

# Renewal Rates

## Confidential



Rochester Community Schools

Effective Period:  
Sep 1, 2024-Aug 31, 2025

Your Health Alliance Client Consultant

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## Exhibit C

Proposal Rates for: Rochester Community Schools

POSC 1500 Rx2 NS1

Effective Period: 09/01/2024 through 08/31/2025

### **Premium Rates:**

EMPLOYEE:	\$686.00
EMPLOYEE + 1:	\$1,290.00
EMPLOYEE + 2 OR MORE:	\$2,191.00

### **"Primary Medicare Eligible" Rates:**

SINGLE (with "Primary Medicare Eligibility"):	\$446.00
TWO-PERSON (both with "Primary Medicare Eligibility"):	\$810.00
TWO-PERSON (one with "Primary Medicare Eligibility"):	\$1,050.00
FAMILY 3+ (one with "Primary Medicare Eligibility"):	\$1,951.00

Approved by:

\_\_\_\_\_  
(Benefits Administrator)

Date Approved:

Health Alliance Officer:

\_\_\_\_\_  
Andrew Weintraub

Date:

Please Note: These rates assume that Health Alliance Medical Plans, Inc. is not offered alongside other health insurance options. Health Alliance requires no more than 50% out of service area membership for ROCHESTER COMMUNITY SCHOOLS. In the event that membership changes by 20% or more during the contract year Health Alliance reserves the right to review and/or, revise this offer. Please see last page for Medicare eligibility rules.



## Exhibit C

Proposal Rates for: Rochester Community Schools

POSC 1500g Rx2 NS2

**Effective Period:** 09/01/2024 through 08/31/2025

### ***Premium Rates:***

EMPLOYEE:	\$835.00
EMPLOYEE + 1:	\$1,572.00
EMPLOYEE + 2 OR MORE:	\$2,672.00

### ***"Primary Medicare Eligible" Rates:***

SINGLE (with "Primary Medicare Eligibility"):	\$543.00
TWO-PERSON (both with "Primary Medicare Eligibility"):	\$988.00
TWO-PERSON (one with "Primary Medicare Eligibility"):	\$1,280.00
FAMILY 3+ (one with "Primary Medicare Eligibility"):	\$2,380.00

Approved by:

\_\_\_\_\_  
(Benefits Administrator)

Date Approved:

Health Alliance Officer:

\_\_\_\_\_  
Andrew Weintraub

Date:

Please Note: These rates assume that Health Alliance Medical Plans, Inc. is not offered alongside other health insurance options. Health Alliance requires no more than 50% out of service area membership for ROCHESTER COMMUNITY SCHOOLS. In the event that membership changes by 20% or more during the contract year Health Alliance reserves the right to review and/or revise this offer. Please see last page for Medicare eligibility rules.



Plan Name	EMB/AGG	Drug Code	Deductible Single/Family	Coins	Out Of Pocket Maximum Single/Family	Copays OV/SPEC, ER	Premiums based on 3 Tier census			Total Monthly Premium--	Percent Change**
							Employee Only (5)	Employee +1 (2)	Employee +2 or more (5)		
POSC 1500 Rx2 NS1	EMB	RX2	\$1,500/\$3,000	30%	\$3,500/\$7,000	\$25/\$50, \$200	\$686	\$1,290	\$2,191	\$16,965	11.00%
HMO 2000C 24 RX231	EMB	Rx231	\$2,000/\$6,000	20%	\$6,000/\$18,000	*\$40^/\$65^, *\$250	\$666	\$1,252	\$2,127	\$16,469	7.76%
HMO 2000C 24 RX230	EMB	Rx230	\$2,000/\$6,000	20%	\$6,000/\$18,000	*\$40^/\$65^, *\$250	\$670	\$1,260	\$2,140	\$16,570	8.42%
HMO 2500B 24 RX231	EMB	Rx231	\$2,500/\$5,000	20%	\$6,250/\$12,500	*\$25^/\$40^, *\$250	\$675	\$1,269	\$2,156	\$16,693	9.23%
HMO 2500B 24 RX230	EMB	Rx230	\$2,500/\$5,000	20%	\$6,250/\$12,500	*\$25^/\$40^, *\$250	\$680	\$1,279	\$2,172	\$16,818	10.04%
HMO 2500C 24 RX231	EMB	Rx231	\$2,500/\$7,500	20%	\$7,500/\$18,000	*\$40^/\$65^, *\$250	\$637	\$1,198	\$2,035	\$15,756	3.10%
HMO 2500C 24 RX230	EMB	Rx230	\$2,500/\$7,500	20%	\$7,500/\$18,000	*\$40^/\$65^, *\$250	\$642	\$1,207	\$2,051	\$15,879	3.91%
HMO 3000A 24 RX231	EMB	Rx231	\$3,000/\$6,000	20%	\$6,000/\$12,000	*\$10^/\$25^, *\$150	\$642	\$1,207	\$2,051	\$15,879	3.91%
HMO 3000B 24 RX231	EMB	Rx231	\$3,000/\$6,000	20%	\$7,500/\$15,000	*\$25^/\$40^, *\$250	\$655	\$1,232	\$2,092	\$16,199	5.98%
HMO 3000B 24 RX230	EMB	Rx230	\$3,000/\$6,000	20%	\$7,500/\$15,000	*\$25^/\$40^, *\$250	\$660	\$1,241	\$2,108	\$16,322	6.80%
HMO 3000C 24 RX231	EMB	Rx231	\$3,000/\$9,000	20%	\$9,000/\$18,000	*\$40^/\$65^, *\$250	\$620	\$1,166	\$1,980	\$15,332	0.31%
HMO 3000C 24 RX230	EMB	Rx230	\$3,000/\$9,000	20%	\$9,000/\$18,000	*\$40^/\$65^, *\$250	\$625	\$1,175	\$1,996	\$15,455	1.12%
HMO 3500A 24 RX231	EMB	Rx231	\$3,500/\$7,000	20%	\$7,000/\$14,000	*\$10^/\$25^, *\$150	\$668	\$1,256	\$2,134	\$16,522	8.11%
HMO 3500A 24 RX230	EMB	Rx230	\$3,500/\$7,000	20%	\$7,000/\$14,000	*\$10^/\$25^, *\$150	\$673	\$1,265	\$2,150	\$16,645	8.92%
HMO 3500B 24 RX231	EMB	Rx231	\$3,500/\$7,000	20%	\$8,750/\$17,500	*\$25^/\$40^, *\$250	\$638	\$1,200	\$2,038	\$15,780	3.25%
HMO 3500B 24 RX230	EMB	Rx230	\$3,500/\$7,000	20%	\$8,750/\$17,500	*\$25^/\$40^, *\$250	\$643	\$1,209	\$2,054	\$15,903	4.06%
HMO 3500C 24 RX231	EMB	Rx231	\$3,500/\$10,500	20%	\$9,000/\$18,900	*\$40^/\$65^, *\$250	\$613	\$1,153	\$1,958	\$15,161	-0.80%
HMO 3500C 24 RX230	EMB	Rx230	\$3,500/\$10,500	20%	\$9,000/\$18,900	*\$40^/\$65^, *\$250	\$617	\$1,160	\$1,971	\$15,260	-0.15%
HMO 4000A 24 RX231	EMB	Rx231	\$4,000/\$8,000	20%	\$9,100/\$18,200	*\$10^/\$25^, *\$150	\$646	\$1,215	\$2,063	\$15,975	4.52%
HMO 4000A 24 RX230	EMB	Rx230	\$4,000/\$8,000	20%	\$9,100/\$18,200	*\$10^/\$25^, *\$150	\$651	\$1,224	\$2,079	\$16,098	5.33%
HMO 4000B 24 RX231	EMB	Rx231	\$4,000/\$8,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$628	\$1,181	\$2,006	\$15,532	1.63%
HMO 4000B 24 RX230	EMB	Rx230	\$4,000/\$8,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$632	\$1,188	\$2,019	\$15,631	2.29%

