

Renewal Rates

Coverage Effective Date: 01/01/2023

Renewal Months 12

Min Value

			Current Rates	Renewal Rates	Change in Rates
<b>PLAN 1</b>	\$5000 VEBA PPO, Aware				
	Single	86	\$645.75	\$770.96	
	Family	65	\$1,620.29	\$1,934.45	
	Annual Total Premium		<b>\$1,930,240</b>	<b>\$2,304,503</b>	
<b>PLAN 2</b>	\$3000 VEBA PPO, Aware				
	Single	56	\$729.75	\$858.35	
	Family	66	\$1,831.05	\$2,153.74	
	Annual Total Premium		<b>\$1,940,584</b>	<b>\$2,282,572</b>	
<b>PLAN 3</b>	\$350 PPO, Aware				
	Single	1	\$966.81	\$1,133.27	
	Family	0	\$2,425.89	\$2,843.55	
	Annual Total Premium		<b>\$11,602</b>	<b>\$13,599</b>	
<b>Group Total</b>		<b>274</b>	<b>\$3,882,426</b>	<b>\$4,600,674</b>	<b>18.5%</b>

- Rates include \$2500 per month commission

Blue Cross is offering a 17.0% rate cap for the Service Year beginning on January 1, 2024.

Blue Cross reserves the right to re-evaluate the rate guarantee:

- (1) if enrollment changes by more than 10%, or
- (2) if average contract size or average family size changes by more than 5%, or
- (3) for any regulatory benefit or tax changes that would impact claims costs, or
- (4) during acts of civil or military authority, civil disturbance, war, terrorism, pandemic/epidemic fires, earthquakes, floods, tornadoes or other natural disasters or acts of God("Force Majeure Event").

(The rate cap is void if Employer seeks new bids or quotes for its health plan.)



**Alternate Plan Rates** Coverage Effective Date: 01/01/2023

			Contracts	Alternate Rates	Change
<b>Alternate Plan 1</b>	\$3000 VEBA PPO, High Value	Single	56	\$683.43	
		Family	66	\$1,714.83	
		Plan Total		<b>\$1,817,410</b>	20.4% Decrease from Plan 2
<b>Alternate Plan 2</b>	\$5000 VEBA PPO, High Value	Single	86	\$613.78	
		Family	65	\$1,540.08	
		Plan Total		<b>\$1,834,692</b>	20.4% Decrease from Plan 1
<b>Alternate Plan 3</b>	\$7000 VEBA PPO, Aware	Single	86	\$702.67	
		Family	65	\$1,763.11	
		Plan Total		<b>\$2,100,378</b>	8.9% Decrease from Plan 1
<b>Alternate Plan 4</b>	\$5000 VEBA PPO, Aware, Classic & Key Rx	Single	86	\$761.75	
		Family	65	\$1,911.35	
		Plan Total		<b>\$2,276,978</b>	1.2% Decrease from Plan 1
<b>Alternate Plan 5</b>	\$3000 VEBA PPO, Aware, Classic & Key Rx	Single	56	\$848.13	
		Family	66	\$2,128.09	
		Plan Total		<b>\$2,255,386</b>	1.2% Decrease from Plan 2

- Rates include \$2500 per month commission

