

Account Key: 33830
Effective Date: 08/01/2026
Representative: Hub International Great Plains, LLC (SD)
Group Number: 081409-0000

CITY OF DEADWOOD



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):

PM000299/RM000529 - Primary 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 \$29.00 per contract per month. Based on current enrollment this equates to \$1363.00 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
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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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Renewal Rate Change Detail

Health Id: **PM000299**
0.00%
0.00%

Total percentage of change in monthly premium for your selected plan(s) effective 8/1/2026

The change in monthly premium is comprised of the following components*:

Base Rate change for the pool (size 51-100)

Account specific changes:

- Underwriting and Group Considerations 5.16%
- Demographic (age/gender/contract type) -1.65%
- Plan Value 0.00%
- Family Composition -3.31%
- Group Size Adjustment N/A
- PPO Network 0.00%

Commission Notes:

Total monthly health premium includes commission of \$29.00 per contract per month. Based on current enrollment this equates to \$1363.00 per month.

* The percentage of change in monthly premium is calculated by converting each component percentage to a decimal number and adding 1. Multiply all of the converted components together, subtract 1 from the result to get the overall percentage of change in monthly premium.

Example: Base Rate = 8.5%, Underwriting and Group Considerations = 3.92% and Demographic = -3.20%; the calculation would be 1.0850 x 1.0392 x 0.968 = 1.0915 which translates to a 9.15% change.