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October 18, 2024

ANSAY & ASSOCIATES LLC
888 STATE HIGHWAY 153 STE 200
MOSINEE, WI 54455

Re: VILLAGE OF KRONENWETTER
Group number: 1573571
Current package: WI MC New 53 / WI053
Renewal date: 01/01/2025

Dear Agent:

Enclosed is a copy of the UnitedHealthcare renewal package for VILLAGE OF KRONENWETTER.

We are excited to bring you the ability to renew your ACR Small Business in our Sales Automation Management (SAMx) Tool.

- You can change plans, add products and update your employee enrollment in an abbreviated fashion.
- Access SAMx by signing in to uhceservices.com with your One Healthcare ID, click on the Small Group Quoting & Renewals tab and select SAMx. Once you see your dashboard, you will see the list of renewals.
- If you need assistance with uhceservices.com, please contact your Dedicated Client Service Manager, or call Client Services at 1-866-908-5940.

You'll be quickly on the path to controlling when your groups are renewed and an overall better service experience.

If you have any questions about this material, please contact me at 1-866-432-5992.

Thank you again for your business. We look forward to our continued relationship.

Sincerely,
Your Renewal Account Executive

October 18, 2024

VILLAGE OF KRONENWETTER
BOBBI BIRK-LABARGE
1582 KRONENWETTER DRIVE
KRONENWETTER, WI 54455

Re: VILLAGE OF KRONENWETTER
Group number: 1573571
Current package: WI MC New 53 / WI053
Renewal date: 01/01/2025

Dear BOBBI BIRK-LABARGE:

Thank you for allowing UnitedHealthcare to serve your health benefit plan needs for the policy year just ending. Now it's time to begin making plans for the coming year. This packet contains your customized renewal package, which will allow you to determine which plan, or plans, best meet your business needs for the coming year.

Your group health insurance coverage is coming up for renewal. Below are changes we'll be making to the plan.

- The cost share for Intensive Behavioral Therapy (IBT) and/or other outpatient services such as electro-convulsive therapy, transcranial magnetic stimulation, psychiatric testing, and medication assisted treatment may have changed. The most common IBT is Applied Behavior Analysis (ABA).
- The term autism spectrum disorder means a condition marked by enduring problems communicating and interacting with others, along with restricted and repetitive behavior, interests, or activities, and as listed in the current edition of the International Classification of Diseases section on Mental and Behavioral Disorders or the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.
- The mental health/substance-related and addictive disorders delegate (the delegate) administers benefits for mental health and substance-related and addictive disorders services. If the covered person needs assistance with coordination of care, locating a provider, and confirmation that services the covered person plans to receive are covered health care services, the covered person can contact the delegate.
- The term intensive outpatient treatment has been changed to intensive outpatient program.
- The exclusion section specific to mental health and substance-related and addictive disorders services has been removed. The following exclusions have been added as exclusions that apply to both medical and behavioral services: transitional, assisted, and independent living services, educational counseling, testing and support services, and vocational counseling, testing and support services.
- Care Cash, a program designed to help members pay for cost sharing for certain services through a prefunded debit card, may be included in the plan. See the "Review" section of your renewal package to find out if Care Cash is included in your plan, may be included in the plan.
- Benefits for voice modification therapy and/or voice lessons for gender dysphoria are subject to applicable speech therapy benefit limits as described under Habilitative Services and Rehabilitative Services - Outpatient Therapy.
- Annual limits for presumptive and definitive drug testing are removed.
- Covered Persons may not assign benefits under the policy to an out-of-network provider. When a determination is made to pay an out-of-network provider directly for services rendered, that payment is not: an assignment of benefits or any legal or equitable right to institute any proceeding related to benefits; or a waiver of the prohibition of assignment of benefits under the policy. Such payment will not preclude the assertion that any purported assignment of benefits under the policy is invalid or prohibited.

Continued on other side

- The exclusion for health care services from out-of-network providers for non-emergent, sub-acute inpatient, or outpatient services at certain non-hospital facilities does not apply in the case of an emergency or when there is no network provider who is reasonably accessible or available to provide the covered health care service.
- Administrative programs are included in the Are Incentives Available to You? section to accommodate for administrative actions.
- The term unproven services may include services for medical and behavioral conditions. Determinations of unproven services based on well-designed randomized controlled trials or observational studies, include the following: well-designed systematic reviews (with or without meta-analyses) of multiple well-designed randomized controlled trial, individual well-designed randomized controlled trials, well-designed observational studies with one or more concurrent comparison group(s) including cohort studies, case-control studies, cross-sectional studies, and systematic reviews (with or without meta-analyses) of such studies. Medical and drug policies can be viewed on www.myuhc.com and liveandworkwell.com.
- The term transitional living is also known as supportive housing, including recovery residences.
- Virtual Behavioral Health Therapy and Coaching Rider will be removed.
- Certain preventive care immunizations are covered under the pharmacy benefit.
- Step therapy requirements can be satisfied through use of a pharmaceutical product or a prescription drug product.
- Therapeutic equivalent requirements can be satisfied through use of a pharmaceutical product or a prescription drug product.
- The variable copayment program under the outpatient prescription drug rider may include certain non-specialty and specialty prescription drug products.
- Any cost-sharing changes, including whether the plan is a different metal level from the previous plan are described in the "REVIEW" section of your renewal package.

New regulations and benefit plan design changes often require updates to our Certificate of Coverage (COC). The alternate benefit plan we are suggesting for your renewal is written on an updated COC. You may request to see the COC, and Schedule of Benefits for a complete explanation of your benefits. In addition, see our COC overview documents in the "Supporting Documentation" portion of this package.

Soon, you will receive your Summary of Benefits and Coverage (SBC), if you haven't already. Your employees may also access a copy on myuhc.com. The SBC provides information to help understand your renewal plan(s) and allows you to compare coverage options across different plans and products. For more information regarding the SBC, please visit uhc.com and search for "summary of benefits".

We're looking forward to another year of serving you and your employees. Please take the time to review the enclosed materials and feel free to contact your broker, ANSAY & ASSOCIATES LLC, 715-693-4343, or call me at 1-866-432-5992 with any questions.

Sincerely,
 Your Renewal Account Executive
 CC: ANSAY & ASSOCIATES LLC

UnitedHealthcare Renewal Kit

Prepared for VILLAGE OF KRONENWETTER



Offering a variety of benefits to small businesses

UnitedHealthcare is committed to providing small businesses competitive benefits that help promote better health and greater savings.

Empower employees to manage their health

Small business medical plans** include valuable services and programs at no additional cost:

- Virtual Visits—24/7 access to a network provider using a mobile device* or computer.
- Vital Medications — for standard fully insured group plans certain preferred drugs, including insulin and drugs used to treat severe allergic reactions, hypoglycemia, opioid overdoses, and acute asthma attacks are available at no cost share, subject to any required regulatory approval.
- Employee Assistance Program (EAP) — 24/7 coverage including 3 free counseling sessions per incident, per year.

Support employees with prescription costs

If your plan includes pharmacy coverage**, we provide a point of sale discount program to help employees save by directing a large portion of the drug rebates towards the member's cost-share.

Understand health reform and regulatory changes

Consumer Price Transparency Tool

Beginning on Jan. 1, 2024, in addition to the pricing tools available on myuhc.com, members can search and retrieve a real-time estimate of their cost-share liability for all health care items and services using the UHC app on their smart device. Members can compare health care, dental and vision costs before receiving care.

Group size survey and counting methodology

Many health reform provisions are dependent upon group size. UnitedHealthcare implemented an annual request for prior year employee counts to fully insured clients with enrolled subscriber counts of 5–150. Responses to these surveys are important for accuracy and help improve processes and activities such as Medical Loss Ratio (MLR) rebate calculations, rating and product/plan availability and more.

* Data rates may apply.

** Not all services are available in all markets. Check with your broker or UnitedHealthcare representative.

Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

This communication is not intended, nor should it be construed, as legal or tax advice. Please contact a competent legal or tax professional for legal advice, tax treatment and restrictions. Federal and state laws and regulations are subject to change.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

**United
Healthcare**

Personal Overview

VILLAGE OF KRONENWETTER

Group number: 1573571

Current package: WI MC New 53 / WI053

Renewal date: 01/01/2025

How to use this document:

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Review

The chart below shows an overview of your current plan, your renewal plan and the associated premiums.

Plan ID	Metallic Level	Plan Deductibles Single/Family		Out of Pocket Max Single/Family		Office Copays (PCP/Spec)	Network Name
		Network	Non-Network	Network	Non-Network	Network	

Current Medical Plans WI MC New 53 / WI053

Balanced 100	CX-EM / RX K62S ¹ P	\$2,000/\$4,000	\$5,000/\$10,000	\$2,500/\$5,000	\$10,000/\$20,000	\$5/\$10	CHOICE PLUS
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Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

Renewal Medical Plans WI MC New 54 / WI054

Open Access w/Care Cash	EB-E2 / RX K62S ¹ P	\$2,000/\$4,000	\$5,000/\$10,000	\$2,500/\$5,000	\$10,000/\$20,000	\$5/\$10	CHOICE PLUS
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Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

- Important: If multiple policies are sold to one customer, we require the policy year or calendar year basis selection be the same for each sold policy.
- If you choose to add or change an existing HRA plan, you must choose from the list of UnitedHealthcare HRA-eligible medical plans as shown to you by your broker or agent. If you have a Third Party Administrator for your HRA, please note that HRA plans administered by other insurers or TPAs must comply with UnitedHealthcare HRA design standards.
- Premium rates and/or product forms included herein are subject to approval by regulators. If the rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings, in accordance with applicable law.
- Starting with 2014 effective dates, all pharmacy plans include an ancillary charge (also known as a generic pharmacy program). This type of pharmacy program includes out of pocket expenses when a member fills a brand name or higher tier generic prescription but there is a chemically equivalent lower tier brand or generic available.
- Current and renewal medical rates reflect the participant's age on the renewal date and may not be the same as the rates billed in the current billing.
- SPECIALTY MEDICATION COST SHARE CHANGES: Upon renewal, most pharmacy plan designs have a separate higher cost share for Specialty Medications based on the Pharmacy Tiers. Those cost shares are reflected with an 'S' prior to the cost share amount. E.g. \$500. Your employees can also review their benefit summary and plan documents for these cost share changes to determine if they will be impacted.
- Employer groups should consult with their benefits and/or tax counsel regarding any potential tax implications if they choose to offer a Health Reimbursement Arrangement (HRA) on a medical plan with Care Cash.
- Medical plans with no mention of UHC Rewards Premium in the plan names above come with UHC Rewards Core. Neither UHC Rewards Premium nor UHC Rewards Core are available to groups in the state of HI, VT and specific plans in CO and CA.
- Your renewal plan may include the Standard Select Pharmacy Network which could exclude certain pharmacies. Please contact your broker or your UnitedHealthcare representative for additional details.
- This premium may include state and federal taxes and fees.

¹ This medical plan is available with either calendar year or policy year deductibles and out of pocket maximums.

All of your current benefit design options are no longer available in a combined plan offering. We have included new Medical plan choices for the upcoming year, offering the same flexibility, choice, and affordability that you are enjoying today.

Coinsurance		Legal Entity / License	Med/Rx Ded Combined	Pharmacy (Spec; Non-Spec)	Enrolled Employees	HSA/HRA Contrib.	Monthly Medical Premium
Network	Non-Network						
100%	70%	INS	N	\$10/\$40/\$105/\$250/\$500E	4		\$5,117.21
100%	70%	INS	N	\$10/\$40/\$105/\$250/\$500E	4		\$5,571.22
Change from Current:							8.9%

Renewal Assumptions:

- The monthly cost noted above is based upon the coverage in force at the time the renewal was calculated. Please refer to Appendix A included in this package. Actual billed premium as of your renewal date may differ from the amounts reflected in this package.
- Information on alternate benefit plans is summarized for ease of review. It is not intended to be a statement of benefits, nor does it guarantee coverage. The Certificate of Coverage provides the legal description of coverage and is available for your review upon request. UHC Choice plans will cover only the employees within the defined UnitedHealthcare service area. The rates are based upon the employer's primary location. Other locations will require alternate plan designs and rates.
- Renewal of your employer plan is contingent upon meeting UnitedHealthcare's minimum participation requirements.
- Plan design and corresponding premium rates offered herein represent a coverage option that is consistent with your current group size (based on most recent census or survey information) and closely matches your current coverage. Additional coverage options may be available to you.
- Upon the renewal of your employer plan, the Certificate of Coverage or Summary Plan Description, and other documents, notices and communications regarding the plan(s) selected may be transmitted electronically to you (employer group) and the group employees. The employer group may withdraw their consent at any time or request a document in a paper or non-electronic form.
- Please see the Glossary on inside back cover of this package for definitions of the above terms.

Consider

Here are some great alternatives.

Plan ID	Metallic Level	Plan Deductibles Single/Family		Out of Pocket Max Single/Family		Office Copays (PCP/Spec)	Network Name	
		Network	Non-Network	Network	Non-Network	Network		
WI MC New 54 / WI054								
Open Access HSA	EB-F6 / RX K62S ^{1,2}	B	\$6,650/\$13,300	\$13,000/\$14,900	\$8,000/\$16,000	\$13,000/\$25,800	NA/NA	CHOICE PLUS
Open Access HSA	EB-F5 / RX K62S ^{1,2}	B	\$6,650/\$13,300	\$13,000/\$14,900	\$8,000/\$16,000	\$13,000/\$25,800	NA/NA	CHOICE PLUS
Open Access w/Care Cash	EB-ET / RX K62S ¹	S	\$6,500/\$13,000	NA/NA	\$9,000/\$18,000	NONE/NONE	\$45/\$90	CHOICE
Open Access w/Care Cash	EB-ES / RX K62S ¹	S	\$7,250/\$14,500	\$13,000/\$26,000	\$9,200/\$18,400	\$14,700/\$29,400	\$45/\$80	CHOICE PLUS
Open Access w/Care Cash	EB-FJ / RX K62S ¹	S	\$7,000/\$14,000	\$8,000/\$16,000	\$9,200/\$18,400	\$14,700/\$29,400	\$40/\$80	CHOICE PLUS
Open Access w/Care Cash	EB-EU / RX K62S ¹	S	\$7,250/\$14,500	\$13,000/\$26,000	\$9,200/\$18,400	\$14,700/\$29,400	\$45/\$80	CHOICE PLUS
Open Access w/Care Cash	EB-FK / RX K62S ¹	S	\$7,000/\$14,000	\$8,000/\$16,000	\$9,200/\$18,400	\$14,700/\$29,400	\$40/\$80	CHOICE PLUS
Open Access HSA	EB-FQ / RX K62S ^{1,2}	S	\$5,000/\$10,000	\$10,000/\$20,000	\$7,750/\$15,500	\$20,000/\$40,000	\$30/\$60	CHOICE PLUS
Open Access HSA	EB-FP / RX K62S ^{1,2}	S	\$5,000/\$10,000	\$10,000/\$20,000	\$7,750/\$15,500	\$20,000/\$40,000	\$30/\$60	CHOICE PLUS
Open Access HSA	EB-FR / RX K62S ^{1,2}	S	\$5,000/\$10,000	\$10,000/\$20,000	\$7,750/\$15,500	\$20,000/\$40,000	\$30/\$60	OPTIONS PPO
Open Access HSA	EB-FY / RX K62S ^{1,2}	S	\$4,000/\$8,000	\$8,000/\$16,000	\$7,350/\$14,700	\$12,900/\$25,800	NA/NA	CHOICE PLUS
Open Access HSA	EB-FL / RX K62S ^{1,2}	S	\$4,000/\$8,000	\$8,000/\$16,000	\$7,350/\$14,700	\$12,900/\$25,800	NA/NA	CHOICE PLUS
Open Access HSA	EB-FM / RX K62S ^{1,2}	S	\$3,500/\$7,000	\$7,000/\$14,000	\$8,300/\$16,600	\$12,900/\$25,800	\$30/\$60	CHOICE PLUS
Open Access HSA w/ Prem Rewards	EB-F2 / RX K62S ^{1,2}	S	\$4,000/\$8,000	\$7,000/\$14,000	\$8,300/\$16,600	\$12,900/\$25,800	\$30/\$60	CHOICE PLUS
Open Access HSA	EB-FW / RX K62S ^{1,2}	S	\$3,500/\$7,000	\$7,000/\$14,000	\$8,300/\$16,600	\$12,900/\$25,800	\$30/\$60	CHOICE PLUS
Open Access w/Care Cash	EB-EZ / RX K62S ¹	G	\$3,500/\$7,000	\$7,000/\$14,000	\$8,100/\$16,200	\$11,000/\$22,000	\$20/\$40	CHOICE PLUS
Open Access HSA w/ Prem Rewards	EB-FZ / RX K62S ^{1,2}	S	\$4,000/\$8,000	\$7,000/\$14,000	\$8,300/\$16,600	\$12,900/\$25,800	\$30/\$60	CHOICE PLUS
Open Access w/Care Cash	EB-EW / RX K62S ¹	G	\$3,500/\$7,000	\$7,000/\$14,000	\$8,100/\$16,200	\$11,000/\$22,000	\$20/\$40	CHOICE PLUS
Premier w/Care Cash	EB-GB / RX K62S ¹	G	\$3,000/\$6,000	\$5,000/\$10,000	\$7,000/\$14,000	\$10,000/\$20,000	\$15/\$100	CHOICE PLUS
Premier w/Care Cash	EB-GC / RX K62S ¹	G	\$3,000/\$6,000	\$10,000/\$20,000	\$7,000/\$14,000	\$20,000/\$40,000	\$15/\$100	CHOICE PLUS

Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

- SPECIALTY MEDICATION COST SHARE CHANGES: Upon renewal, most pharmacy plan designs have a separate higher cost share for Specialty Medications based on the Pharmacy Tiers. Those cost shares are reflected with an 'S' prior to the cost share amount. E.g. S\$500. Your employees can also review their benefit summary and plan documents for these cost share changes to determine if they will be impacted.
 - Employer groups should consult with their benefits and/or tax counsel regarding any potential tax implications if they choose to offer a Health Reimbursement Arrangement (HRA) on a medical plan with Care Cash.
 - Medical plans with no mention of UHC Rewards Premium in the plan names above come with UHC Rewards Core. Neither UHC Rewards Premium nor UHC Rewards Core are available to groups in the state of HI, VT and specific plans in CO and CA.
 - This premium may include state and federal taxes and fees.
- ¹ This medical plan is available with either calendar year or policy year deductibles and out of pocket maximums.
² The Metallic Level associated to this plan, listed in the 'Metallic Level' column, is based on the assumed HSA/HRA contribution amount range listed in the 'HSA/HRA Contrib.' column. Any contribution amount outside this range may impact the plan's Metallic Level.

