



Medical Plan Option 1 Revised
EFFECTIVE 09/01/21 THROUGH 08/31/22

	Med Network	Med Network
	<u>Current</u>	<u>Proposed</u>
Employee	\$690.20	\$752.30
Two-Party	\$1,524.20	\$1,661.40
Family	\$2,156.80	\$2,350.90

	Med Network HSA Qualified	Med Network HSA Qualified
	<u>Current</u>	<u>Proposed</u>
Employee	\$559.90	\$610.30
Two-Party	\$1,237.10	\$1,348.40
Family	\$1,750.20	\$1,907.70

	Value Network	Value Network
	<u>Current</u>	<u>Proposed</u>
Employee	\$635.00	\$692.20
Two-Party	\$1,402.20	\$1,528.40
Family	\$1,984.20	\$2,162.80

	Value Network HSA Qualified	Value Network HSA Qualified
	<u>Current</u>	<u>Proposed</u>
Employee	\$515.20	\$561.60
Two-Party	\$1,137.80	\$1,240.20
Family	\$1,610.00	\$1,754.90

Renewal Increase 9%

1. We may reasonably modify the premium if federal or state laws or regulations mandate that we adjust benefits under the Contract.
2. This proposal (and associated premium rates) has been calculated based on the following commission/service fee arrangement as proposed by the submitting agent: 5% Flat.
3. An additional fee of \$2.00 pepm will be billed when an HSA Qualified plan is paired with a HealthEquity HSA.
4. Please provide a client signature on the sold rate sheet and initial the correlating Member Payment Summaries. Note: Member materials will not be generated until rates, plan designs and commissions are confirmed.

Client Signature _____ Date _____