

# 2019 KY OFF-EXCHANGE RATE SHEET

## Kentucky 2019 Rate Formula and Sample Calculations



This rate sheet is intended to estimate monthly premiums for CareSource KY's 2019 Off-Exchange individual Affordable Care Act compliant non-group plans. Premiums calculated using this rate sheet may differ from actual premiums as a result of, but not limited to, rounding and other rating rules. Exact premiums will be determined upon CareSource's review of your application for coverage.

Monthly premiums are based on a covered applicant's plan selection, age, geography and tobacco status. Monthly premiums are calculated by multiplying the plan base rate with multiplicative factors for age, geography and tobacco provided on page 3. See below for rate formula and sample monthly premium calculations for various scenarios.

<b>Plan Selection:</b>	Determined by applicant.
<b>Age:</b>	Determined by the age of the covered individual on the effective date of coverage. Effective date is 1/1/2019, unless enrolling through a Special Enrollment Period.
<b>Geography:</b>	Determined by applicant's county of residence.
<b>Tobacco:</b>	Determined by use of tobacco on average four or more times per week within no longer than the past six months, including all tobacco products but excluding religious and ceremonial uses of tobacco. If a covered individual is determined to be a tobacco user based on this guideline, a premium surcharge is applied to the monthly premium based on the tobacco rating factor provided on page 3.

### Rate Formula:

Rate = Plan Base Rate (A) x Age Factor (B) x Geographic Area Factor (C) x Tobacco Surcharge (D)

*NOTE: For family rate calculation and sample, see page 2.*

#### Individual Rate Calculation Sample

Plan Selection Base Rate (A)	CareSource Silver	\$374.73
x Age Factor (B)	35	1.222
x Geographic Area Factor (C)	Jefferson	0.998
x Tobacco Surcharge (D)	No	N/A
= Premium Rate		<b>\$457.00</b>

#### Individual Tobacco Rate Calculation Sample

Plan Selection Base Rate (A)	CareSource Bronze	\$275.78
x Age Factor (B)	24	1.000
x Geographic Area Factor (C)	Gallatin	1.138
x Tobacco Surcharge (D)	Yes	1.1
= Premium Rate		<b>\$345.22</b>

#### Individual + Spouse Rate Calculation Sample Subscriber

Plan Selection Base Rate (A)	CareSource Low Deductible Silver	\$395.03
x Subscriber Age Factor (B)	30	1.135
x Geographic Area Factor (C)	Oldham	0.998
x Subscriber Tobacco Surcharge (D)	No	N/A
= Subscriber Premium Rate		<b>\$447.46</b>

#### Spouse

Plan Selection Base Rate (A)	CareSource Low Deductible Silver	\$395.03
x Spouse Age Factor (B)	33	1.198
x Geographic Area Factor (C)	Oldham	0.998
x Spouse Tobacco Surcharge (D)	No	N/A
= Spouse Premium Rate		<b>\$472.30</b>
= Subscriber Premium Rate + Spouse Premium Rate		<b>\$919.76</b>

### Individual + Child Rate Calculation Sample

#### Subscriber

Plan Selection Base Rate (A)	CareSource Low Premium Silver Dental and Vision	\$374.68
x Subscriber Age Factor (B)	45	1.444
x Geographic Area Factor (C)	Jackson	0.986
x Subscriber Tobacco Surcharge (D)	No	N/A
= Subscriber Premium Rate		<b>\$533.46</b>

#### Child

Plan Selection Base Rate (A)	CareSource Low Premium Silver Dental and Vision	\$374.68
x Child Age Factor (B)	12	0.765
x Geographic Area Factor (C)	Jackson	0.986
x Child Tobacco Surcharge (D)	No	N/A
= Child Premium Rate		<b>\$282.62</b>
= Subscriber Premium Rate + Child Premium Rate		<b>\$816.08</b>

### Family Rate Calculation Sample \*

#### Subscriber

Plan Selection Base Rate (A)	CareSource Gold Dental and Vision	\$415.40
x Subscriber Age Factor (B)	60	2.714
x Geographic Area Factor (C)	Shelby	0.998
x Subscriber Tobacco Surcharge (D)	No	N/A
= Subscriber Premium Rate		<b>\$1125.14</b>

#### Spouse

Plan Selection Base Rate (A)	CareSource Gold Dental and Vision	\$415.40
x Spouse Age Factor (B)	56	2.333
x Geographic Area Factor (C)	Shelby	0.998
x Spouse Tobacco Surcharge (D)	Yes	1.18
= Spouse Premium Rate		<b>\$1141.28</b>

#### Oldest Covered Child

Plan Selection Base Rate (A)	CareSource Gold Dental and Vision	\$415.40
x Child Age Factor (B)	18	0.913
x Geographic Area Factor (C)	Shelby	0.998
x Child Tobacco Surcharge (D)	No	N/A
= Child Premium Rate		<b>\$378.50</b>

