

Quote ID: 9490

100682,131209,131233,131253,131256,131262,131329,1
100682,131209,131233,131253,131256,131262,1313
29,131335

131211,131219,131235,131255,131258,131264,131461,7
131211,131219,131235,131255,131258,131264,13146
1,720451

	Premier/HMO HDHP Embedded				Explore/HMO HDHP Embedded			
Benefits								
Deductible (Single/Family)	\$3,000/\$6,000				\$3,000/\$6,000			
Coinsurance	100%				100%			
Maximum Out-of-Pocket (Single/Family)	\$4,000/\$8,000				\$4,000/\$8,000			
Emergency Room Copayment	Ded/Coins/\$0				Ded/Coins/\$0			
Urgent Care Copayment	Ded/Coins/\$0				Ded/Coins/\$0			
Office Visit Copayment	Ded/Coins/\$0				Ded/Coins/\$0			
Specialist Office Visit Copayment	Ded/Coins/\$0				Ded/Coins/\$0			
Preventive Benefit	Paid at 100%*				Paid at 100%*			
Laboratory/Radiology Benefit	Subject to deductible/coinsurance				Subject to deductible/coinsurance			
Dependent Wrap Benefit	Included				Not included			
Pharmacy Benefit	Integrated drug coverage then \$10/\$30/\$60/25% Preventive covered at 100%				Integrated drug coverage then \$10/\$30/\$60/25% Preventive covered at 100%			
Mail Order	x 2 Copay(s)				x 2 Copay(s)			
	Empls	Current Rates	Renewal Rates	% Change	Empls	Current Rates	Renewal Rates	% Change
EE Only	138	\$903.70	\$985.03	9.0%	7	\$943.47	\$1,028.38	9.0%
ES	95	\$2,042.36	\$2,226.17	9.0%	3	\$2,132.24	\$2,324.14	9.0%
EE + 1 child	13	\$2,042.36	\$2,226.17	9.0%	1	\$2,132.24	\$2,324.14	9.0%
EE + 2 or more children	25	\$2,042.36	\$2,226.17	9.0%	2	\$2,132.24	\$2,324.14	9.0%
Family	260	\$2,042.36	\$2,226.17	9.0%	9	\$2,132.24	\$2,324.14	9.0%
Medicare Single	0	\$632.59	\$689.52	9.0%	0	\$660.43	\$719.87	9.0%
Medicare Couple	0	\$1,265.18	\$1,379.04	9.0%	0	\$1,320.86	\$1,439.73	9.0%
Medicare Split	2	\$1,536.29	\$1,674.55	9.0%	0	\$1,603.90	\$1,748.25	9.0%
Total	533	\$930,430.66	\$1,014,168.05	9.0%	22	\$38,587.89	\$42,060.76	9.0%

*Paid at 100% subject to frequency schedule that meets or exceeds the guidelines of the U.S. Preventive Services Task Force (USPSTF).

Deductibles are based on calendar year. Rates have been calculated for the period 7/1/2023 through 6/30/2024.

This proposal included a special commission of 2.00%.

See next page for important notes ...

Renewal benefits and rates as provided (circle one - add comments as necessary) Yes or No

Acceptance Signature _____ Date _____

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This renewal includes a Not to Exceed (NTE) agreement of 9% for the 7/1/2024 renewal.

This renewal includes a Not to Exceed (NTE) agreement of 9% for 7/1/2025 if the current period medical loss ratio is 90% or less. If the current period medical loss ratio is over 90%, no NTE agreement is in place for the 7/1/2025 renewal.

This renewal includes a Not to Exceed (NTE) agreement of 9% for 7/1/2026 if the current period medical loss ratio is 90% or less. If the current period medical loss ratio is over 90%, no NTE agreement is in place for the 7/1/2026 renewal.

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131238,131240,131241,131265,131269,131273,131277,1
131238,131240,131241,131265,131269,131273,1312
77,131281

131242,131243,131244,131267,131271,131275,131279,1
131242,131243,131244,131267,131271,131275,13127
9,131283

	Premier/HMO HDHP Embedded				Explore/HMO HDHP Embedded			
Benefits								
Deductible (Single/Family)	\$4,000/\$8,000				\$4,000/\$8,000			
Coinsurance	100%				100%			
Maximum Out-of-Pocket (Single/Family)	\$5,000/\$10,000				\$5,000/\$10,000			
Emergency Room Copayment	Ded/Coins/\$0				Ded/Coins/\$0			
Urgent Care Copayment	Ded/Coins/\$0				Ded/Coins/\$0			
Office Visit Copayment	Ded/Coins/\$0				Ded/Coins/\$0			
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Mail Order	x 2 Copay(s)				x 2 Copay(s)			
	Empls	Current Rates	Renewal Rates	% Change	Empls	Current Rates	Renewal Rates	% Change
EE Only	83	\$856.98	\$934.11	9.0%	62	\$885.02	\$964.67	9.0%
ES	32	\$1,936.77	\$2,111.09	9.0%	31	\$2,000.15	\$2,180.15	9.0%
EE + 1 child	3	\$1,936.77	\$2,111.09	9.0%	3	\$2,000.15	\$2,180.15	9.0%
EE + 2 or more children	10	\$1,936.77	\$2,111.09	9.0%	4	\$2,000.15	\$2,180.15	9.0%
Family	100	\$1,936.77	\$2,111.09	9.0%	79	\$2,000.15	\$2,180.15	9.0%
Medicare Single	0	\$599.89	\$653.88	9.0%	0	\$619.51	\$675.27	9.0%
Medicare Couple	0	\$1,199.77	\$1,307.75	9.0%	0	\$1,239.03	\$1,350.54	9.0%
Medicare Split	0	\$1,456.87	\$1,587.99	9.0%	0	\$1,504.53	\$1,639.94	9.0%
Total	228	\$351,960.99	\$383,639.18	9.0%	179	\$288,888.79	\$314,887.09	9.0%

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