Below are all the benefit design options available to you within this set of Medical plan choices. The benefit options that we've renewed for you are those noted below with a teal arrow . Please note, the 'Relative Pricing' allows you to compare plan benefits and pricing between plan options.

Coinsurance		Legal Entity/ License	Med/Rx Ded Combined	Pharmacy (Spec; Non-Spec)	Enrolled Employees	HSA/HRA Contrib.	Monthly Medical Premium (Renewal)	Relative Pricing (at 100% Enrollment; for comparison only. Rates available in Appendix A)
Network	Non-Network							
100%	80%	HMO	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$0	\$4,238.74	
100%	80%	INS	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$0	\$4,271.06	
80%	NA	HMO	N	\$10/\$40/\$105/\$250/\$500E			\$4,324.50	
80%	60%	HMO	N	\$10/\$40/\$105/\$250/\$500E			\$4,350.04	
80%	60%	HMO	N	\$10/\$40/\$105/\$250/\$500E			\$4,359.01	
80%	60%	INS	N	\$10/\$40/\$105/\$250/\$500E			\$4,381.60	
80%	60%	INS	N	\$10/\$40/\$105/\$250/\$500E			\$4,390.64	
100%	80%	HMO	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$250	\$4,447.05	
100%	80%	INS	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$250	\$4,478.61	
100%	80%	INS	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$250	\$4,478.61	
80%	60%	HMO	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$200	\$4,489.88	
80%	60%	INS	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$200	\$4,521.51	
80%	60%	HMO	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$100	\$4,553.82	
100%	80%	HMO	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$100	\$4,577.11	
80%	60%	INS	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$100	\$4,584.61	
80%	50%	HMO	N	\$10/\$40/\$105/\$250/\$500E			\$4,601.96	
100%	80%	INS	Y	\$10/\$40/\$105/\$250/\$500E		\$0-\$100	\$4,608.67	
80%	50%	INS	N	\$10/\$40/\$105/\$250/\$500E			\$4,633.51	
80%	50%	HMO	N	\$10/\$40/\$105/\$250/\$500E			\$4,633.51	
80%	50%	INS	N	\$10/\$40/\$105/\$250/\$500E			\$4,653.81	

Consider (continued)

Plan ID	Metallic Level	Plan Deductibles Single/Family		Out of Pocket Max Single/Family		Office Copays (PCP/Spec)	Network Name	
		Network	Non-Network	Network	Non-Network	Network		
WI MC New 54 / WI054 (continued)								
Premier w/Care Cash	EB-F9 / RX K62S ¹	G	\$2,500/\$5,000	\$5,000/\$10,000	\$6,300/\$12,600	\$10,000/\$20,000	\$15/\$100	CHOICE PLUS
Open Access w/Care Cash	EB-FB / RX K62S ¹	G	\$2,500/\$5,000	\$7,000/\$14,000	\$7,350/\$14,700	\$11,000/\$22,000	\$20/\$40	CHOICE PLUS
Premier w/Care Cash	EB-F7 / RX K62S ¹	G	\$2,500/\$5,000	\$5,000/\$10,000	\$6,300/\$12,600	\$10,000/\$20,000	\$15/\$100	CHOICE PLUS
Open Access w/Care Cash	EB-E6 / RX K62S ¹	G	\$2,500/\$5,000	\$7,000/\$14,000	\$7,350/\$14,700	\$11,000/\$22,000	\$20/\$40	CHOICE PLUS
Open Access w/Care Cash	EB-FF / RX K62S ¹	G	\$2,000/\$4,000	\$7,000/\$14,000	\$6,500/\$13,000	\$11,000/\$22,000	\$20/\$80	CHOICE PLUS
Open Access w/Care Cash	EB-E3 / RX K62S ¹	G	\$5,000/\$10,000	\$10,000/\$20,000	\$7,000/\$14,000	\$20,000/\$40,000	\$25/\$50	OPTIONS PPO
Open Access w/Care Cash	EB-FG / RX K62S ¹	G	\$3,500/\$7,000	\$5,000/\$10,000	\$8,500/\$17,000	\$10,000/\$20,000	\$15/\$30	CHOICE PLUS
Open Access w/Care Cash	EB-FD / RX K62S ¹	G	\$2,000/\$4,000	\$7,000/\$14,000	\$6,500/\$13,000	\$11,000/\$22,000	\$20/\$80	CHOICE PLUS
Open Access w/Care Cash	EB-E7 / RX K62S ¹	G	\$3,500/\$7,000	\$5,000/\$10,000	\$8,500/\$17,000	\$10,000/\$20,000	\$15/\$30	CHOICE PLUS
Premier w/Care Cash	EB-F8 / RX K62S ¹	G	\$1,500/\$3,000	\$5,000/\$10,000	\$6,500/\$13,000	\$10,000/\$20,000	\$15/\$100	CHOICE PLUS
Premier w/Care Cash	EB-GA / RX K62S ¹	G	\$1,500/\$3,000	\$5,000/\$10,000	\$6,500/\$13,000	\$10,000/\$20,000	\$15/\$100	CHOICE PLUS
Open Access w/Care Cash	EB-EX / RX K62S ¹	G	\$3,000/\$6,000	\$10,000/\$20,000	\$8,500/\$17,000	\$20,000/\$40,000	\$30/\$60	CHOICE PLUS
Open Access w/Care Cash	EB-E8 / RX K62S ¹	G	\$3,000/\$6,000	\$10,000/\$20,000	\$8,500/\$17,000	\$20,000/\$40,000	\$30/\$60	CHOICE PLUS
Open Access w/Care Cash	EB-EV / RX K62S ¹	G	\$2,500/\$5,000	\$5,000/\$10,000	\$8,000/\$16,000	\$13,200/\$26,400	\$25/\$50	OPTIONS PPO
Open Access HSA	EB-FV / RX K62S ^{1,2}	G	\$2,000/\$4,000	\$5,700/\$11,400	\$5,000/\$7,000	\$13,100/\$26,200	\$30/\$60	CHOICE PLUS
Open Access HSA	EB-FT / RX K62S ^{1,2}	G	\$2,000/\$4,000	\$5,700/\$11,400	\$5,000/\$7,000	\$13,100/\$26,200	\$30/\$60	CHOICE PLUS
Open Access HSA w/ Prem Rewards	EB-FX / RX K62S ^{1,2}	G	\$2,250/\$4,500	\$4,000/\$8,000	\$8,000/\$8,500	\$12,900/\$25,800	\$20/\$40	CHOICE PLUS
Open Access HSA w/ Prem Rewards	EB-FO / RX K62S ^{1,2}	G	\$2,250/\$4,500	\$4,000/\$8,000	\$8,000/\$8,500	\$12,900/\$25,800	\$20/\$40	CHOICE PLUS
Open Access HSA	EB-FN / RX K62S ^{1,2}	G	\$2,000/\$4,000	\$4,000/\$8,000	\$8,000/\$8,500	\$12,900/\$25,800	\$30/\$60	OPTIONS PPO
Open Access HSA	EB-FU / RX K62S ^{1,2}	G	\$1,700/\$3,300	\$3,000/\$6,000	\$7,500/\$8,000	\$12,900/\$25,800	\$35/\$70	CHOICE PLUS

Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

- SPECIALTY MEDICATION COST SHARE CHANGES: Upon renewal, most pharmacy plan designs have a separate higher cost share for Specialty Medications based on the Pharmacy Tiers. Those cost shares are reflected with an 'S' prior to the cost share amount. E.g. S\$500. Your employees can also review their benefit summary and plan documents for these cost share changes to determine if they will be impacted.
- Employer groups should consult with their benefits and/or tax counsel regarding any potential tax implications if they choose to offer a Health Reimbursement Arrangement (HRA) on a medical plan with Care Cash.
- Medical plans with no mention of UHC Rewards Premium in the plan names above come with UHC Rewards Core. Neither UHC Rewards Premium nor UHC Rewards Core are available to groups in the state of HI, VT and specific plans in CO and CA.
- This premium may include state and federal taxes and fees.


¹ This medical plan is available with either calendar year or policy year deductibles and out of pocket maximums.

² The Metallic Level associated to this plan, listed in the 'Metallic Level' column, is based on the assumed HSA/HRA contribution amount range listed in the 'HSA/HRA Contrib.' column. Any contribution amount outside this range may impact the plan's Metallic Level.

Here are some additional alternatives for you to consider.

Coinsurance		Legal Entity/ License	Med/Rx Ded Combined	Pharmacy (Spec; Non-Spec)	Enrolled Employees	HSA/HRA Contrib.	Monthly Medical Premium (Renewal)	Relative Pricing (at 100% Enrollment; for comparison only. Rates available in Appendix A)
Network	Non-Network							
80%	50%	HMO	N	\$10/\$40/\$105/\$250/S\$500E				\$4,704.98
80%	50%	HMO	N	\$10/\$40/\$105/\$250/S\$500E				\$4,715.46
80%	50%	INS	N	\$10/\$40/\$105/\$250/S\$500E				\$4,726.75
80%	50%	INS	N	\$10/\$40/\$105/\$250/S\$500E				\$4,746.30
80%	50%	HMO	N	\$10/\$40/\$105/\$250/S\$500E				\$4,754.58
80%	60%	INS	N	\$10/\$40/\$105/\$250/S\$500E				\$4,765.81
100%	70%	HMO	N	\$10/\$40/\$105/\$250/S\$500E				\$4,765.81
80%	50%	INS	N	\$10/\$40/\$105/\$250/S\$500E				\$4,785.43
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E				\$4,796.68
80%	50%	HMO	N	\$10/\$40/\$105/\$250/S\$500E				\$4,820.74
80%	50%	INS	N	\$10/\$40/\$105/\$250/S\$500E				\$4,851.58
100%	70%	HMO	N	\$10/\$40/\$105/\$250/S\$500E				\$4,855.34
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E				\$4,886.20
80%	60%	INS	N	\$10/\$40/\$105/\$250/S\$500E				\$4,947.82
80%	60%	HMO	Y	\$10/\$40/\$105/\$250/S\$500E		\$0-\$300		\$5,011.01
80%	60%	INS	Y	\$10/\$40/\$105/\$250/S\$500E		\$0-\$300		\$5,041.79
100%	80%	HMO	Y	\$10/\$40/\$105/\$250/S\$500E		\$0-\$100		\$5,114.75
100%	80%	INS	Y	\$10/\$40/\$105/\$250/S\$500E		\$0-\$100		\$5,144.83
100%	80%	INS	Y	\$10/\$40/\$105/\$250/S\$500E		\$0-\$150		\$5,197.48
100%	80%	HMO	Y	\$10/\$40/\$105/\$250/S\$500E		\$0-\$150		\$5,242.59

Consider (continued)

Plan ID	Metallic Level	Plan Deductibles Single/Family		Out of Pocket Max Single/Family		Office Copays (PCP/Spec)	Network Name	
		Network	Non-Network	Network	Non-Network	Network		
WI MC New 54 / WI054 (continued)								
Open Access HSA	EB-FS / RX K62S ^{1,2}	G	\$1,700/\$3,300	\$3,000/\$6,000	\$7,500/\$8,000	\$12,900/\$25,800	\$35/\$70	CHOICE PLUS
Open Access w/Care Cash	EB-FE / RX K62S ¹	P	\$1,000/\$3,000	\$7,000/\$14,000	\$2,000/\$4,000	\$11,000/\$22,000	\$20/\$80	CHOICE PLUS
Open Access w/Care Cash	EB-FC / RX K62S ¹	P	\$1,000/\$3,000	\$7,000/\$14,000	\$2,000/\$4,000	\$11,000/\$22,000	\$20/\$80	CHOICE PLUS
Open Access w/Care Cash	EB-E4 / RX K62S ¹	P	\$1,500/\$3,000	\$5,000/\$10,000	\$2,000/\$4,000	\$10,000/\$20,000	\$10/\$30	CHOICE PLUS
Open Access w/Care Cash	EB-E5 / RX K62S ¹	P	\$1,500/\$3,000	\$5,000/\$10,000	\$2,000/\$4,000	\$10,000/\$20,000	\$10/\$30	CHOICE PLUS
Open Access w/Care Cash	EB-EY / RX K62S ¹	P	\$1,000/\$3,000	\$5,000/\$10,000	\$2,000/\$4,000	\$10,000/\$20,000	\$20/\$40	CHOICE PLUS
Open Access w/Care Cash	EB-FI / RX K62S ¹	P	NONE/NONE	\$5,000/\$10,000	\$3,000/\$6,000	\$10,000/\$20,000	\$30/\$60	CHOICE PLUS
Open Access w/Care Cash	EB-E9 / RX K62S ¹	P	\$1,000/\$3,000	\$5,000/\$10,000	\$2,000/\$4,000	\$10,000/\$20,000	\$20/\$40	CHOICE PLUS
Open Access w/Care Cash	EB-FA / RX K62S ¹	P	\$2,000/\$4,000	\$5,000/\$10,000	\$2,500/\$5,000	\$10,000/\$20,000	\$5/\$10	CHOICE PLUS
 Open Access w/Care Cash	EB-E2 / RX K62S ¹	P	\$2,000/\$4,000	\$5,000/\$10,000	\$2,500/\$5,000	\$10,000/\$20,000	\$5/\$10	CHOICE PLUS
Open Access w/Care Cash	EB-FH / RX K62S ¹	P	NONE/NONE	\$15,000/\$30,000	\$2,500/\$5,000	\$30,000/\$60,000	\$15/\$45	CHOICE PLUS
Open Access w/Care Cash	EB-F4 / RX K62S ¹	P	NONE/NONE	\$10,000/\$20,000	\$4,500/\$9,000	\$20,000/\$40,000	\$35/\$75	CHOICE PLUS
Open Access w/Care Cash	EB-F3 / RX K62S ¹	P	NONE/NONE	\$10,000/\$20,000	\$3,500/\$7,000	\$20,000/\$40,000	\$35/\$75	CHOICE PLUS

Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

• SPECIALTY MEDICATION COST SHARE CHANGES: Upon renewal, most pharmacy plan designs have a separate higher cost share for Specialty Medications based on the Pharmacy Tiers. Those cost shares are reflected with an 'S' prior to the cost share amount. E.g. S\$500. Your employees can also review their benefit summary and plan documents for these cost share changes to determine if they will be impacted.

• Employer groups should consult with their benefits and/or tax counsel regarding any potential tax implications if they choose to offer a Health Reimbursement Arrangement (HRA) on a medical plan with Care Cash.

• Medical plans with no mention of UHC Rewards Premium in the plan names above come with UHC Rewards Core. Neither UHC Rewards Premium nor UHC Rewards Core are available to groups in the state of HI, VT and specific plans in CO and CA.

¹ This medical plan is available with either calendar year or policy year deductibles and out of pocket maximums.

² The Metallic Level associated to this plan, listed in the 'Metallic Level' column, is based on the assumed HSA/HRA contribution amount range listed in the 'HSA/HRA Contrib.' column. Any contribution amount outside this range may impact the plan's Metallic Level.

Here are some additional alternatives for you to consider.

Coinsurance		Legal Entity/ License	Med/Rx Ded Combined	Pharmacy (Spec; Non-Spec)	Enrolled Employees	HSA/HRA Contrib.	Monthly Medical Premium (Renewal)	Relative Pricing (at 100% Enrollment; for comparison only. Rates available in Appendix A)
Network	Non-Network							
100%	80%	INS	Y	\$10/\$40/\$105/\$250/S\$500E		\$0-\$150	\$5,271.90	
80%	50%	HMO	N	\$10/\$40/\$105/\$250/S\$500E			\$5,314.00	
80%	50%	INS	N	\$10/\$40/\$105/\$250/S\$500E			\$5,343.37	
100%	70%	HMO	N	\$10/\$40/\$105/\$250/S\$500E			\$5,374.24	
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E			\$5,403.50	
100%	70%	HMO	N	\$10/\$40/\$105/\$250/S\$500E			\$5,466.70	
80%	50%	INS	N	\$10/\$40/\$105/\$250/S\$500E			\$5,482.49	
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E			\$5,496.00	
100%	70%	HMO	N	\$10/\$40/\$105/\$250/S\$500E			\$5,541.84	
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E	4	\$5,571.22	\$5,571.22	
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E			\$5,684.71	
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E			\$5,747.13	
100%	70%	INS	N	\$10/\$40/\$105/\$250/S\$500E			\$5,762.20	



Add specialty plans for more savings and simplicity

Balanced benefits packages are becoming increasingly important to compete for new employees and retain top talent. That's why we're offering you additional benefits to help serve and care for one of your most important assets—your employees.

Enjoy simpler administration and the health plan savings you get by bundling

Talk to your broker about adding dental, vision, life and/or disability insurance. We offer a variety of competitively priced plans, with lower participation requirements, making it easier to qualify. When you add 1 or more plans, you can streamline administration and help lower your health plan costs.

Fund it your way

Our flexible funding options let you choose the right plans and contribution strategies for your needs and budget.

- Employee-paid (voluntary)
 - Vision requires only 2 employees
 - Dental requires only 2 employees
 - Disability requires 10 employees and 25% participation
- Employer-paid
- Shared funding

See your savings at uhc.com/bundle

You can easily get an estimate of your savings at uhc.com/bundle. You get 1 bill for health and specialty plans with a single implementation process and dedicated account team.

Specialty plan portfolio

- Dental
- Vision
- Life insurance (including supplemental and dependent) with accidental death and dismemberment
- Short-term disability
- Long-term disability

A group with 25 medical-enrolled employees with the bundle above could see up to

\$1,800
in savings¹

Learn more

Contact your broker for more details

¹ Example for illustrative purposes. Savings calculated based on medical plan administration credits of \$3 for dental, \$2 for vision and \$1 for life which are multiplied by the number of employees enrolled in the medical plan over a 12 month period. Savings may vary and are not a guarantee of individual results. Minimum participation requirements may apply. Please consult your broker or UnitedHealthcare representative for terms and conditions.

Life insurance requires a minimum of \$25,000 benefit.

Minimum participation requirements may apply. Packaged Savings program is not available for all group sizes. Please consult your UnitedHealthcare representative for more details.

