



**Option Pricing**

Group Name North Gem School District 149  
 Group ID 10003627

Medical			
Current Design	PPO 1000 <input type="checkbox"/> Check	HSA 3000 <input type="checkbox"/> Check	<input type="checkbox"/> Check
Product	PPO	HSA	
Deductible IN (Indiv/Fam)	\$1,000/\$2,000	\$3,000/\$6,000	
Deductible OON (Indiv/Fam)	Combined w/ IN	Combined w/ IN	
Medical OOP Max IN (Indiv/Fam)	\$2,500/\$5,000	\$5,800/\$11,600	
Medical OOP Max OON (Indiv/Fam)	\$4,000/\$8,000	Combined w/ IN	
Member Coinsurance (IN/OON)	10%/30%	30%/50%	
Physician Copay	10/30/30/50	Ded, Coin	
Prescription Drugs	10/30	30% coin aft Ded	
Prescription Drugs OOP (Indiv/Fam)	\$3,000/\$6,000	Subject to Medical	
Commission PEPM	N/A		

Renewal Rates	PPO 1000	HSA 3000	
Enrollee	\$879.50	\$662.10	
Ee + Spouse	\$1,934.20	\$1,455.55	
Ee + 1 Child	\$1,354.10	\$1,019.20	
Ee + Children	\$1,573.85	\$1,184.45	
Ee + Sp + Child(ren)	\$2,241.85	\$1,687.20	

Multiple Option Surcharge (Y/N)

Alternate Options	Option 1 <input type="checkbox"/> Check	Option 2 <input type="checkbox"/> Check	Option 3 <input type="checkbox"/> Check
Product	State Similar PPO	State Similar HSA	
Deductible IN (Indiv/Fam)	\$350/\$950	\$2,000/\$4,000	
Deductible OON (Indiv/Fam)	\$600/\$1,700	Combined w/ IN	
Medical OOP Max IN (Indiv/Fam)	\$3,250/\$6,750	\$5,000/\$10,000	
Medical OOP Max OON (Indiv/Fam)	\$6,500/\$13,500	Combined w/ IN	
Member Coinsurance (IN/OON)	15%/35%	30%/50%	
Physician Copay	\$0/\$20/\$20/\$40	Ded/Coin	
Prescription Drugs	\$10/\$30/\$60/\$100	30% coin aft Ded, \$0 prev	
Prescription Drugs OOP (Indiv/Fam)	\$2,000/\$4,000	Subject to Medical	

w/ Changes	Option 1	Option 2	Option 3
Enrollee	\$888.45	\$733.65	
Ee + Spouse	\$1,953.90	\$1,612.85	
Ee + 1 Child	\$1,367.90	\$1,129.35	
Ee + Children	\$1,589.85	\$1,312.45	
Ee + Sp + Child(ren)	\$2,264.65	\$1,869.50	

Difference 1.0% 10.8%

ISBT Dual Surcharge policy

- 1 or 2 plans, no surcharge
- 3 or more plans, surcharge applies
- Surcharge is waived in triple option scenario if third plan is a CCO plan that has identical benefits (deductible, copay, coinsurance, OOP and Rx) to a PPO plan that is also being offered.

**By signing you are agreeing to all Underwriting conditions and quote assumptions provided herein.**

Authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Dental		
Current Design	Dental <input type="checkbox"/> Check	Blue Connect
Dental Benefit	Incentive	Plan 1
Enrollment	Standard	
Deductible	\$0	
Coinsurance	30%-0%	
Benefit Max	\$1,250	
Ortho	N	
Commission PEPM	N/A	

Renewal Rates	Dental	Blue Connect
Enrollee	\$32.70	\$45.91
Ee + Spouse	\$70.85	\$99.34
Ee + 1 Child	\$62.90	\$88.30
Ee + Children	\$93.60	\$131.37
Ee + Sp + Child(ren)	\$125.55	\$176.21

Alternate	Option <input type="checkbox"/> Check
Dental Benefit	
Enrollment	
Deductible	
Coinsurance	
Benefit Max	
Ortho	

w/ Changes	Option	Option
Enrollee		Contact UW
Ee + Spouse		
Ee + 1 Child		
Ee + Children		
Ee + Sp + Child(ren)		

Difference  
\*If Ortho is added/removed, difference is not applicable.

Vision	
Current Design	Vision <input type="checkbox"/> Check
Plan	VSC3
Enrollment	Identical
Exam Copay	\$0
Frame Frequency	12-months

Renewal Rates	
Enrollee	\$8.85
Ee + Spouse	\$12.95
Ee + 1 Child	\$12.95
Ee + Children	\$23.05
Ee + Sp + Child(ren)	\$23.05

Alternate	Option <input type="checkbox"/> Check
Plan	
Enrollment	
Exam Copay	
Frame Frequency	

w/ Changes	Option
Enrollee	
Ee + Spouse	
Ee + 1 Child	
Ee + Children	
Ee + Sp + Child(ren)	

Difference

EAP	
Current Design	EAP <input type="checkbox"/> Check
Visits	N/A

Renewal Rates	
Enrollee	\$0.00
Ee + Spouse	\$0.00
Ee + 1 Child	\$0.00
Ee + Children	\$0.00
Ee + Sp + Child(ren)	\$0.00

Alternate	Option <input type="checkbox"/> Check
Visits	

w/ Changes	Option
Enrollee	
Ee + Spouse	
Ee + 1 Child	
Ee + Children	
Ee + Sp + Child(ren)	

Difference

Wellness	
Current Design	
	None

Renewal Rate
\$0.00

Option <input type="checkbox"/> Check
Package A

Package B not available for small groups (<50 Ees)

Option
\$2.75