**Renewal Rates**

Thank you for choosing Wellmark Blue Cross and Blue Shield of South Dakota.
We appreciate your business.

Wellmark South Dakota

An Independent Licensee of the Blue Cross and Blue Shield Association

**Group Information:**

Group Name: **CITY OF DEADWOOD**
102 SHERMAN STREET
DEADWOOD, SD 57732
Account Key: 33830
Effective Date: 08/01/2021
Representative: Acripoint LLC dba Fischer Rounds and Associates
Group #: 081409-0000
County: Lawrence

**Important Dates:**

- Benefit change requests are due by the 15th of the month prior to requested date of change.

**Commission Notes:**

Total monthly health premium includes commission of $24.00 per contract per month. Based on current enrollment this equates to $1176.00 per month.

*Wellmark Small Group Underwriting*
*PO Box 9232 Station 4W 290*
*Des Moines, IA 50306*

*email: smallgroupunderwriting@wellmark.com*

**Comprehensive coverage options to fit your needs and your budget.**

We understand the demands of running a successful small business and the challenges you face. We can help build a healthy future by offering a full range of health plans and other benefits for your small business.

**PPO plans**

Copayment
Primary
Modified
BlueSimplicity SM

High Deductible Health Plan (HDHP)

Each Wellmark plan comes with best-in-class service and network choices you value most, plus built-in extras for your employees to stay healthy and make the most of their coverage. Plans also include services such as Blue365 ® healthy deals, myWellmark, and the Wellness Center powered by WebMD ®

Wellmark's innovative health plans are backed by over half a century of proven experience, which means you'll have peace of mind knowing the company providing your coverage is reliable and stable.

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# CITY OF DEADWOOD

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## Notice of Renewal Rates

### Health Benefits 1 Current

| | |
|---|---|
| Benefit Code: | **MW7/PYW - Plan PPO SD** |
| Deductible: | $1500/$3000 |
| Coinsurance: | 30% IN 40% OUT |
| OPM: | $4500/$9000 |
| Preventive: | Yes |
| OV Copay: | $30 |
| ER Copay: | N/A |
| RX Description: | $10/$30/$60/$60/$100 |

| | 08/01/2020 |
|---|---|
| Employee: | $570.20 |
| Employee/Spouse: | $1,142.63 |
| Employee/Child(ren): | $1,057.96 |
| Emp/Spouse/Child(ren): | $1,700.30 |

### Health Benefits 1 Renewal

| | |
|---|---|
| Benefit Code: | **MW7/PYW - Plan PPO SD** |
| Deductible: | $1500/$3000 |
| Coinsurance: | 30% IN 40% OUT |
| OPM: | $4500/$9000 |
| Preventive: | Yes |
| OV Copay: | $30 |
| ER Copay: | N/A |
| RX Description: | $10/$30/$60/$60/$100 |

| | 08/01/2021 |
|---|---|
| Employee: | $586.54 |
| Employee/Spouse: | $1,176.08 |
| Employee/Child(ren): | $1,088.89 |
| Emp/Spouse/Child(ren): | $1,750.43 |
| % of Change: | 2.93% |

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## Notice of Renewal Rates - Cobra

Health Benefits 1 Renewal

| | |
|---|---|
| Benefit Code: | **MW7/PYW - Plan PPO SD** |
| Deductible: | $1500/$3000 |
| Coinsurance: | 30% IN 40% OUT |
| OPM: | $4500/$9000 |
| Preventive: | Yes |
| OV Copay: | $30 |
| ER Copay: | N/A |
| RX Description: | $10/$30/$60/$60/$100 |

| | 08/01/2020 | | 08/01/2021 | |
|---|---|---|---|---|
| | 102% | 150% | 102% | 150% |
| Employee: | $581.60 | $855.30 | $598.27 | $879.81 |
| Employee/Spouse: | $1,165.48 | $1,713.95 | $1,199.60 | $1,764.12 |
| Employee/Child(ren): | $1,079.12 | $1,586.94 | $1,110.67 | $1,633.34 |
| Emp/Spouse/Child(ren): | $1,734.31 | $2,550.45 | $1,785.44 | $2,625.65 |

Account Key: 33830
Effective Date: 08/01/2021
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Group Number: 081409-0000

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## 51-100 Group Renewal Acceptance

Please acknowledge that you have decided to continue coverage for your next renewal period by signing on the Group Administrator signature line.

☐ RENEW ON CURRENT BENEFITS

☐ MAKE A CHANGE TO BENEFITS **

**Attach completed and signed Alternate Rate Sheet(s)

**Health Plan(s):**

MW7/PYW - Plan PPO SD

**Important Note:** Wellmark will not be mailing any renewal SBCs to you for distribution to your employees. Please visit www.wellmark.com/SBCFinder to download the correct SBC to distribute to your employees 30 days in advance of renewal. This will ensure that your employees have access to the most up-to-date version of the SBC for the plans that you are renewing on.

Total monthly health premium includes commission of $24.00 per contract per month. Based on current enrollment this equates to $1176.00 per month.

Prior to signing, be sure to review the disclosure page included in your renewal exhibit. The employer group's effective date is considered a designation of that date as the employer group's plan year and annual renewal date. Your group health plan's annual renewal date and plan year will align with the effective date.

| Group Administrator Signature | Date | Email Address |
|---|---|---|
| | | |

Please return your completed 51-100 renewal paperwork to your Wellmark Representative by the 15th of the month prior to your renewal effective date.

We appreciate you choosing to renew with Wellmark.

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