorized Signature: _____
Title: _____
Date: _____

Additional Fee Disclosures:

See Additional Service Fees and Pharmacy Pricing for disclosure of additional service fees which are not included on this report.
For stop loss renewals, Anthem/Wellpoint will exclude FDA-approved gene therapy claims that are covered under medical policy and administered by an in-network provider from the experience used to determine renewal rates.

Large Claims (ASO)

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Analysis period: January 1, 2026 through July 31, 2026
Effective January 1, 2027 through December 31, 2027

Quote highlights

Funding type: ASO
Coverage: Medical

Excess amount: $31,596
Large claims threshold: $350,000

Group	Product	Claims Period	Diagnostic description 1	Diagnostic description 2	Diagnostic description 3	Claims
W33022	PPO	Current Period	LIVEBORN INFANTS ACCORDING PLACE BIRTH&TYPE DEL	OTH RESPIRATORY COND ORIG IN THE PERINTL PERIOD	D/O NEWBORN REL SHORT GEST & LW BIRTH WEIGHT NEC	$381,596
W33022	PPO	Current Period	MALIGNANT NEOPLASM OF BLADDER	ENCOUNTER FOR OTHER AFTERCARE	HEMATURIA	$349,139
W33022	PPO	Current Period	ENCOUNTER FOR OTHER AFTERCARE	MALIGNANT NEOPLASM OF BRONCHUS AND LUNG	ENLARGED LYMPH NODES	$310,738
W33022	PPO	Current Period	CONGENITAL MALFORMATIONS OF CARDIAC SEPTA	INTRAOP & POSTPROC COMP & D/O RESP SYSTEM NEC	CONDUCTIVE AND SENSORINEURAL HEARING LOSS	$298,765
W33022	PPO	Current Period	CONGENITAL MALFORMATIONS OF CARDIAC SEPTA	ABNORMALITIES OF BREATHING	CONGENITAL MALFORMATIONS AORTIC & MITRAL VALVES	$261,479
W33022	PPO	Current Period	COMPLICATIONS OF TRANSPLANTED ORGANS AND	LONG TERM CURRENT DRUG THERAPY	ENCOUNTER FOR OTHER POSTPROCEDURAL AFTERCARE	$247,927
W33022	PPO	Current Period	ENC F/U EXAM AFTR CMPL TX OTH THAN MALIG NEOPLSM	SPONDYLOSIS	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASMS	$247,159
W33022	PPO	Current Period	OTHER SPONDYLOPATHIES	OTHER ABNORMAL FINDINGS OF BLOOD CHEMISTRY	OTHER DEFORMING DORSOPATHIES	$225,271
W33022	PPO	Current Period	MALIGNANT NEOPLASM OF ANUS AND ANAL CANAL	ENCOUNTER FOR OTHER AFTERCARE	OTHER DISEASES OF ANUS AND RECTUM	$221,004
W33022	PPO	Current Period	EPILEPSY AND RECURRENT SEIZURES	COMPLICATIONS & ILL-DEFINED DESC HEART DISEASE	PERVASIVE DEVELOPMENTAL DISORDERS	$217,074
W33022	PPO	Current Period	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY	CYSTIC FIBROSIS	OTH MAT DZ CLASS ELSW COMP PREG CB/PUERPERIUM	$203,919
W33022	PPO	Current Period	LIVEBORN INFANTS ACCORDING PLACE BIRTH&TYPE DEL	OTH RESPIRATORY COND ORIG IN THE PERINTL PERIOD	ENCOUNER GEN EXAM W/O COMPLAINT SPCT/REPORTD DX	$184,765
W33022	PPO	Current Period	EPILEPSY AND RECURRENT SEIZURES	OTHER DISORDERS TEETH AND SUPPORTING STRUCTURES	COUGH	$184,319
Total						**$3,333,156**

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Claim projection (ASO)

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Analysis period: January 1, 2026 through July 31, 2026

Effective January 1, 2027 through December 31, 2027

Claims projection assuming Stop Loss Ded of $350,000, Contract Basis of Paid in 12

