

# UnitedHealthcare

## Medical Proposed Rates for BIG WALNUT LOCAL SCHOOL DISTRICT

Effective Date: 1/01/2021 | Customer Number 00753271

Acceptance Signature: \_\_\_\_\_

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

• The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.

	** Option 1: Retired & Not Offered in 2021 and After		** Option 2: Retired & Not Offered in 2021 and After		Option 3: Current		Option 4: Current	
Plan Name	BCP5 Mod 2 (Traditional with Deductible) Rx Plan: K9		BCP5 Mod (Traditional with Deductible) Rx Plan: S5 Mod		BCQ8 Mod (HSA) Rx Plan: 2V-HSA Mod1		BCQD Mod (Balanced) Rx Plan: 2V-HRA Mod1	
Product	Choice + Insurance *		Choice + Insurance *		Choice + Insurance *		Choice + Insurance *	
Option	BCP5 Mod		BCP5 Mod		BCQ8 Mod		BCQD Mod	
Plan Offering	Multiple Option		Multiple Option		Multiple Option		Multiple Option	
Multiple Option with:	<enter #(s)>		<enter #(s)>		<enter #(s)>		<enter #(s)>	
HRA or HSA	No		No		HSA		First Dollar HRA	
<b>Benefits*</b>	<b>Network Single/Family</b>		<b>Network Single/Family</b>		<b>Network Single/Family</b>		<b>Network Single/Family</b>	
Office Copay (PCP/SPC)	PCP \$25, SPC \$35		PCP \$15, SPC \$25		PCP D&C, SPC D&C		PCP D&C, SPC D&C	
Hospital Copays	OP D&C, IP D&C		OP D&C, IP D&C		OP D&C, IP D&C		OP D&C, IP D&C	
UC/ER/Major Diag Copay	UC \$75, ER \$200, MD D&C		UC \$50, ER \$125, MD D&C		UC D&C, ER D&C, MD D&C		UC D&C, ER D&C, MD D&C	
Other	ENRP		ENRP		ENRP		ENRP	
Deductible	500/1000 (Emb)		200/400 (Emb)		1400/2800 (Non-Emb)		1400/2800 (Non-Emb)	
Coinsurance	90%		90%		90%		90%	
Out-of-Pocket	1500/3000		800/1600		3000/6000		3000/6000	
Pharmacy	\$10/20/50; 2.5x for M.O. (Adv PDL)		\$10/15/20; 2.0x for M.O. (Adv PDL)		\$10/30/60; 2.5x MO Integ med/rx ded (Adv PDL)		\$10/30/60; 2.5x MO Integ med/rx ded (Adv PDL)	
	<b>Out of Network Single/Family</b>		<b>Out of Network Single/Family</b>		<b>Out of Network Single/Family</b>		<b>Out of Network Single/Family</b>	
Deductible	500/1000 (Emb)		500/1000 (Emb)		3000/6000 (Non-Emb)		3000/6000 (Non-Emb)	
Coinsurance	70%		70%		70%		70%	
Out of Pocket	3000/6000		3000/6000		6000/12000		6000/12000	
<b>Enrollment</b>								
Employee	2		14		73		1	
Employee + Family	3		46		158		2	
Total	5		60		231		3	
	<b>Rates (Billed)</b>		<b>Rates (Billed)</b>		<b>Rates (Billed)</b>		<b>Rates (Billed)</b>	
<b>Rates</b>	Current	Proposed	Current	Proposed	Current	Proposed	Current	Proposed
Employee	\$1,141.30	\$1,242.88	\$1,312.37	\$1,429.17	\$998.65	\$1,087.53	\$998.65	\$1,087.53
Employee + Family	\$3,138.57	\$3,417.91	\$3,609.01	\$3,930.21	\$2,746.28	\$2,990.70	\$2,746.28	\$2,990.70
Monthly Cost	\$11,698	\$12,739	\$184,388	\$200,798	\$506,814	\$551,920	\$6,491	\$7,069
Annual Cost	\$140,380	\$152,874	\$2,212,652	\$2,409,576	\$6,081,764	\$6,623,043	\$77,895	\$84,827
Change from Current	8.9%		8.9%		8.9%		8.9%	

\*\* - Both Option 1 & 2 are active plans in 2020 be will be retired for the plan year 2021 and no longer available. Information is being provided for informational purposes.