**Drug Code:**

Rx230 - *\$0/\$7/\$35/\$70/\$140/50%	Rx232 - 0%/0%/0%/0%/0%/0%
Rx231 - *\$0/\$10/\$40/\$80/30%/50%	Rx233 - 20%/20%/20%/20%/20%/20%

\*\*Percent Change is based off of the current plan POSC 1500 Rx2 NS1

- This premium includes all applicable state and federal taxes and fees pursuant to the Affordable Care Act. Health Alliance 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.

\*Deductible does not apply

^Additional, other services obtained while in the office may require an additional copayment or coinsurance

**Assumptions:**

Health Alliance reserves the right to re-rate in the event membership changes 20% or more.

PPO products assume utilization of the Health Alliance PPO network for in-area employees. Other network options are utilized for out of area employees.

HMO, POS, POS-C and POSC+ products assume utilization of the Health Alliance HMO network.

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Please see last page for Medicare eligibility rules.



Plan Name	EMB/AGG	Drug Code	Deductible Single/Family	Coins	Out Of Pocket Maximum Single/Family	Copays OV/SPEC, ER	Premiums based on 3 Tier census			Total Monthly Premium--	Percent Change**
							Employee Only (5)	Employee +1 (2)	Employee +2 or more (5)		
HMO 4000C 24 RX231	EMB	Rx231	\$4,000/\$12,000	20%	\$9,450/\$18,900	*\$40^/\$65^, *\$250	\$604	\$1,136	\$1,929	\$14,937	-2.27%
HMO 4000C 24 RX230	EMB	Rx230	\$4,000/\$12,000	20%	\$9,450/\$18,900	*\$40^/\$65^, *\$250	\$608	\$1,143	\$1,942	\$15,036	-1.61%
HMO 5000B 24 RX231	EMB	Rx231	\$5,000/\$10,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$616	\$1,158	\$1,968	\$15,236	-0.30%
HMO 5000B 24 RX230	EMB	Rx230	\$5,000/\$10,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$620	\$1,166	\$1,980	\$15,332	0.31%
HMO 5000C 24 RX231	EMB	Rx231	\$5,000/\$15,000	20%	\$9,450/\$18,900	*\$40^/\$65^, *\$250	\$592	\$1,113	\$1,891	\$14,641	-4.20%
HMO 5000C 24 RX230	EMB	Rx230	\$5,000/\$15,000	20%	\$9,450/\$18,900	*\$40^/\$65^, *\$250	\$597	\$1,123	\$1,907	\$14,766	-3.39%
HMO 6000B 24 RX231	EMB	Rx231	\$6,000/\$12,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$608	\$1,143	\$1,942	\$15,036	-1.61%
HMO 6000B 24 RX230	EMB	Rx230	\$6,000/\$12,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$613	\$1,153	\$1,958	\$15,161	-0.80%
HMO 6000C 24 RX231	EMB	Rx231	\$6,000/\$16,500	20%	\$9,450/\$18,900	*\$40^/\$65^, *\$250	\$585	\$1,100	\$1,869	\$14,470	-5.31%
HMO 6000C 24 RX230	EMB	Rx230	\$6,000/\$16,500	20%	\$9,450/\$18,900	*\$40^/\$65^, *\$250	\$590	\$1,109	\$1,885	\$14,593	-4.50%
HMO 7000B 24 RX231	EMB	Rx231	\$7,000/\$14,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$602	\$1,132	\$1,923	\$14,889	-2.58%
HMO 7000B 24 RX230	EMB	Rx230	\$7,000/\$14,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$607	\$1,141	\$1,939	\$15,012	-1.77%
HMO 7000C 24 RX231	EMB	Rx231	\$7,000/\$17,500	20%	\$9,450/\$18,900	*\$40^/\$65^, *\$250	\$580	\$1,091	\$1,853	\$14,347	-6.12%
HMO 7000C 24 RX230	EMB	Rx230	\$7,000/\$17,500	20%	\$9,450/\$18,900	*\$40^/\$65^, *\$250	\$585	\$1,100	\$1,869	\$14,470	-5.31%
HMO 9100H 24 RX232	EMB	Rx232	\$9,100/\$18,200	0%	\$9,100/\$18,200	*\$40^/\$65^, 0%	\$513	\$965	\$1,639	\$12,690	-16.97%
HSA 24 3200 HMO 100 RX232 EMB	EMB	Rx232	\$3,200/\$6,400	0%	\$3,200/\$6,400	0%/0%/0%	\$650	\$1,222	\$2,076	\$16,074	5.17%
HSA 24 3200 HMO 80 RX233 EMB	EMB	Rx233	\$3,200/\$6,400	20%	\$6,400/\$12,800	20%/20%,20%	\$577	\$1,085	\$1,843	\$14,270	-6.63%
HSA 24 3500 HMO 100 RX232 EMB	EMB	Rx232	\$3,500/\$7,000	0%	\$3,500/\$7,000	0%/0%/0%	\$633	\$1,190	\$2,022	\$15,655	2.44%
HSA 24 3500 HMO 80 RX233 EMB	EMB	Rx233	\$3,500/\$7,000	20%	\$7,000/\$14,000	20%/20%,20%	\$563	\$1,059	\$1,798	\$13,923	-8.91%
HSA 24 5000 HMO 100 RX232 EMB	EMB	Rx232	\$5,000/\$10,000	0%	\$5,000/\$10,000	0%/0%/0%	\$568	\$1,068	\$1,814	\$14,046	-8.10%
HSA 24 5000 HMO 80 RX233 EMB	EMB	Rx233	\$5,000/\$10,000	20%	\$6,750/\$13,500	20%/20%,20%	\$535	\$1,006	\$1,709	\$13,232	-13.42%

<b>Drug Code:</b>		
Rx230 - "\$0"/\$7"/\$35"/\$70"/\$140"/50%	Rx232 - 0%/0%/0%/0%/0%/0%	
Rx231 - "\$0"/\$10"/\$40"/\$80"/30%/"50%	Rx233 - 20%/20%/20%/20%/20%/20%	