Dental Renewal

Dental Benefit Summary

Current		
Plan: P2375 ¹ / Type: DPPO		
	Benefit	In/Out
Plan Maximums	Annual In/Out of Network	\$1,500 / \$1,000
	Ortho Lifetime	\$1,500 / \$1,000
Deductible	Individual/Family	\$50 / \$150
Waiting Period	Major Services	NO WAIT
Coinsurance	Preventive	100% / 90%
	Minor Restore	80% / 70%
	Endo/Perio/Oral*	50% / 50%
	Major Services	50% / 50%
	Orthodontia	50% / 50%

Renewal		
Plan: P2375 ¹ / Type: DPPO		
	Benefit	In/Out
Plan Maximums	Annual In/Out of Network	\$1,500 / \$1,000
	Ortho Lifetime	\$1,500 / \$1,000
Deductible	Individual/Family	\$50 / \$150
Waiting Period	Major Services	NO WAIT
Coinsurance	Preventive	100% / 90%
	Minor Restore	80% / 70%
	Endo/Perio/Oral*	50% / 50%
	Major Services	50% / 50%
	Orthodontia	50% / 50%

Monthly Rates/Premiums

	Enrollment	Rate
Employee	2	\$45.58
Empl + Spouse	2	\$91.15
Empl + Child	0	\$91.99
Empl + Fam	1	\$141.80
Monthly Premium		\$415.26

	Enrollment	Rate
Employee	2	\$45.58
Empl + Spouse	2	\$91.15
Empl + Child	0	\$91.99
Empl + Fam	1	\$141.80
Monthly Premium		\$415.26

Change in Rate: 0.0%

- The rates displayed in this package will be effective through 12/31/2025. The rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- * Please refer to your benefit summary or certificate of coverage for a more detailed view of the benefit coverage for services within these categories as some plans may have benefits that differ from what we are able to display here.
- ¹ Ask about our Consumer Max Multiplier! This consumer driven benefit allows members to carry forward a portion of their unused annual dental maximum into an account for future use.

Vision options

	Quote 1		Quote 2		Quote 3		Quote 4	
	Plan S1006		Plan S1008		Plan S1010		Plan S1012	
	Type VOLUNTARY		Type VOLUNTARY		Type 100% ER PAID/0% DEP PAID		Type 100% ER PAID/0% DEP PAID	
	Benefit	Amount	Benefit	Amount	Benefit	Amount	Benefit	Amount
In-Network Copay	Exam	\$10	Exam	\$10	Exam	\$10	Exam	\$10
	Materials	\$25	Materials	\$25	Materials	\$25	Materials	\$25
Allowances	Frame	\$130	Frame	\$130	Frame	\$130	Frame	\$130
	Contact Lens	\$105	Contact Lens	\$105	Contact Lens	\$105	Contact Lens	\$105
Frequencies	Exam	1 x per 12 mos	Exam	1 x per 12 mos	Exam	1 x per 12 mos	Exam	1 x per 12 mos
	Lenses	1 x per 12 mos	Lenses	1 x per 12 mos	Lenses	1 x per 12 mos	Lenses	1 x per 12 mos
	Frame	1 x per 12 mos	Frame	1 x per 24 mos	Frame	1 x per 12 mos	Frame	1 x per 24 mos
	Tiers	Monthly Rate	Tiers	Monthly Rate	Tiers	Monthly Rate	Tiers	Monthly Rate
Enrollment Rates	Employee	\$7.67	Employee	\$7.14	Employee	\$6.75	Employee	\$6.28
	Empl + Spouse	\$14.56	Empl + Spouse	\$13.54	Empl + Spouse	\$14.18	Empl + Spouse	\$13.19
	Empl + Child	\$17.08	Empl + Child	\$15.88	Empl + Child	\$16.64	Empl + Child	\$15.47
	Empl + Family	\$24.04	Empl + Family	\$22.36	Empl + Family	\$24.56	Empl + Family	\$22.84
Monthly Premium	\$77.91		\$72.46		\$76.31		\$70.97	

- Vision plans have a 24 month guarantee from contract issuance. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- To complement the pediatric vision coverage included as an Essential Health Benefit in UnitedHealthcare medical plans, four vision options are included as part of this renewal package. Your Renewal Account Executive (RAE) or Renewal Account Consultant (RAC) is available to review your options to provide a consistent and comprehensive family vision experience. If you choose to offer an employer-paid plan, the Packaged Savings Program may apply. Packaged Savings may not be available in all states or for all group sizes.

Basic Life AD&D options

	Enrollment	Benefit	Volume	Rate per \$1,000	Total	Monthly Premium
Life Insurance				\$0.12	\$15.00	
AD&D Insurance	5	\$25,000	\$125,000	\$0.02	\$2.50	\$17.50

- Basic Life/AD&D plans have a 24 month guarantee from contract issuance. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- All coverage terminates at retirement.
- If you choose to offer \$25,000 or more in base life insurance, the Packaged Savings Program may apply. Packaged Savings may not be available in all states or for all group sizes.
- The benefits will be reduced to 65% of original amount at age 65 and to 50% of the original amount at age 70.

Decide on your renewing coverage

It's time to select your coverage and determine which plan(s) are best for your business.

See the renewal enrollment forms starting on next page of this renewal package.

1. Complete the [Renewal Change Form](#) to identify any changes to your coverage elections.
 - Select the medical plan option(s) that you would like to make available to your employees for the upcoming renewal year. Select an alternate medical plan option, only if you wish to make a change in your coverage. Otherwise you will be renewed to the renewal plan(s) identified on the 'Review' page.
Note: If you are renewing onto a PCP plan, each subscriber will need to identify a Primary Care Physician (PCP), near the subscriber's permanent residence, for themselves and each of their dependents. Please contact your broker or UnitedHealthcare renewal representative to obtain the PCP election form and submit the completed form along with the renewal change form.
 - Change or add specialty coverages using the Specialty product selection part of the form. You may also keep your current coverage.
2. Complete the [Employee Plan Selection Form](#) to identify any changes to the enrollment elections for your employees.
3. Sign at the bottom of the [Employee Plan Selection Form](#).
4. If required, complete, sign, and send the [Mental Health Parity Employer Acknowledgement form](#).
4. Contact your broker or return the completed forms by fax or email to the number at the bottom of the forms. Be sure to respond by the due date indicated.

Thank you for choosing UnitedHealthcare to provide health and wellness benefits for you and your employees for another year!

Federal regulation requires that you update your group's COBRA/Medicare status at the beginning of each calendar year, to be effective January 1. Changes are based upon the prior year employee count. If you would like to confirm your current COBRA or Medicare status or make an update for January 1st, please contact us at 1-888-UHC-HLP1 (1-888-842-4571) between 7 a.m. and 6 p.m. Central Time, Monday through Friday.

Renewal change form

1 Medical plan selection:

Please complete this section of the Renewal change form to identify the one or more benefit plan design options you will be offering to your employees.

Group number: 1573571
 Renewal date: 01/01/2025
 Employer name: VILLAGE OF KRONENWETTER
 1582 KRONENWETTER DRIVE
 KRONENWETTER, WI 54455

WI MC New 54 / WI054

Open Access HSA	Bronze	EB-F6 / RX K62S	<input type="checkbox"/>	Open Access HSA	Bronze	EB-F5 / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Silver	EB-ET / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Silver	EB-ES / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Silver	EB-FJ / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Silver	EB-EU / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Silver	EB-FK / RX K62S	<input type="checkbox"/>	Open Access HSA	Silver	EB-FQ / RX K62S	<input type="checkbox"/>
Open Access HSA	Silver	EB-FP / RX K62S	<input type="checkbox"/>	Open Access HSA	Silver	EB-FR / RX K62S	<input type="checkbox"/>
Open Access HSA	Silver	EB-FY / RX K62S	<input type="checkbox"/>	Open Access HSA	Silver	EB-FL / RX K62S	<input type="checkbox"/>
Open Access HSA	Silver	EB-FM / RX K62S	<input type="checkbox"/>	Open Access HSA w/Prem Rewards	Silver	EB-F2 / RX K62S	<input type="checkbox"/>
Open Access HSA	Silver	EB-FW / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Gold	EB-EZ / RX K62S	<input type="checkbox"/>
Open Access HSA w/Prem Rewards	Silver	EB-FZ / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Gold	EB-EW / RX K62S	<input type="checkbox"/>
Premier w/Care Cash	Gold	EB-GB / RX K62S	<input type="checkbox"/>	Premier w/Care Cash	Gold	EB-GC / RX K62S	<input type="checkbox"/>
Premier w/Care Cash	Gold	EB-F9 / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Gold	EB-FB / RX K62S	<input type="checkbox"/>
Premier w/Care Cash	Gold	EB-F7 / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Gold	EB-E6 / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Gold	EB-FF / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Gold	EB-E3 / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Gold	EB-FG / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Gold	EB-FD / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Gold	EB-E7 / RX K62S	<input type="checkbox"/>	Premier w/Care Cash	Gold	EB-F8 / RX K62S	<input type="checkbox"/>
Premier w/Care Cash	Gold	EB-GA / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Gold	EB-EX / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Gold	EB-E8 / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Gold	EB-EV / RX K62S	<input type="checkbox"/>
Open Access HSA	Gold	EB-FV / RX K62S	<input type="checkbox"/>	Open Access HSA	Gold	EB-FT / RX K62S	<input type="checkbox"/>
Open Access HSA w/Prem Rewards	Gold	EB-FX / RX K62S	<input type="checkbox"/>	Open Access HSA w/Prem Rewards	Gold	EB-FO / RX K62S	<input type="checkbox"/>
Open Access HSA	Gold	EB-FN / RX K62S	<input type="checkbox"/>	Open Access HSA	Gold	EB-FU / RX K62S	<input type="checkbox"/>
Open Access HSA	Gold	EB-FS / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Platinum	EB-FE / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Platinum	EB-FC / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Platinum	EB-E4 / RX K62S	<input type="checkbox"/>

Renewal change form (continued)

WI MC New 54 / WI054

Open Access w/Care Cash	Platinum	EB-E5 / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Platinum	EB-EY / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Platinum	EB-FI / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Platinum	EB-E9 / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Platinum	EB-FA / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Platinum	EB-E2 / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Platinum	EB-FH / RX K62S	<input type="checkbox"/>	Open Access w/Care Cash	Platinum	EB-F4 / RX K62S	<input type="checkbox"/>
Open Access w/Care Cash	Platinum	EB-F3 / RX K62S	<input type="checkbox"/>				

Other medical option: If you are selecting another Multi-choice package and/or medical plan not presented in this renewal package, please write in the Multi-Choice package ID, medical, and Rx plan below.

- Other Multi-Choice package ID: _____
 Other medical: _____
 With Rx plan: _____

Medical deductible option:

Indicate below whether you would like to make a change to your current medical plan deductible set up. Please work with your broker or UnitedHealthcare Representative to understand the impacts of making this change:

- No change Calendar year deductible Policy year deductible

Note: There may be an impact to indicating a Calendar year deductible if you have selected a Standard Health Reimbursement Account (HRA). For Standard HRAs administered through UnitedHealthcare, the HRA will always run concurrent with the renewal plan period. Therefore, if your renewal date is not January 1st and you select a Calendar year deductible, your employees may experience a number of months without HRA reimbursements. If you are changing from a Calendar Year deductible to a Policy Year Deductible, please contact your Renewal Account Executive (RAE).

HSA plan bank option

If you choose to select an HSA plan, please indicate which bank you will enroll your account in:

- Optum bank Another bank

Specialty product selection:

UnitedHealthcare has a comprehensive product portfolio with a wide variety of plan options to meet your needs. In addition to dental, vision and life we also offer short-term and long-term disability plans. To request a specialty quote, reach out to your Renewal Account Executive.

	No Change	Add	Change	Benefit level
Basic Life/AD&D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	No Change	Add	Change	Plan name
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	No Change	Add	Change	Plan name
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Employee plan selection form

Group number: 1573571
 Renewal date: 01/01/2025
 Employer name: VILLAGE OF KRONENWETTER
 1582 KRONENWETTER DRIVE
 KRONENWETTER, WI 54455

2 If your employees are offered more than one medical option, please complete and submit this form to report the option they've selected. For each medical plan selected, write the plan code name under the appropriate column headings; ("Renewal Plan 1-4"). Mark the box for each employee's name that corresponds to the medical plan they've elected. If you offer more than 4 plans, use the last column marked "Other Renewal" to write in the additional plan code on the same row as the employee's name.

			Medical plans must match those selected on the renewal change form					
Covered Employee		Member #	Current Medical Plan	Renewal Plan 1	Renewal Plan 2	Renewal Plan 3	Renewal Plan 4	Other Renewal (Write plan code on the same row as the employee's name, if the employee is selecting a plan other than Renewal Plans 1 – 4)
				Write Plan Code Here	Write Plan Code Here	Write Plan Code Here	Write Plan Code Here	
BRANDENBURG	MARIAH	183491451	CX-EM / RX K62S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DALLMAN	MASON	281635533	CX-EM / RX K62S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DUNST	DANIEL	320297494		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KONOPACKI	ISIAH	630116142	CX-EM / RX K62S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
XIONG	SOUA	346777350	CX-EM / RX K62S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* New Enrolled Employees Write In: The blank lines provided allow you to "write-in" an employee who is currently enrolled with a member ID, but may have been missed due to the timing of our renewal data pull. Please include their member ID along with their plan selection. These lines SHOULD NOT be used to add new employees who haven't had their enrollment form received and processed.

3 Sign and send:

I understand that non-medical coverage, if any, will be insured by UnitedHealthcare Insurance Company or one of its affiliates.

Full legal name of employer/firm: _____

Date signed: _____
(month/day/year)

Signed by: _____
(Employer signature)

- Indicate employee plan selections and submit your employee plan selection form by fax to 1-855-208-8348 by 12/12/2024, or e-mail us at plan_changes@uhc.com.
- If you have questions or wish to discuss your coverage options contact your broker or UnitedHealthcare representative at 1-866-432-5992 .

Submit

Enrollment Forms

Appendix

Appendix A: Employee enrollment detail and rates

*Current and renewal medical rates reflect the participant's age on the renewal date and may not be the same as the rates billed in the current billing.

Covered Employee	Age	Sex	Dep Cov [†]	Empl Status	Spo Age	Child Count	Current		Renewal	
							Plan Name	Premium	Plan Name	Premium
MARIAH C BRANDENBURG	27	F	S	A	27		CX-EM / RX K62S	\$1,515.78	EB-E2 / RX K62S	\$1,650.26
MASON J DALLMAN	25	M	S	A	26		CX-EM / RX K62S	\$1,466.61	EB-E2 / RX K62S	\$1,596.73
DANIEL S DUNST	36	M	F	A	33	3				
ISIAH J KONOPACKI	25	M	C	A		1	CX-EM / RX K62S	\$1,279.30	EB-E2 / RX K62S	\$1,392.81
SOUA XIONG	32	M	E	A			CX-EM / RX K62S	\$855.52	EB-E2 / RX K62S	\$931.42
Total Premium								\$5,117.21		\$5,571.22

Covered Employee	WI MC New 54 / WI054									
	EB-F6 / RX K62S	EB-F5 / RX K62S	EB-ET / RX K62S	EB-ES / RX K62S	EB-FJ / RX K62S	EB-EU / RX K62S	EB-FK / RX K62S	EB-FQ / RX K62S	EB-FP / RX K62S	EB-FR / RX K62S
MARIAH C BRANDENBURG	\$1,255.56	\$1,265.14	\$1,280.98	\$1,288.54	\$1,291.20	\$1,297.88	\$1,300.56	\$1,317.28	\$1,326.62	\$1,326.62
MASON J DALLMAN	\$1,214.84	\$1,224.10	\$1,239.41	\$1,246.73	\$1,249.30	\$1,255.78	\$1,258.37	\$1,274.53	\$1,283.58	\$1,283.58
DANIEL S DUNST										
ISIAH J KONOPACKI	\$1,059.69	\$1,067.76	\$1,081.12	\$1,087.51	\$1,089.75	\$1,095.40	\$1,097.66	\$1,111.76	\$1,119.65	\$1,119.65
SOUA XIONG	\$708.65	\$714.06	\$722.99	\$727.26	\$728.76	\$732.54	\$734.05	\$743.48	\$748.76	\$748.76
Total Premium										
	\$4,238.74	\$4,271.06	\$4,324.50	\$4,350.04	\$4,359.01	\$4,381.60	\$4,390.64	\$4,447.05	\$4,478.61	\$4,478.61

Covered Employee	EB-FY / RX K62S	EB-FL / RX K62S	EB-FM / RX K62S	EB-F2 / RX K62S	EB-FW / RX K62S	EB-EZ / RX K62S	EB-FZ / RX K62S	EB-EW / RX K62S	EB-GB / RX K62S	EB-GC / RX K62S
	MARIAH C BRANDENBURG	\$1,329.96	\$1,339.32	\$1,348.90	\$1,355.80	\$1,358.02	\$1,363.16	\$1,365.14	\$1,372.50	\$1,372.50
MASON J DALLMAN	\$1,286.81	\$1,295.88	\$1,305.14	\$1,311.81	\$1,313.96	\$1,318.93	\$1,320.86	\$1,327.98	\$1,327.98	\$1,333.79
DANIEL S DUNST										
ISIAH J KONOPACKI	\$1,122.47	\$1,130.38	\$1,138.45	\$1,144.28	\$1,146.15	\$1,150.49	\$1,152.17	\$1,158.38	\$1,158.38	\$1,163.45
SOUA XIONG	\$750.64	\$755.93	\$761.33	\$765.22	\$766.48	\$769.38	\$770.50	\$774.65	\$774.65	\$778.05
Total Premium										
	\$4,489.88	\$4,521.51	\$4,553.82	\$4,577.11	\$4,584.61	\$4,601.96	\$4,608.67	\$4,633.51	\$4,633.51	\$4,653.81

- Premium amount listed for each subscriber is the sum of the Appendix B rates for the subscriber and the applicable covered family members. Each applicable covered family member will be assigned the rate corresponding to his or her age. A maximum of 3 children under 21 will be included in the premium calculation completed for each subscriber. If there are more than 3 children under age 21, individual rates for only the 3 oldest are included in the subscriber's premium calculation. Employees and spouses under age 21, and children age 21 or over, are rated separately and not subject to the cap of 3.
- The medical premiums above are based on the family members who are covered for medical, and the premiums for each ancillary product are based on the family members who are covered for each specific ancillary product.

