



BlueCross BlueShield of Vermont

*An Independent Licensee of the
Blue Cross and Blue Shield Association.*

www.bcbsvt.com

Rate Renewal

for

TOWN OF EAST MONTPELIER VT

For Period January 1, 2020 Through December 31, 2020

Quote expires November 24, 2019

Prepared 10/10/2019



Benefit
Selection

Blue Edge Business - Max Costs

Copay 1: Exclusive Provider Organization (PCP) \$850 Stacked Ded, 30% Co-Insurance to \$4,500 OOPM, \$30/\$50 OV, ER \$500 after Ded, Urgent Care \$40, Amb \$50, PPACA Compliant, Rx \$100 Ded \$5/\$50/50% Co-pay (Ded Waived for Generic), Stacked Rx OOPM \$1,400/\$2,800, National Preferred Formulary, Exclusive Specialty Network, Vision Exam

	Enrollment	Administration	Specific Premium	Aggregate Premium	Broker Commissions	Total Fixed Costs	Claim Funding	Assessments	Billed Rates
Single	0	\$49.62	\$298.87	\$16.05	\$37.50	\$402.04	\$484.69	\$6.53	\$893.26
2-person	2	\$88.28	\$597.74	\$32.09	\$37.50	\$755.61	\$969.37	\$13.06	\$1,738.04
Family	3	\$156.00	\$844.99	\$45.28	\$37.50	\$1,083.77	\$1,367.78	\$20.62	\$2,472.17
Annual Total	5	\$7,735	\$44,765	\$2,400	\$2,250	\$57,150	\$72,505	\$1,056	\$130,711

Copay 2: Exclusive Provider Organization (PCP) \$3,000 Stacked Ded; \$8,150 Combined Med/Rx OOPM; \$30/\$50 OV; Urgent Care \$50; After Ded: IP \$500 per Day, OP \$2,000, Radiology \$1,750, ER \$500, Amb \$500, DME \$100; PPACA Compliant; Rx \$0 Ded, \$10/\$50/\$75 Co-pay, Stacked Rx OOPM \$1,400/\$2,800, National Preferred Formulary, Exclusive Specialty Network, Vision Exam

	Enrollment	Administration	Specific Premium	Aggregate Premium	Broker Commissions	Total Fixed Costs	Claim Funding	Assessments	Billed Rates
Single	0	\$49.62	\$296.65	\$14.20	\$37.50	\$397.97	\$429.02	\$6.08	\$833.07
2-person	2	\$88.28	\$593.30	\$28.40	\$37.50	\$747.48	\$858.03	\$12.17	\$1,617.68
Family	3	\$156.00	\$838.73	\$40.08	\$37.50	\$1,072.31	\$1,210.69	\$19.37	\$2,302.37
Annual Total	5	\$7,735	\$44,433	\$2,124	\$2,250	\$56,543	\$64,178	\$989	\$121,710

CDHP 1: Exclusive Provider Organization (PCP) \$2,750 Ded Single/\$5,500 Ded 2P & Family, Aggregate Ded, 0% Co-insurance, Wellness Rx \$5/40%/60%, Aggregate Rx OOPM \$1,400/\$2,800, PPACA Compliant, National Preferred Formulary, Exclusive Specialty Network, Vision Exam

	Enrollment	Administration	Specific Premium	Aggregate Premium	Broker Commissions	Total Fixed Costs	Claim Funding	Assessments	Billed Rates
Single	0	\$49.62	\$306.64	\$14.81	\$37.50	\$408.57	\$447.45	\$6.23	\$862.25
2-person	2	\$88.28	\$613.28	\$26.04	\$37.50	\$765.10	\$786.57	\$11.60	\$1,563.27
Family	3	\$156.00	\$866.93	\$40.44	\$37.50	\$1,100.87	\$1,221.60	\$19.45	\$2,341.92
Annual Total	5	\$7,735	\$45,928	\$2,081	\$2,250	\$57,994	\$62,855	\$979	\$121,828



CDHP 2: Exclusive Provider Organization (PCP) \$5,250 Ded Single/\$10,500 2P & Family, Aggregate Ded, 50% Co-insurance to \$6,550/\$13,100 OOP (\$8,150 max OOP per Individual), Rx \$12/40%/60% (Wellness Before Ded, All Rx After Ded), Aggregate Rx OOPM \$1,400/\$2,800, PPACA Compliant, National Preferred Formulary, Exclusive Specialty Network, Vision Exam

	Enrollment	Administration	Specific Premium	Aggregate Premium	Broker Commissions	Total Fixed Costs	Claim Funding	Assessments	Billed Rates
Single	0	\$49.62	\$296.65	\$11.68	\$37.50	\$395.45	\$352.71	\$5.47	\$753.63
2-person	2	\$88.28	\$593.30	\$20.42	\$37.50	\$739.50	\$616.74	\$10.24	\$1,366.48
Family	3	\$156.00	\$838.73	\$30.59	\$37.50	\$1,062.82	\$924.17	\$17.08	\$2,004.07
Annual Total	5	\$7,735	\$44,433	\$1,591	\$2,250	\$56,010	\$48,072	\$861	\$104,942