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Plan Name	EMB/AGG	Code	Deductible Single/Family	Coins	Out Of Pocket Maximum Single/Family	Copays OV/SPEC, ER	Premiums based on 3 Tier census			Total Monthly Premium~	Percent Change**
							Employee Only (5)	Employee +1 (2)	Employee +2 or more (5)		
HSA 24 6350 HMO 100 RX232 EMB	EMB	Rx232	\$6,350/\$12,700	0%	\$6,350/\$12,700	0%/0%/0%	\$531	\$998	\$1,696	\$13,131	-14.08%
HSA 24 3200 POS 100 RX232 EMB	EMB	Rx232	\$3,200/\$6,400	0%	\$3,200/\$6,400	0%/0%/0%	\$675	\$1,269	\$2,156	\$16,693	9.23%
HSA 24 3200 POS 80 RX233 EMB	EMB	Rx233	\$3,200/\$6,400	20%	\$6,400/\$12,800	20%/20%/20%	\$599	\$1,126	\$1,913	\$14,812	-3.08%
HSA 24 3500 POS 100 RX232 EMB	EMB	Rx232	\$3,500/\$7,000	0%	\$3,500/\$7,000	0%/0%/0%	\$657	\$1,235	\$2,099	\$16,250	6.34%
HSA 24 3500 POS 80 RX233 EMB	EMB	Rx233	\$3,500/\$7,000	20%	\$7,000/\$14,000	20%/20%/20%	\$584	\$1,098	\$1,865	\$14,441	-5.52%
HSA 24 5000 POS 100 RX232 EMB	EMB	Rx232	\$5,000/\$10,000	0%	\$5,000/\$10,000	0%/0%/0%	\$589	\$1,107	\$1,881	\$14,564	-4.71%
HSA 24 5000 POS 80 RX233 EMB	EMB	Rx233	\$5,000/\$10,000	20%	\$6,750/\$13,500	20%/20%/20%	\$555	\$1,044	\$1,773	\$13,728	-10.18%
HSA 24 6350 POS 100 RX232 EMB	EMB	Rx232	\$6,350/\$12,700	0%	\$6,350/\$12,700	0%/0%/0%	\$551	\$1,036	\$1,760	\$13,627	-10.84%
POS 2500C 24 RX231	EMB	Rx231	\$2,500/\$7,500	20%	\$7,500/\$18,000	*\$40^/\$65^, *\$250	\$662	\$1,245	\$2,115	\$16,375	7.15%
POS 2500C 24 RX230	EMB	Rx230	\$2,500/\$7,500	20%	\$7,500/\$18,000	*\$40^/\$65^, *\$250	\$667	\$1,254	\$2,131	\$16,498	7.96%
POS 3000B 24 RX231	EMB	Rx231	\$3,000/\$9,000	20%	\$9,000/\$18,000	*\$25^/\$40^, *\$250	\$680	\$1,279	\$2,172	\$16,818	10.04%
POS 3000B 24 RX230	EMB	Rx230	\$3,000/\$9,000	20%	\$9,000/\$18,000	*\$25^/\$40^, *\$250	\$685	\$1,288	\$2,188	\$16,941	10.85%
POS 3000C 24 RX231	EMB	Rx231	\$3,000/\$9,000	20%	\$9,000/\$18,000	*\$40^/\$65^, *\$250	\$644	\$1,211	\$2,057	\$15,927	4.21%
POS 3000C 24 RX230	EMB	Rx230	\$3,000/\$9,000	20%	\$9,000/\$18,000	*\$40^/\$65^, *\$250	\$649	\$1,220	\$2,073	\$16,050	5.02%
POS 3500B 24 RX231	EMB	Rx231	\$3,500/\$7,000	20%	\$8,750/\$17,500	*\$25^/\$40^, *\$250	\$662	\$1,245	\$2,115	\$16,375	7.15%
POS 3500B 24 RX230	EMB	Rx230	\$3,500/\$7,000	20%	\$8,750/\$17,500	*\$25^/\$40^, *\$250	\$667	\$1,254	\$2,131	\$16,498	7.96%
POS 3500C 24 RX231	EMB	Rx231	\$3,500/\$10,500	20%	\$9,000/\$18,900	*\$40^/\$65^, *\$250	\$636	\$1,196	\$2,031	\$15,727	2.89%
POS 3500C 24 RX230	EMB	Rx230	\$3,500/\$10,500	20%	\$9,000/\$18,900	*\$40^/\$65^, *\$250	\$641	\$1,205	\$2,047	\$15,850	3.70%
POS 4000A 24 RX231	EMB	Rx231	\$4,000/\$8,000	20%	\$9,100/\$18,200	*\$10^/\$25^, *\$150	\$670	\$1,260	\$2,140	\$16,570	8.42%
POS 4000A 24 RX230	EMB	Rx230	\$4,000/\$8,000	20%	\$9,100/\$18,200	*\$10^/\$25^, *\$150	\$676	\$1,271	\$2,159	\$16,717	9.38%
POS 4000B 24 RX231	EMB	Rx231	\$4,000/\$8,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$651	\$1,224	\$2,079	\$16,098	5.33%

Drug Code:		
Rx230 - "\$0"/\$7"/\$35"/\$70"/\$140"/50%	Rx232 - 0%/0%/0%/0%/0%/0%	
Rx231 - "\$0"/\$10"/\$40"/\$80"/30%/"50%	Rx233 - 20%/20%/20%/20%/20%/20%	