[†] E = Employee only, S = Employee + Spouse, C = Employee + Child, F = Employee + Family

Appendix

Appendix A: Employee enrollment detail and rates (continued)

Covered Employee	EB-F9 / RX K62S	EB-FB / RX K62S	EB-F7 / RX K62S	EB-E6 / RX K62S	EB-FF / RX K62S	EB-E3 / RX K62S	EB-FG / RX K62S	EB-FD / RX K62S	EB-E7 / RX K62S	EB-F8 / RX K62S
MARIAH C BRANDENBURG	\$1,393.68	\$1,396.78	\$1,400.12	\$1,405.92	\$1,408.36	\$1,411.70	\$1,411.70	\$1,417.50	\$1,420.84	\$1,427.96
MASON J DALLMAN	\$1,348.46	\$1,351.46	\$1,354.70	\$1,360.30	\$1,362.68	\$1,365.89	\$1,365.89	\$1,371.52	\$1,374.74	\$1,381.64
DANIEL S DUNST										
ISIAH J KONOPACKI	\$1,176.24	\$1,178.87	\$1,181.69	\$1,186.57	\$1,188.65	\$1,191.45	\$1,191.45	\$1,196.36	\$1,199.17	\$1,205.19
SOUA XIONG	\$786.60	\$788.35	\$790.24	\$793.51	\$794.89	\$796.77	\$796.77	\$800.05	\$801.93	\$805.95
Total Premium	\$4,704.98	\$4,715.46	\$4,726.75	\$4,746.30	\$4,754.58	\$4,765.81	\$4,765.81	\$4,785.43	\$4,796.68	\$4,820.74

Covered Employee	EB-FC / RX K62S	EB-E4 / RX K62S	EB-E5 / RX K62S	EB-EY / RX K62S	EB-FI / RX K62S	EB-E9 / RX K62S	EB-FA / RX K62S	EB-FH / RX K62S	EB-F4 / RX K62S	EB-F3 / RX K62S
MARIAH C BRANDENBURG	\$1,582.78	\$1,591.92	\$1,600.58	\$1,619.30	\$1,623.98	\$1,627.98	\$1,641.56	\$1,683.88	\$1,702.38	\$1,706.84
MASON J DALLMAN	\$1,531.42	\$1,540.27	\$1,548.66	\$1,566.77	\$1,571.30	\$1,575.17	\$1,588.31	\$1,629.25	\$1,647.14	\$1,651.46
DANIEL S DUNST										
ISIAH J KONOPACKI	\$1,335.84	\$1,343.56	\$1,350.87	\$1,366.68	\$1,370.62	\$1,374.00	\$1,385.46	\$1,421.18	\$1,436.78	\$1,440.55
SOUA XIONG	\$893.33	\$898.49	\$903.39	\$913.95	\$916.59	\$918.85	\$926.51	\$950.40	\$960.83	\$963.35
Total Premium	\$5,343.37	\$5,374.24	\$5,403.50	\$5,466.70	\$5,482.49	\$5,496.00	\$5,541.84	\$5,684.71	\$5,747.13	\$5,762.20

Appendix A: Employee enrollment detail and rates (continued)

EB-GA / RX K62S	EB-EX / RX K62S	EB-E8 / RX K62S	EB-EV / RX K62S	EB-FV / RX K62S	EB-FT / RX K62S	EB-FX / RX K62S	EB-FO / RX K62S	EB-FN / RX K62S	EB-FU / RX K62S	EB-FS / RX K62S	EB-FE / RX K62S
\$1,437.10	\$1,438.22	\$1,447.36	\$1,465.60	\$1,484.32	\$1,493.44	\$1,515.06	\$1,523.96	\$1,539.56	\$1,552.92	\$1,561.60	\$1,574.08
\$1,390.48	\$1,391.55	\$1,400.39	\$1,418.06	\$1,436.17	\$1,444.99	\$1,465.90	\$1,474.52	\$1,489.61	\$1,502.54	\$1,510.94	\$1,523.00
\$1,212.89	\$1,213.83	\$1,221.55	\$1,236.96	\$1,252.75	\$1,260.45	\$1,278.68	\$1,286.21	\$1,299.37	\$1,310.65	\$1,317.98	\$1,328.50
\$811.11	\$811.74	\$816.90	\$827.20	\$837.77	\$842.91	\$855.11	\$860.14	\$868.94	\$876.48	\$881.38	\$888.42
\$4,851.58	\$4,855.34	\$4,886.20	\$4,947.82	\$5,011.01	\$5,041.79	\$5,114.75	\$5,144.83	\$5,197.48	\$5,242.59	\$5,271.90	\$5,314.00

Dental Renewal

\$91.15
\$91.15
\$141.80
\$45.58
\$45.58
\$415.26

Appendix

Appendix B: Monthly rates by age

Current Rates		Renewal Rates WI MC New 54 / WI054											
Balanced 100		Open Access w/Care Cash		Open Access HSA		Open Access HSA		Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash	
CX-EM / RX K62S		EB-E2 / RX K62S		EB-F6 / RX K62S		EB-F5 / RX K62S		EB-ET / RX K62S		EB-ES / RX K62S		EB-FJ / RX K62S	
Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
<15	\$553.23	<15	\$602.32	<15	\$458.26	<15	\$461.75	<15	\$467.53	<15	\$470.29	<15	\$471.26
15	\$602.41	15	\$655.85	15	\$498.99	15	\$502.80	15	\$509.09	15	\$512.10	15	\$513.15
16	\$621.21	16	\$676.33	16	\$514.57	16	\$518.49	16	\$524.98	16	\$528.08	16	\$529.17
17	\$640.01	17	\$696.80	17	\$530.14	17	\$534.19	17	\$540.87	17	\$544.06	17	\$545.19
18	\$660.26	18	\$718.84	18	\$546.91	18	\$551.09	18	\$557.98	18	\$561.28	18	\$562.44
19	\$680.51	19	\$740.89	19	\$563.69	19	\$567.99	19	\$575.09	19	\$578.49	19	\$579.68
20	\$701.48	20	\$763.72	20	\$581.06	20	\$585.49	20	\$592.82	20	\$596.32	20	\$597.55
21	\$723.18	21	\$787.34	21	\$599.03	21	\$603.60	21	\$611.15	21	\$614.76	21	\$616.03
22	\$723.18	22	\$787.34	22	\$599.03	22	\$603.60	22	\$611.15	22	\$614.76	22	\$616.03
23	\$723.18	23	\$787.34	23	\$599.03	23	\$603.60	23	\$611.15	23	\$614.76	23	\$616.03
24	\$723.18	24	\$787.34	24	\$599.03	24	\$603.60	24	\$611.15	24	\$614.76	24	\$616.03
25	\$726.07	25	\$790.49	25	\$601.43	25	\$606.01	25	\$613.59	25	\$617.22	25	\$618.49
26	\$740.54	26	\$806.24	26	\$613.41	26	\$618.09	26	\$625.82	26	\$629.51	26	\$630.81
27	\$757.89	27	\$825.13	27	\$627.78	27	\$632.57	27	\$640.49	27	\$644.27	27	\$645.60
28	\$786.10	28	\$855.84	28	\$651.15	28	\$656.11	28	\$664.32	28	\$668.24	28	\$669.62
29	\$809.24	29	\$881.03	29	\$670.31	29	\$675.43	29	\$683.88	29	\$687.92	29	\$689.34
30	\$820.81	30	\$893.63	30	\$679.90	30	\$685.09	30	\$693.66	30	\$697.75	30	\$699.19
31	\$838.17	31	\$912.53	31	\$694.28	31	\$699.57	31	\$708.32	31	\$712.51	31	\$713.98
32	\$855.52	32	\$931.42	32	\$708.65	32	\$714.06	32	\$722.99	32	\$727.26	32	\$728.76
33	\$866.37	33	\$943.23	33	\$717.64	33	\$723.11	33	\$732.16	33	\$736.48	33	\$738.00
34	\$877.94	34	\$955.83	34	\$727.22	34	\$732.77	34	\$741.94	34	\$746.32	34	\$747.86
35	\$883.73	35	\$962.13	35	\$732.01	35	\$737.60	35	\$746.83	35	\$751.24	35	\$752.79
36	\$889.51	36	\$968.43	36	\$736.81	36	\$742.43	36	\$751.71	36	\$756.15	36	\$757.72
37	\$895.30	37	\$974.73	37	\$741.60	37	\$747.26	37	\$756.60	37	\$761.07	37	\$762.65
38	\$901.08	38	\$981.03	38	\$746.39	38	\$752.09	38	\$761.49	38	\$765.99	38	\$767.57
39	\$912.65	39	\$993.62	39	\$755.98	39	\$761.74	39	\$771.27	39	\$775.83	39	\$777.43
40	\$924.22	40	\$1,006.22	40	\$765.56	40	\$771.40	40	\$781.05	40	\$785.66	40	\$787.29
41	\$941.58	41	\$1,025.12	41	\$779.94	41	\$785.89	41	\$795.72	41	\$800.42	41	\$802.07
42	\$958.21	42	\$1,043.23	42	\$793.71	42	\$799.77	42	\$809.77	42	\$814.56	42	\$816.24
43	\$981.36	43	\$1,068.42	43	\$812.88	43	\$819.09	43	\$829.33	43	\$834.23	43	\$835.95
44	\$1,010.28	44	\$1,099.91	44	\$836.84	44	\$843.23	44	\$853.78	44	\$858.82	44	\$860.59
45	\$1,044.27	45	\$1,136.92	45	\$865.00	45	\$871.60	45	\$882.50	45	\$887.71	45	\$889.55
46	\$1,084.77	46	\$1,181.01	46	\$898.55	46	\$905.40	46	\$916.73	46	\$922.14	46	\$924.05
47	\$1,130.33	47	\$1,230.61	47	\$936.28	47	\$943.43	47	\$955.23	47	\$960.87	47	\$962.85
48	\$1,182.40	48	\$1,287.30	48	\$979.41	48	\$986.89	48	\$999.23	48	\$1,005.13	48	\$1,007.21
49	\$1,233.75	49	\$1,343.20	49	\$1,021.95	49	\$1,029.74	49	\$1,042.62	49	\$1,048.78	49	\$1,050.95
50	\$1,291.60	50	\$1,406.19	50	\$1,069.87	50	\$1,078.03	50	\$1,091.51	50	\$1,097.96	50	\$1,100.23
51	\$1,348.73	51	\$1,468.39	51	\$1,117.19	51	\$1,125.71	51	\$1,139.79	51	\$1,146.53	51	\$1,148.90
52	\$1,411.65	52	\$1,536.89	52	\$1,169.31	52	\$1,178.23	52	\$1,192.96	52	\$1,200.01	52	\$1,202.49
53	\$1,475.29	53	\$1,606.17	53	\$1,222.02	53	\$1,231.34	53	\$1,246.75	53	\$1,254.11	53	\$1,256.70
54	\$1,543.99	54	\$1,680.97	54	\$1,278.93	54	\$1,288.69	54	\$1,304.81	54	\$1,312.51	54	\$1,315.22
55	\$1,612.69	55	\$1,755.77	55	\$1,335.84	55	\$1,346.03	55	\$1,362.86	55	\$1,370.91	55	\$1,373.75
56	\$1,687.18	56	\$1,836.86	56	\$1,397.54	56	\$1,408.20	56	\$1,425.81	56	\$1,434.24	56	\$1,437.20
57	\$1,762.39	57	\$1,918.75	57	\$1,459.84	57	\$1,470.97	57	\$1,489.37	57	\$1,498.17	57	\$1,501.27
58	\$1,842.66	58	\$2,006.14	58	\$1,526.33	58	\$1,537.97	58	\$1,557.21	58	\$1,566.41	58	\$1,569.64
59	\$1,882.44	59	\$2,049.45	59	\$1,559.28	59	\$1,571.17	59	\$1,590.82	59	\$1,600.22	59	\$1,603.53
60	\$1,962.71	60	\$2,136.84	60	\$1,625.77	60	\$1,638.17	60	\$1,658.66	60	\$1,668.46	60	\$1,671.91
61	\$2,032.14	61	\$2,212.43	61	\$1,683.27	61	\$1,696.12	61	\$1,717.33	61	\$1,727.48	61	\$1,731.04
62	\$2,077.70	62	\$2,262.03	62	\$1,721.01	62	\$1,734.14	62	\$1,755.83	62	\$1,766.21	62	\$1,769.85
63	\$2,134.83	63	\$2,324.23	63	\$1,768.34	63	\$1,781.83	63	\$1,804.11	63	\$1,814.77	63	\$1,818.52
64+	\$2,169.54	64+	\$2,362.02	64+	\$1,797.09	64+	\$1,810.80	64+	\$1,833.45	64+	\$1,844.28	64+	\$1,848.09

Appendix B: Monthly rates by age (continued)

Open Access w/Care Cash		Open Access w/Care Cash		Open Access HSA		Open Access HSA		Open Access HSA		Open Access HSA		Open Access HSA	
EB-EU / RX K62S		EB-FK / RX K62S		EB-FQ / RX K62S		EB-FP / RX K62S		EB-FR / RX K62S		EB-FY / RX K62S		EB-FL / RX K62S	
Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
<15	\$473.70	<15	\$474.68	<15	\$480.78	<15	\$484.19	<15	\$484.19	<15	\$485.41	<15	\$488.83
15	\$515.81	15	\$516.88	15	\$523.52	15	\$527.23	15	\$527.23	15	\$528.56	15	\$532.28
16	\$531.91	16	\$533.01	16	\$539.86	16	\$543.69	16	\$543.69	16	\$545.05	16	\$548.89
17	\$548.01	17	\$549.14	17	\$556.20	17	\$560.14	17	\$560.14	17	\$561.55	17	\$565.51
18	\$565.35	18	\$566.52	18	\$573.79	18	\$577.87	18	\$577.87	18	\$579.32	18	\$583.40
19	\$582.69	19	\$583.89	19	\$591.39	19	\$595.59	19	\$595.59	19	\$597.08	19	\$601.29
20	\$600.64	20	\$601.89	20	\$609.62	20	\$613.94	20	\$613.94	20	\$615.48	20	\$619.82
21	\$619.22	21	\$620.50	21	\$628.47	21	\$632.93	21	\$632.93	21	\$634.52	21	\$638.99
22	\$619.22	22	\$620.50	22	\$628.47	22	\$632.93	22	\$632.93	22	\$634.52	22	\$638.99
23	\$619.22	23	\$620.50	23	\$628.47	23	\$632.93	23	\$632.93	23	\$634.52	23	\$638.99
24	\$619.22	24	\$620.50	24	\$628.47	24	\$632.93	24	\$632.93	24	\$634.52	24	\$638.99
25	\$621.70	25	\$622.98	25	\$630.98	25	\$635.46	25	\$635.46	25	\$637.06	25	\$641.55
26	\$634.08	26	\$635.39	26	\$643.55	26	\$648.12	26	\$648.12	26	\$649.75	26	\$654.33
27	\$648.94	27	\$650.28	27	\$658.64	27	\$663.31	27	\$663.31	27	\$664.98	27	\$669.66
28	\$673.09	28	\$674.48	28	\$683.15	28	\$687.99	28	\$687.99	28	\$689.72	28	\$694.58
29	\$692.91	29	\$694.34	29	\$703.26	29	\$708.25	29	\$708.25	29	\$710.03	29	\$715.03
30	\$702.81	30	\$704.27	30	\$713.31	30	\$718.38	30	\$718.38	30	\$720.18	30	\$725.25
31	\$717.68	31	\$719.16	31	\$728.40	31	\$733.57	31	\$733.57	31	\$735.41	31	\$740.59
32	\$732.54	32	\$734.05	32	\$743.48	32	\$748.76	32	\$748.76	32	\$750.64	32	\$755.93
33	\$741.83	33	\$743.36	33	\$752.91	33	\$758.25	33	\$758.25	33	\$760.15	33	\$765.51
34	\$751.73	34	\$753.29	34	\$762.96	34	\$768.38	34	\$768.38	34	\$770.31	34	\$775.73
35	\$756.69	35	\$758.25	35	\$767.99	35	\$773.44	35	\$773.44	35	\$775.38	35	\$780.85
36	\$761.64	36	\$763.22	36	\$773.02	36	\$778.50	36	\$778.50	36	\$780.46	36	\$785.96
37	\$766.59	37	\$768.18	37	\$778.05	37	\$783.57	37	\$783.57	37	\$785.54	37	\$791.07
38	\$771.55	38	\$773.14	38	\$783.07	38	\$788.63	38	\$788.63	38	\$790.61	38	\$796.18
39	\$781.46	39	\$783.07	39	\$793.13	39	\$798.76	39	\$798.76	39	\$800.76	39	\$806.41
40	\$791.36	40	\$793.00	40	\$803.18	40	\$808.88	40	\$808.88	40	\$810.92	40	\$816.63
41	\$806.22	41	\$807.89	41	\$818.27	41	\$824.07	41	\$824.07	41	\$826.15	41	\$831.96
42	\$820.47	42	\$822.16	42	\$832.72	42	\$838.63	42	\$838.63	42	\$840.74	42	\$846.66
43	\$840.28	43	\$842.02	43	\$852.83	43	\$858.89	43	\$858.89	43	\$861.04	43	\$867.11
44	\$865.05	44	\$866.84	44	\$877.97	44	\$884.20	44	\$884.20	44	\$886.42	44	\$892.67
45	\$894.15	45	\$896.00	45	\$907.51	45	\$913.95	45	\$913.95	45	\$916.25	45	\$922.70
46	\$928.83	46	\$930.75	46	\$942.71	46	\$949.40	46	\$949.40	46	\$951.78	46	\$958.49
47	\$967.84	47	\$969.84	47	\$982.30	47	\$989.27	47	\$989.27	47	\$991.75	47	\$998.74
48	\$1,012.42	48	\$1,014.52	48	\$1,027.55	48	\$1,034.84	48	\$1,034.84	48	\$1,037.44	48	\$1,044.75
49	\$1,056.39	49	\$1,058.57	49	\$1,072.17	49	\$1,079.78	49	\$1,079.78	49	\$1,082.49	49	\$1,090.12
50	\$1,105.93	50	\$1,108.21	50	\$1,122.45	50	\$1,130.41	50	\$1,130.41	50	\$1,133.25	50	\$1,141.24
51	\$1,154.85	51	\$1,157.23	51	\$1,172.10	51	\$1,180.41	51	\$1,180.41	51	\$1,183.38	51	\$1,191.72
52	\$1,208.72	52	\$1,211.22	52	\$1,226.77	52	\$1,235.48	52	\$1,235.48	52	\$1,238.58	52	\$1,247.31
53	\$1,263.21	53	\$1,265.82	53	\$1,282.08	53	\$1,291.18	53	\$1,291.18	53	\$1,294.42	53	\$1,303.54
54	\$1,322.03	54	\$1,324.77	54	\$1,341.78	54	\$1,351.31	54	\$1,351.31	54	\$1,354.70	54	\$1,364.24
55	\$1,380.86	55	\$1,383.72	55	\$1,401.49	55	\$1,411.43	55	\$1,411.43	55	\$1,414.98	55	\$1,424.95
56	\$1,444.64	56	\$1,447.63	56	\$1,466.22	56	\$1,476.63	56	\$1,476.63	56	\$1,480.34	56	\$1,490.76
57	\$1,509.04	57	\$1,512.16	57	\$1,531.58	57	\$1,542.45	57	\$1,542.45	57	\$1,546.33	57	\$1,557.22
58	\$1,577.77	58	\$1,581.03	58	\$1,601.34	58	\$1,612.71	58	\$1,612.71	58	\$1,616.76	58	\$1,628.15
59	\$1,611.83	59	\$1,615.16	59	\$1,635.91	59	\$1,647.52	59	\$1,647.52	59	\$1,651.66	59	\$1,663.29
60	\$1,680.56	60	\$1,684.04	60	\$1,705.67	60	\$1,717.77	60	\$1,717.77	60	\$1,722.09	60	\$1,734.22
61	\$1,740.01	61	\$1,743.61	61	\$1,766.00	61	\$1,778.53	61	\$1,778.53	61	\$1,783.00	61	\$1,795.56
62	\$1,779.02	62	\$1,782.70	62	\$1,805.59	62	\$1,818.41	62	\$1,818.41	62	\$1,822.98	62	\$1,835.82
63	\$1,827.94	63	\$1,831.72	63	\$1,855.24	63	\$1,868.41	63	\$1,868.41	63	\$1,873.10	63	\$1,886.30
64+	\$1,857.66	64+	\$1,861.50	64+	\$1,885.41	64+	\$1,898.79	64+	\$1,898.79	64+	\$1,903.56	64+	\$1,916.97