Current Subscribers	3,370
Current Members	6,490

	Medical	RX	Total
Total Paid Claims	**$15,186,602**	**$6,402,722**	**$21,589,325**
Paid Claims	$15,120,531	$6,402,722	$21,523,253
+ EPHC	$66,072		$66,072
- Less Large Claims at SSL Level	$31,596	$0	$31,596
+ IBNR Adjustment	$3,008,148	$27,909	$3,036,057
Adjusted Claims	**$18,163,154**	**$6,430,632**	**$24,593,786**
* Trend Adjustment (Annual Med 8.05% Rx 15.39%)	1.099	1.190	1.122
Projected Claims	$19,952,549	$7,649,916	$27,602,464
Enrolled Member Months	45,262	45,262	
Projected Claims PMPM	**$440.82**	**$169.01**	**$609.84**
* Seasonality Adjustment	1.119	1.119	
Adjusted Projected Claims PMPM	**$493.37**	**$189.16**	**$682.53**
Multi-Year Claims Experience Weight Current Year	100.00%		
Experience Weight Projected Claims PMPM	**$493.37**	**$189.16**	**$682.53**
Experience Weight Projected Claims			**$53,155,445**
Weighted Projected Claims			**$53,155,445**
+ Claim Related Charges	$0.85		$66,198.00
Projected Healthcare Expense PMPM	**$494.22**	**$189.16**	**$683.38**
Projected Healthcare Expense			**$53,221,643**
Projected Healthcare Adjusted Claims PMPM	**$494.22**	**$189.16**	**$683.38**
Projected Healthcare Adjusted Claims			**$53,221,643**
Total Stop Loss Costs PMPM			**$42.96**
Total Stop Loss Costs			**$3,345,197**
Fixed Administration Costs PMPM			**$20.58**
Fixed Administration Costs			**$1,602,637**

Additional Fee Disclosures

This Claim projection is an estimate of what health care providers and vendors may charge for the services and supplies they furnish your plan's members during a plan year and does not include particular fees (e.g., subrogation fees) retained by Anthem for plan administration.

Services included and buy-up options (ASO)

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Effective January 1, 2027 through December 31, 2027

Services Included in fixed administrative costs
ASO Basic Foundational Program †
LiveHealth Online
Blue Distinction Programs
Claims Fiduciary Coverage
Digital – ID Cards, EOBs, Benefit Updates and other legal information
Standard management reporting
State/federal reporting
Open enrollment meeting support
Electronic version of the benefit booklets

Buy-Up Options	PCPM fee
EAP Basic 3-Visit	$0.49
EAP Enhanced 4-Visit	$1.32
EAP Enhanced 6-Visit	$1.83
Anthem Solutions HSA	$2.45

Spending Account & Other Buy-up Options (charged separately)	Fee Billed Per ParticipantPer Month
Add ASA FSA, Commuter, or Dependent Care FSA*	$3.55
Discounted cost of FSA buy-up (*when adding to HRA)	$0.80
Discounted cost of FSA buy-up (*when adding to HSA)	$1.15

Notes

Full quote details available upon request.

HSA and HRA account administration is only available with particular plan designs. Details available upon request.

Health Savings Account Fees may be paid by the employer or the employee.

†For identified programs, Anthem has deemed certain charges as claim-related and they will be billed as such. These may include provider or vendor charges that have a direct positive impact on the cost of care. Since these charges are considered claim-related by Anthem, they are incorporated into the claims projection (available upon request). These charges are excluded from PCPM Administrative Fees above, are included in Paid Claims on the invoice, and may accumulate towards aggregate stop loss purchased from Anthem.

0661526-05

Authorized Signature:_____

Title: _____

Date: _____

Assumptions and conditions (ASO)

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Effective January 1, 2027 through December 31, 2027

SIC Code: 9131

Administrative Services Only (ASO)

• The proposed services, rates and fees are effective from 1/1/2027 through 12/31/2027.
• This contract will be issued in KY.
• The proposal assumes 3,370 employees will be enrolling for medical coverage, with an average member to employee ratio of 1.93.