#### Second Oldest Covered Child

Plan Selection Base Rate (A)	CareSource Gold Dental and Vision	\$415.40
x Child Age Factor (B)	15	0.833
x Geographic Area Factor (C)	Shelby	0.998
x Child Tobacco Surcharge (D)	No	N/A
= Child Premium Rate		<b>\$345.34</b>

#### Third Oldest Covered Child

Plan Selection Base Rate (A)	CareSource Gold Dental and Vision	\$415.40
x Child Age Factor (B)	12	0.765
x Geographic Area Factor (C)	Shelby	0.998
x Child Tobacco Surcharge (D)	No	N/A
= Child Premium Rate		<b>317.15</b>

#### Fourth Oldest Covered Child\*

Plan Selection Base Rate (A)	CareSource Gold Dental and Vision	\$0.00
x Child Age Factor (B)	10	N/A
x Geographic Area Factor (C)	Shelby	N/A
x Child Tobacco Surcharge (D)	No	N/A
= Child Premium Rate		<b>\$0.00</b>
= Subscriber Premium Rate + Spouse Premium Rate + Dependent Premium Rates		<b>\$3,307.41</b>

\*Covered Children Policy: Per ACA regulations, only the three oldest covered children under age 21 are taken into account when computing family premiums



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## Kentucky 2019 Base Rates and Multiplication Factors

### Base Rate

Plan ID	Plan Name	Base Rate (A)
45636KY0010029	CareSource Gold	\$396.74
45636KY0020015	CareSource Gold Dental and Vision	\$415.40
45636KY0010030	CareSource Silver	\$374.73
45636KY0020016	CareSource Silver Dental and Vision	\$393.39
45636KY0010031	CareSource Low Deductible Silver	\$395.03
45636KY0020031	CareSource Low Deductible Choice Silver Dental and Vision	\$413.69
45636KY0010014	CareSource Low Premium Silver	\$356.02
45636KY0020014	CareSource Low Premium Silver Dental and Vision	\$374.68
45636KY0010017	CareSource Bronze	\$275.78
45636KY0020017	CareSource Bronze Dental and Vision	\$294.44
45636KY0010013	CareSource HSA Bronze	\$295.12
45636KY0010010	CareSource Catastrophic	\$233.47

### Geographic Area Factor

County	Factor (C)	County	Factor (C)	County	Factor (C)
Anderson	0.986	Garrard	0.986	Nicholas	0.986
Bath	0.950	Grant	1.138	Oldham	0.998
Boone	1.138	Greenup	0.950	Owen	0.986
Bourbon	0.986	Harrison	0.986	Pendleton	1.138
Boyd	0.950	Henry	0.998	Perry	0.865
Boyle	0.986	Jackson	0.986	Powell	0.986
Bracken	0.950	Jefferson	0.998	Pulaski	0.883
Bullitt	0.998	Jessamine	0.986	Robertson	0.950
Campbell	1.138	Kenton	1.138	Rockcastle	0.986
Carroll	0.998	Knox	0.865	Rowan	0.950
Carter	0.950	Larue	0.998	Scott	0.986
Casey	0.883	Laurel	0.865	Shelby	0.998
Clark	0.986	Lincoln	0.986	Spencer	0.998
Clay	0.865	Madison	0.986	Taylor	0.883
Elliott	0.950	Marion	0.998	Trimble	0.998
Estill	0.986	Mason	0.950	Washington	0.998
Fayette	0.986	Menifee	0.950	Whitley	0.865
Fleming	0.950	Mercer	0.986	Wolfe	0.865
Floyd	0.865	Montgomery	0.986	Woodford	0.986
Franklin	0.986	Morgan	0.950		
Gallatin	1.138	Nelson	0.998		

### Age Rating Factor

Age Band	Rate Factor (B)	Tobacco Factor (D)
0-14	0.765	1.000
15	0.833	1.000
16	0.859	1.000
17	0.885	1.000
18	0.913	1.000
19	0.941	1.000
20	0.970	1.000
21	1.000	1.100
22	1.000	1.100
23	1.000	1.100
24	1.000	1.100
25	1.004	1.100
26	1.024	1.100
27	1.048	1.100
28	1.087	1.100
29	1.119	1.100
30	1.135	1.160
31	1.159	1.160
32	1.183	1.160
33	1.198	1.160
34	1.214	1.160
35	1.222	1.160
36	1.230	1.160
37	1.238	1.160
38	1.246	1.160
39	1.262	1.160
40	1.278	1.160
41	1.302	1.160
42	1.325	1.160
43	1.357	1.160
44	1.397	1.160
45	1.444	1.180
46	1.500	1.180
47	1.563	1.180
48	1.635	1.180
49	1.706	1.180
50	1.786	1.180
51	1.865	1.180
52	1.952	1.180
53	2.040	1.180
54	2.135	1.180
55	2.230	1.180
56	2.333	1.180
57	2.437	1.180
58	2.548	1.180
59	2.603	1.180
60	2.714	1.180
61	2.810	1.180
62	2.873	1.180
63	2.952	1.180
64+	3.000	1.180

Have questions? Need help calculating your rate?  
Call us at 1-844-539-1733 (TTY: 1-800-648-6056 or 711)

