

Red Wing Public Schools ISD 256

Rate Summary

Renewal Effective Date:	1/1/2024	Agent/Broker:	INTELLICENTS INC
Current Year Annual Premium:	\$3,753,746	Commission:	\$2500 per month
Released Renewal Year Annual Premium:	\$4,391,883	Type of Quote:	Fully Insured
Released Renewal Year Monthly Premium:	\$365,990		
Rate Change	17.0%		

Renewal Billed Rate Summary

Plan 1 - \$7000 VEBA PPO, Aware

<u>Contract Type</u>	<u>Enrollment</u>	<u>Current Rate</u>	<u>Renewal Rate</u>	<u>% Change</u>
Single	39	\$702.67	\$815.31	
Family	27	\$1,763.11	\$2,045.75	
Annual Total Premium		\$900,097	\$1,044,390	16.0%

Plan 2 - \$5000 VEBA PPO, Aware

<u>Contract Type</u>	<u>Enrollment</u>	<u>Current Rate</u>	<u>Renewal Rate</u>	<u>% Change</u>
Single	32	\$770.96	\$905.94	
Family	31	\$1,934.45	\$2,273.14	
Annual Total Premium		\$1,015,664	\$1,193,490	17.5%

Plan 3 - \$3000 VEBA PPO, Aware

<u>Contract Type</u>	<u>Enrollment</u>	<u>Current Rate</u>	<u>Renewal Rate</u>	<u>% Change</u>
Single	25	\$858.35	\$1,000.20	
Family	31	\$2,153.74	\$2,509.67	
Annual Total Premium		\$1,058,696	\$1,233,656	16.5%

Plan 4 - \$3000 VEBA PPO, High Value

<u>Contract Type</u>	<u>Enrollment</u>	<u>Current Rate</u>	<u>Renewal Rate</u>	<u>% Change</u>
Single	26	\$683.43	\$807.09	
Family	18	\$1,714.83	\$2,025.11	
Annual Total Premium		\$583,633	\$689,237	18.1%

Plan 5 - \$5000 VEBA PPO, High Value

<u>Contract Type</u>	<u>Enrollment</u>	<u>Current Rate</u>	<u>Renewal Rate</u>	<u>% Change</u>
Single	9	\$613.78	\$725.00	
Family	7	\$1,540.08	\$1,819.15	
Annual Total Premium		\$195,655	\$231,109	18.1%

Plan 6 - \$350 PPO, Aware

<u>Contract Type</u>	<u>Enrollment</u>	<u>Current Rate</u>	<u>Renewal Rate</u>	<u>% Change</u>
Single	0	\$1,133.27	\$1,317.00	
Family	0	\$2,843.55	\$3,304.55	
Annual Total Premium		\$0	\$0	#DIV/0!

Group Totals	245	\$3,753,746	\$4,391,883	17.0%
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Contingencies & Assumptions

We base rates on group makeup, including age and area, employer contribution assumptions, historic claims costs, a forecast of future claims costs, administrative costs, taxes and assessments.

- 1) Rates are contingent upon the Blue Cross plans being the only health plans you offer.
- 2) Rates are based upon the benefit description and expected enrollment shown for each plan.
We reserve the right to make changes to the rates if you request different benefits, if your actual enrollment varies from expected by more than 10%, or if there is a change to age or area mix of greater than 5%.
- 3) Minimum enrollment is 50% of all eligible employees regardless of waivers.
- 4) Employees who work a normal work week of less than 30 hours per week are not eligible for coverage unless Blue Cross provides the group an exception to the 30 hour requirement.
In no case will an exception be granted for employees working less than 20 hours per week.
- 5) You must contribute at least 50 percent of the single rate for the lowest cost health plan offered to each employee.
- 6) Quoted rates are subject to change if released more than 120 days before the proposed effective date of the plan.
- 7) If you choose more than one benefit option, each plan must have a minimum enrollment of 1 contract.
- 8) Consulting / service fees, if applicable, are reflected on the rate display.
- 9) An electronic Summary of Benefits (SBC) document will be provided by Blue Cross. You must finalize your benefit design at least 30 days prior to open enrollment or 60 days prior to the effective date in order to have SBC's available by the due date. You are responsible for any penalties associated with noncompliance if your benefit plan is not finalized in a timely manner.
- 10) For HRA and HSA plans, an additional fee to administer the personal spending account may be charged by the selected vendor.

This proposal expires on the last day of the month before the effective date.

If you furnished us with incomplete or inaccurate information, we may revise our proposal at any time before the Effective Date, even though you may have already accepted our proposal offer.

Please note these requirements constitute material terms of our offer.

All assumptions must remain valid throughout the term of your contract.

Failure to comply with any of the requirements may result in cancellation, non-renewal, or change in rates or benefits.



Red Wing Public Schools ISD 256

Rate Summary

Renewal Effective Date:	1/1/2024	Agent/Broker:	INTELLICENTS INC
		Type of Quote:	Fully Insured
		Quote Date:	6/20/2023

Alternate Plan 1 - \$8050 VEBA PPO, Aware

<u>Contract Type</u>	<u>Enrollment</u>	<u>Renewal Rate</u>	<u>Alternate Rate</u>	<u>% Change</u>
Single	39	\$815.31	\$770.55	
Family	27	\$2,045.75	\$1,933.44	
Annual Total Premium		\$1,044,390	\$987,055	5.5% Decrease from Plan 1

Alternate Plan 2 - \$7000 VEBA PPO, High Value

<u>Contract Type</u>	<u>Enrollment</u>	<u>Renewal Rate</u>	<u>Alternate Rate</u>	<u>% Change</u>
Single	39	\$815.31	\$660.63	
Family	27	\$2,045.75	\$1,657.63	
Annual Total Premium		\$1,044,390	\$846,250	19% Decrease from Plan 1

Alternate Plan 3 - \$8050 VEBA PPO, High Value

<u>Contract Type</u>	<u>Enrollment</u>	<u>Renewal Rate</u>	<u>Alternate Rate</u>	<u>% Change</u>
Single	39	\$815.31	\$624.41	
Family	27	\$2,045.75	\$1,566.76	
Annual Total Premium		\$1,044,390	\$799,855	23.4% Decrease from Plan 1