• The proposal assumes the same enrollment for medical and pharmacy.
• Anthem reserves the right to revise this proposal or modify these fees or rates under any of the following circumstances:
- Due to any taxes, fees and assessments prescribed by any statutory, regulatory or other legal authority, that in Anthem's discretion, invalidates this quote.
- Legislation or other matters that impact Anthem's costs or revenues under this proposal
- Should the total enrollment or enrollment distribution by membership type, product or location change by 10% or more from that assumed when preparing the pricing for this package.
- Actual Member to Subscriber ratio is not within +/-5% of 1.93.
- A change to the plan benefits that result in substantial changes in the service, networks, or benefit design, as determined by Anthem.
- Changes in proposal terms, conditions, services or product from this quotation.
- This is an integrated medical and pharmacy offering. Fees will change if pharmacy is carved-out.
- Any of the plan benefits administered by Anthem are moved to another third party administrator or private exchanges.
- Anthem is not the sole medical carrier.
- Change in nature of Employer's business.
• The final relationship between the Parties will be subject to and described in an Administrative Services Agreement and this agreement will be the binding agreement between the parties.
• If subject to regulatory approval, and the applicable regulator has not yet approved, these benefits and rates may need to be adjusted.
• Unless otherwise noted, fees are quoted on a per contract per month (PCPM) basis. PCPM is equivalent to, and will be described as per subscriber per month in the Administrative Services Agreement.
• Employers, as plan sponsors and administrators, are responsible for complying with all applicable laws.
• Eligibility data will be provided in Anthem's standard format. Additional charges may apply for non-standard formats.
• This quote assumes ACH withdraws from group's bank account for claims and fixed fees Weekly, with payment required within 3 business days from receipt of invoice.
• This quote assumes Anthem will accept fiduciary responsibility for claims administration and the handling of the claims complaint and appeals. To the extent ERISA applies, the employer remains the Named Fiduciary of the plan.
• Commissions and consultant fees are excluded unless otherwise noted.
• The processing of claims incurred prior to the effective date is the responsibility of the prior claims administrator.
• Since Anthem is neither a Hawaii authorized insurer nor a Hawaii Health Care Contractor, our benefits may not match the requirements of the Prepaid Health Care Act. We recommend that you obtain direct quotes for either an individual policy for employees who live and work in Hawaii or if there are several employees within an employer group to obtain group coverage from a Hawaii authorized insurer. This would ensure that all the state requirements are met.
• Specific Stop Loss maximum matches the lifetime maximum of the plan(s) unless specified otherwise.

Assumptions and conditions (ASO)

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Effective January 1, 2027 through December 31, 2027

SIC Code: 9131

Administrative Services Only (ASO)

• No change in benefits after the effective date by the group's employee benefit program shall be covered by the Stop Loss agreement nor shall any amounts paid as benefits resulting from such a change be counted towards the satisfaction of the attachment point. This limitation may be waived if a written acceptance of such a change is issued by the carrier.
• Only those coverage's quoted and which are eligible under the group's employee benefit program are eligible under this Stop Loss program.
• Stop Loss protection must be purchased in conjunction with our Administrative Services proposal.
• All expenses for services or supplies in excess of any limitation under the group's employee benefit program are excluded under the Stop Loss program.
• COBRA enrollees must not exceed 10% of total enrollees.
• Claims Run-Out coverage is applicable at the end of a full 12 month policy period only and cannot be applied against any Stop Loss policy that terminates prior to completion of the contract period.
• The Individual Stop Loss Limit accumulation period will be the full twelve months of the standard contract period.
• Over 65 Retirees exclude from Stop Loss.
• Anthem's rates assume no self-insuring by the employer of underlying member cost shares. The benefits purchased from Anthem must be communicated to the members without changes. A member's financial responsibilities, including, but not limited to, deductibles, coinsurance, copays, out-of-pocket maximums or, for nonparticipating providers, balance-billed charges must be paid solely by the member. The client may not partially pay, reimburse or otherwise lower the member's costs of care. Any deviation will require Anthem to reevaluate the quoted rates or cancel the offer of coverage.
• All contracts including the ASO Agreement and/or the Stop Loss Agreement must be signed prior to the effective date.
• This is an integrated administration and stop loss offering. Admin fee is not valid outside of this pairing with stop loss. Anthem Stop Loss cannot be omitted without approval from Underwriting.
• This offer assumes that no class of employees will be offered an HRA integrated with individual health insurance coverage. Anthem must be notified if particular classes of employees will be offered an HRA integrated with individual health insurance coverage, and a census of those employees must be provided so that appropriate adjustments, if needed, can be made to this offer.