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							Employee Only (5)	Employee +1 (2)	Employee +2 or more (5)		
POS 4000B 24 RX230	EMB	Rx230	\$4,000/\$8,000	20%	\$9,450/\$18,900	*\$25/^^\$40^, *\$250	\$657	\$1,235	\$2,099	\$16,250	6.34%
POS 4000C 24 RX231	EMB	Rx231	\$4,000/\$12,000	20%	\$9,450/\$18,900	*\$40/^^\$65^, *\$250	\$627	\$1,179	\$2,003	\$15,508	1.48%
POS 4000C 24 RX230	EMB	Rx230	\$4,000/\$12,000	20%	\$9,450/\$18,900	*\$40/^^\$65^, *\$250	\$631	\$1,186	\$2,016	\$15,607	2.13%
POS 5000B 24 RX231	EMB	Rx231	\$5,000/\$10,000	20%	\$9,450/\$18,900	*\$25/^^\$40^, *\$250	\$639	\$1,201	\$2,041	\$15,802	3.40%
POS 5000B 24 RX230	EMB	Rx230	\$5,000/\$10,000	20%	\$9,450/\$18,900	*\$25/^^\$40^, *\$250	\$644	\$1,211	\$2,057	\$15,927	4.21%
POS 5000C 24 RX231	EMB	Rx231	\$5,000/\$15,000	20%	\$9,450/\$18,900	*\$40/^^\$65^, *\$250	\$615	\$1,156	\$1,964	\$15,207	-0.50%
POS 5000C 24 RX230	EMB	Rx230	\$5,000/\$15,000	20%	\$9,450/\$18,900	*\$40/^^\$65^, *\$250	\$619	\$1,164	\$1,977	\$15,308	0.16%
POS 6000B 24 RX231	EMB	Rx231	\$6,000/\$12,000	20%	\$9,450/\$18,900	*\$25/^^\$40^, *\$250	\$631	\$1,186	\$2,016	\$15,607	2.13%
POS 6000B 24 RX230	EMB	Rx230	\$6,000/\$12,000	20%	\$9,450/\$18,900	*\$25/^^\$40^, *\$250	\$636	\$1,196	\$2,031	\$15,727	2.89%
POS 6000C 24 RX231	EMB	Rx231	\$6,000/\$16,500	20%	\$9,450/\$18,900	*\$40/^^\$65^, *\$250	\$607	\$1,141	\$1,939	\$15,012	-1.77%
POS 6000C 24 RX230	EMB	Rx230	\$6,000/\$16,500	20%	\$9,450/\$18,900	*\$40/^^\$65^, *\$250	\$612	\$1,151	\$1,955	\$15,137	-0.96%
POS 7000B 24 RX231	EMB	Rx231	\$7,000/\$14,000	20%	\$9,450/\$18,900	*\$25/^^\$40^, *\$250	\$625	\$1,175	\$1,996	\$15,455	1.12%
POS 7000B 24 RX230	EMB	Rx230	\$7,000/\$14,000	20%	\$9,450/\$18,900	*\$25/^^\$40^, *\$250	\$630	\$1,185	\$2,012	\$15,580	1.93%
POS 7000C 24 RX231	EMB	Rx231	\$7,000/\$17,500	20%	\$9,450/\$18,900	*\$40/^^\$65^, *\$250	\$602	\$1,132	\$1,923	\$14,889	-2.58%
POS 7000C 24 RX230	EMB	Rx230	\$7,000/\$17,500	20%	\$9,450/\$18,900	*\$40/^^\$65^, *\$250	\$607	\$1,141	\$1,939	\$15,012	-1.77%
*POS 9100H 24 RX232	EMB	Rx232	\$9,100/\$18,200	0%	\$18,200/\$36,400	*\$40/^^\$65^, 0%	\$533	\$1,002	\$1,702	\$13,179	-13.77%
POSC+ 2500E 24 80 RX231	EMB	Rx231	\$2,500/\$5,000	20%	\$7,500/\$15,000	*\$25/^^\$50^, *\$200	\$667	\$1,254	\$2,131	\$16,498	7.96%
HSA 24 3200 PPO 80 RX233 EMB	EMB	Rx233	\$3,200/\$6,400	20%	\$6,400/\$12,800	20%/20%,20%	\$660	\$1,241	\$2,108	\$16,322	6.80%
HSA 24 3500 PPO 80 RX233 EMB	EMB	Rx233	\$3,500/\$7,000	20%	\$7,000/\$14,000	20%/20%,20%	\$644	\$1,211	\$2,057	\$15,927	4.21%
HSA 24 5000 PPO 100 RX232 EMB	EMB	Rx232	\$5,000/\$10,000	0%	\$5,000/\$10,000	0%/0%,0%	\$649	\$1,220	\$2,073	\$16,050	5.02%
HSA 24 5000 PPO 80 RX233 EMB	EMB	Rx233	\$5,000/\$10,000	20%	\$6,750/\$13,500	20%/20%,20%	\$611	\$1,149	\$1,952	\$15,113	-1.11%

<b>Drug Code:</b>											
Rx230 - *\$0/^^\$7/^^\$35/^^\$70/^^\$140/^^50%			Rx232 - 0%/0%/0%/0%/0%/0%								
Rx231 - *\$0/^^\$10/^^\$40/^^\$80/^^30%/^^50%			Rx233 - 20%/20%/20%/20%/20%/20%								

\*\*Percent Change is based off of the current plan POSC 1500 Rx2 NS1

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Plan Name	EMB/AGG		Deductible Single/Family	Coins	Out Of Pocket Maximum Single/Family	Copays OV/SPEC, ER	Premiums based on 3 Tier census			Total Monthly Premium~	Percent Change**
							Employee Only (5)	Employee +1 (2)	Employee +2 or more (5)		
HSA 24 6350 PPO 100 RX232 EMB	EMB	Rx232	\$6,350/\$12,700	0%	\$6,350/\$12,700	0%/0%,0%	\$607	\$1,141	\$1,939	\$15,012	-1.77%

