

City of Sandpoint
Group #10040504
Renewal Rates Effective

01/01/2027--12/31/2027

Medical Benefit	PPO 1000	PPO 2000	HSA 4000
Funding Type	Fully Insured	Fully Insured	Fully Insured
Product	Preferred Blue PPO	Preferred Blue PPO	H.S.A. Blue PPO (Agg)
Deductible	\$1,000	\$2,000	\$4,000
Medical Total Out-of-Pocket	\$5,500	\$8,000	\$5,500
Member Coinsurance	30%	30%	30%
Physician Copay	Tier 1 \$10/Tier 2 \$30	Tier 1 \$10/Tier 2 \$30	Ded, Coin
Specialist Copay	Tier 1 \$30/Tier 2 \$50	Tier 1 \$30/Tier 2 \$50	Ded, Coin
1st Dollar DXL	N/A	N/A	N/A
Prescription Drugs	10/20/30/50/20%/30%	10/20/30/50/20%/30%	Ded, Coin
Prescription Drugs Total Out-of-Pocket	Subject to Medical	Subject to Medical	Subject to Medical
Commission PEPM	\$27.00		

Dental Benefit	N/A
Deductible	
Coinsurance	
Benefit Max	
Ortho	
Commission PEPM	

Vision Benefit	View Premier (12)
Enrollment	Voluntary
Exam Copay	\$15
Frame Frequency	12-months
Commission PEPM	\$1.00

Current Rates					
	PPO 1000	PPO 2000	HSA 4000	Dental	Vision
Enrollee	\$752.40	\$694.34	\$586.19	\$0.00	\$11.25
Ee + Spouse	\$1,588.34	\$1,463.37	\$1,230.58	\$0.00	\$16.24
Ee + 1 Child	\$1,035.66	\$954.92	\$804.53	\$0.00	\$16.24
Ee + Children	\$1,457.08	\$1,342.61	\$1,129.39	\$0.00	\$28.90
Ee + Sp + Child(ren)	\$2,251.57	\$2,073.50	\$1,741.84	\$0.00	\$28.90

Renewal Rates					
	PPO 1000	PPO 2000	HSA 4000	Dental	Vision
Enrollee	\$842.69	\$777.66	\$656.53	\$0.00	\$11.54
Ee + Spouse	\$1,778.94	\$1,638.97	\$1,378.25	\$0.00	\$16.63
Ee + 1 Child	\$1,159.94	\$1,069.51	\$901.07	\$0.00	\$16.63
Ee + Children	\$1,631.93	\$1,503.72	\$1,264.92	\$0.00	\$29.61
Ee + Sp + Child(ren)	\$2,521.76	\$2,322.32	\$1,950.86	\$0.00	\$29.61

Percent Increase 12.0% 12.0% 12.0%

This document contains proprietary and confidential information. Copy and distribution of this document is prohibited without the written consent of Blue Cross of Idaho.

The quote conditions along with the rate page(s) together comprise the entire quote.

By signing you are agreeing to all Underwriting conditions and quote assumptions provided herein.

Authorized Representative: _____

Printed Name: _____

Date: _____



An Independent Licensee of the Blue Cross and Blue Shield Association

Group Name: City of Sandpoint

Group ID: 10040504

Effective Date: 01/01/2027

BUY-UP PROGRAMS

FULLY-INSURED

As selected below, the Group directs and BCI, or its designated agent, agrees to perform the following additional services.

Current Program	Accept	Decline	Additional Services and Buy-Up Programs
☐	☐	☒	COBRA Administration. The Administrative Fee for COBRA Administrative services is \$1.25 per Enrollee, per month.
☐	☐	☒	Nurse Advice Line Services. The Administrative Fee for Nurse Advice Line services is \$0.15 per Enrollee, per month. Nurse Advice Line provides access to registered nurses 24/7/365. This service helps determine the most appropriate level of care (emergency room, urgent care center, home care, etc.) based on symptoms. Nurses also provide general health and medication information. Participants will also have convenient access to the audio health library which provides hundreds of pre-recorded messages, many also in Spanish, on an array of healthcare topics ranging from the common cold to heart disease.
☐	☐	☒	Employee Assistance Program. The EAP program provides access to professional face-to-face counseling that can help employees through many emotional or personal situations. The program also includes legal, financial, identity recovery and work-life services to assist employees with day-to-day issues. ____ The Administrative Fee EAP 3 visits is \$2.14 per Enrollee, per month. ____ The Administrative Fee EAP 4 visits is \$2.70 per Enrollee, per month. ____ The Administrative Fee EAP 6 visits is \$3.60 per Enrollee, per month. ____ The Administrative Fee EAP 8 visits is \$4.51 per Enrollee, per month. ____ The Administrative Fee EAP 10 visits is \$5.07 per Enrollee, per month.
☐	☐	☒	Telehealth via MDLIVE. (Mid/Large Groups Only) The Premium for MDLIVE is \$0.75 per Enrollee, per month.

