Proposal and Cost Summary: Presented By:

Prepared For:

6/1/2020

Kentucky Chamber of Commerce

Member of Kentucky Chamber of Commerce



## **Accident Rate Sheet**

	Base Coverage: Annual Premium	
	Enhanced	Premier
Employee	\$103.44	\$157.32
Employee and Spouse	\$164.52	\$246.48
Employee and Child(ren)	\$195.48	\$297.60
Employee and Family	\$306.36	\$465.00
Health Maintennance Screening Benefit	Employer Optional Benefits: Annual Premium	
	Enhanced	Premier
	\$50 Benefit	\$50 Benefit
Employee	\$0.00	\$0.00
Employee and Spouse	\$0.00	\$0.00
Employee and Child(ren)	\$0.00	\$0.00
Employee and Family	\$0.00	\$0.00
	Estimated Lives and Annual Premium	
	Enhanced	Premier
Estimated Lives	50	50
Estimated Annual Premium	\$7,614.00	\$11,544.00

Plan ID: 1