

Account Key: 33830

Effective Date: 08/01/2023

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):

PM000177/RM000233 - 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	

Jessicca@cityofdeadwood.com

Email Address

Date

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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An Independent Licensee of the Blue Cross and Blue Shield Association

Primary and Modified PPO Plans - Renewal Alternates

Current Plan

Health Id	Drug Id	Deductible Single/Family	Coins % In	Out Of Pocket Maximum Single/Family	IN OV Copays PCP Non PCP	Premiums based on 2-way census			Premiums based on 4-way census					Emp/Sp/ Child(ren)	Monthly Premium	Percent Change
						Single Coverage	Family Coverage	Employee Only	Employee/ Spouse	Employee/ Child(ren)	Employee/ Child(ren)	Emp/Sp/ Child(ren)				
<input type="checkbox"/>	PM000173	\$1000/\$3000	20%	\$2000/\$4000	\$20 \$40	\$995.92	\$2,398.46	\$967.06	\$1,950.15	\$1,804.75	\$2,907.91	14	\$84,676.89	82.23%		
<input type="checkbox"/>	PM000174	\$1500/\$4500	20%	\$3000/\$6000	\$25 \$50	\$912.95	\$2,189.32	\$884.80	\$1,781.67	\$1,649.02	\$2,655.44	5	\$77,370.62	66.50%		
<input type="checkbox"/>	PM000175	\$2000/\$6000	20%	\$4000/\$8000	\$30 \$60	\$860.31	\$2,004.64	\$816.80	\$1,642.41	\$1,520.31	\$2,446.76	5	\$71,331.47	53.51%		
<input type="checkbox"/>	PM000176	\$2500/\$7500	20%	\$5000/\$10000	\$35 \$70	\$774.45	\$1,806.87	\$737.34	\$1,479.69	\$1,369.89	\$2,202.90	5	\$64,274.37	38.32%		
<input checked="" type="checkbox"/>	PM000177	\$3000/\$9000	30%	\$6000/\$12000	\$35 \$70	\$728.00	\$1,633.56	\$674.20	\$1,350.36	\$1,250.36	\$2,009.11	5	\$58,666.22	26.25%		
<input checked="" type="checkbox"/>	PM000178	\$3500/\$10500	30%	\$7000/\$14000	\$40 \$80	\$689.69	\$1,547.42	\$639.38	\$1,279.06	\$1,184.45	\$1,902.26	5	\$55,573.97	19.60%		
<input type="checkbox"/>	PM000179	\$4000/\$12000	30%	\$8000/\$16000	\$40 \$80	\$676.74	\$1,519.52	\$627.98	\$1,255.72	\$1,162.88	\$1,867.28	5	\$54,561.68	17.42%		
<input type="checkbox"/>	PM000180	\$4500/\$13500	30%	\$8150/\$16300	\$45 \$90	\$661.44	\$1,467.83	\$608.83	\$1,216.48	\$1,126.61	\$1,808.48	5	\$52,860.21	13.76%		
<input type="checkbox"/>	PM000181	\$5000/\$15000	30%	\$8550/\$17100	\$45 \$90	\$643.52	\$1,465.77	\$604.16	\$1,206.94	\$1,117.79	\$1,794.18	5	\$52,446.19	12.87%		
<input type="checkbox"/>	PM000171	\$6000/\$12000	0%	\$6000/\$12000	\$40 \$80	\$663.09	\$1,614.27	\$653.72	\$1,308.42	\$1,211.59	\$1,946.25	5	\$56,847.21	22.34%		
<input type="checkbox"/>	PM000172	\$8150/\$16200	0%	\$8150/\$16200	\$50 \$100	\$618.16	\$1,501.94	\$609.45	\$1,217.76	\$1,127.79	\$1,810.40	5	\$52,915.63	13.88%		

Renewal Plan

Special Notes and Provisions: The "In-Network PCP Office Visit Copay" applies to chiropractors, physical therapists, occupational therapists, mental health/chemical dependency services, and primary care practitioners. PCPs are defined as Advanced Registered Nurse Practitioners, Family/General Practitioners, Internists, Obstetricians/Gynecologists, Pediatricians, and Physician Assistants. The office copay applies to all services, except preventive, and is taken per practitioner per date of service. Infertility is excluded.

These plans have Blue Rx Complete drug card coverage. For more information, please see Wellmark Drug List.

P	-\$20/\$40/\$80/\$150 w \$140 BioSim/\$200 specialty/\$250 np specialty
Q	-\$30/\$60/\$120/\$200 w \$185 BioSim/\$250 specialty/\$300 np specialty
R	-\$15/\$30/\$60/\$120 w \$115 BioSim/\$175 specialty/\$225 np specialty
S	-\$20/\$40/\$80/\$160 w \$140 BioSim/\$200 specialty/\$250 np specialty

2-Way
 4-Way

08/01/2023

Effective Date of Change _____ Signature of Group Administrator** _____ Date _____

**Signature here acknowledges the plan(s) selected is correct and that the Disclosure exhibit has been read and understood.

Run Date: 04/18/2023 02:47 PM B