GROUP SIGNATURE:

By: _____

Title: _____

Date: _____

Address: _____

Blue Cross of Idaho Underwriting Quote Conditions

- * Unless stated otherwise, this proposal assumes the current plan of benefits remains in place.
- * For dual/multiple plan offerings, each plan must have at least 5% of the total group enrollment.
- * Rates are effective from 01/01/2027 through 12/31/2027. This offer must be accepted at least 15 days prior to the effective date. No retroactive changes are allowed.
- * There are 101 employees enrolled as of 07/31/2026.
- * Rates are based on the assumption of participation of at least 75% of all eligible employees.
- * COBRA & Retiree participants cannot exceed 10% of the enrolled group.
- * Dependent eligibility must flow through the enrolled subscriber.
- * The attached rates assume common eligibility between all lines of coverage.
- * Rates assume at least 50% employer contribution for employees.
- * We are not issuing a renewal rate guarantee.
- * Blue Cross of Idaho will be the only carrier.
- * No member is allowed to opt off coverage in lieu of compensation.
- * Broker/agent Commission is \$27.00 PEPM for Medical and \$1.00 PEPM for Vision.
- * The broker/agent is acting as the representative of the group/employer.
- * [Plan Sponsor] shall have sole and final responsibility for the establishment of eligibility criteria, administration of eligibility determinations, and dis-enrollment directions provided to [BCI]. In addition, [Plan Sponsor] shall have sole and final responsibility for, and shall bear the entire cost of, compliance with any applicable federal, state, and local law related to the establishment, maintenance, and general design of its employee benefit plan, including any responsibilities of a “named fiduciary”, “plan sponsor”, or “plan administrator” as such terms are described under the Employee Retirement Income Security Act of 1974, as amended, and any responsibilities under the Internal Revenue Code of 1986, as amended, even if [Plan Sponsor] engages [BCI] to assist with such compliance responsibilities. [BCI] does not provide any legal or tax advice to its clients, and [Plan Sponsor] shall have sole and final responsibility for determining the legal and tax status of its benefit plan.

Blue Cross of Idaho reserves the right to adjust the quoted rates if:

- * The actual number of enrollees changes by more than 10% from the number of enrolled contracts noted above.
- * Deductibles, coinsurance and/or co-payments will be self-funded by the employer and this was not disclosed during the proposal process.
- * New or revised State or Federal mandated benefits or fees/taxes become effective during the group's contract period.
- * New or revised reports are to be received by the group/broker.
- * Changes to the benefit plan(s) are requested by the group and agreed to by Blue Cross of Idaho.
- * Changes are made to the employer contribution, employee eligibility, or probationary period.
- * Enrollee participation falls below 75%.
- * Any of the conditions listed above need to be changed.

**COBRA rates are no more than 102% of the Active premium when BCI administers COBRA. COBRA disability rates are no more than 150% of the Active premium regardless of who administers COBRA.

~ Important Summary of Benefits and Coverage Information ~

To view and print a copy of the Summary of Benefits and Coverage (SBC) for your groups current coverage options and the uniform glossary, please log in to the employer portal of our website at bcidaho.com/employers. If you need assistance registering on the Blue Cross of Idaho website, please contact your Account Representative.

If you have questions about the SBC, need language assistance or would like a paper copy free of charge, please refer to the Customer Service number on the back of your Blue Cross of Idaho ID cards or call 1-800-627-1188. You can also visit our website at bcidaho.com/SBC for more information.

The quote conditions along with the rate page(s) together comprise the entire quote.

Plans & Rates

	Current	
	PPO	Premier
Preventive & Diagnostic Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Deductible	\$25	\$25
Family Maximum Deductible	\$75	\$75
Annual Maximum Benefit	\$1,250	\$1,250
Maximum Rollover Benefit	\$3,050	\$3,050
Annual Threshold Amount	\$600	\$600
Annual Rollover Amount	\$300	\$300
<i>Child Orthodontia</i>	50%	50%
<i>Orthodontia Lifetime Maximum</i>	\$1,500	\$1,500

	Current Rates	Renewal Rates
Administrative Rate (<i>Per Employee Per Month</i>)	\$9.64	\$9.93

Renewal: Assumes no plan design changes with a 3% renewal increase to the current \$9.64 PEPM Administration Rate for a one-year contract.

Signature

Date

Accepts renewal policy

October 7, 2026

Julie Tripke
BPA Health
8050 W Rifleman St., Ste. 100
Boise, ID 83704

RE: City of Sandpoint

Dear Julie:

It is the intent of the City of Sandpoint to terminate their EAP policy with your company effective December 31, 2026. It is unfortunate that the benefit has been underutilized over the past year and a half, we must to be fiscally responsible with our resources and we are not finding value in this benefit at this time.

Thank you for your service. If you have any questions, please call our Agent, Autumn Porter at 208.263.2708.

Sincerely,

Jeremy Grimm, Mayor