**GUR SUPPLEMENT** 

**Total Rate Adjustments** 

Percentage Increase/Decrease

Master Policy Number: 07888

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Group Name: CITY OF ARKANSAS CITY

Grandfather Status: Y

Meets Minimum Value = Y

139.83

+21.2%

281.80

+21.4%

300.64

+21.3%

442.60

+21.3%

Effective: 01/01/2025

EARLY FINAL

ECH 946.45 **CURRENT RATES EMP FAM** Health 467.79 1004.14 1482.79 Rate Structure Code = 4 Drugs 190.47 372.41 409.50 591.46 Total 658.26 1318.86 1413.64 2074.25 Option A Rate RENEWAL RATES Adjustment Rate Factor Method **HEALTH - Comprehensive Major Medical - Blue Choice** \$200/400 Ded, 80% Coins to \$1000/\$2000, \$25 OVC 1256.59 **MERIT** 584.46 1184.30 1856.42 Z.ZZZ 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 1257.99 585.86 1185.70 1857.82 **DRUGS** BlueRx Card \$15/\$30/\$45 Copay with Oral Contraceptives 212.23 414.96 456.29 659.03 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 212.23 414.96 456.29 659.03 \*\* Rates contingent upon Kansas Insurance Department approval \*\* **Grand Total** 798.09 1600.66 1714.28 2516.85

SIGNED BY:	DATE SIGNED:	EFFECTIVE DATE:	
Plan Administrator Representative or Plan Sponsor Representative			
SIGNED BY:	DATE SIGNED:	EFFECTIVE DATE:	
BCBSKS Representative	<del></del>	<del></del>	

**GUR SUPPLEMENT** 

SIGNED BY:

BCBSKS Representative

Master Policy Number: 07888

Plan Administrator Representative or Plan Sponsor Representative

Group Name: CITY OF ARKANSAS CITY

Grandfather Status: Y

Meets Minimum Value = Y

Effective: 01/01/2025

EFFECTIVE DATE:

## **EARLY FINAL**

CURRENT RATES	Health Drugs	<u>EMP</u> 454.37 190.47	<u>ECH</u> 919.25 372.41	<u>ESP</u> 975.28 409.50	<u>FAM</u> 1440.16 591.46	Rate Structure Code = 4	
	Total	644.84	1291.66	1384.78	2031.62		
Option B RENEWAL RATES					,	Rate Adjustment	Rate Method
HEALTH - Comprehensive Major Medical - Blue Choice \$500/1000 Ded, 80% Coins to \$1000/\$2000, \$25 OVC Dependents to Age 26		566.30	1147.48	1217.54	1798.72	Factor Z.ZZZ	MERIT
Utilization Management Services Blue Choice Phys Med/Rehab Benefits Rider \$100 Emergency Room Copay		1.40 —————	1.40 ——:—	1.40	1.40		
Home Social Work Visits/Hospice Unlimited @ 100% OB Benefits Available All Females Autism Coverage		0.00	0.00	0.00	0.00		
Telemedicine Total Health		567.70	1148.88	1218.94	1800.12		
BlueRx Card \$15/\$30/\$45 Copay with Oral Contraceptives 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		212.23 — — — — — — — — — 212.23	414.96 ————————————————————————————————————	456.29 ————————————————————————————————————	659.03 	Z.ZZZ	MERIT
** Rates contingent upon Kansas Insurance Department approval Grand Total Total Rate Adjustments Percentage Increase/Decrease	**	779.93 135.09 +20.9%	1563.84 272.18 +21.1%	1675.23 290.45 +21.0%	2459.15 427.53 +21.0%		
SIGNED BY:		DATE SIGNED:			EFFECTI\	/E DATE:	

DATE SIGNED:

**GUR SUPPLEMENT** 

Master Policy Number: 07888

Grandfather Status: Y

Group Name: CITY OF ARKANSAS CITY **EARLY FINAL** 

Meets Minimum Value = Y

Effective: 01/01/2025

CURRENT RATES	Health Drugs	EMP 437.45 190.47	ECH 884.96 372.41	ESP 938.90 409.50	<u>FAM</u> 1386.42 591.46	Rate Structu	re Code = 4
	Total	627.92	1257.37	1348.40	1977.88		
Option C RENEWAL RATES					A	Rate Adjustment Factor	Rate Method
HEALTH - Comprehensive Major Medical - Blue Choice \$1000/2000 Ded, 80% Coins to \$1000/\$2000, \$25 OVC Dependents to Age 26		544.28	1102.87	1170.19	1728.79	Z.ZZZ	MERIT
Utilization Management Services Blue Choice Phys Med/Rehab Benefits Rider		1.40	1.40	1.40	1.40		
\$100 Emergency Room Copay Home Social Work Visits/Hospice Unlimited @ 100% OB Benefits Available All Females		0.00	0.00	0.00	0.00		
Autism Coverage Telemedicine		·_	<del>-</del>	<del>-</del>	<del>-</del> -		
Total Health		545.68	1104.27	1171.59	1730.19		
DRUGS BlueRx Card \$15/\$30/\$45 Copay with Oral Contraceptives Select Formulary - Maintenance List Included		212.23	414.96	456.29 ·	659.03	Z.ZZZ	MERIT
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		<u></u> .	·_	·_	·_		
Total Drugs		212.23	414.96	456.29	659.03		
** Rates contingent upon Kansas Insurance Department approva Grand Total Total Rate Adjustments Percentage Increase/Decrease	<b>  **</b>	757.91 129.99 +20.7%	1519.23 261.86 +20.8%	1627.88 279.48 +20.7%	2389.22 411.34 +20.8%		

SIGNED BY:	DATE SIGNED:	EFFECTIVE DATE:
Plan Administrator Representative or Plan Sponsor Representative		
SIGNED BY: BCBSKS Representative	DATE SIGNED:	_ EFFECTIVE DATE:
DODONO Nepresentative		