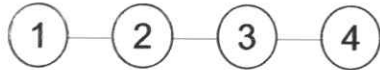


Large Group Renewals

CITY OF BAY ST LOUIS



Commission: \$18.39

Current Benefit Plan

A renewal was previously submitted for this Group; however, additional changes can be made until 6:00 PM on the benefit change deadline. Please refer to message 2567472 in myNotifications to review your previous submission for this Group's renewal.

Premiums	Current Option 1	Renewal Option 1
Employee Only	\$358.37	\$465.88
Employee + Spouse	\$752.58	\$978.35
Employee + Child	\$662.99	\$861.88
Employee + Family	\$1,110.96	\$1,444.24
Change Percentage	30.00%	

Benefits	Current Option 1
Medical Deductible	\$1,000
Out-of-Pocket Max	\$6,350
Coinsurance	70%
Non-Network Coinsurance	50%
Primary Care Co-pay	\$30
Specialist Co-pay	\$30
Prescription Drug Deductible	\$200
Prescription Drug Category 1 Co-pay	\$10
Prescription Drug Category 2 Co-pay	\$25
Prescription Drug Category 3 Co-pay	\$50
Prescription Drug Category 4 Co-pay	\$100
Tobacco Free Workplace	YES

Request Alternate Rates

The Alternates Builder will allow you to select options to run rates for the group.

For which option do you want to run alternates?

CURRENT OPTION 1

ADD DUAL OPTION

CONTINUE

Alternate Selected for Current Option 1

Medical Deductible	Out-of-Pocket	Coinsurance	Medical Co-Pay	Prescription Deductible	Prescription Co-Pay	Single	Emp + Spouse	Emp + Child	Family	PlanType
\$1,000.00	\$6,350.00	70%/50%	\$30/\$30	\$500	\$10/\$25/\$50/\$100	\$458.48	\$962.82	\$848.20	\$1,421.32	Network Blue

CONTINUE WITH ALTERNATES

RESET