

FINAL RATES ACCEPTANCE FORM

The final rates offered to:	RIVER VALLEY S	SCHOOL DISTRICT					
by Quartz, effective	09/01/2021						
Renewal Offering?	YES	no					
	<u>POS1-1</u>	<u>HMO1-1</u>					
Single	\$647.70	\$577.84					
Family	\$1,528.58	\$1,363.71					
Medicare Single	\$518.16	\$462.27					
Medicare Family	\$1,036.32	\$924.54					
Medicare Split	\$1,165.86	\$1,040.11					
We accept the following plan(s):							
SBC Tracking IDs:	WNXAG5ZV1SBC	JIAQKDTSBC					
SOB Tracking IDs:	WNXAG5ZV1SOB	JIAQKDTSOB					
Please review the above final ad changes within 60 days of the ef	ffective date tha	at we determine v	vill affect the rate		_	-	
discrepancies must be reported Please keep a copy of this certific		-		riginal to your Sales H	Representative or Age	nt.	
RIVER VALLEY SCHOOL DISTRICT understands the health information for the purposes of 1) modificial sign on behalf of RIVER VALLEY SCHOOL DISTRICT.	fying, amending, or tern						
			Acceptan	ce Certification			
As an authorized representative of further attest and certify that all	-					on behalf of RIVE	R VALLEY SCHOOL DISTRICT. I
RIVER VALLEY SCHOOL DISTRICT	•						
Printed Name of Group Represe	ntative			Date			
Signature of Group Representative			Position/Title of G	Position/Title of Group Representative			

Please send the completed form to:

Mary Raether

Quartz

840 Carolina Street

Sauk City, WI 53583

2/23/2021 8:57 AM