• This quote does not include funding of the Patient-Centered Outcome Research Institute fee.
• This renewal is contingent upon the group / plan sponsor being current with all premium or fees as of the effective date of the renewal, unless specifically agreed to in writing in advance by Anthem.
• This proposal assumes no new lasering of individual members for the next renewal. Ongoing lasers will remain in place unless otherwise noted.
• Anthem reserves the right to inspect and audit any and all of LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT documents relating to claims submitted to Anthem. Documentation includes, but is not limited to, claims, case management, utilization management records, audit records (including audits of TPA and TPA's providers and vendors), eligibility, as well as other information requested by Anthem. Anthem also has the right to review and audit records related to subrogation and other recoveries.

• The agent/broker does not have the authority to bind or modify the terms of this offer without prior approval of Anthem.
• Please note, any additional budgets provided in conjunction with this proposal, if applicable, must be invoiced prior to the end of the plan year in which they are allocated in order to be funded.
• A 50% Rate Cap provision applies to the 2028 stop loss policy period. The provision will be adjusted to reflect any changes related to basis, deductible, commission level, etc.

Assumptions and conditions (ASO)

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Effective January 1, 2027 through December 31, 2027

SIC Code: 9131

Administrative Services Only (ASO)

• A No New Laser provision applies to the 2028 stop loss policy period. The provision will be adjusted to reflect any changes related to basis, deductible, commission level, etc.

• HSA/HDHP plan benefits are subject to IRS guidelines and may change.

• This proposal assumes that Anthem will be the only Self Funded carrier offered and no fully-insured lives are covered.

• The Base Administrative Fee is conditioned upon Employer using best efforts to request member email addresses and/or smart phone numbers at the time of enrollment and to provide members the digital communication materials supplied by Anthem. The Base Administrative Fee will increase by $0.15 per member per month if Employer does not agree to request member email addresses and/or smart phone numbers.

Authorized Signature: _____

Title: _____

Date: _____

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. - 0661526-05

Additional service fees (ASO)

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Effective January 1, 2027 through December 31, 2027