Individual Stop Loss Limit (Medical & Rx):

\$30,000

Aggregate Stop Loss Corridor:

150%

	Copay 1	Copay 2	CDHP 1	CDHP 2
Specific Premium Cost	\$48,588	\$48,224	\$49,861	\$48,224
Advanced Captive Premium Gains	-\$3,822	-\$3,791	-\$3,933	-\$3,791
Maximum specific stop-loss premium	\$44,765	\$44,433	\$45,928	\$44,433
Premium amount ceded to captive	\$42,469	\$42,118	\$43,698	\$42,118

Premium surplus may be granted to Blue Edge groups per captive participation agreement, subject to DFR approval.

	Copay 1	Copay 2	CDHP 1	CDHP 2
Claims at 150%	\$87,006	\$77,013	\$75,426	\$57,686
Advanced Claim Return	-\$14,501	-\$12,836	-\$12,571	-\$9,614
Maximum claims funding amount	\$72,505	\$64,178	\$62,855	\$48,072
Additional 50% claims return if claims fall below:	\$58,004	\$51,342	\$50,284	\$38,457

Settlement will occur 8 1/2 months after the end of the contract period.

Estimates based on current enrollment. Exact amounts may vary due to changes in enrollment.

This proposal assumes a single benefit option will be selected. If more than one benefit is selected, the billed rates will increase by two percent

This adjustment will be applied to claim funding.



Blue Edge Business Terms and Conditions

Proposal Terms:

1. These rates are valid through November 24, 2019. After this time the proposal may be subject to re-rate with updated census, monthly enrollment and claims, and large claims detail.
2. This document is a proposal only. BCBSVT is not obligated to provide stop loss coverage until a fully completed application is received, reviewed and accepted.
3. BCBSVT retains the right to re-underwrite the terms of the policy based upon the new information received in the application.
4. The rates and benefits used in this rate sheet are subject to any changes required by State and Federal law, including federal health care reform law and related regulations.
5. BCBSVT reserves the right to revise the rates if enrollment assumptions vary by +/- 10%. Changes to the effective date may result in revised rates.
6. Claim Funding includes all claim expenses including but not limited to fee for service claims and capitated payments.
7. Broker commissions in rates include \$30.00 PCPM for broker commissions and \$7.50 PCPM for broker commission override.
8. Administration in rates include \$3.45 PCPM for HRA administration and \$7.50 PCPM for broker commission override.

Blue Edge Business Participation

In order to be eligible for Blue Edge Business, a group must meet the following criteria:

1. Enroll at least 5 subscribers.
2. Agree to follow BCBSVT medical policy, claim edits, medical management, enrollment eligibility criteria (or criteria no more permissive) and drug formulary.
3. Qualify for a BCBSVT stop loss quote.

Additional Terms

1. Groups who terminate their administrative contract with BCBSVT (or have it terminated for cause) are ineligible to continue in Blue Edge Business.
2. Significant changes in a group's structure or financial stability (acquisitions, lay-offs, bankruptcies, etc.) will trigger a reassessment of the group's eligibility in Blue Edge Business and stop loss pricing.
3. Groups must purchase stop loss through BCBSVT, sign the Protected Cell Program Agreement and sign an Administrative Services Contract to participate in Blue Edge Business.
4. These quoted rates shall become effective on the later of the effective date or the first of the month following the date upon which they are approved for use. If required regulatory approval has not been obtained before the proposed effective date, BCBSVT shall amend these rates to be consistent with its currently approved rating methodology.

Assessments

1. Estimated assessments includes Vaccines for Vermonters and the Health Care Claims Tax.



Benefits

1. This quote assumes the group is opting out of Blueprint for Health.
2. To the best of its knowledge, BCBSVT believes this plan provides minimum value, as defined by applicable federal law.
3. This document summarizes your health care benefits on a Plan Year basis. Your summary plan description (SPD) defines the complete terms and conditions of your benefits in detail. Should any questions arise concerning your benefits, your SPD governs.

For Employer Signature

I understand how to distribute SBCs to my employees and that I am obligated to do so. _____ (Initial Here)

Reimbursement Accounts

HRA Yes No HSA Yes No HRA/HSA vendor name _____

HRA/HSA employer funding amount _____

HRA only: Does the HRA pay first? Yes No If no, please explain _____

Is there an annual roll over provision Yes No If yes, what percentage rolls over? _____

Accepted for TOWN OF EAST MONTPELIER VT

By: _____

Title: _____

Date: _____

Broker/Agency: _____

Projected average number of W-2

employees is 2020: _____

Is this a church plan?

Yes No

Quote expires November 24, 2019