Appendix

Appendix B: Monthly rates by age (continued)

Open Access HSA		Open Access HSA w/ Prem Rewards		Open Access HSA		Open Access w/Care Cash		Open Access HSA w/ Prem Rewards		Open Access w/Care Cash		Premier w/Care Cash	
EB-FM / RX K62S		EB-F2 / RX K62S		EB-FW / RX K62S		EB-EZ / RX K62S		EB-FZ / RX K62S		EB-EW / RX K62S		EB-GB / RX K62S	
Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
<15	\$492.32	<15	\$494.84	<15	\$495.65	<15	\$497.53	<15	\$498.25	<15	\$500.94	<15	\$500.94
15	\$536.09	15	\$538.83	15	\$539.71	15	\$541.75	15	\$542.54	15	\$545.47	15	\$545.47
16	\$552.82	16	\$555.64	16	\$556.55	16	\$558.66	16	\$559.48	16	\$562.49	16	\$562.49
17	\$569.55	17	\$572.46	17	\$573.40	17	\$575.57	17	\$576.41	17	\$579.52	17	\$579.52
18	\$587.57	18	\$590.57	18	\$591.54	18	\$593.78	18	\$594.65	18	\$597.85	18	\$597.85
19	\$605.59	19	\$608.69	19	\$609.68	19	\$611.99	19	\$612.88	19	\$616.19	19	\$616.19
20	\$624.25	20	\$627.44	20	\$628.47	20	\$630.85	20	\$631.77	20	\$635.18	20	\$635.18
21	\$643.56	21	\$646.85	21	\$647.91	21	\$650.36	21	\$651.31	21	\$654.82	21	\$654.82
22	\$643.56	22	\$646.85	22	\$647.91	22	\$650.36	22	\$651.31	22	\$654.82	22	\$654.82
23	\$643.56	23	\$646.85	23	\$647.91	23	\$650.36	23	\$651.31	23	\$654.82	23	\$654.82
24	\$643.56	24	\$646.85	24	\$647.91	24	\$650.36	24	\$651.31	24	\$654.82	24	\$654.82
25	\$646.13	25	\$649.44	25	\$650.50	25	\$652.96	25	\$653.92	25	\$657.44	25	\$657.44
26	\$659.01	26	\$662.37	26	\$663.46	26	\$665.97	26	\$666.94	26	\$670.54	26	\$670.54
27	\$674.45	27	\$677.90	27	\$679.01	27	\$681.58	27	\$682.57	27	\$686.25	27	\$686.25
28	\$699.55	28	\$703.13	28	\$704.28	28	\$706.94	28	\$707.97	28	\$711.79	28	\$711.79
29	\$720.14	29	\$723.83	29	\$725.01	29	\$727.75	29	\$728.82	29	\$732.74	29	\$732.74
30	\$730.44	30	\$734.17	30	\$735.38	30	\$738.16	30	\$739.24	30	\$743.22	30	\$743.22
31	\$745.89	31	\$749.70	31	\$750.93	31	\$753.77	31	\$754.87	31	\$758.94	31	\$758.94
32	\$761.33	32	\$765.22	32	\$766.48	32	\$769.38	32	\$770.50	32	\$774.65	32	\$774.65
33	\$770.98	33	\$774.93	33	\$776.20	33	\$779.13	33	\$780.27	33	\$784.47	33	\$784.47
34	\$781.28	34	\$785.28	34	\$786.56	34	\$789.54	34	\$790.69	34	\$794.95	34	\$794.95
35	\$786.43	35	\$790.45	35	\$791.75	35	\$794.74	35	\$795.90	35	\$800.19	35	\$800.19
36	\$791.58	36	\$795.63	36	\$796.93	36	\$799.94	36	\$801.11	36	\$805.43	36	\$805.43
37	\$796.73	37	\$800.80	37	\$802.11	37	\$805.15	37	\$806.32	37	\$810.67	37	\$810.67
38	\$801.88	38	\$805.98	38	\$807.30	38	\$810.35	38	\$811.53	38	\$815.91	38	\$815.91
39	\$812.17	39	\$816.32	39	\$817.66	39	\$820.75	39	\$821.95	39	\$826.38	39	\$826.38
40	\$822.47	40	\$826.67	40	\$828.03	40	\$831.16	40	\$832.37	40	\$836.86	40	\$836.86
41	\$837.92	41	\$842.20	41	\$843.58	41	\$846.77	41	\$848.01	41	\$852.58	41	\$852.58
42	\$852.72	42	\$857.08	42	\$858.48	42	\$861.73	42	\$862.99	42	\$867.64	42	\$867.64
43	\$873.31	43	\$877.78	43	\$879.21	43	\$882.54	43	\$883.83	43	\$888.59	43	\$888.59
44	\$899.05	44	\$903.65	44	\$905.13	44	\$908.55	44	\$909.88	44	\$914.78	44	\$914.78
45	\$929.30	45	\$934.05	45	\$935.58	45	\$939.12	45	\$940.49	45	\$945.56	45	\$945.56
46	\$965.34	46	\$970.28	46	\$971.87	46	\$975.54	46	\$976.97	46	\$982.23	46	\$982.23
47	\$1,005.88	47	\$1,011.03	47	\$1,012.68	47	\$1,016.51	47	\$1,018.00	47	\$1,023.48	47	\$1,023.48
48	\$1,052.22	48	\$1,057.60	48	\$1,059.33	48	\$1,063.34	48	\$1,064.89	48	\$1,070.63	48	\$1,070.63
49	\$1,097.91	49	\$1,103.53	49	\$1,105.33	49	\$1,109.51	49	\$1,111.13	49	\$1,117.12	49	\$1,117.12
50	\$1,149.40	50	\$1,155.27	50	\$1,157.17	50	\$1,161.54	50	\$1,163.24	50	\$1,169.51	50	\$1,169.51
51	\$1,200.24	51	\$1,206.38	51	\$1,208.35	51	\$1,212.92	51	\$1,214.69	51	\$1,221.24	51	\$1,221.24
52	\$1,256.23	52	\$1,262.65	52	\$1,264.72	52	\$1,269.50	52	\$1,271.36	52	\$1,278.21	52	\$1,278.21
53	\$1,312.86	53	\$1,319.57	53	\$1,321.74	53	\$1,326.73	53	\$1,328.67	53	\$1,335.83	53	\$1,335.83
54	\$1,374.00	54	\$1,381.02	54	\$1,383.29	54	\$1,388.52	54	\$1,390.55	54	\$1,398.04	54	\$1,398.04
55	\$1,435.14	55	\$1,442.48	55	\$1,444.84	55	\$1,450.30	55	\$1,452.42	55	\$1,460.25	55	\$1,460.25
56	\$1,501.43	56	\$1,509.10	56	\$1,511.57	56	\$1,517.29	56	\$1,519.51	56	\$1,527.70	56	\$1,527.70
57	\$1,568.36	57	\$1,576.37	57	\$1,578.96	57	\$1,584.93	57	\$1,587.24	57	\$1,595.80	57	\$1,595.80
58	\$1,639.79	58	\$1,648.17	58	\$1,650.87	58	\$1,657.12	58	\$1,659.54	58	\$1,668.48	58	\$1,668.48
59	\$1,675.19	59	\$1,683.75	59	\$1,686.51	59	\$1,692.89	59	\$1,695.36	59	\$1,704.50	59	\$1,704.50
60	\$1,746.62	60	\$1,755.55	60	\$1,758.43	60	\$1,765.08	60	\$1,767.66	60	\$1,777.18	60	\$1,777.18
61	\$1,808.40	61	\$1,817.65	61	\$1,820.63	61	\$1,827.51	61	\$1,830.18	61	\$1,840.04	61	\$1,840.04
62	\$1,848.95	62	\$1,858.40	62	\$1,861.45	62	\$1,868.48	62	\$1,871.21	62	\$1,881.30	62	\$1,881.30
63	\$1,899.79	63	\$1,909.50	63	\$1,912.63	63	\$1,919.86	63	\$1,922.67	63	\$1,933.03	63	\$1,933.03
64+	\$1,930.68	64+	\$1,940.55	64+	\$1,943.73	64+	\$1,951.08	64+	\$1,953.93	64+	\$1,964.46	64+	\$1,964.46

Appendix B: Monthly rates by age (continued)

Premier w/Care Cash		Premier w/Care Cash		Open Access w/Care Cash		Premier w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash	
EB-GC / RX K62S		EB-F9 / RX K62S		EB-FB / RX K62S		EB-F7 / RX K62S		EB-E6 / RX K62S		EB-FF / RX K62S		EB-E3 / RX K62S	
Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
<15	\$503.13	<15	\$508.66	<15	\$509.80	<15	\$511.02	<15	\$513.13	<15	\$514.03	<15	\$515.24
15	\$547.86	15	\$553.88	15	\$555.11	15	\$556.44	15	\$558.74	15	\$559.72	15	\$561.04
16	\$564.96	16	\$571.17	16	\$572.44	16	\$573.81	16	\$576.18	16	\$577.19	16	\$578.55
17	\$582.06	17	\$588.45	17	\$589.76	17	\$591.18	17	\$593.62	17	\$594.66	17	\$596.07
18	\$600.47	18	\$607.07	18	\$608.42	18	\$609.88	18	\$612.40	18	\$613.47	18	\$614.92
19	\$618.89	19	\$625.69	19	\$627.08	19	\$628.59	19	\$631.19	19	\$632.29	19	\$633.78
20	\$637.96	20	\$644.97	20	\$646.41	20	\$647.96	20	\$650.64	20	\$651.77	20	\$653.31
21	\$657.69	21	\$664.92	21	\$666.40	21	\$668.00	21	\$670.76	21	\$671.93	21	\$673.52
22	\$657.69	22	\$664.92	22	\$666.40	22	\$668.00	22	\$670.76	22	\$671.93	22	\$673.52
23	\$657.69	23	\$664.92	23	\$666.40	23	\$668.00	23	\$670.76	23	\$671.93	23	\$673.52
24	\$657.69	24	\$664.92	24	\$666.40	24	\$668.00	24	\$670.76	24	\$671.93	24	\$673.52
25	\$660.32	25	\$667.58	25	\$669.07	25	\$670.67	25	\$673.44	25	\$674.62	25	\$676.21
26	\$673.47	26	\$680.88	26	\$682.39	26	\$684.03	26	\$686.86	26	\$688.06	26	\$689.68
27	\$689.26	27	\$696.84	27	\$698.39	27	\$700.06	27	\$702.96	27	\$704.18	27	\$705.85
28	\$714.91	28	\$722.77	28	\$724.38	28	\$726.12	28	\$729.12	28	\$730.39	28	\$732.12
29	\$735.96	29	\$744.05	29	\$745.70	29	\$747.49	29	\$750.58	29	\$751.89	29	\$753.67
30	\$746.48	30	\$754.68	30	\$756.36	30	\$758.18	30	\$761.31	30	\$762.64	30	\$764.45
31	\$762.26	31	\$770.64	31	\$772.36	31	\$774.21	31	\$777.41	31	\$778.77	31	\$780.61
32	\$778.05	32	\$786.60	32	\$788.35	32	\$790.24	32	\$793.51	32	\$794.89	32	\$796.77
33	\$787.91	33	\$796.57	33	\$798.35	33	\$800.26	33	\$803.57	33	\$804.97	33	\$806.88
34	\$798.44	34	\$807.21	34	\$809.01	34	\$810.95	34	\$814.30	34	\$815.72	34	\$817.65
35	\$803.70	35	\$812.53	35	\$814.34	35	\$816.30	35	\$819.67	35	\$821.10	35	\$823.04
36	\$808.96	36	\$817.85	36	\$819.67	36	\$821.64	36	\$825.03	36	\$826.47	36	\$828.43
37	\$814.22	37	\$823.17	37	\$825.00	37	\$826.98	37	\$830.40	37	\$831.85	37	\$833.82
38	\$819.48	38	\$828.49	38	\$830.33	38	\$832.33	38	\$835.77	38	\$837.22	38	\$839.21
39	\$830.00	39	\$839.13	39	\$841.00	39	\$843.02	39	\$846.50	39	\$847.98	39	\$849.98
40	\$840.53	40	\$849.77	40	\$851.66	40	\$853.70	40	\$857.23	40	\$858.73	40	\$860.76
41	\$856.31	41	\$865.73	41	\$867.65	41	\$869.74	41	\$873.33	41	\$874.85	41	\$876.92
42	\$871.44	42	\$881.02	42	\$882.98	42	\$885.10	42	\$888.76	42	\$890.31	42	\$892.41
43	\$892.49	43	\$902.30	43	\$904.30	43	\$906.48	43	\$910.22	43	\$911.81	43	\$913.97
44	\$918.79	44	\$928.89	44	\$930.96	44	\$933.20	44	\$937.05	44	\$938.69	44	\$940.91
45	\$949.70	45	\$960.14	45	\$962.28	45	\$964.59	45	\$968.58	45	\$970.27	45	\$972.56
46	\$986.54	46	\$997.38	46	\$999.60	46	\$1,002.00	46	\$1,006.14	46	\$1,007.90	46	\$1,010.28
47	\$1,027.97	47	\$1,039.27	47	\$1,041.58	47	\$1,044.08	47	\$1,048.40	47	\$1,050.23	47	\$1,052.71
48	\$1,075.32	48	\$1,087.14	48	\$1,089.56	48	\$1,092.18	48	\$1,096.69	48	\$1,098.61	48	\$1,101.21
49	\$1,122.02	49	\$1,134.35	49	\$1,136.88	49	\$1,139.61	49	\$1,144.32	49	\$1,146.31	49	\$1,149.03
50	\$1,174.63	50	\$1,187.55	50	\$1,190.19	50	\$1,193.05	50	\$1,197.98	50	\$1,200.07	50	\$1,202.91
51	\$1,226.59	51	\$1,240.08	51	\$1,242.84	51	\$1,245.82	51	\$1,250.97	51	\$1,253.15	51	\$1,256.11
52	\$1,283.81	52	\$1,297.92	52	\$1,300.81	52	\$1,303.94	52	\$1,309.32	52	\$1,311.61	52	\$1,314.71
53	\$1,341.69	53	\$1,356.44	53	\$1,359.46	53	\$1,362.72	53	\$1,368.35	53	\$1,370.74	53	\$1,373.98
54	\$1,404.17	54	\$1,419.60	54	\$1,422.76	54	\$1,426.18	54	\$1,432.07	54	\$1,434.57	54	\$1,437.97
55	\$1,466.65	55	\$1,482.77	55	\$1,486.07	55	\$1,489.64	55	\$1,495.79	55	\$1,498.40	55	\$1,501.95
56	\$1,534.39	56	\$1,551.26	56	\$1,554.71	56	\$1,558.44	56	\$1,564.88	56	\$1,567.61	56	\$1,571.32
57	\$1,602.79	57	\$1,620.41	57	\$1,624.02	57	\$1,627.92	57	\$1,634.64	57	\$1,637.49	57	\$1,641.37
58	\$1,675.79	58	\$1,694.22	58	\$1,697.99	58	\$1,702.06	58	\$1,709.10	58	\$1,712.08	58	\$1,716.13
59	\$1,711.97	59	\$1,730.79	59	\$1,734.64	59	\$1,738.80	59	\$1,745.99	59	\$1,749.03	59	\$1,753.17
60	\$1,784.97	60	\$1,804.59	60	\$1,808.61	60	\$1,812.95	60	\$1,820.44	60	\$1,823.62	60	\$1,827.93
61	\$1,848.11	61	\$1,868.43	61	\$1,872.58	61	\$1,877.08	61	\$1,884.84	61	\$1,888.12	61	\$1,892.59
62	\$1,889.54	62	\$1,910.32	62	\$1,914.57	62	\$1,919.16	62	\$1,927.09	62	\$1,930.45	62	\$1,935.02
63	\$1,941.50	63	\$1,962.84	63	\$1,967.21	63	\$1,971.94	63	\$1,980.08	63	\$1,983.54	63	\$1,988.23
64+	\$1,973.07	64+	\$1,994.76	64+	\$1,999.20	64+	\$2,004.00	64+	\$2,012.28	64+	\$2,015.79	64+	\$2,020.56

Appendix

Appendix B: Monthly rates by age (continued)

Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash		Premier w/Care Cash		Premier w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash	
EB-FG / RX K62S		EB-FD / RX K62S		EB-E7 / RX K62S		EB-F8 / RX K62S		EB-GA / RX K62S		EB-EX / RX K62S		EB-E8 / RX K62S	
Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
<15	\$515.24	<15	\$517.36	<15	\$518.58	<15	\$521.18	<15	\$524.51	<15	\$524.92	<15	\$528.26
15	\$561.04	15	\$563.35	15	\$564.67	15	\$567.51	15	\$571.14	15	\$571.58	15	\$575.21
16	\$578.55	16	\$580.93	16	\$582.30	16	\$585.22	16	\$588.96	16	\$589.42	16	\$593.17
17	\$596.07	17	\$598.52	17	\$599.92	17	\$602.93	17	\$606.79	17	\$607.26	17	\$611.12
18	\$614.92	18	\$617.45	18	\$618.90	18	\$622.01	18	\$625.99	18	\$626.47	18	\$630.45
19	\$633.78	19	\$636.39	19	\$637.89	19	\$641.08	19	\$645.19	19	\$645.69	19	\$649.79
20	\$653.31	20	\$656.00	20	\$657.54	20	\$660.84	20	\$665.07	20	\$665.58	20	\$669.81
21	\$673.52	21	\$676.29	21	\$677.88	21	\$681.28	21	\$685.64	21	\$686.17	21	\$690.53
22	\$673.52	22	\$676.29	22	\$677.88	22	\$681.28	22	\$685.64	22	\$686.17	22	\$690.53
23	\$673.52	23	\$676.29	23	\$677.88	23	\$681.28	23	\$685.64	23	\$686.17	23	\$690.53
24	\$673.52	24	\$676.29	24	\$677.88	24	\$681.28	24	\$685.64	24	\$686.17	24	\$690.53
25	\$676.21	25	\$679.00	25	\$680.59	25	\$684.01	25	\$688.38	25	\$688.91	25	\$693.29
26	\$689.68	26	\$692.52	26	\$694.15	26	\$697.63	26	\$702.10	26	\$702.64	26	\$707.10
27	\$705.85	27	\$708.75	27	\$710.42	27	\$713.98	27	\$718.55	27	\$719.11	27	\$723.68
28	\$732.12	28	\$735.13	28	\$736.86	28	\$740.55	28	\$745.29	28	\$745.87	28	\$750.61
29	\$753.67	29	\$756.77	29	\$758.55	29	\$762.35	29	\$767.23	29	\$767.82	29	\$772.70
30	\$764.45	30	\$767.59	30	\$769.39	30	\$773.25	30	\$778.20	30	\$778.80	30	\$783.75
31	\$780.61	31	\$783.82	31	\$785.66	31	\$789.60	31	\$794.66	31	\$795.27	31	\$800.32
32	\$796.77	32	\$800.05	32	\$801.93	32	\$805.95	32	\$811.11	32	\$811.74	32	\$816.90
33	\$806.88	33	\$810.20	33	\$812.10	33	\$816.17	33	\$821.40	33	\$822.03	33	\$827.25
34	\$817.65	34	\$821.02	34	\$822.95	34	\$827.07	34	\$832.37	34	\$833.01	34	\$838.30
35	\$823.04	35	\$826.43	35	\$828.37	35	\$832.52	35	\$837.85	35	\$838.50	35	\$843.83
36	\$828.43	36	\$831.84	36	\$833.79	36	\$837.97	36	\$843.34	36	\$843.99	36	\$849.35
37	\$833.82	37	\$837.25	37	\$839.22	37	\$843.42	37	\$848.82	37	\$849.48	37	\$854.88
38	\$839.21	38	\$842.66	38	\$844.64	38	\$848.87	38	\$854.31	38	\$854.97	38	\$860.40
39	\$849.98	39	\$853.48	39	\$855.48	39	\$859.78	39	\$865.28	39	\$865.95	39	\$871.45
40	\$860.76	40	\$864.30	40	\$866.33	40	\$870.68	40	\$876.25	40	\$876.93	40	\$882.50
41	\$876.92	41	\$880.53	41	\$882.60	41	\$887.03	41	\$892.70	41	\$893.39	41	\$899.07
42	\$892.41	42	\$896.08	42	\$898.19	42	\$902.70	42	\$908.47	42	\$909.18	42	\$914.95
43	\$913.97	43	\$917.73	43	\$919.88	43	\$924.50	43	\$930.41	43	\$931.13	43	\$937.05
44	\$940.91	44	\$944.78	44	\$947.00	44	\$951.75	44	\$957.84	44	\$958.58	44	\$964.67
45	\$972.56	45	\$976.56	45	\$978.86	45	\$983.77	45	\$990.06	45	\$990.83	45	\$997.13
46	\$1,010.28	46	\$1,014.44	46	\$1,016.82	46	\$1,021.92	46	\$1,028.46	46	\$1,029.26	46	\$1,035.80
47	\$1,052.71	47	\$1,057.04	47	\$1,059.53	47	\$1,064.84	47	\$1,071.66	47	\$1,072.48	47	\$1,079.30
48	\$1,101.21	48	\$1,105.73	48	\$1,108.33	48	\$1,113.89	48	\$1,121.02	48	\$1,121.89	48	\$1,129.02
49	\$1,149.03	49	\$1,153.75	49	\$1,156.46	49	\$1,162.26	49	\$1,169.70	49	\$1,170.61	49	\$1,178.04
50	\$1,202.91	50	\$1,207.85	50	\$1,210.69	50	\$1,216.77	50	\$1,224.55	50	\$1,225.50	50	\$1,233.29
51	\$1,256.11	51	\$1,261.28	51	\$1,264.25	51	\$1,270.59	51	\$1,278.72	51	\$1,279.71	51	\$1,287.84
52	\$1,314.71	52	\$1,320.12	52	\$1,323.22	52	\$1,329.86	52	\$1,338.37	52	\$1,339.40	52	\$1,347.91
53	\$1,373.98	53	\$1,379.63	53	\$1,382.88	53	\$1,389.81	53	\$1,398.71	53	\$1,399.79	53	\$1,408.68
54	\$1,437.97	54	\$1,443.88	54	\$1,447.27	54	\$1,454.53	54	\$1,463.84	54	\$1,464.97	54	\$1,474.28
55	\$1,501.95	55	\$1,508.13	55	\$1,511.67	55	\$1,519.25	55	\$1,528.98	55	\$1,530.16	55	\$1,539.88
56	\$1,571.32	56	\$1,577.78	56	\$1,581.49	56	\$1,589.43	56	\$1,599.60	56	\$1,600.83	56	\$1,611.01
57	\$1,641.37	57	\$1,648.12	57	\$1,651.99	57	\$1,660.28	57	\$1,670.90	57	\$1,672.20	57	\$1,682.82
58	\$1,716.13	58	\$1,723.19	58	\$1,727.24	58	\$1,735.90	58	\$1,747.01	58	\$1,748.36	58	\$1,759.47
59	\$1,753.17	59	\$1,760.38	59	\$1,764.52	59	\$1,773.37	59	\$1,784.72	59	\$1,786.10	59	\$1,797.45
60	\$1,827.93	60	\$1,835.45	60	\$1,839.77	60	\$1,848.99	60	\$1,860.83	60	\$1,862.27	60	\$1,874.10
61	\$1,892.59	61	\$1,900.37	61	\$1,904.84	61	\$1,914.40	61	\$1,926.65	61	\$1,928.14	61	\$1,940.39
62	\$1,935.02	62	\$1,942.98	62	\$1,947.55	62	\$1,957.32	62	\$1,969.84	62	\$1,971.37	62	\$1,983.89
63	\$1,988.23	63	\$1,996.41	63	\$2,001.10	63	\$2,011.14	63	\$2,024.01	63	\$2,025.57	63	\$2,038.44
64+	\$2,020.56	64+	\$2,028.87	64+	\$2,033.64	64+	\$2,043.84	64+	\$2,056.92	64+	\$2,058.51	64+	\$2,071.59

Appendix B: Monthly rates by age (continued)

Open Access w/Care Cash		Open Access HSA		Open Access HSA		Open Access HSA w/ Prem Rewards		Open Access HSA w/ Prem Rewards		Open Access HSA		Open Access HSA	
EB-EV / RX K62S		EB-FV / RX K62S		EB-FT / RX K62S		EB-FX / RX K62S		EB-FO / RX K62S		EB-FN / RX K62S		EB-FU / RX K62S	
Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
<15	\$534.92	<15	\$541.75	<15	\$545.08	<15	\$552.96	<15	\$556.22	<15	\$561.91	<15	\$566.79
15	\$582.47	15	\$589.91	15	\$593.53	15	\$602.12	15	\$605.66	15	\$611.86	15	\$617.17
16	\$600.65	16	\$608.32	16	\$612.05	16	\$620.91	16	\$624.56	16	\$630.95	16	\$636.43
17	\$618.83	17	\$626.73	17	\$630.58	17	\$639.70	17	\$643.47	17	\$650.05	17	\$655.70
18	\$638.41	18	\$646.56	18	\$650.53	18	\$659.94	18	\$663.82	18	\$670.62	18	\$676.44
19	\$657.98	19	\$666.39	19	\$670.48	19	\$680.18	19	\$684.18	19	\$691.18	19	\$697.19
20	\$678.26	20	\$686.92	20	\$691.14	20	\$701.15	20	\$705.27	20	\$712.48	20	\$718.67
21	\$699.24	21	\$708.17	21	\$712.52	21	\$722.83	21	\$727.08	21	\$734.52	21	\$740.90
22	\$699.24	22	\$708.17	22	\$712.52	22	\$722.83	22	\$727.08	22	\$734.52	22	\$740.90
23	\$699.24	23	\$708.17	23	\$712.52	23	\$722.83	23	\$727.08	23	\$734.52	23	\$740.90
24	\$699.24	24	\$708.17	24	\$712.52	24	\$722.83	24	\$727.08	24	\$734.52	24	\$740.90
25	\$702.04	25	\$711.00	25	\$715.37	25	\$725.72	25	\$729.99	25	\$737.46	25	\$743.86
26	\$716.02	26	\$725.17	26	\$729.62	26	\$740.18	26	\$744.53	26	\$752.15	26	\$758.68
27	\$732.80	27	\$742.16	27	\$746.72	27	\$757.53	27	\$761.98	27	\$769.78	27	\$776.46
28	\$760.07	28	\$769.78	28	\$774.51	28	\$785.72	28	\$790.34	28	\$798.42	28	\$805.36
29	\$782.45	29	\$792.44	29	\$797.31	29	\$808.85	29	\$813.60	29	\$821.93	29	\$829.07
30	\$793.64	30	\$803.77	30	\$808.71	30	\$820.41	30	\$825.24	30	\$833.68	30	\$840.92
31	\$810.42	31	\$820.77	31	\$825.81	31	\$837.76	31	\$842.69	31	\$851.31	31	\$858.70
32	\$827.20	32	\$837.77	32	\$842.91	32	\$855.11	32	\$860.14	32	\$868.94	32	\$876.48
33	\$837.69	33	\$848.39	33	\$853.60	33	\$865.95	33	\$871.04	33	\$879.95	33	\$887.60
34	\$848.88	34	\$859.72	34	\$865.00	34	\$877.52	34	\$882.68	34	\$891.71	34	\$899.45
35	\$854.47	35	\$865.38	35	\$870.70	35	\$883.30	35	\$888.49	35	\$897.58	35	\$905.38
36	\$860.07	36	\$871.05	36	\$876.40	36	\$889.08	36	\$894.31	36	\$903.46	36	\$911.31
37	\$865.66	37	\$876.71	37	\$882.10	37	\$894.86	37	\$900.13	37	\$909.34	37	\$917.23
38	\$871.25	38	\$882.38	38	\$887.80	38	\$900.65	38	\$905.94	38	\$915.21	38	\$923.16
39	\$882.44	39	\$893.71	39	\$899.20	39	\$912.21	39	\$917.57	39	\$926.96	39	\$935.02
40	\$893.63	40	\$905.04	40	\$910.60	40	\$923.78	40	\$929.21	40	\$938.72	40	\$946.87
41	\$910.41	41	\$922.04	41	\$927.70	41	\$941.12	41	\$946.66	41	\$956.35	41	\$964.65
42	\$926.49	42	\$938.33	42	\$944.09	42	\$957.75	42	\$963.38	42	\$973.24	42	\$981.69
43	\$948.87	43	\$960.99	43	\$966.89	43	\$980.88	43	\$986.65	43	\$996.74	43	\$1,005.40
44	\$976.84	44	\$989.31	44	\$995.39	44	\$1,009.79	44	\$1,015.73	44	\$1,026.12	44	\$1,035.04
45	\$1,009.70	45	\$1,022.60	45	\$1,028.88	45	\$1,043.77	45	\$1,049.90	45	\$1,060.65	45	\$1,069.86
46	\$1,048.86	46	\$1,062.26	46	\$1,068.78	46	\$1,084.25	46	\$1,090.62	46	\$1,101.78	46	\$1,111.35
47	\$1,092.91	47	\$1,106.87	47	\$1,113.67	47	\$1,129.78	47	\$1,136.43	47	\$1,148.05	47	\$1,158.03
48	\$1,143.26	48	\$1,157.86	48	\$1,164.97	48	\$1,181.83	48	\$1,188.78	48	\$1,200.94	48	\$1,211.37
49	\$1,192.90	49	\$1,208.14	49	\$1,215.56	49	\$1,233.15	49	\$1,240.40	49	\$1,253.09	49	\$1,263.98
50	\$1,248.84	50	\$1,264.79	50	\$1,272.56	50	\$1,290.97	50	\$1,298.56	50	\$1,311.85	50	\$1,323.25
51	\$1,304.08	51	\$1,320.74	51	\$1,328.85	51	\$1,348.08	51	\$1,356.00	51	\$1,369.88	51	\$1,381.78
52	\$1,364.92	52	\$1,382.35	52	\$1,390.84	52	\$1,410.96	52	\$1,419.26	52	\$1,433.78	52	\$1,446.24
53	\$1,426.45	53	\$1,444.67	53	\$1,453.54	53	\$1,474.57	53	\$1,483.24	53	\$1,498.42	53	\$1,511.44
54	\$1,492.88	54	\$1,511.94	54	\$1,521.23	54	\$1,543.24	54	\$1,552.32	54	\$1,568.20	54	\$1,581.82
55	\$1,559.31	55	\$1,579.22	55	\$1,588.92	55	\$1,611.91	55	\$1,621.39	55	\$1,637.98	55	\$1,652.21
56	\$1,631.33	56	\$1,652.16	56	\$1,662.31	56	\$1,686.36	56	\$1,696.28	56	\$1,713.64	56	\$1,728.52
57	\$1,704.05	57	\$1,725.81	57	\$1,736.41	57	\$1,761.54	57	\$1,771.89	57	\$1,790.03	57	\$1,805.57
58	\$1,781.66	58	\$1,804.42	58	\$1,815.50	58	\$1,841.77	58	\$1,852.60	58	\$1,871.56	58	\$1,887.81
59	\$1,820.12	59	\$1,843.37	59	\$1,854.69	59	\$1,881.53	59	\$1,892.59	59	\$1,911.96	59	\$1,928.56
60	\$1,897.74	60	\$1,921.97	60	\$1,933.78	60	\$1,961.76	60	\$1,973.30	60	\$1,993.49	60	\$2,010.80
61	\$1,964.86	61	\$1,989.96	61	\$2,002.18	61	\$2,031.15	61	\$2,043.09	61	\$2,064.00	61	\$2,081.93
62	\$2,008.92	62	\$2,034.57	62	\$2,047.07	62	\$2,076.69	62	\$2,088.90	62	\$2,110.28	62	\$2,128.61
63	\$2,064.16	63	\$2,090.52	63	\$2,103.36	63	\$2,133.79	63	\$2,146.34	63	\$2,168.30	63	\$2,187.14
64+	\$2,097.72	64+	\$2,124.51	64+	\$2,137.56	64+	\$2,168.49	64+	\$2,181.24	64+	\$2,203.56	64+	\$2,222.70

Appendix

Appendix B: Monthly rates by age (continued)

Open Access HSA		Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash			
EB-FS / RX K62S		EB-FE / RX K62S		EB-FC / RX K62S		EB-E4 / RX K62S		EB-E5 / RX K62S		EB-EY / RX K62S			
Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate		
<15	\$569.96	<15	\$574.51	<15	\$577.68	<15	\$581.02	<15	\$584.18	<15	\$591.02	<15	\$592.72
15	\$620.62	15	\$625.57	15	\$629.03	15	\$632.66	15	\$636.11	15	\$643.55	15	\$645.41
16	\$639.99	16	\$645.10	16	\$648.67	16	\$652.41	16	\$655.97	16	\$663.64	16	\$665.55
17	\$659.36	17	\$664.63	17	\$668.30	17	\$672.16	17	\$675.82	17	\$683.72	17	\$685.70
18	\$680.22	18	\$685.65	18	\$689.44	18	\$693.42	18	\$697.20	18	\$705.36	18	\$707.39
19	\$701.08	19	\$706.68	19	\$710.59	19	\$714.69	19	\$718.59	19	\$726.99	19	\$729.09
20	\$722.69	20	\$728.46	20	\$732.49	20	\$736.72	20	\$740.73	20	\$749.39	20	\$751.56
21	\$745.04	21	\$750.99	21	\$755.14	21	\$759.50	21	\$763.64	21	\$772.57	21	\$774.80
22	\$745.04	22	\$750.99	22	\$755.14	22	\$759.50	22	\$763.64	22	\$772.57	22	\$774.80
23	\$745.04	23	\$750.99	23	\$755.14	23	\$759.50	23	\$763.64	23	\$772.57	23	\$774.80
24	\$745.04	24	\$750.99	24	\$755.14	24	\$759.50	24	\$763.64	24	\$772.57	24	\$774.80
25	\$748.02	25	\$753.99	25	\$758.16	25	\$762.54	25	\$766.69	25	\$775.66	25	\$777.90
26	\$762.92	26	\$769.01	26	\$773.26	26	\$777.73	26	\$781.97	26	\$791.11	26	\$793.40
27	\$780.80	27	\$787.04	27	\$791.39	27	\$795.96	27	\$800.29	27	\$809.65	27	\$811.99
28	\$809.86	28	\$816.33	28	\$820.84	28	\$825.58	28	\$830.08	28	\$839.78	28	\$842.21
29	\$833.70	29	\$840.36	29	\$845.00	29	\$849.88	29	\$854.51	29	\$864.51	29	\$867.00
30	\$845.62	30	\$852.37	30	\$857.08	30	\$862.03	30	\$866.73	30	\$876.87	30	\$879.40
31	\$863.50	31	\$870.40	31	\$875.21	31	\$880.26	31	\$885.06	31	\$895.41	31	\$897.99
32	\$881.38	32	\$888.42	32	\$893.33	32	\$898.49	32	\$903.39	32	\$913.95	32	\$916.59
33	\$892.56	33	\$899.69	33	\$904.66	33	\$909.88	33	\$914.84	33	\$925.54	33	\$928.21
34	\$904.48	34	\$911.70	34	\$916.74	34	\$922.03	34	\$927.06	34	\$937.90	34	\$940.61
35	\$910.44	35	\$917.71	35	\$922.78	35	\$928.11	35	\$933.17	35	\$944.08	35	\$946.81
36	\$916.40	36	\$923.72	36	\$928.82	36	\$934.19	36	\$939.28	36	\$950.26	36	\$953.00
37	\$922.36	37	\$929.73	37	\$934.86	37	\$940.26	37	\$945.39	37	\$956.44	37	\$959.20
38	\$928.32	38	\$935.73	38	\$940.90	38	\$946.34	38	\$951.50	38	\$962.62	38	\$965.40
39	\$940.24	39	\$947.75	39	\$952.99	39	\$958.49	39	\$963.71	39	\$974.98	39	\$977.80
40	\$952.16	40	\$959.77	40	\$965.07	40	\$970.64	40	\$975.93	40	\$987.34	40	\$990.19
41	\$970.04	41	\$977.79	41	\$983.19	41	\$988.87	41	\$994.26	41	\$1,005.89	41	\$1,008.79
42	\$987.18	42	\$995.06	42	\$1,000.56	42	\$1,006.34	42	\$1,011.82	42	\$1,023.66	42	\$1,026.61
43	\$1,011.02	43	\$1,019.09	43	\$1,024.72	43	\$1,030.64	43	\$1,036.26	43	\$1,048.38	43	\$1,051.40
44	\$1,040.82	44	\$1,049.13	44	\$1,054.93	44	\$1,061.02	44	\$1,066.81	44	\$1,079.28	44	\$1,082.40
45	\$1,075.84	45	\$1,084.43	45	\$1,090.42	45	\$1,096.72	45	\$1,102.70	45	\$1,115.59	45	\$1,118.81
46	\$1,117.56	46	\$1,126.49	46	\$1,132.71	46	\$1,139.25	46	\$1,145.46	46	\$1,158.86	46	\$1,162.20
47	\$1,164.50	47	\$1,173.80	47	\$1,180.28	47	\$1,187.10	47	\$1,193.57	47	\$1,207.53	47	\$1,211.01
48	\$1,218.14	48	\$1,227.87	48	\$1,234.65	48	\$1,241.78	48	\$1,248.55	48	\$1,263.15	48	\$1,266.80
49	\$1,271.04	49	\$1,281.19	49	\$1,288.27	49	\$1,295.71	49	\$1,302.77	49	\$1,318.00	49	\$1,321.81
50	\$1,330.64	50	\$1,341.27	50	\$1,348.68	50	\$1,356.47	50	\$1,363.86	50	\$1,379.81	50	\$1,383.79
51	\$1,389.50	51	\$1,400.60	51	\$1,408.34	51	\$1,416.47	51	\$1,424.19	51	\$1,440.84	51	\$1,445.00
52	\$1,454.32	52	\$1,465.93	52	\$1,474.03	52	\$1,482.54	52	\$1,490.63	52	\$1,508.06	52	\$1,512.41
53	\$1,519.88	53	\$1,532.02	53	\$1,540.49	53	\$1,549.38	53	\$1,557.83	53	\$1,576.04	53	\$1,580.59
54	\$1,590.66	54	\$1,603.36	54	\$1,612.22	54	\$1,621.53	54	\$1,630.37	54	\$1,649.44	54	\$1,654.20
55	\$1,661.44	55	\$1,674.71	55	\$1,683.96	55	\$1,693.69	55	\$1,702.92	55	\$1,722.83	55	\$1,727.80
56	\$1,738.18	56	\$1,752.06	56	\$1,761.74	56	\$1,771.91	56	\$1,781.57	56	\$1,802.41	56	\$1,807.61
57	\$1,815.66	57	\$1,830.16	57	\$1,840.28	57	\$1,850.90	57	\$1,860.99	57	\$1,882.75	57	\$1,888.19
58	\$1,898.36	58	\$1,913.52	58	\$1,924.10	58	\$1,935.21	58	\$1,945.75	58	\$1,968.51	58	\$1,974.19
59	\$1,939.34	59	\$1,954.83	59	\$1,965.63	59	\$1,976.98	59	\$1,987.75	59	\$2,011.00	59	\$2,016.80
60	\$2,022.04	60	\$2,038.19	60	\$2,049.45	60	\$2,061.28	60	\$2,072.52	60	\$2,096.75	60	\$2,102.81
61	\$2,093.56	61	\$2,110.28	61	\$2,121.94	61	\$2,134.20	61	\$2,145.83	61	\$2,170.92	61	\$2,177.19
62	\$2,140.50	62	\$2,157.59	62	\$2,169.52	62	\$2,182.04	62	\$2,193.94	62	\$2,219.59	62	\$2,226.00
63	\$2,199.36	63	\$2,216.92	63	\$2,229.17	63	\$2,242.04	63	\$2,254.27	63	\$2,280.63	63	\$2,287.21
64+	\$2,235.12	64+	\$2,252.97	64+	\$2,265.42	64+	\$2,278.50	64+	\$2,290.92	64+	\$2,317.71	64+	\$2,324.40

