G U R SUPPLEMENT Master Policy Number: 07888 ***Grandfather Status: Y*** Effective: 01/01/2026

Group Name: CITY OF ARKANSAS CITY ***Meets Minimum Value = Y***

EARLY FINAL

CURRENT RATES

	EMP	ECH	ESP	FAM	
Health	585.86	1185.70	1257.99	1857.82	*Rate Structure Code = 4*
Drugs	212.23	414.96	456.29	659.03	
Total	798.09	1600.66	1714.28	2516.85	

Option A: Custom Health

RENEWAL RATES					Rate Adjustment	Rate
HEALTH - Comprehensive Major Medical - Blue Choice						
$200/400 Ded, 80% Coins to $1000/$2000, $25 OVC	666.62	1350.78	1433.25	2117.40	Z.ZZZ	MERIT
Dependents to Age 26	___.__	___.__	___.__	___.__		
Utilization Management Services	1.48	1.48	1.48	1.48		
Blue Choice	___.__	___.__	___.__	___.__		
Phys Med/Rehab Benefits Rider	___.__	___.__	___.__	___.__		
$100 Emergency Room Copay	___.__	___.__	___.__	___.__		
Home Social Work Visits/Hospice Unlimited @ 100%	0.00	0.00	0.00	0.00		
OB Benefits Available All Females						
Autism Coverage	___.__	___.__	___.__	___.__		
Telemedicine services subject to the same provisions as non-telemedicine services;	___.__	___.__	___.__	___.__		
Total Health	668.10	1352.26	1434.73	2118.88		
DRUGS						
BlueRx Card $15/$30/$45 Copay	265.14	537.25	570.05	842.16	Z.ZZZ	MERIT
Select Formulary - Maintenance List Included	___.__	___.__	___.__	___.__		
Generic Mandatory, Doctor Can Override, No Penalty for Brand Drugs on NTI List						
Mail Order 2.5 times Copay	___.__	___.__	___.__	___.__		
With Oral Contraceptives	___.__	___.__	___.__	___.__		
Dependents to Age 26	___.__	___.__	___.__	___.__		
Total Drugs	265.14	537.25	570.05	842.16		

Rates subject to change due to 2026 benefit and retention changes.

Grand Total	933.24	1889.51	2004.78	2961.04
Total Rate Adjustments	135.15	288.85	290.50	444.19
Percentage Increase/Decrease	+16.9%	+18.0%	+16.9%	+17.6%

SIGNED BY: _____ DATE SIGNED: _____ EFFECTIVE DATE: _____

Plan Administrator Representative or Plan Sponsor Representative

SIGNED BY: _____ DATE SIGNED: _____ EFFECTIVE DATE: _____

BCBSKS Representative

G U R SUPPLEMENT Master Policy Number: 07888 ***Grandfather Status: Y*** Effective: 01/01/2026

Group Name: CITY OF ARKANSAS CITY ***Meets Minimum Value = Y***

EARLY FINAL

CURRENT RATES

	EMP	ECH	ESP	FAM	*Rate Structure Code = 4*
Health	567.70	1148.88	1218.94	1800.12	
Drugs	212.23	414.96	456.29	659.03	
Total	779.93	1563.84	1675.23	2459.15	

Option B: Custom Health

RENEWAL RATES					Rate Adjustment	Rate
HEALTH - Comprehensive Major Medical - Blue Choice						
$500/1000 Ded, 80% Coins to $1000/$2000, $25 OVC	649.10	1315.29	1395.57	2061.76	Z.ZZZ	MERIT
Dependents to Age 26	___.__	___.__	___.__	___.__		
Utilization Management Services	1.48	1.48	1.48	1.48		
Blue Choice	___.__	___.__	___.__	___.__		
Phys Med/Rehab Benefits Rider	___.__	___.__	___.__	___.__		
$100 Emergency Room Copay	___.__	___.__	___.__	___.__		
Home Social Work Visits/Hospice Unlimited @ 100%	0.00	0.00	0.00	0.00		
OB Benefits Available All Females						
Autism Coverage	___.__	___.__	___.__	___.__		
Telemedicine services subject to the same provisions as non-telemedicine services;	___.__	___.__	___.__	___.__		
Total Health	650.58	1316.77	1397.05	2063.24		
DRUGS						
BlueRx Card $15/$30/$45 Copay	265.14	537.25	570.05	842.16	Z.ZZZ	MERIT
Select Formulary - Maintenance List Included	___.__	___.__	___.__	___.__		
Generic Mandatory, Doctor Can Override, No Penalty for Brand Drugs on NTI List						
Mail Order 2.5 times Copay	___.__	___.__	___.__	___.__		
With Oral Contraceptives	___.__	___.__	___.__	___.__		
Dependents to Age 26	___.__	___.__	___.__	___.__		
Total Drugs	265.14	537.25	570.05	842.16		

Rates subject to change due to 2026 benefit and retention changes.

Grand Total	915.72	1854.02	1967.10	2905.40
Total Rate Adjustments	135.79	290.18	291.87	446.25
Percentage Increase/Decrease	+17.4%	+18.6%	+17.4%	+18.1%

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BCBSKS Representative

G U R SUPPLEMENT Master Policy Number: 07888 ***Grandfather Status: Y*** Effective: 01/01/2026

Group Name: CITY OF ARKANSAS CITY ***Meets Minimum Value = Y***

EARLY FINAL

CURRENT RATES

	EMP	ECH	ESP	FAM	
Health	545.68	1104.27	1171.59	1730.19	*Rate Structure Code = 4*
Drugs	212.23	414.96	456.29	659.03	
Total	757.91	1519.23	1627.88	2389.22	

Option C: Custom Health

RENEWAL RATES					Rate Adjustment	Rate
HEALTH - Comprehensive Major Medical - Blue Choice						
$1000/2000 Ded, 80% Coins to $1000/$2000, $25 OVC	626.03	1268.53	1345.97	1988.47	Z.ZZZ	MERIT
Dependents to Age 26	___.__	___.__	___.__	___.__		
Utilization Management Services	1.48	1.48	1.48	1.48		
Blue Choice	___.__	___.__	___.__	___.__		
Phys Med/Rehab Benefits Rider	___.__	___.__	___.__	___.__		
$100 Emergency Room Copay	___.__	___.__	___.__	___.__		
Home Social Work Visits/Hospice Unlimited @ 100%	0.00	0.00	0.00	0.00		
OB Benefits Available All Females						
Autism Coverage	___.__	___.__	___.__	___.__		
Telemedicine services subject to the same provisions as non-telemedicine services;	___.__	___.__	___.__	___.__		
Total Health	627.51	1270.01	1347.45	1989.95		
DRUGS						
BlueRx Card $15/$30/$45 Copay	265.14	537.25	570.05	842.16	Z.ZZZ	MERIT
Select Formulary - Maintenance List Included	___.__	___.__	___.__	___.__		
Generic Mandatory, Doctor Can Override, No Penalty for Brand Drugs on NTI List						
Mail Order 2.5 times Copay	___.__	___.__	___.__	___.__		
With Oral Contraceptives	___.__	___.__	___.__	___.__		
Dependents to Age 26	___.__	___.__	___.__	___.__		
Total Drugs	265.14	537.25	570.05	842.16		

Rates subject to change due to 2026 benefit and retention changes.

Grand Total	892.65	1807.26	1917.50	2832.11
Total Rate Adjustments	134.74	288.03	289.62	442.89
Percentage Increase/Decrease	+17.8%	+19.0%	+17.8%	+18.5%

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