**Drug Code:**

Rx230 - \*\$0/\$7/\$35/\$70/\$140/\*50%

Rx232 - 0%/0%/0%/0%/0%/0%

Rx231 - \*\$0/\$10/\$40/\$80/\*30/\*50%

Rx233 - 20%/20%/20%/20%/20%/20%

\*\*Percent Change is based off of the current plan POSC 1500 Rx2 NS1

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\*Deductible does not apply

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Plan Name	EMB/AGG	Drug Code	Deductible Single/Family	Coins	Out Of Pocket Maximum Single/Family	Copays OV/SPEC, ER	Premiums based on 3 Tier census			Total Monthly Premium--	Percent Change**
							Employee Only (151)	Employee +1 (13)	Employee +2 or more (10)		
POSC 1500g Rx2 NS2	EMB	RX2	N/A	30%	\$3,500/\$7,000	\$25/\$50, \$200	\$835	\$1,572	\$2,672	\$173,241	11.00%
HMO 2000C 24 RX231	EMB	Rx231	\$2,000/\$6,000	20%	\$6,000/\$18,000	*\$40^/\$65^, *\$250	\$809	\$1,523	\$2,589	\$167,848	7.55%
HMO 2000C 24 RX230	EMB	Rx230	\$2,000/\$6,000	20%	\$6,000/\$18,000	*\$40^/\$65^, *\$250	\$815	\$1,535	\$2,609	\$169,110	8.38%
HMO 2500B 24 RX231	EMB	Rx231	\$2,500/\$5,000	20%	\$6,250/\$12,500	*\$25^/\$40^, *\$250	\$820	\$1,544	\$2,625	\$170,142	9.05%
HMO 2500B 24 RX230	EMB	Rx230	\$2,500/\$5,000	20%	\$6,250/\$12,500	*\$25^/\$40^, *\$250	\$826	\$1,555	\$2,644	\$171,381	9.84%
HMO 2500C 24 RX231	EMB	Rx231	\$2,500/\$7,500	20%	\$7,500/\$18,000	*\$40^/\$65^, *\$250	\$774	\$1,457	\$2,477	\$160,585	2.90%
HMO 2500C 24 RX230	EMB	Rx230	\$2,500/\$7,500	20%	\$7,500/\$18,000	*\$40^/\$65^, *\$250	\$780	\$1,469	\$2,497	\$161,847	3.73%
HMO 3000A 24 RX231	EMB	Rx231	\$3,000/\$6,000	20%	\$6,000/\$12,000	*\$10^/\$25^, *\$150	\$780	\$1,469	\$2,497	\$161,847	3.73%
HMO 3000B 24 RX231	EMB	Rx231	\$3,000/\$6,000	20%	\$7,500/\$15,000	*\$25^/\$40^, *\$250	\$795	\$1,497	\$2,545	\$164,956	5.72%
HMO 3000B 24 RX230	EMB	Rx230	\$3,000/\$6,000	20%	\$7,500/\$15,000	*\$25^/\$40^, *\$250	\$801	\$1,508	\$2,564	\$166,195	6.51%
HMO 3000C 24 RX231	EMB	Rx231	\$3,000/\$9,000	20%	\$9,000/\$18,000	*\$40^/\$65^, *\$250	\$753	\$1,418	\$2,410	\$156,237	0.12%
HMO 3000C 24 RX230	EMB	Rx230	\$3,000/\$9,000	20%	\$9,000/\$18,000	*\$40^/\$65^, *\$250	\$759	\$1,429	\$2,429	\$157,476	0.91%
HMO 3500A 24 RX231	EMB	Rx231	\$3,500/\$7,000	20%	\$7,000/\$14,000	*\$10^/\$25^, *\$150	\$812	\$1,529	\$2,599	\$168,479	7.97%
HMO 3500A 24 RX230	EMB	Rx230	\$3,500/\$7,000	20%	\$7,000/\$14,000	*\$10^/\$25^, *\$150	\$818	\$1,540	\$2,618	\$169,718	8.76%
HMO 3500B 24 RX231	EMB	Rx231	\$3,500/\$7,000	20%	\$8,750/\$17,500	*\$25^/\$40^, *\$250	\$775	\$1,459	\$2,481	\$160,802	3.07%
HMO 3500B 24 RX230	EMB	Rx230	\$3,500/\$7,000	20%	\$8,750/\$17,500	*\$25^/\$40^, *\$250	\$781	\$1,471	\$2,500	\$162,054	3.85%
HMO 3500C 24 RX231	EMB	Rx231	\$3,500/\$10,500	20%	\$9,000/\$18,900	*\$40^/\$65^, *\$250	\$743	\$1,399	\$2,378	\$154,160	-1.21%
HMO 3500C 24 RX230	EMB	Rx230	\$3,500/\$10,500	20%	\$9,000/\$18,900	*\$40^/\$65^, *\$250	\$749	\$1,410	\$2,397	\$155,399	-0.42%
HMO 4000A 24 RX231	EMB	Rx231	\$4,000/\$8,000	20%	\$9,100/\$18,200	*\$10^/\$25^, *\$150	\$784	\$1,476	\$2,509	\$162,662	4.23%
HMO 4000A 24 RX230	EMB	Rx230	\$4,000/\$8,000	20%	\$9,100/\$18,200	*\$10^/\$25^, *\$150	\$790	\$1,488	\$2,529	\$163,924	5.06%
HMO 4000B 24 RX231	EMB	Rx231	\$4,000/\$8,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$762	\$1,435	\$2,439	\$158,107	1.32%
HMO 4000B 24 RX230	EMB	Rx230	\$4,000/\$8,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$768	\$1,446	\$2,458	\$159,346	2.11%

Drug Code:

Rx230 - \*\$0/\$7/\$35/\$70/\$140/50%

Rx232 - 0%/0%/0%/0%/0%/0%

Rx231 - \*\$0/\$10/\$40/\$80/30%/50%

Rx233 - 20%/20%/20%/20%/20%/20%

\*\*Percent Change is based off of the current plan POSC 1500g Rx2 NS2

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							Employee Only (151)	Employee +1 (13)	Employee +2 or more (10)		
HMO 4000C 24 RX231	EMB	Rx231	\$4,000/\$12,000	20%	\$9,450/\$18,900	*\$40^/\$65^, *\$250	\$732	\$1,378	\$2,343	\$151,876	-2.67%
HMO 4000C 24 RX230	EMB	Rx230	\$4,000/\$12,000	20%	\$9,450/\$18,900	*\$40^/\$65^, *\$250	\$738	\$1,390	\$2,362	\$153,128	-1.88%
HMO 5000B 24 RX231	EMB	Rx231	\$5,000/\$10,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$747	\$1,407	\$2,391	\$154,998	-0.67%
HMO 5000B 24 RX230	EMB	Rx230	\$5,000/\$10,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$753	\$1,418	\$2,410	\$156,237	0.12%
HMO 5000C 24 RX231	EMB	Rx231	\$5,000/\$15,000	20%	\$9,450/\$18,900	*\$40^/\$65^, *\$250	\$718	\$1,352	\$2,298	\$148,974	-4.54%
HMO 5000C 24 RX230	EMB	Rx230	\$5,000/\$15,000	20%	\$9,450/\$18,900	*\$40^/\$65^, *\$250	\$724	\$1,363	\$2,317	\$150,213	-3.75%
HMO 6000B 24 RX231	EMB	Rx231	\$6,000/\$12,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$738	\$1,390	\$2,362	\$153,128	-1.88%
HMO 6000B 24 RX230	EMB	Rx230	\$6,000/\$12,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$743	\$1,399	\$2,378	\$154,160	-1.21%
HMO 6000C 24 RX231	EMB	Rx231	\$6,000/\$16,500	20%	\$9,450/\$18,900	*\$40^/\$65^, *\$250	\$710	\$1,337	\$2,273	\$147,321	-5.58%
HMO 6000C 24 RX230	EMB	Rx230	\$6,000/\$16,500	20%	\$9,450/\$18,900	*\$40^/\$65^, *\$250	\$715	\$1,346	\$2,289	\$148,353	-4.91%
HMO 7000B 24 RX231	EMB	Rx231	\$7,000/\$14,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$730	\$1,375	\$2,337	\$151,475	-2.92%
HMO 7000B 24 RX230	EMB	Rx230	\$7,000/\$14,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$736	\$1,386	\$2,356	\$152,714	-2.13%
HMO 7000C 24 RX231	EMB	Rx231	\$7,000/\$17,500	20%	\$9,450/\$18,900	*\$40^/\$65^, *\$250	\$703	\$1,324	\$2,250	\$145,865	-6.53%
HMO 7000C 24 RX230	EMB	Rx230	\$7,000/\$17,500	20%	\$9,450/\$18,900	*\$40^/\$65^, *\$250	\$709	\$1,335	\$2,269	\$147,104	-5.74%
HMO 9100H 24 RX232	EMB	Rx232	\$9,100/\$18,200	0%	\$9,100/\$18,200	*\$40^/\$65^, 0%	\$621	\$1,169	\$1,988	\$128,848	-17.41%
HSA 24 3200 HMO 100 RX232 EMB	EMB	Rx232	\$3,200/\$6,400	0%	\$3,200/\$6,400	0%/0%/0%	\$790	\$1,488	\$2,529	\$163,924	5.06%
HSA 24 3200 HMO 80 RX233 EMB	EMB	Rx233	\$3,200/\$6,400	20%	\$6,400/\$12,800	20%/20%,20%	\$699	\$1,316	\$2,237	\$145,027	-7.07%
HSA 24 3500 HMO 100 RX232 EMB	EMB	Rx232	\$3,500/\$7,000	0%	\$3,500/\$7,000	0%/0%/0%	\$768	\$1,446	\$2,458	\$159,346	2.11%
HSA 24 3500 HMO 80 RX233 EMB	EMB	Rx233	\$3,500/\$7,000	20%	\$7,000/\$14,000	20%/20%,20%	\$682	\$1,284	\$2,183	\$141,504	-9.31%
HSA 24 5000 HMO 100 RX232 EMB	EMB	Rx232	\$5,000/\$10,000	0%	\$5,000/\$10,000	0%/0%/0%	\$688	\$1,295	\$2,202	\$142,743	-8.52%
HSA 24 5000 HMO 80 RX233 EMB	EMB	Rx233	\$5,000/\$10,000	20%	\$6,750/\$13,500	20%/20%,20%	\$647	\$1,218	\$2,071	\$134,241	-13.97%

