

Quote ID: 9409

502280,502291
Actives Premier 502280,502291

502289
Retiree Premier 502289

	Premier/HMO Traditional With Rx				Premier/HMO Traditional With Rx			
Benefits								
Deductible (Single/Family)	\$5,000/\$10,000				\$5,000/\$10,000			
Coinsurance	80%				80%			
Maximum Out-of-Pocket (Single/Family)	\$6,000/\$12,000				\$6,000/\$12,000			
Emergency Room Copayment	\$250				\$250			
Urgent Care Copayment	\$50				\$50			
Office Visit Copayment	\$50				\$50			
Specialist Office Visit Copayment	\$50				\$50			
Preventive Benefit	Covered at 100%				Covered at 100%			
Laboratory/Radiology Benefit	Covered at 100% except CT, MRI or PET scans which are subject to deductible/coinsurance				Covered at 100% except CT, MRI or PET scans which are subject to deductible/coinsurance			
Dependent Wrap Benefit	Included				Included			
Pharmacy Benefit	\$5/\$25/\$50/25% Preventive covered at 100%				\$5/\$25/\$50/25% 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	30	\$847.01	\$847.01	0.0%	23	\$1,372.04	\$2,358.81	71.9%
ES	5	\$1,770.25	\$1,770.25	0.0%	3	\$2,867.56	\$4,929.91	71.9%
EE + 1 child	1	\$1,770.25	\$1,770.25	0.0%	0	\$2,867.56	\$4,929.91	71.9%
EE + 2 or more children	2	\$1,770.25	\$1,770.25	0.0%	0	\$2,867.56	\$4,929.91	71.9%
Family	38	\$2,193.76	\$2,193.76	0.0%	3	\$3,553.58	\$6,109.31	71.9%
Medicare Single	0	\$592.91	\$592.91	0.0%	0	\$960.43	\$1,651.17	71.9%
Medicare Couple	0	\$1,185.81	\$1,185.81	0.0%	0	\$1,920.86	\$3,302.34	71.9%
Medicare Split	0	\$1,439.92	\$1,439.92	0.0%	0	\$2,332.47	\$4,009.98	71.9%
Total	76	\$122,935.18	\$122,935.18	0.0%	29	\$50,820.34	\$87,370.29	71.9%

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

See next page for important notes ...

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

Acceptance Signature _____ Date _____

Quote ID: 9409

This renewal proposal contains the following 4 year NTE agreement*:

July 2024, 2025, 2026, 2027 Renewals:

S1 Enrollment 0.0% to 9.9% of Total Enrollment - NTE = 5.9%

S1 Enrollment 10.0% to 19.9% of Total Enrollment - NTE = 5.4%

S1 Enrollment 20.0% to 29.9% of Total Enrollment - NTE = 4.9%

S1 Enrollment >= 30.0% of Total Enrollment - NTE = 4.4%

S1 enrollment will be calculated at time of renewal in February.

*If ECASD continues to segregate Actives vs. Retirees then this NTE is only applicable to the Active segment.