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

POD = Benefit paid as follows: Per Occurrence Deductible, then plan deductible and coinsurance.

LTD # = the number of services covered at that copay, after the limit plan deductible and coinsurance will apply, note PCP and SPC may be combined (see benefit summary)

Day x# = the max number of days the copay will apply

For markets moving to service fees, current rates (for renewals only) include commission expenses. Proposed rates, for your convenience, include any applicable producer service fees. Producer service fees are not a contingency of obtaining insurance coverage but are fees agreed to between you (client) and your producer/service provider for service rendered on behalf of client.

For markets continuing to pay commissions, both the current (applicable for renewals only) and proposed rates include commissions.

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## Medical Proposed Rates for BIG WALNUT LOCAL SCHOOL DISTRICT

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### Medical Quote Assumptions

- Rates are guaranteed for the contract period of 1/1/21 through 12/31/21.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
  - Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- Employer contributes a minimum of 75% toward the employee only rates and 75% toward the dependent rates.
- Requires a minimum participation level of <Enter>.
- 2007 & 2011 Certificate of Coverage plans include the deductible in the out of pocket maximums.
- This offer, unless otherwise stated herein, completely replaces all other previous offers or portions thereof. Any previous offers that may have been extended are hereby null and void.
- HRA is to be offered on limited basis to those employees not qualified for HSA plan.
- Quote includes 4th Quarter carry-over for non-HSA/HRA plans.
- Quote includes continuation of Nurseline.
- Quote does not include Simply Engaged
- UnitedHealthcare reserves the right to adjust the rates and/or fees (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable regulatory authority (i.e. mandated benefits) or by the Plan Sponsor; and (iii) as otherwise permitted in our policy.
- This premium may include state and federal taxes and fees.
- Premium rates and/or product forms included herein are subject to approval by regulators. If rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings.
- Plan design and corresponding premium rates offered herein represent a coverage option that is consistent with your current group size (based on most recent census or survey information) and closely matches your current coverage. Additional coverage options may be available to you.
- At your request, a service fee to be paid to your producer/service agent of \$20.00 PEPM has been added as an expense item where service fees apply.
- Agents may receive commissions and other compensation from us and these costs may be reflected in your premium or fee. Separately, you may have contracted with producers to provide services directly for your group and have agreed to pay them a 'service fee'. Since 'service fees' are not a contingency of the purchase of health insurance such fees are not part of your premium but may be included in your bill under total amount due.

### HRA/HSA Assumptions (If Applicable)

- Please refer to the vendor bank collateral for HRA/HSA account fee information.
- HRA and HSA plans may include a non-embedded deductible and out of pocket. In that instance, no individual family member's deductible or out of pocket is considered satisfied until the full family deductible or out of pocket amount has been met. Pharmacy copays will only apply after the deductible has been satisfied on HRA/HSA plans with integrated medical/pharmacy deductibles.
- Rates assume the Employer funds no more than 50% of the HSA/HRA deductible. UnitedHealthcare reserved the right to adjust rates if this assumption changes.
- HSA accounts must be paired with qualified HDHPs as determined under section 223 of the Internal Revenue Code
- For 2020, the HDHP annual deductible cannot be less than \$1,400 for individual or \$2,800 for family coverage.
- Medical and pharmacy expenses covered under an HSA program are not eligible for reimbursement under an FSA program
- Funds in the HSA account continue to accumulate and are fully portable to another HSA account.
- Any unused HRA funds can be rolled over to next year's HRA, but are not portable as a cash out option.
- Only medical expenses covered under the medical plan are reimbursable from the HRA.