

Proposed Administrative Fees, Maximum Liability Unit Rates, Network Access Fees, Other Fees

State of Iowa

Rating Period: January 1, 2024 through December 31, 2024

Administrative Fees - Per Coverage Classification per Plan Member*

| | <u>National Choice</u> | <u>Iowa Choice</u> |
|--|----------------------------|------------------------|
| <u>Active Employees - Non Grandfathered Plans</u> | | |
| Single | \$13.80 | \$13.80 |
| Family | \$32.30 | \$32.30 |
| TEFRA Subscriber | \$13.80 | \$13.80 |
| <u>Retirees Under 65 - Non Grandfathered Plans</u> | | |
| Single | \$13.80 | \$13.80 |
| Family | \$32.30 | \$32.30 |
| <u>Retirees Over 65 - Medicare Eligible Who Do Not Participate in Medicare Blue Rx - Non Grandfathered</u> | | |
| Family | \$32.30 | \$32.30 |
| Medicare Carveout | \$7.45 | \$7.45 |
| <u>Retirees Over 65 - Medicare Eligible Who Participate in Medicare Blue Rx IOWA- Non Grandfathered</u> | | |
| Family | \$32.30 | \$32.30 |
| Medicare Carveout | \$7.45 | \$7.45 |
| <u>COBRA Enrollees</u> | | |
| Single | \$13.80 | \$13.80 |
| Family | \$32.30 | \$32.30 |

* National Choice is equal to the Alliance Select plan and Iowa Choice is equal to the Blue Access plan.

*Administrative Fees stated above include Pharmacy administrative fees of \$1.00 per Plan Member per Month.

Network Access Fee

\$5.95 Per Plan Member Per Month

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State of Iowa

Rating Period: January 1, 2024 through December 31, 2024

Maximum Liability Unit Rates - Per Coverage Classification per Plan Member

| | <u>National Choice</u> | <u>Iowa Choice</u> |
|--|----------------------------|------------------------|
| <u>Active Employees - Non Grandfathered Plans</u> | | |
| Single | \$955.95 | \$870.41 |
| Family | \$2,236.92 | \$2,036.67 |
| TEFRA Subscriber | \$955.95 | \$870.41 |
| <u>Retirees Under 65 - Non Grandfathered Plans</u> | | |
| Single | \$955.95 | \$870.41 |
| Family | \$2,236.92 | \$2,036.67 |
| <u>Retirees Over 65 - Medicare Eligible Who Do Not Participate in Medicare Blue Rx - Non Grandfathered</u> | | |
| Family | \$2,247.83 | \$2,042.53 |
| Medicare Carveout | \$1,060.61 | \$962.83 |
| <u>Retirees Over 65 - Medicare Eligible Who Participate in Medicare Blue Rx IOWA- Non Grandfathered</u> | | |
| Family | \$1,288.58 | \$1,173.51 |
| Medicare Carveout | \$508.72 | \$462.67 |
| <u>COBRA Enrollees</u> | | |
| Single | \$955.95 | \$870.41 |
| Family | \$2,236.92 | \$2,036.67 |

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Proposed Administrative Fees, Maximum Liability Unit Rates, Network Access Fees, Other Fees

State of Iowa

Rating Period: January 1, 2024 through December 31, 2024

Terminal Liability Unit Rates - Per Coverage Classification per Plan Member

| | <u>National Choice</u> | <u>Iowa Choice</u> |
|--|----------------------------|------------------------|
| <u>Active Employees - Non Grandfathered Plans</u> | | |
| Single | \$80.91 | \$73.69 |
| Family | \$189.34 | \$172.43 |
| TEFRA Subscriber | \$80.91 | \$73.69 |
| <u>Retirees Under 65 - Non Grandfathered Plans</u> | | |
| Single | \$80.91 | \$73.69 |
| Family | \$189.34 | \$172.43 |
| <u>Retirees Over 65 - Medicare Eligible Who Do Not Participate in Medicare Blue Rx - Non Grandfathered</u> | | |
| Family | \$190.26 | \$172.93 |
| Medicare Carveout | \$89.65 | \$81.40 |
| <u>Retirees Over 65 - Medicare Eligible Who Participate in Medicare Blue Rx IOWA- Non Grandfathered</u> | | |
| Family | \$109.28 | \$99.56 |
| Medicare Carveout | \$43.06 | \$39.17 |
| <u>COBRA Enrollees</u> | | |
| Single | \$80.91 | \$73.69 |
| Family | \$189.34 | \$172.43 |

OBS #'s Corresponding to Benefits

| | |
|-----------------|--|
| National Choice | 233541-53, 233541-54, 233541-55, 233541-58, 233541-59, 233541-60, 224789-39, 224789-40, 224789-41 |
| Iowa Choice | 251418-51, 251418-55, 251418-56, 251418-57, 251418-58, 251418-59, 218057-50, 218057-51, 218057-52 |

Terminal Liability Administrative Fee

\$3.05 Per Plan Member Per Month

The State of Iowa Executive Council hereby accepts this Wellmark proposal for Administrative Fees, Maximum Liability Unit Rates, Network Access Fees, and Other Fees for the January 1, 2024 to December 31, 2024 Rating Period. The Executive Council directs the Department of Administrative Services to document this acceptance in a formal amendment to the Contract for Third Party Administration of Medical and Pharmacy Benefits Plans (Contract Number MA18261), along with any other necessary amendments to the Contract.

Chairperson, Executive Council State of Iowa

DATE

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