

8189 100682,131209,131217,131225,131233,131253,131256,1 1312
100682,131209,131217,131225,131233,131253,1312 131

Product Options
Renewal Option 5
P HDHE \$4k-100%-\$5kM option

	56,131259 Premier/HMO HDHP Embedded
Single/Family)	\$3,000/\$6,000
	100%
Out-of-Pocket (Maximum)	\$4,000/\$8,000
Room Copayment	Ded/Coins/\$0
Copayment	Ded/Coins/\$0
Copayment	Ded/Coins/\$0
Office Visit	Ded/Coins/\$0
Benefit	Paid at 100%*
Immunology Benefit	Subject to deductible/coinsurance
Maternity Benefit	Included
Pharmacy Benefit	Integrated drug coverage then \$10/\$30/\$60/25% Preventive covered at 100% x 2 Copay(s)

	Premier/HMO HDHP Embedded
Single/Family)	\$4,000/\$8,000
	100%
Out-of-Pocket (Maximum)	\$5,000/\$10,000
Room Copayment	Ded/Coins
Copayment	Ded/Coins/\$0
Copayment	Ded/Coins/\$0
Office Visit	Ded/Coins/\$0
Benefit	Paid at 100%*
Immunology Benefit	Subject to deductible/coinsurance
Maternity Benefit	Included
Pharmacy Benefit	Integrated drug coverage then \$10/\$30/\$60/25% Preventive covered at 100% x 2 Copay(s)

	Enrollees	Current Rates	Renewal Rates	% Change
	189	\$836.76	\$903.70	8.0%
	142	\$1,891.08	\$2,042.36	8.0%
	14	\$1,891.08	\$2,042.36	8.0%
For children	27	\$1,891.08	\$2,042.36	8.0%
	377	\$1,891.08	\$2,042.36	8.0%
Single	0	\$585.73	\$632.59	8.0%
Multiple	0	\$1,171.46	\$1,265.18	8.0%
Total	3	\$1,422.49	\$1,536.29	8.0%
	752	\$1,221,419.91	\$1,319,129.77	8.0%

	Enrollees	Rates
	189	\$856.98
	142	\$1,936.77
	14	\$1,936.77
For children	27	\$1,936.77
	377	\$1,936.77
Single	0	\$599.89
Multiple	0	\$1,199.77
Total	3	\$1,456.87
	752	\$1,250,931.03

subject to frequency schedule that meets or exceeds the guidelines of the U.S. Preventive Services Task Force based on calendar year. Rates have been calculated for the period 7/1/2022 through 6/30/2023.

page for important notes ...

Benefits and rates as provided (circle one) add comments as necessary) Yes or No
Signature [Signature] Date 4/18/2022

Date 4/18/2022

8189

Renewal Option 7
 131237,131241,131245,131249,1312
 65,131269,131273,1312 (COPY)

ST AREA COOPERATIVE

7/1/2022

STECKBAUER/THERESA HASZ

100679,100680,100683,131211,131219,131227,131235,1
 100679,100680,100683,131211,131219,131227,13123

5,131255

	Explore/HMO HDHP Embedded
ngle/Family)	\$4,000/\$8,000
	100%
-of-Pocket)	\$5,000/\$10,000
om Copayment	Ded/Coins
opayment	Ded/Coins/\$0
ayment	Ded/Coins/\$0
se Visit	Ded/Coins/\$0
enefit	Paid at 100%*
diology Benefit	Subject to deductible/coinsurance
ap Benefit efit	Not included Integrated drug coverage then \$10/\$30/\$60/25% Preventive covered at 100% x 2 Copay(s)

Explore/HMO HDHP Embedded
\$3,000/\$6,000
100%
\$4,000/\$8,000
Ded/Coins/\$0
Ded/Coins/\$0
Ded/Coins/\$0
Ded/Coins/\$0
Ded/Coins/\$0
Paid at 100%*
Subject to deductible/coinsurance
Not included Integrated drug coverage then \$10/\$30/\$60/25% Preventive covered at 100% x 2 Copay(s)

	Contracts	Rates	Co	Empls	Current Rates	Renewal Rates	% Change
	184	\$885.02		8	\$873.58	\$943.47	8.0%
	81	\$2,000.15		1	\$1,974.29	\$2,132.24	8.0%
	20	\$2,000.15		0	\$1,974.29	\$2,132.24	8.0%
children	18	\$2,000.15		1	\$1,974.29	\$2,132.24	8.0%
	307	\$2,000.15		12	\$1,974.29	\$2,132.24	8.0%
e	0	\$619.51		0	\$611.51	\$660.43	8.0%
le	0	\$1,239.03		0	\$1,223.01	\$1,320.86	8.0%
	0	\$1,504.53		0	\$1,485.09	\$1,603.90	8.0%
	610	\$1,014,907.58		22	\$34,628.70	\$37,399.12	8.0%

subject to frequency schedule that meets or exceeds the guidelines of Preventive Services Task Force (USPSTF).
 based on calendar year. Rates have been calculated for the period through 6/30/2023.

page for important notes ...
 rates as shown (circle choice(s) - add comments as necessary)

Signature  Date _____

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