Quote ID: 9409

502290,502294
Retirees Explore 502290,502294

100931,100932
Active S1 Trad 100931,100932

	Explore/HMO Traditional With Rx				SimplyOne/HMO Traditional With Rx			
Benefits								
Deductible (Single/Family)	\$5,000/\$10,000				\$5,000/\$10,000			
Coinsurance	80%				80%			
Maximum Out-of-Pocket (Single/Family)	\$6,000/\$12,000				\$6,000/\$12,000			
Emergency Room Copayment	\$250				\$250			
Urgent Care Copayment	\$50				\$50			
Office Visit Copayment	\$50				\$50			
Specialist Office Visit Copayment	\$50				\$50			
Preventive Benefit	Covered at 100%				Covered at 100%			
Laboratory/Radiology Benefit	Covered at 100% except CT, MRI or PET scans which are subject to deductible/coinsurance				Covered at 100% except CT, MRI or PET scans which are subject to deductible/coinsurance			
Dependent Wrap Benefit	Not included				Included			
Pharmacy Benefit	\$5/\$25/\$50/25% Preventive covered at 100%				\$5/\$25/\$50/25% Preventive covered at 100%			
Mail Order	x 2 Copay(s)				x 1 Copay(s)			
	Empls	Current Rates	Renewal Rates	% Change	Empls	Current Rates	Renewal Rates	% Change
EE Only	1	\$1,430.88	\$2,459.97	71.9%	329	\$677.74	\$677.74	0.0%
ES	0	\$2,990.54	\$5,141.34	71.9%	124	\$1,416.48	\$1,416.48	0.0%
EE + 1 child	0	\$2,990.54	\$5,141.34	71.9%	33	\$1,416.48	\$1,416.48	0.0%
EE + 2 or more children	0	\$2,990.54	\$5,141.34	71.9%	43	\$1,416.48	\$1,416.48	0.0%
Family	0	\$3,705.98	\$6,371.32	71.9%	478	\$1,755.35	\$1,755.35	0.0%
Medicare Single	0	\$1,001.62	\$1,721.98	71.9%	0	\$474.42	\$474.42	0.0%
Medicare Couple	0	\$2,003.23	\$3,443.96	71.9%	0	\$948.84	\$948.84	3.8%
Medicare Split	0	\$2,432.50	\$4,181.95	71.9%	2	\$1,152.16	\$1,152.16	0.0%
Total	1	\$1,430.88	\$2,459.97	71.9%	1,009	\$1,347,634.08	\$1,347,634.08	0.0%

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

See next page for important notes ...

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

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S1 Enrollment >= 30.0% of Total Enrollment - NTE = 4.4%

S1 enrollment will be calculated at time of renewal in February.

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Quote ID: 9409

100933
Retirees S1 100933

	SimplyOne/HMO Traditional With Rx							
Benefits								
Deductible (Single/Family)	\$5,000/\$10,000							
Coinsurance	80%							
Maximum Out-of-Pocket (Single/Family)	\$6,000/\$12,000							
Emergency Room Copayment	\$250							
Urgent Care Copayment	\$50							
Office Visit Copayment	\$50							
Specialist Office Visit Copayment	\$50							
Preventive Benefit	Covered at 100%							
Laboratory/Radiology Benefit	Covered at 100% except CT, MRI or PET scans which are subject to deductible/coinsurance							
Dependent Wrap Benefit	Included							
Pharmacy Benefit	\$5/\$25/\$50/25% Preventive covered at 100%							
Mail Order	x 1 Copay(s)							
	Empls	Current Rates	Renewal Rates	% Change	Empls	Current Rates	Renewal Rates	% Change
EE Only	29	\$1,097.87	\$1,887.46	71.9%	0	\$0.00	\$0.00	0.0%
ES	19	\$2,294.55	\$3,944.79	71.9%	0	\$0.00	\$0.00	0.0%
EE + 1 child	2	\$2,294.55	\$3,944.79	71.9%	0	\$0.00	\$0.00	0.0%
EE + 2 or more children	0	\$2,294.55	\$3,944.79	71.9%	0	\$0.00	\$0.00	0.0%
Family	4	\$2,843.48	\$4,888.51	71.9%	0	\$0.00	\$0.00	0.0%
Medicare Single	0	\$768.51	\$1,321.22	71.9%	0	\$0.00	\$0.00	0.0%
Medicare Couple	0	\$1,537.02	\$2,642.44	71.9%	0	\$0.00	\$0.00	0.0%
Medicare Split	0	\$1,866.38	\$3,208.68	71.9%	0	\$0.00	\$0.00	0.0%
Total	54	\$91,397.70	\$157,130.97	71.9%	0	\$0.00	\$0.00	0.0%

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

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