G U R SUPPLEMENT Master Policy Number: 07888 ***Grandfather Status: Y*** Effective: 01/01/2024

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

EARLY FINAL

CURRENT RATES

	EMP	ECH	ESP	FAM	
Health	479.28	970.10	1029.25	1520.07	*Rate Structure Code = 4*
Drugs	202.12	395.21	434.56	627.65	
Total	681.40	1365.31	1463.81	2147.72	

Option A

RENEWAL RATES

					Rate Adjustment Factor	Rate Method
HEALTH - Comprehensive Major Medical - Blue Choice						
$200/400 Ded, 80% Coins to $1000/$2000, $25 OVC	466.39	945.05	1002.74	1481.39	Z.ZZZ	MERIT
Dependents to Age 26	___.__	___.__	___.__	___.__		
Utilization Management Services	1.40	1.40	1.40	1.40		
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	___.__	___.__	___.__	___.__		
Total Health	467.79	946.45	1004.14	1482.79		
DRUGS						
BlueRx Card $15/$30/$45/$30 Copay with Oral Contraceptives	190.47	372.41	409.50	591.46	Z.ZZZ	MERIT
Select Formulary - Maintenance List Included	___.__	___.__	___.__	___.__		
Dependents to Age 26	___.__	___.__	___.__	___.__		
BlueRx Mail $37.50/$75.00/$112.50 Copay with Oral Contraceptives	___.__	___.__	___.__	___.__		
Generic Mandatory, Doctor Can Override, No Penalty for Brand Drugs on NTI List	___.__	___.__	___.__	___.__		
Total Drugs	190.47	372.41	409.50	591.46		
Grand Total	658.26	1318.86	1413.64	2074.25		
Total Rate Adjustments	-23.14	-46.45	-50.17	-73.47		
Percentage Increase/Decrease	-3.4%	-3.4%	-3.4%	-3.4%		

Rates subject to change due to 2024 benefit and retention changes

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: 01/01/2024

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

EARLY FINAL

CURRENT RATES *Rate Structure Code = 4*

	EMP	ECH	ESP	FAM
Health	464.61	940.37	997.71	1473.47
Drugs	202.12	395.21	434.56	627.65
Total	666.73	1335.58	1432.27	2101.12

Option B

RENEWAL RATES

					Rate Adjustment Factor	Rate Method
HEALTH - Comprehensive Major Medical - Blue Choice						
$500/1000 Ded, 80% Coins to $1000/$2000, $25 OVC	452.97	917.85	973.88	1438.76	Z.ZZZ	MERIT
Dependents to Age 26	___.__	___.__	___.__	___.__		
Utilization Management Services	1.40	1.40	1.40	1.40		
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	___.__	___.__	___.__	___.__		
Total Health	454.37	919.25	975.28	1440.16		
DRUGS						
BlueRx Card $15/$30/$45/$30 Copay with Oral Contraceptives	190.47	372.41	409.50	591.46	Z.ZZZ	MERIT
Select Formulary - Maintenance List Included	___.__	___.__	___.__	___.__		
Dependents to Age 26	___.__	___.__	___.__	___.__		
BlueRx Mail $37.50/$75.00/$112.50 Copay with Oral Contraceptives	___.__	___.__	___.__	___.__		
Generic Mandatory, Doctor Can Override, No Penalty for Brand Drugs on NTI List	___.__	___.__	___.__	___.__		
Total Drugs	190.47	372.41	409.50	591.46		
Grand Total	644.84	1291.66	1384.78	2031.62		
Total Rate Adjustments	-21.89	-43.92	-47.49	-69.50		
Percentage Increase/Decrease	-3.3%	-3.3%	-3.3%	-3.3%		

Rates subject to change due to 2024 benefit and retention changes

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: 01/01/2024

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

EARLY FINAL

CURRENT RATES

	EMP	ECH	ESP	FAM	
Health	446.63	903.93	959.05	1416.37	*Rate Structure Code = 4*
Drugs	202.12	395.21	434.56	627.65	
Total	648.75	1299.14	1393.61	2044.02	

Option C

RENEWAL RATES

					Rate Adjustment Factor	Rate Method
	627.92	1257.37	1348.40	1977.88		
HEALTH - Comprehensive Major Medical - Blue Choice						
$500/1000 Ded, 80% Coins to $1000/$2000, $25 OVC	436.05	883.56	937.50	1385.02	Z.ZZZ	MERIT
Dependents to Age 26	___.__	___.__	___.__	___.__		
Utilization Management Services	1.40	1.40	1.40	1.40		
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	___.__	___.__	___.__	___.__		
Total Health	437.45	884.96	938.90	1386.42		
DRUGS						
BlueRx Card $15/$30/$45/$30 Copay with Oral Contraceptives	190.47	372.41	409.50	591.46	Z.ZZZ	MERIT
Select Formulary - Maintenance List Included	___.__	___.__	___.__	___.__		
Dependents to Age 26	___.__	___.__	___.__	___.__		
BlueRx Mail $37.50/$75.00/$112.50 Copay with Oral Contraceptives	___.__	___.__	___.__	___.__		
Generic Mandatory, Doctor Can Override, No Penalty for Brand Drugs on NTI List	___.__	___.__	___.__	___.__		
Total Drugs	190.47	372.41	409.50	591.46		
Grand Total	627.92	1257.37	1348.40	1977.88		
Total Rate Adjustments	-20.83	-41.77	-45.21	-66.14		
Percentage Increase/Decrease	-3.2%	-3.2%	-3.2%	-3.2%		

Rates subject to change due to 2024 benefit and retention changes

SIGNED BY: _____ DATE SIGNED: _____ EFFECTIVE DATE: _____
Plan Administrator Representative or Plan Sponsor Representative

SIGNED BY: _____ DATE SIGNED: _____ EFFECTIVE DATE: _____
BCBSKS Representative