**Drug Code:**

Rx230 - "\$0"/\$7"/\$35"/\$70"/\$140"/50%

Rx232 - 0%/0%/0%/0%/0%/0%

Rx231 - "\$0"/\$10"/\$40"/\$80"/30%/"50%

Rx233 - 20%/20%/20%/20%/20%/20%

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							Employee Only (151)	Employee +1 (13)	Employee +2 or more (10)		
HSA 24 6350 HMO 100 RX232 EMB	EMB	Rx232	\$6,350/\$12,700	0%	\$6,350/\$12,700	0%/0%/0%	\$642	\$1,209	\$2,055	\$133,209	-14.63%
HSA 24 3200 POS 100 RX232 EMB	EMB	Rx232	\$3,200/\$6,400	0%	\$3,200/\$6,400	0%/0%/0%	\$821	\$1,546	\$2,628	\$170,349	9.17%
HSA 24 3200 POS 80 RX233 EMB	EMB	Rx233	\$3,200/\$6,400	20%	\$6,400/\$12,800	20%/20%/20%	\$726	\$1,367	\$2,324	\$150,637	-3.46%
HSA 24 3500 POS 100 RX232 EMB	EMB	Rx232	\$3,500/\$7,000	0%	\$3,500/\$7,000	0%/0%/0%	\$798	\$1,503	\$2,554	\$165,577	6.10%
HSA 24 3500 POS 80 RX233 EMB	EMB	Rx233	\$3,500/\$7,000	20%	\$7,000/\$14,000	20%/20%/20%	\$708	\$1,333	\$2,266	\$146,897	-5.87%
HSA 24 5000 POS 100 RX232 EMB	EMB	Rx232	\$5,000/\$10,000	0%	\$5,000/\$10,000	0%/0%/0%	\$714	\$1,344	\$2,285	\$148,136	-5.08%
HSA 24 5000 POS 80 RX233 EMB	EMB	Rx233	\$5,000/\$10,000	20%	\$6,750/\$13,500	20%/20%/20%	\$672	\$1,265	\$2,151	\$139,427	-10.64%
HSA 24 6350 POS 100 RX232 EMB	EMB	Rx232	\$6,350/\$12,700	0%	\$6,350/\$12,700	0%/0%/0%	\$667	\$1,256	\$2,135	\$138,395	-11.31%
POS 2500C 24 RX231	EMB	Rx231	\$2,500/\$7,500	20%	\$7,500/\$18,000	*\$40^/\$65^, *\$250	\$804	\$1,514	\$2,573	\$166,816	6.89%
POS 2500C 24 RX230	EMB	Rx230	\$2,500/\$7,500	20%	\$7,500/\$18,000	*\$40^/\$65^, *\$250	\$810	\$1,525	\$2,593	\$168,065	7.72%
POS 3000B 24 RX231	EMB	Rx231	\$3,000/\$9,000	20%	\$9,000/\$18,000	*\$25^/\$40^, *\$250	\$826	\$1,555	\$2,644	\$171,381	9.84%
POS 3000B 24 RX230	EMB	Rx230	\$3,000/\$9,000	20%	\$9,000/\$18,000	*\$25^/\$40^, *\$250	\$833	\$1,569	\$2,666	\$172,840	10.75%
POS 3000C 24 RX231	EMB	Rx231	\$3,000/\$9,000	20%	\$9,000/\$18,000	*\$40^/\$65^, *\$250	\$782	\$1,472	\$2,503	\$162,248	3.98%
POS 3000C 24 RX230	EMB	Rx230	\$3,000/\$9,000	20%	\$9,000/\$18,000	*\$40^/\$65^, *\$250	\$788	\$1,484	\$2,522	\$163,500	4.77%
POS 3500B 24 RX231	EMB	Rx231	\$3,500/\$7,000	20%	\$8,750/\$17,500	*\$25^/\$40^, *\$250	\$805	\$1,516	\$2,577	\$167,033	7.05%
POS 3500B 24 RX230	EMB	Rx230	\$3,500/\$7,000	20%	\$8,750/\$17,500	*\$25^/\$40^, *\$250	\$811	\$1,527	\$2,596	\$168,272	7.84%
POS 3500C 24 RX231	EMB	Rx231	\$3,500/\$10,500	20%	\$9,000/\$18,900	*\$40^/\$65^, *\$250	\$772	\$1,454	\$2,471	\$160,184	2.65%
POS 3500C 24 RX230	EMB	Rx230	\$3,500/\$10,500	20%	\$9,000/\$18,900	*\$40^/\$65^, *\$250	\$778	\$1,465	\$2,490	\$161,423	3.44%
POS 4000A 24 RX231	EMB	Rx231	\$4,000/\$8,000	20%	\$9,100/\$18,200	*\$10^/\$25^, *\$150	\$814	\$1,533	\$2,605	\$168,893	8.22%
POS 4000A 24 RX230	EMB	Rx230	\$4,000/\$8,000	20%	\$9,100/\$18,200	*\$10^/\$25^, *\$150	\$821	\$1,546	\$2,628	\$170,349	9.17%
POS 4000B 24 RX231	EMB	Rx231	\$4,000/\$8,000	20%	\$9,450/\$18,900	*\$25^/\$40^, *\$250	\$791	\$1,489	\$2,532	\$164,118	5.18%

<b>Drug Code:</b>											
Rx230 - "\$0"/\$7"/\$35"/\$70"/\$140"/50%			Rx232 - 0%/0%/0%/0%/0%/0%								
Rx231 - "\$0"/\$10"/\$40"/\$80"/30%/*50%			Rx233 - 20%/20%/20%/20%/20%/20%								