Appendix B: Monthly rates by age (continued)

Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash		Open Access w/Care Cash	
EB-E9 / RX K62S		EB-FA / RX K62S		EB-FH / RX K62S		EB-F4 / RX K62S		EB-F3 / RX K62S	
Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
<15	\$594.18	<15	\$599.14	<15	\$614.59	<15	\$621.33	<15	\$622.96
15	\$647.00	15	\$652.40	15	\$669.22	15	\$676.56	15	\$678.34
16	\$667.19	16	\$672.76	16	\$690.10	16	\$697.68	16	\$699.51
17	\$687.39	17	\$693.12	17	\$710.99	17	\$718.80	17	\$720.68
18	\$709.14	18	\$715.05	18	\$733.49	18	\$741.54	18	\$743.48
19	\$730.88	19	\$736.98	19	\$755.98	19	\$764.28	19	\$766.28
20	\$753.41	20	\$759.69	20	\$779.28	20	\$787.83	20	\$789.90
21	\$776.71	21	\$783.19	21	\$803.38	21	\$812.20	21	\$814.33
22	\$776.71	22	\$783.19	22	\$803.38	22	\$812.20	22	\$814.33
23	\$776.71	23	\$783.19	23	\$803.38	23	\$812.20	23	\$814.33
24	\$776.71	24	\$783.19	24	\$803.38	24	\$812.20	24	\$814.33
25	\$779.82	25	\$786.32	25	\$806.59	25	\$815.45	25	\$817.59
26	\$795.35	26	\$801.99	26	\$822.66	26	\$831.69	26	\$833.87
27	\$813.99	27	\$820.78	27	\$841.94	27	\$851.19	27	\$853.42
28	\$844.28	28	\$851.33	28	\$873.27	28	\$882.86	28	\$885.18
29	\$869.14	29	\$876.39	29	\$898.98	29	\$908.85	29	\$911.24
30	\$881.57	30	\$888.92	30	\$911.84	30	\$921.85	30	\$924.26
31	\$900.21	31	\$907.72	31	\$931.12	31	\$941.34	31	\$943.81
32	\$918.85	32	\$926.51	32	\$950.40	32	\$960.83	32	\$963.35
33	\$930.50	33	\$938.26	33	\$962.45	33	\$973.02	33	\$975.57
34	\$942.93	34	\$950.79	34	\$975.30	34	\$986.01	34	\$988.60
35	\$949.14	35	\$957.06	35	\$981.73	35	\$992.51	35	\$995.11
36	\$955.35	36	\$963.32	36	\$988.16	36	\$999.01	36	\$1,001.63
37	\$961.57	37	\$969.59	37	\$994.58	37	\$1,005.50	37	\$1,008.14
38	\$967.78	38	\$975.85	38	\$1,001.01	38	\$1,012.00	38	\$1,014.66
39	\$980.21	39	\$988.39	39	\$1,013.87	39	\$1,025.00	39	\$1,027.68
40	\$992.64	40	\$1,000.92	40	\$1,026.72	40	\$1,037.99	40	\$1,040.71
41	\$1,011.28	41	\$1,019.71	41	\$1,046.00	41	\$1,057.48	41	\$1,060.26
42	\$1,029.14	42	\$1,037.73	42	\$1,064.48	42	\$1,076.17	42	\$1,078.99
43	\$1,054.00	43	\$1,062.79	43	\$1,090.19	43	\$1,102.16	43	\$1,105.05
44	\$1,085.06	44	\$1,094.12	44	\$1,122.32	44	\$1,134.64	44	\$1,137.62
45	\$1,121.57	45	\$1,130.93	45	\$1,160.08	45	\$1,172.82	45	\$1,175.89
46	\$1,165.07	46	\$1,174.79	46	\$1,205.07	46	\$1,218.30	46	\$1,221.50
47	\$1,214.00	47	\$1,224.13	47	\$1,255.68	47	\$1,269.47	47	\$1,272.80
48	\$1,269.92	48	\$1,280.52	48	\$1,313.53	48	\$1,327.95	48	\$1,331.43
49	\$1,325.07	49	\$1,336.12	49	\$1,370.57	49	\$1,385.61	49	\$1,389.25
50	\$1,387.20	50	\$1,398.78	50	\$1,434.84	50	\$1,450.59	50	\$1,454.39
51	\$1,448.56	51	\$1,460.65	51	\$1,498.30	51	\$1,514.75	51	\$1,518.73
52	\$1,516.14	52	\$1,528.79	52	\$1,568.20	52	\$1,585.41	52	\$1,589.57
53	\$1,584.49	53	\$1,597.71	53	\$1,638.90	53	\$1,656.89	53	\$1,661.23
54	\$1,658.28	54	\$1,672.11	54	\$1,715.22	54	\$1,734.05	54	\$1,738.59
55	\$1,732.06	55	\$1,746.51	55	\$1,791.54	55	\$1,811.21	55	\$1,815.96
56	\$1,812.06	56	\$1,827.18	56	\$1,874.29	56	\$1,894.86	56	\$1,899.83
57	\$1,892.84	57	\$1,908.63	57	\$1,957.84	57	\$1,979.33	57	\$1,984.52
58	\$1,979.06	58	\$1,995.57	58	\$2,047.01	58	\$2,069.49	58	\$2,074.91
59	\$2,021.78	59	\$2,038.64	59	\$2,091.20	59	\$2,114.16	59	\$2,119.70
60	\$2,107.99	60	\$2,125.58	60	\$2,180.37	60	\$2,204.31	60	\$2,210.09
61	\$2,182.56	61	\$2,200.76	61	\$2,257.50	61	\$2,282.28	61	\$2,288.27
62	\$2,231.49	62	\$2,250.10	62	\$2,308.11	62	\$2,333.45	62	\$2,339.57
63	\$2,292.85	63	\$2,311.98	63	\$2,371.58	63	\$2,397.61	63	\$2,403.90
64+	\$2,330.13	64+	\$2,349.57	64+	\$2,410.14	64+	\$2,436.60	64+	\$2,442.99

Information about HRA/HSA Contribution Requirements under the Affordable Care Act (ACA)

Our goal is to help you understand how the contributions you make to your employees' HSAs and integrated HRAs can affect the actuarial value of your health plan. Under the Affordable Care Act (ACA), plan sponsors are required to offer health coverage to their employees that falls within one of four metallic levels of coverage. Each metallic level has its own range of permitted actuarial values. UnitedHealthcare, as a health insurance issuer, is also obligated to only offer health coverage that falls within the four metallic levels.

It is important to understand that the amount of the contributions that you make to your employees' HSAs or integrated HRAs have an impact on the actuarial value of every plan design we offer to you. Further, with respect to an integrated HRA, the available contribution ranges shown in this proposal/renewal packet are specific to the particular type of HRA (Standard or Select, see definitions below) we have available in your market. We will gladly work with you to make sure you understand the HRA plans available in your market.

Why this is important

Making sure that the employer contribution to HSAs or HRAs fall into the designated dollar amount ranges helps ensure that your plan meets the actuarial value for the metallic level of coverage you have elected for your health plan offering and that you maintain compliance with the requirements of the ACA. Failing to make the contributions as indicated may mean that your selected plan falls below the actuarial value for the metallic level while funding at an amount above may mean the actuarial value for the metallic level has been exceeded. In either circumstance your plan will not be compliant with the requirements of the ACA.

We are offering you the plan you have chosen for your employees based on the understanding that your contributions to your employees' HSA or HRA will be made as set forth in the proposal for new customers or, for existing customers, in the renewal plan documents. In addition, contributions must be available to employees on the first day of the plan year.

If you do not intend to make the contributions or intend to change the amount or timing of the contributions, it may mean that your plans will not fall within the appropriate metallic level and thus may not be compliant with the ACA. We want to ensure that does not happen so are asking that you please contact your UnitedHealthcare representative to let them know of any changes to your plan or to the amount and/or timing of the HSA/HRA contributions you intend to make.

Please take these steps to ensure compliance

1. If you are a new customer, please review the contribution amounts for the plan you have selected. These amounts are shown in your final proposal from UnitedHealthcare. If you are an existing customer, please review the contribution amounts that are shown in your renewal plan documents. If you do not have the appropriate document, please contact your UnitedHealthcare representative, who can provide the information to you.
2. Please make the required HSA/HRA contribution so that it is available on the first day of the plan year.
3. For HRA plans, please ensure that your HRA plan design is such that HRA amounts may only be used to reimburse employees for cost sharing amounts under your plan.
4. Please note your HRA must adhere to the UnitedHealthcare HRA Standard or Select product design available in your market. (See description below.)
5. Please inform us at least 30 days in advance of any plan changes to your plan.

We are committed to ensuring the ACA is implemented successfully and that you, as our customer, know the necessary actions to take. We are here to help you throughout this process, so if you have questions please contact your UnitedHealthcare representative.



UnitedHealthcare Standard HRA plans are available in Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Idaho, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, and West Virginia. Standard HRAs (also known as first dollar HRAs) are designed to pay 100% of the initial claims until the HRA is depleted. The member is then responsible for payment of additional claims until the deductible is satisfied. The maximum HRA contribution amount is equal to 50% of the deductible.

UnitedHealthcare Select HRA plans are available in California, Colorado, Iowa, Illinois, Indiana, Kansas, Kentucky, Michigan, Missouri, New Mexico, Ohio, Oklahoma, Oregon, Texas, Wisconsin and Wyoming, as Shared or Split. Shared HRA plans pay a percentage of first dollar qualifying expenses up to the HRA contribution limit. The employee is responsible for the remaining percentage of first dollar qualifying expenses. Split Deductible HRA (also called second dollar) plans are designed so the employee is responsible for the first 50% of expenses applying to the deductible; then the Employer funded HRA pays for subsequent qualifying expenses up to the HRA contribution limit. The maximum Employer HRA funding for both Shared and Split Deductible is equal to 50% of the deductible.



**UnitedHealthcare of Wisconsin, Inc.
United HealthCare Insurance Company
Disclosure Notice for Wisconsin Residents**

LIMITED BENEFITS WILL BE PAID WHEN NONPARTICIPATING PROVIDERS ARE USED. You should be aware that when you elect to utilize the services of a nonparticipating provider for a Covered Health Service, benefit payments to such nonparticipating provider are not based upon the amount billed. The basis of your benefit payment will be determined according to the Policy's fee schedule, usual and customary charge (which is determined by comparing charges for similar services adjusted to the geographical area where the services are performed), or other method as defined in the Policy. YOU RISK PAYING MORE THAN THE COINSURANCE, DEDUCTIBLE AND COPAYMENT AMOUNT AFTER THE PLAN HAS PAID ITS REQUIRED PORTION. Nonparticipating providers may bill Covered Persons for any amount up to the billed charge after the plan has paid its portion of the bill. Participating providers have agreed to accept discounted payment for Covered Health Services with no additional billing to the Covered Person other than copayment, coinsurance and deductible amounts. You may obtain further information about the participating status of professional providers and information on out-of-pocket expenses by calling the number on your identification (ID) card or by going to www.myuhc.com.



Get in on UHC Rewards



UnitedHealthcare Rewards is an incentive program where employees can earn dollars for completing a variety of actions, including things they may already be doing. Participants can personalize their experience by choosing what's right for them.

What makes UHC Rewards different?

More than a fitness and wellness program, UHC Rewards goes a step further by combining the best practices from existing incentive programs. UHC Rewards offers:

- **A streamlined digital experience** – Employees may immediately start earning rewards by activating UHC Rewards from the UnitedHealthcare® app and their myuhc.com® account
- **Many ways to earn** – Employees can earn dollars by choosing activities that are right for them, from tracking daily steps, active minutes and sleep, to completing a biometric screening, health survey and more
- **Redeem dollars** – Employees have the potential to earn up to \$1,000* with multiple redemption options



*Annual incentive amount may vary.

Designed to be a win-win



Employers:

Get active participation

The program includes reporting to track program participation, an employer toolkit, videos, member fliers and more to help get your employees engaged.*



Participants:

Get engaged

Designed to give members the choice to participate in a variety of daily tracking goals and one-time reward activities.



Both:

Promote better health

UHC Rewards encourages wellness and promotes better overall health, which may result in lower medical costs for you and your employees as well as increased productivity since healthier employees are typically more productive.³

1 in 3

employees surveyed said they would forgo a pay increase in return for additional well-being offerings for themselves or their families²

Ready to get in? Contact your UnitedHealthcare representative

United Healthcare

*Reporting not available for all lines of business.

¹ UHC Rewards 2023 book of business.

² Mercer. Rise of the Relatable Organization. Global Talent Trends 2022–2023 Study.

³ Center for Disease Control and Prevention (CDC). Increase Productivity. [cdc.gov/workplacehealthpromotion/model/control-costs/benefits/productivity.html](https://www.cdc.gov/workplacehealthpromotion/model/control-costs/benefits/productivity.html). Accessed February 2023.

Visa is a registered trademark of Visa International Service Association.

UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico nor available to level funded members in District of Columbia, Hawaii, Vermont and Puerto Rico.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

Thank you

for choosing UnitedHealthcare.

We appreciate your business and look forward to another year of serving you and your employees.

Your business' needs and priorities may have changed since last year. You don't have to change carriers to get a plan that meets your company's or employees' new or changing needs.

All of us here at UnitedHealthcare are committed to delivering the products and services so you can continue to offer coverage to your employees that makes the most sense for your business situation.

Better information. Better decisions. Better results.

Glossary

Annual Plan Maximum – The maximum dollar amount that a Dental plan will pay toward the cost of care within a specific period, usually a calendar year.

Calendar Year Deductible – A deductible that is calculated based on a calendar year, beginning on January 1 and restarting the following January 1.

Certification of Coverage – A written document provided to members that sets forth the terms of the health plan. It explains among other things coverage, member cost share obligations, appeal rights, and important enrollment information.

Change from Current – The percentage change between the estimated renewal premium and the current premium, which may include rate increases and subscriber changes.

COBRA – Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA applies to employers who general employ 20 or more full-time equivalent employees. It allows employees and dependents who no longer qualify under an employer approved group health plan to continue insurance under the group benefit plan.

Coinsurance – The portion of covered costs that UnitedHealthcare will pay after the deductible is met. There are separate amounts for in-network and out-of-network services.

Contribution Level – Defines the level of contribution made by the employer toward the premium for the plan.

Copay – The fixed dollar amount the member must pay directly to a provider at the time they receive certain services

Deductible – The amount of covered expenses that the insured (member) must pay before the insurance starts paying covered expenses, excluding copays, coinsurance, and non-covered expenses.

Definition of Disability – Description of the level of disability that is covered under the Short Term or Long Term Disability plan.

Elimination Period – also known as the waiting period, defines the amount of time that must pass before the member is eligible to collect benefits.

Flexible Spending Account (FSA) – A dedicated savings account to which employees contribute on a pre-tax basis. The money is then used to get reimbursed for eligible health expenses.

Guaranteed Issue – The amount of life insurance available to the member without having to provide Evidence of Insurability (EOI).

HIPAA – Health Insurance Portability and Accountability Act. This law sets standards for the security and privacy of protected health information. In addition, the law makes it easier for individuals to change jobs without the risk of extended waiting periods due to pre-existing conditions.

HRA – Health Reimbursement Account. An account to which an employer can make contributions that are not taxable to the employee, and which the employee can use to pay for certain covered medical expenses.

HSA – Health Savings Account. A trust or custodial account that is established with a bank, insurance company, or other IRS approved trustee, to pay for certain covered medical expenses with employee pre-tax or taxable contributions, and/or employer non-taxable contributions.