Additional service fees

- **Runout Period Claims Processing Fee Types**
  Fees associated with claims processed during the runout period, including without limitation subrogation fees, recovery fees, and network access fees, will be charged during the runout period.
- **Runout Period Claims Processing Fee Costs**
  The cost of processing runout claims is excluded. The charge for processing 12 months of runout claims is 9.0% of all runout claims. In addition, direct charges may be incurred following termination that are not included in the standard runout processing fee (e.g., data feeds to other vendors).
- **Out of Network Savings Fees**
  The fee will be equal to 50% of the savings achieved on certain non-network claims.
- **No Surprises Act - Qualifying Payment Amount Program Fee**
  The fee is equal to 15% of the savings achieved on No Surprises Act claims priced using the Qualifying Payment Amount for provider reimbursement. No Surprise Act claims repriced through the QPA Program are not subject to out of network shared savings fees.
- **Traditional Network Provider Savings Fee**
  The fee will be equal to 50% of Traditional network discounts. Traditional network discount is the difference between billed charges for covered services and the traditional provider negotiated amount. Prescription drug claims, claims paid on a capitated basis and Payment Innovation program payments are excluded from the fee calculation.
- **BlueCard Fees**
  The following BlueCard fees will be included in the paid claims amounts:
  - The access fee is charged at a percentage no greater than 1.79% of the discount/differential subject to a maximum of $2,000 per claim.
  - The AEA Fee is $4.00 per professional provider claim and $9.75 per institutional claim.
  - Occasionally, Anthem and a Host Blue may contract for a lower fee by combining the Access Fee and the AEA fee.
  - The Central Financial Agency fee is $0.35 per payment notice. The ITS transaction fee is $0.05 per claims transaction.
  - BlueCard fees are not charged in Anthem states. For a complete description of these fees, please consult your ASO Agreement.
- **Enhanced Personal Health Care (EPHC) Program Administration**
  The fee for Anthem's oversight of EPHC with providers or vendors is 25% of the per attributed member per month amount charged to the Employer for the provider performance bonus portion of the EPHC program.
- **Subrogation services**
  The charge is 25% of gross subrogation recovery.
- **Overpayment Identification and Claims Prepayment Analysis Activities**
  The charge to Employer is 25% of (i) the amount recovered from review of Claims and membership data and audits of Provider and Vendor activity to identify overpayments and (ii) the difference between the amount Employer would have been charged absent prepayment analysis activities and the amount that was charged to Employer following performance of the prepayment analysis activities. This includes, but is not limited to, activities related to COB, Host Blue activities, contract compliance, and eligibility. The fee will not exceed $25,000 per claim.
- **External appeals**
  The PPACA requires that ASO groups provide a process for external claims appeals to be available in situations where adverse benefit determinations have been made. Employer may contract with Anthem for this service or arrange to work directly with an external vendor. The fee will be $500 per external appeal for the service contracted with Anthem.
- **Independent Dispute Resolution**
  Fee for Independent Dispute Resolution. Fees charged to Anthem as part of independent dispute resolution processes, including arbitrator fees, will be charged to Employer.
- **Reporting**
  Management reports (e.g., standard account reporting package, performance guarantee reporting, lag reports, online reporting tool/access are included in our fees. In addition to these reports, Anthem will provide 20 hours of time needed to generate custom or ad-hoc reports (e.g., care management and utilization review reports) at no charge per year. The charge beyond 20 hours per year is $150 per hour of time needed to generate the custom or ad-hoc report.
- **Data Feeds**
  Anthem shall provide up to one Monthly data feed to a supported outside vendor in Anthem's standard format , not to exceed 12 feeds. The charge is $1,000 for each additional feed. Each time a report is sent to a supported vendor electronically, it is considered a feed, even if the same report is sent to the same vendor monthly. For example, if monthly feeds are sent to two supported vendors, 24 electronic data feeds will have been used on an annual basis. The charge for Weekly data feeds to a single supported vendor, not to exceed 52 feeds, is $15,000 annually. The charge for Daily data feeds to a single supported vendor, not to exceed 365 feeds, is $20,000 annually. Additional fees would be required for Stop Loss interfaces, Rx integration feeds and telemedicine.
- **Pharmacy Benefit Administration**

Additional service fees (ASO)

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Effective January 1, 2027 through December 31, 2027

See Pharmacy Pricing Summary.

- **Claim Related Charges**
  For identified programs, Anthem has deemed certain charges as claim-related and they will be billed as such. These may include provider or vendor charges that have a direct positive impact on the cost of care, are included in Paid Claims on the invoice, and may accumulate towards aggregate stop loss purchased from Anthem. The charges year one are as follows: Behavioral Health $1.06 PCPM, Care Support $0.00 PCPM, Musculoskeletal $0.00 PCPM, Oncology $0.58 PCPM, and Radiology $0.00 PCPM. These clinical programs are included as part of Anthem's Core Foundational Program and are not available for opt-out.
- **Engagement on Claims Audits**
  $150 per hour in situations where Anthem is asked to perform research on claim audit findings. Maximum of 250 claims will be reviewed by Anthem.

Authorized Signature: _____

Title: _____

Date: _____

Attachments (ASO)

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Effective January 1, 2027 through December 31, 2027

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