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							Employee Only (151)	Employee +1 (13)	Employee +2 or more (10)		
POS 4000B 24 RX230	EMB	Rx230	\$4,000/\$8,000	20%	\$9,450/\$18,900	*\$25/^^\$40^, *\$250	\$797	\$1,501	\$2,551	\$165,370	5.97%
POS 4000C 24 RX231	EMB	Rx231	\$4,000/\$12,000	20%	\$9,450/\$18,900	*\$40/^^\$65^, *\$250	\$760	\$1,431	\$2,433	\$157,693	1.07%
POS 4000C 24 RX230	EMB	Rx230	\$4,000/\$12,000	20%	\$9,450/\$18,900	*\$40/^^\$65^, *\$250	\$767	\$1,444	\$2,455	\$159,139	1.99%
POS 5000B 24 RX231	EMB	Rx231	\$5,000/\$10,000	20%	\$9,450/\$18,900	*\$25/^^\$40^, *\$250	\$776	\$1,461	\$2,484	\$161,009	3.19%
POS 5000B 24 RX230	EMB	Rx230	\$5,000/\$10,000	20%	\$9,450/\$18,900	*\$25/^^\$40^, *\$250	\$782	\$1,472	\$2,503	\$162,248	3.98%
POS 5000C 24 RX231	EMB	Rx231	\$5,000/\$15,000	20%	\$9,450/\$18,900	*\$40/^^\$65^, *\$250	\$746	\$1,405	\$2,388	\$154,791	-0.80%
POS 5000C 24 RX230	EMB	Rx230	\$5,000/\$15,000	20%	\$9,450/\$18,900	*\$40/^^\$65^, *\$250	\$752	\$1,416	\$2,407	\$156,030	-0.01%
POS 6000B 24 RX231	EMB	Rx231	\$6,000/\$12,000	20%	\$9,450/\$18,900	*\$25/^^\$40^, *\$250	\$766	\$1,442	\$2,452	\$158,932	1.86%
POS 6000B 24 RX230	EMB	Rx230	\$6,000/\$12,000	20%	\$9,450/\$18,900	*\$25/^^\$40^, *\$250	\$772	\$1,454	\$2,471	\$160,184	2.65%
POS 6000C 24 RX231	EMB	Rx231	\$6,000/\$16,500	20%	\$9,450/\$18,900	*\$40/^^\$65^, *\$250	\$737	\$1,388	\$2,359	\$152,921	-2.00%
POS 6000C 24 RX230	EMB	Rx230	\$6,000/\$16,500	20%	\$9,450/\$18,900	*\$40/^^\$65^, *\$250	\$743	\$1,399	\$2,378	\$154,160	-1.21%
POS 7000B 24 RX231	EMB	Rx231	\$7,000/\$14,000	20%	\$9,450/\$18,900	*\$25/^^\$40^, *\$250	\$758	\$1,427	\$2,426	\$157,269	0.78%
POS 7000B 24 RX230	EMB	Rx230	\$7,000/\$14,000	20%	\$9,450/\$18,900	*\$25/^^\$40^, *\$250	\$764	\$1,439	\$2,445	\$158,521	1.57%
POS 7000C 24 RX231	EMB	Rx231	\$7,000/\$17,500	20%	\$9,450/\$18,900	*\$40/^^\$65^, *\$250	\$731	\$1,376	\$2,340	\$151,669	-2.79%
POS 7000C 24 RX230	EMB	Rx230	\$7,000/\$17,500	20%	\$9,450/\$18,900	*\$40/^^\$65^, *\$250	\$736	\$1,386	\$2,356	\$152,714	-2.13%
*POS 9100H 24 RX232	EMB	Rx232	\$9,100/\$18,200	0%	\$18,200/\$36,400	*\$40/^^\$65^, 0%	\$645	\$1,215	\$2,065	\$133,840	-14.22%
POSC+ 2500E 24 80 RX231	EMB	Rx231	\$2,500/\$5,000	20%	\$7,500/\$15,000	*\$25/^^\$50^, *\$200	\$810	\$1,525	\$2,593	\$168,065	7.72%
HSA 24 3200 PPO 80 RX233 EMB	EMB	Rx233	\$3,200/\$6,400	20%	\$6,400/\$12,800	20%/20%,20%	\$802	\$1,510	\$2,567	\$166,402	6.64%
HSA 24 3500 PPO 80 RX233 EMB	EMB	Rx233	\$3,500/\$7,000	20%	\$7,000/\$14,000	20%/20%,20%	\$782	\$1,472	\$2,503	\$162,248	3.98%
HSA 24 5000 PPO 100 RX232 EMB	EMB	Rx232	\$5,000/\$10,000	0%	\$5,000/\$10,000	0%/0%,0%	\$789	\$1,486	\$2,525	\$163,707	4.89%
HSA 24 5000 PPO 80 RX233 EMB	EMB	Rx233	\$5,000/\$10,000	20%	\$6,750/\$13,500	20%/20%,20%	\$742	\$1,397	\$2,375	\$153,953	-1.34%

**Drug Code:**

Rx230 - *\$0/^^\$7/^^\$35/^^\$70/^^\$140/^^50%	Rx232 - 0%/0%/0%/0%/0%/0%
Rx231 - *\$0/^^\$10/^^\$40/^^\$80/^^30%/^^50%	Rx233 - 20%/20%/20%/20%/20%/20%

\*\*Percent Change is based off of the current plan POSC 1500g Rx2 NS2

- This premium includes all applicable state and federal taxes and fees pursuant to the Affordable Care Act. Health Alliance 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.

\*Deductible does not apply

^Additional, other services obtained while in the office may require an additional copayment or coinsurance

**Assumptions:**

Health Alliance reserves the right to re-rate in the event membership changes 20% or more.

PPO products assume utilization of the Health Alliance PPO network for in-area employees. Other network options are utilized for out of area employees.

HMO, POS, POS-C and POSC+ products assume utilization of the Health Alliance HMO network.

Health Alliance is the Sole Insurance Provider.

Health Alliance requires no more than 50% out of service area membership.

Please see last page for Medicare eligibility rules.



Plan Name	EMB/AGG		Deductible Single/Family	Coins	Out Of Pocket Maximum Single/Family	Copays OV/SPEC, ER	Premiums based on 3 Tier census			Total Monthly Premium~	Percent Change**
							Employee Only (151)	Employee +1 (13)	Employee +2 or more (10)		
HSA 24 6350 PPO 100 RX232 EMB	EMB	Rx232	\$6,350/\$12,700	0%	\$6,350/\$12,700	0%/0%,0%	\$736	\$1,386	\$2,356	\$152,714	-2.13%

**Drug Code:**

Rx230 - \*\$0/\$7/\$35/\$70/\$140/\*50%

Rx232 - 0%/0%/0%/0%/0%/0%

Rx231 - \*\$0/\$10/\$40/\$80/\*30%/\*50%

Rx233 - 20%/20%/20%/20%/20%/20%

\*\*Percent Change is based off of the current plan POSC 1500g Rx2 NS2

~This premium includes all applicable state and federal taxes and fees pursuant to the Affordable Care Act. Health Alliance 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.

\*Deductible does not apply

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**Assumptions:**

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Health Alliance is the Sole Insurance Provider.

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Please see last page for Medicare eligibility rules.