Med/Rx Ded Combined – a plan design in which pharmacy and medical expenses accumulate to the same deductible.

Metallic Levels – An identifier of the level of coverage provided by an ACA-qualified plan based on the actuarial value, i.e. the percentage of health care costs that are covered by the plan. The four levels of coverage are Bronze (60%), Silver (70%), Gold (80%), and Platinum (90%).

Out-of-network – Employees and their covered dependents receiving non-network services may have additional financial responsibility beyond any applicable plan deductible, coinsurance amount, and co-payment. This additional financial responsibility will not apply to any out-of-pocket maximum.

Out-of-pocket maximum – the maximum dollar amount that one pays for covered services in a year under the terms of the health plan.

PCP – A primary care physician is a doctor who is usually trained in pediatrics, internal medicine, obstetrics/gynecology, family practice, or general medicine.

PPACA – Patient Protection and Affordable Care Act. Also known as the “Affordable Care Act”. A law intended to increase access to health care for more Americans that included many changes impacting the commercial health insurance market, Medicare, and Medicaid.

Policy Year Deductible – A deductible that is calculated based on a one year period starting with the effective date of the policy and restarting the follow year on that date.

Pre-Ex Condition Limitation – The number of months after coverage begins, that a disability from a pre-existing condition will be covered.

Subscriber – The person responsible for payment of premiums or whose employment is the basis of eligibility for membership in a plan.

Transitional Relief – Certain states have allowed small employers to retain their Medical plans that do not include the provisions required under PPACA rules.



Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates, or UnitedHealthcare of Kentucky. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX and DPOL.12.TX (Rev. 9/16) and associated COC form numbers DCOC.CER.06 and DCERT.IND.12.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA.

Benefits for the UnitedHealthcare dental Select Managed Care plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc., Dental Benefit Providers of Illinois, Inc., and UnitedHealthcare of Georgia. Plans sold in Texas use contract form number DHMO.CNT.11.TX and associated EOC form number DHMO.EOC.11.TX. The Select DHMO plan is underwritten by Dominion Dental Services, Inc. Dominion is licensed as a Limited Health Care Services HMO in Virginia, Pennsylvania and a Dental Plan Organization in Maryland and Delaware. In CA, benefits for the UnitedHealthcare Dental Select Managed Care/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company, and certain products in California by Unimerica Life Insurance Company. Life and Disability products are provided on policy forms LASD-POL (05/03) et al. and UHCLD-POL 2/2008 et al., in Texas on forms LASD-POL-TX(05/03) and UHCLD-POL 2/2008-TX, and in Virginia on LASD-POL(05/03) and UHCLD-POL 2/2008. UnitedHealthcare Insurance Company is located in Hartford, CT, and Unimerica Life Insurance Company is located in Milwaukee, WI.

The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states.

UnitedHealthcare EDGE® plans are only available in states that have implemented the 2007 and 2011 Certificates of Coverage and have the UnitedHealth Premium® designation program.

UnitedHealth Wellness® is a collection of programs and services offered to UnitedHealthcare enrollees to help them stay healthy. It is not an insurance product but is offered to existing enrollees of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to encourage their participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. Some UnitedHealth Wellness programs and services may not be available in all states or for all group sizes.

The UnitedHealthcare Health Savings Account (HSA) high deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with the bank of their choice or through Optum Bank, Member of FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP.

UnitedHealthcare's Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account

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Customer Name: VILLAGE OF KRONENWETTER
 Group #: 1573571
 Effective Date: 01/01/2025

State: WI
 Total Enrolled: 5

Broker: ANSAY & ASSOCIATES LLC

Package: WI MC New 54/WI054

Plan Description	Open Access w/Care Cash	Open Access HSA	Open Access HSA	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash
Product Type	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS
License Type	INS	HMO	INS	HMO	HMO	HMO	INS	INS
Plan Code	EB-E2	EB-F6	EB-F5	EB-ET	EB-ES	EB-FJ	EB-EU	EB-FK
Metallic Level	Platinum	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver
Network Ded (Single/Family)	\$2,000/\$4,000	\$6,650/\$13,300	\$6,650/\$13,300	\$6,500/\$13,000	\$7,250/\$14,500	\$7,000/\$14,000	\$7,250/\$14,500	\$7,000/\$14,000
Non-Network Ded (Single/Family)	\$5,000/\$10,000	\$13,000/\$14,900	\$13,000/\$14,900	NA/NA	\$13,000/\$26,000	\$8,000/\$16,000	\$13,000/\$26,000	\$8,000/\$16,000
Network OOPM (Single/Family)	\$2,500/\$5,000	\$8,000/\$16,000	\$8,000/\$16,000	\$9,000/\$18,000	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400
Non-Network OOPM (Single/Family)	\$10,000/\$20,000	\$13,000/\$25,800	\$13,000/\$25,800	NONE/NONE	\$14,700/\$29,400	\$14,700/\$29,400	\$14,700/\$29,400	\$14,700/\$29,400
Office Copays (PCP/Spec)	\$5/\$10	NA/NA	NA/NA	\$45/\$90	\$45/\$80	\$40/\$80	\$45/\$80	\$40/\$80
Coinsurance	100%/70%	100%/80%	100%/80%	80%/NA	80%/60%	80%/60%	80%/60%	80%/60%
Rx Plan Code	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S
Rx Benefit	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E
Age Rated	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B
Total Medical Premium	\$5,571.22	\$4,238.74	\$4,271.06	\$4,324.50	\$4,350.04	\$4,359.01	\$4,381.60	\$4,390.64
Savings from Highest	3.31%	26.44%	25.88%	24.95%	24.51%	24.35%	23.96%	23.80%

Customer Name: VILLAGE OF KRONENWETTER
 Group #: 1573571
 Effective Date: 01/01/2025

State: WI
 Total Enrolled: 5

Broker: ANSAY & ASSOCIATES LLC

Package: WI MC New 54/WI054

Plan Description	Open Access HSA	Open Access HSA	Open Access HSA	Open Access HSA	Open Access HSA	Open Access HSA	Open Access HSA w/ Prem Rewards	Open Access HSA
Product Type	CHOICE PLUS	CHOICE PLUS	OPTIONS PPO	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS
License Type	HMO	INS	INS	HMO	INS	HMO	HMO	INS
Plan Code	EB-FQ	EB-FP	EB-FR	EB-FY	EB-FL	EB-FM	EB-F2	EB-FW
Metallic Level	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver
Network Ded (Single/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$4,000/\$8,000	\$4,000/\$8,000	\$3,500/\$7,000	\$4,000/\$8,000	\$3,500/\$7,000
Non-Network Ded (Single/Family)	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$8,000/\$16,000	\$8,000/\$16,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000
Network OOPM (Single/Family)	\$7,750/\$15,500	\$7,750/\$15,500	\$7,750/\$15,500	\$7,350/\$14,700	\$7,350/\$14,700	\$8,300/\$16,600	\$8,300/\$16,600	\$8,300/\$16,600
Non-Network OOPM (Single/Family)	\$20,000/\$40,000	\$20,000/\$40,000	\$20,000/\$40,000	\$12,900/\$25,800	\$12,900/\$25,800	\$12,900/\$25,800	\$12,900/\$25,800	\$12,900/\$25,800
Office Copays (PCP/Spec)	\$30/\$60	\$30/\$60	\$30/\$60	NA/NA	NA/NA	\$30/\$60	\$30/\$60	\$30/\$60
Coinsurance	100%/80%	100%/80%	100%/80%	80%/60%	80%/60%	80%/60%	100%/80%	80%/60%
Rx Plan Code	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S
Rx Benefit	\$10/\$40/\$105/\$250/ S\$500E	\$10/\$40/\$105/\$250/ S\$500E	\$10/\$40/\$105/\$250/ S\$500E	\$10/\$40/\$105/\$250/ S\$500E	\$10/\$40/\$105/\$250/ S\$500E	\$10/\$40/\$105/\$250/ S\$500E	\$10/\$40/\$105/\$250/ S\$500E	\$10/\$40/\$105/\$250/ S\$500E
Age Rated	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B
Total Medical Premium	\$4,447.05	\$4,478.61	\$4,478.61	\$4,489.88	\$4,521.51	\$4,553.82	\$4,577.11	\$4,584.61
Savings from Highest	22.82%	22.28%	22.28%	22.08%	21.53%	20.97%	20.57%	20.44%

Customer Name: VILLAGE OF KRONENWETTER
 Group #: 1573571
 Effective Date: 01/01/2025

State: WI
 Total Enrolled: 5

Broker: ANSAY & ASSOCIATES LLC

Package: WI MC New 54/WI054

Plan Description	Open Access w/Care Cash	Open Access HSA w/ Prem Rewards	Open Access w/Care Cash	Premier w/Care Cash	Premier w/Care Cash	Premier w/Care Cash	Open Access w/Care Cash	Premier w/Care Cash
Product Type	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS
License Type	HMO	INS	INS	HMO	INS	HMO	HMO	INS
Plan Code	EB-EZ	EB-FZ	EB-EW	EB-GB	EB-GC	EB-F9	EB-FB	EB-F7
Metallic Level	Gold	Silver	Gold	Gold	Gold	Gold	Gold	Gold
Network Ded (Single/Family)	\$3,500/\$7,000	\$4,000/\$8,000	\$3,500/\$7,000	\$3,000/\$6,000	\$3,000/\$6,000	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
Non-Network Ded (Single/Family)	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$7,000/\$14,000	\$5,000/\$10,000
Network OOPM (Single/Family)	\$8,100/\$16,200	\$8,300/\$16,600	\$8,100/\$16,200	\$7,000/\$14,000	\$7,000/\$14,000	\$6,300/\$12,600	\$7,350/\$14,700	\$6,300/\$12,600
Non-Network OOPM (Single/Family)	\$11,000/\$22,000	\$12,900/\$25,800	\$11,000/\$22,000	\$10,000/\$20,000	\$20,000/\$40,000	\$10,000/\$20,000	\$11,000/\$22,000	\$10,000/\$20,000
Office Copays (PCP/Spec)	\$20/\$40	\$30/\$60	\$20/\$40	\$15/\$100	\$15/\$100	\$15/\$100	\$20/\$40	\$15/\$100
Coinsurance	80%/50%	100%/80%	80%/50%	80%/50%	80%/50%	80%/50%	80%/50%	80%/50%
Rx Plan Code	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S
Rx Benefit	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E
Age Rated	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B
Total Medical Premium	\$4,601.96	\$4,608.67	\$4,633.51	\$4,633.51	\$4,653.81	\$4,704.98	\$4,715.46	\$4,726.75
Savings from Highest	20.14%	20.02%	19.59%	19.59%	19.24%	18.35%	18.17%	17.97%

Customer Name: VILLAGE OF KRONENWETTER
 Group #: 1573571
 Effective Date: 01/01/2025

State: WI
 Total Enrolled: 5

Broker: ANSAY & ASSOCIATES LLC

Package: WI MC New 54/WI054

Plan Description	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Premier w/Care Cash	Premier w/Care Cash
Product Type	CHOICE PLUS	CHOICE PLUS	OPTIONS PPO	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS
License Type	INS	HMO	INS	HMO	INS	INS	HMO	INS
Plan Code	EB-E6	EB-FF	EB-E3	EB-FG	EB-FD	EB-E7	EB-F8	EB-GA
Metallic Level	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
Network Ded (Single/Family)	\$2,500/\$5,000	\$2,000/\$4,000	\$5,000/\$10,000	\$3,500/\$7,000	\$2,000/\$4,000	\$3,500/\$7,000	\$1,500/\$3,000	\$1,500/\$3,000
Non-Network Ded (Single/Family)	\$7,000/\$14,000	\$7,000/\$14,000	\$10,000/\$20,000	\$5,000/\$10,000	\$7,000/\$14,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Network OOPM (Single/Family)	\$7,350/\$14,700	\$6,500/\$13,000	\$7,000/\$14,000	\$8,500/\$17,000	\$6,500/\$13,000	\$8,500/\$17,000	\$6,500/\$13,000	\$6,500/\$13,000
Non-Network OOPM (Single/Family)	\$11,000/\$22,000	\$11,000/\$22,000	\$20,000/\$40,000	\$10,000/\$20,000	\$11,000/\$22,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
Office Copays (PCP/Spec)	\$20/\$40	\$20/\$80	\$25/\$50	\$15/\$30	\$20/\$80	\$15/\$30	\$15/\$100	\$15/\$100
Coinsurance	80%/50%	80%/50%	80%/60%	100%/70%	80%/50%	100%/70%	80%/50%	80%/50%
Rx Plan Code	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S
Rx Benefit	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E
Age Rated	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B
Total Medical Premium	\$4,746.30	\$4,754.58	\$4,765.81	\$4,765.81	\$4,785.43	\$4,796.68	\$4,820.74	\$4,851.58
Savings from Highest	17.63%	17.49%	17.29%	17.29%	16.95%	16.76%	16.34%	15.80%

Customer Name: VILLAGE OF KRONENWETTER
 Group #: 1573571
 Effective Date: 01/01/2025

State: WI
 Total Enrolled: 5

Broker: ANSAY & ASSOCIATES LLC

Package: WI MC New 54/WI054

Plan Description	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access HSA	Open Access HSA	Open Access HSA w/ Prem Rewards	Open Access HSA w/ Prem Rewards	Open Access HSA
Product Type	CHOICE PLUS	CHOICE PLUS	OPTIONS PPO	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	OPTIONS PPO
License Type	HMO	INS	INS	HMO	INS	HMO	INS	INS
Plan Code	EB-EX	EB-E8	EB-EV	EB-FV	EB-FT	EB-FX	EB-FO	EB-FN
Metallic Level	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
Network Ded (Single/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$2,500/\$5,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,250/\$4,500	\$2,250/\$4,500	\$2,000/\$4,000
Non-Network Ded (Single/Family)	\$10,000/\$20,000	\$10,000/\$20,000	\$5,000/\$10,000	\$5,700/\$11,400	\$5,700/\$11,400	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000
Network OOPM (Single/Family)	\$8,500/\$17,000	\$8,500/\$17,000	\$8,000/\$16,000	\$5,000/\$7,000	\$5,000/\$7,000	\$8,000/\$8,500	\$8,000/\$8,500	\$8,000/\$8,500
Non-Network OOPM (Single/Family)	\$20,000/\$40,000	\$20,000/\$40,000	\$13,200/\$26,400	\$13,100/\$26,200	\$13,100/\$26,200	\$12,900/\$25,800	\$12,900/\$25,800	\$12,900/\$25,800
Office Copays (PCP/Spec)	\$30/\$60	\$30/\$60	\$25/\$50	\$30/\$60	\$30/\$60	\$20/\$40	\$20/\$40	\$30/\$60
Coinsurance	100%/70%	100%/70%	80%/60%	80%/60%	80%/60%	100%/80%	100%/80%	100%/80%
Rx Plan Code	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S
Rx Benefit	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E
Age Rated	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B
Total Medical Premium	\$4,855.34	\$4,886.20	\$4,947.82	\$5,011.01	\$5,041.79	\$5,114.75	\$5,144.83	\$5,197.48
Savings from Highest	15.74%	15.20%	14.13%	13.04%	12.50%	11.24%	10.71%	9.80%

Customer Name: VILLAGE OF KRONENWETTER
 Group #: 1573571
 Effective Date: 01/01/2025

State: WI
 Total Enrolled: 5

Broker: ANSAY & ASSOCIATES LLC

Package: WI MC New 54/WI054

Plan Description	Open Access HSA	Open Access HSA	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash
Product Type	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS
License Type	HMO	INS	HMO	INS	HMO	INS	HMO	INS
Plan Code	EB-FU	EB-FS	EB-FE	EB-FC	EB-E4	EB-E5	EB-EY	EB-FI
Metallic Level	Gold	Gold	Platinum	Platinum	Platinum	Platinum	Platinum	Platinum
Network Ded (Single/Family)	\$1,700/\$3,300	\$1,700/\$3,300	\$1,000/\$3,000	\$1,000/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,000/\$3,000	NONE/NONE
Non-Network Ded (Single/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$7,000/\$14,000	\$7,000/\$14,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Network OOPM (Single/Family)	\$7,500/\$8,000	\$7,500/\$8,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000
Non-Network OOPM (Single/Family)	\$12,900/\$25,800	\$12,900/\$25,800	\$11,000/\$22,000	\$11,000/\$22,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
Office Copays (PCP/Spec)	\$35/\$70	\$35/\$70	\$20/\$80	\$20/\$80	\$10/\$30	\$10/\$30	\$20/\$40	\$30/\$60
Coinsurance	100%/80%	100%/80%	80%/50%	80%/50%	100%/70%	100%/70%	100%/70%	80%/50%
Rx Plan Code	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S
Rx Benefit	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E
Age Rated	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B
Total Medical Premium	\$5,242.59	\$5,271.90	\$5,314.00	\$5,343.37	\$5,374.24	\$5,403.50	\$5,466.70	\$5,482.49
Savings from Highest	9.02%	8.51%	7.78%	7.27%	6.73%	6.23%	5.13%	4.85%

Customer Name: VILLAGE OF KRONENWETTER

State: WI

Broker: ANSAY & ASSOCIATES LLC

Group #: 1573571

Total Enrolled: 5

Effective Date: 01/01/2025

Package: WI MC New 54/WI054

Plan Description	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash	Open Access w/Care Cash
Product Type	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS
License Type	INS	HMO	INS	INS	INS
Plan Code	EB-E9	EB-FA	EB-FH	EB-F4	EB-F3
Metallic Level	Platinum	Platinum	Platinum	Platinum	Platinum
Network Ded (Single/Family)	\$1,000/\$3,000	\$2,000/\$4,000	NONE/NONE	NONE/NONE	NONE/NONE
Non-Network Ded (Single/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$15,000/\$30,000	\$10,000/\$20,000	\$10,000/\$20,000
Network OOPM (Single/Family)	\$2,000/\$4,000	\$2,500/\$5,000	\$2,500/\$5,000	\$4,500/\$9,000	\$3,500/\$7,000
Non-Network OOPM (Single/Family)	\$10,000/\$20,000	\$10,000/\$20,000	\$30,000/\$60,000	\$20,000/\$40,000	\$20,000/\$40,000
Office Copays (PCP/Spec)	\$20/\$40	\$5/\$10	\$15/\$45	\$35/\$75	\$35/\$75
Coinsurance	100%/70%	100%/70%	100%/70%	100%/70%	100%/70%
Rx Plan Code	RX K62S	RX K62S	RX K62S	RX K62S	RX K62S
Rx Benefit	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E	\$10/\$40/\$105/\$250/\$500E
Age Rated	See Appendix B	See Appendix B	See Appendix B	See Appendix B	See Appendix B
Total Medical Premium	\$5,496.00	\$5,541.84	\$5,684.71	\$5,747.13	\$5,762.20
Savings from Highest	4.62%	3.82%	1.34%	0.26%	-