**Acceptance Letter for:**

Group: **Rochester Community Schools**  
Effective: **September 1, 2024 - August 31, 2025**

Plan(s) Selected: \_\_\_\_\_

**Please circle, initial and date the rates on the accompanying rate portfolio page, attach and submit with this letter.**

Below are the additional services that can be purchased for an additional fee. Please indicate which, if any, will be purchased.

	Accept
Flexible Spending Account	<input type="checkbox"/>
Debit Card	<input type="checkbox"/>
Health Reimbursement Account	<input type="checkbox"/>
COBRA Administration	<input type="checkbox"/>

\_\_\_\_\_  
Signature

4/24/2024  
\_\_\_\_\_  
Date

Ludtke, Joseph  
\_\_\_\_\_  
Broker Name

BPA/Troxell Benefits, LLC  
\_\_\_\_\_  
Agency

## 2024 Health Alliance Medicare Supplement Benefits



Group ID: 2001545  
 Group Name: Rochester Community Schools  
 County: SANGAMON

Age	Plan A Premium	Plan F* Premium	Plan G Premium	Plan G - High Deductible Premium	Plan N Premium
<65	\$220	\$368	\$330	\$117	\$262
65	\$105	\$174	\$156	\$55	\$123
66	\$110	\$185	\$165	\$59	\$131
67	\$120	\$201	\$182	\$64	\$142
68	\$125	\$210	\$190	\$68	\$150
69	\$139	\$231	\$206	\$74	\$163
70	\$148	\$245	\$221	\$80	\$175
71	\$156	\$260	\$233	\$83	\$185
72	\$164	\$273	\$246	\$87	\$195
73	\$174	\$290	\$261	\$94	\$205
74	\$182	\$302	\$271	\$98	\$215
75	\$196	\$325	\$294	\$105	\$232
76	\$205	\$343	\$308	\$109	\$243
77	\$214	\$354	\$320	\$114	\$254
78	\$220	\$368	\$329	\$117	\$261
79	\$227	\$378	\$342	\$122	\$268
80	\$230	\$383	\$345	\$123	\$271
81	\$237	\$395	\$354	\$126	\$281
82	\$241	\$401	\$362	\$129	\$286
83	\$244	\$408	\$367	\$131	\$290
84	\$250	\$419	\$377	\$136	\$297
85+	\$272	\$454	\$408	\$145	\$322

Acceptance: please initial and date \_\_\_\_\_

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Broker Name Agency

Medicare Supplement plans are offered in Illinois licensed counties only. Plans are available to residents of Cook, DuPage, Kane, Lake, McHenry and Will counties, but at Chicago-area rates (not shown). Chicago-area rates are available upon request.

Rates are valid 2/1/2024-1/31/2025

\*Plan only available to members who are Medicare eligible prior to 1/1/2020.

Please see last page for Medicare eligibility rules.

2024 Health Alliance Medicare Advantage Benefits



Group: Rochester Community Schools  
County: SANGAMON

Plan	Network	Deductible	Out-of-pocket	OV/Spec OV	OP Surgery	ER	Inpatient	Rx	Price	Accept (please initial)
Health Alliance Medicare HMO Option 1	In-network	\$0	\$3,500	\$10/\$40	\$150	\$125	\$150/d (1-7) \$0/d (8+)	\$2/15/47/50%/33%	\$275	
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Health Alliance Medicare HMO Option 2	In-network	\$0	\$6,700	\$15/\$50	20%	\$95	\$247/d (1-8) \$0/d (9+)	\$5/15/30/100/25%	\$249	
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Health Alliance Medicare POS Option 1	In-network	\$0	\$4,500	\$20/\$40	\$175	\$110	\$200/d (1-10) \$0/d (11+)	\$10/10/40/100/25%	\$297	
	Out-of-network	\$0	\$5,100	\$40/\$50	\$250	\$110	25%	\$10/10/40/100/25%		
Health Alliance Medicare POS Option 2	In-network	\$0	\$4,000	\$15/\$30	\$175	\$110	\$195/d (1-10) \$0/d (11+)	\$5/15/30/100/25%	\$381	
	Out-of-network	\$0	\$5,100	\$40/\$40	\$250	\$110	25%	\$5/15/30/100/25%		
Health Alliance Medicare POS Option 3	In-network	\$0	\$3,800	\$10/\$25	\$175	\$110	\$195/d (1-10) \$0/d (11+)	\$2/15/30/100/25%	\$448	
	Out-of-network	\$0	\$5,100	\$40/\$40	\$250	\$110	25%	\$2/15/30/100/25%		
Health Alliance Medicare HMO 20 Rx	In-network	\$0	\$4,000	\$10/\$40	\$350	\$120	\$250/d (1-8) \$0/d (9+)	\$2/15/47/50%/33%	\$125	
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Health Alliance Medicare HMO Basic	In-network	\$0	\$6,700	\$10/\$45	20%	\$100	\$300/d (1-6) \$0/d (7+)	N/A	\$0	
	Out-of-network	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Health Alliance Medicare POS Basic Rx	In-network	\$0	\$5,400	\$15/\$50	25%	\$100	\$450/d (1-4) \$0/d (5+)	\$2/15/47/50%/33%	\$53	
	Out-of-network	\$0	\$11,300	\$50/\$65	25%	\$100	\$600/d (1-6) \$0/d (7-90)	\$2/15/47/50%/33%		
Health Alliance Medicare POS 10 Rx	In-network	\$0	\$2,900	\$20/\$30	\$300	\$120	\$250/d (1-7) \$0/d (8+)	\$2/15/47/50%/33%	\$165	
	Out-of-network	\$0	\$5,750	\$40/\$40	\$350	\$120	25%	\$2/15/47/50%/33%		
Health Alliance Medicare POS Choice Rx	In-network	\$0	\$3,500	\$0/\$40	\$250	\$110	\$350/d (1-5) \$0/d (6+)	\$2/15/47/50%/33%	\$0	
	Out-of-network	\$0	\$7,000	\$0/\$40	\$250	\$110	\$350/d (1-5) \$0/d (6+)	\$2/15/47/50%/33%		
Health Alliance Medicare PDP Plan 1							\$5/15/47/100/25% - no coverage thru the gap		\$83	
Health Alliance Medicare PDP Plan 2							\$5/15/47/100/25% (\$150 ded. applies to tiers 3-5)		\$200	

Signature

Ludtke, Joseph  
Broker Name

Date

BPA/Troxell Benefits, LLC  
Agency

- Medicare Advantage plans are offered in Illinois licensed counties only.
- Rates are valid 1/1/2024-12/31/2024
- This is a brief summary of benefits, which are subject to change. Please refer to the Explanation of Benefits for detailed information regarding these plans.
- Please see last page for Medicare eligibility rules.





**Medicare Eligibility Rules**

The following are requirements for Medicare Primary rates (19 or less employees):

1. Member must have Medicare primary payer status
2. Member must be enrolled in Medicare Part A and Part B
3. Member can be retired or actively working

The following are requirements for Medicare Primary rates (20 or more employees):

1. Member must be at least 65 years of age
2. Member must have elected Medicare Part A & B
3. Member must be retired
4. Group must offer retiree coverage