11-14-18 12d



Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

## Self Funded FINAL Alternate Rates pm 1

PATRICK F. GILL

WOODBURY COUNTY AUDITOR & RECORDER &

COMM. OF ELECTIONS

53

Group Name:	Woodbury County
Account Key:	00017570
Rating Period:	01/01/2018 to 12/31/2018

Alternate Benefit Offering	Enrollment	Stop Loss Terms
OBS #189438-68 / #189438-64	93 Single	24/12 Contract
Blue Access	280 Family	
Deductible: \$250 / \$500		No Monthly Aggregate
Coinsurance: 10%		Actual Weekly Claims
OPM: \$750/\$1,250	373 Total	
Office Visit Copay: \$20		
BlueRx Value Plus		
Deductible: \$250/\$500		
Copay: \$6/\$25/\$50		
Coinsurance: 20%/20%/20%		

	Level		Fee	e/Contract	Estimated Annual Premium Based on Current Enrollment
Individual Stop Loss	\$100,000			\$57.93	\$259,295
Aggregate Stop Loss	125%			\$4.86	\$21,753
Administrative Fees - Healt	h w/weekly settlement			\$37.78	\$169,103
Administrative Fees - PBM				\$1.10	\$4,924
	Consultant Fee			\$0.00	\$0
	Total Administrative Fees			\$101.67	\$455,075
Network Access Fee				\$10.13	\$45,342
		Single	Family		Annual Projection
Expected Claims		\$544.97	\$1,362.43		\$5,185,951
Administrative, NAF & Stop	Loss Fees	\$52.59	<u>\$131.47</u>		<u>\$500,430</u>
Estimated Suggested Rates	5*	\$597.56	\$1,493.90		\$5,686,381
Attachment Points		\$681.21	\$1,703.03		\$6,482,411
Administrative, NAF & Stop	Loss Fees	\$52.59	<u>\$131.47</u>		<u>\$500,430</u>
Estimated Maximum Liabilit	ty to Fund*	\$733.80	\$1,834.50		\$6,982,841

\*Actual results may vary. Also, rates provided include administrative costs based on the entire group population. Individual Stop Loss includes coverage for Health and Drug and is based on a lifetime maximum of unlimited. Aggregate Stop Loss includes coverage for Health and Drug. The maximum Aggregate reimbursement is unlimited.

Date: 12-5-17 THE TH Employer Signature:

Comments:



Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

## Self Funded FINAL Alternate Rates

Group Name:	Woodbury County
Account Key:	00017570
Rating Period:	01/01/2018 to 12/31/2018

Consultant fee, if applicable, is an amount determined by the consultant and employer, and included here for the convenience of the employer to understand the total cost of services from Wellmark and the consultant. The consultant fee will be invoiced by Wellmark pursuant to agreement between Wellmark, Employer and Consultant.

Wellmark is not providing any legal or professional advice with regard to compliance of any federal or state law, regulations, or guidance. Law, regulations and guidance on specific provisions has been and will continue to be provided by the appropriate federal and state agencies and regulators. The information provided reflects Wellmark's understanding of the most current information and is subject to change without further notice. Please note that plan benefits, rates, renewal rate adjustments, and rating impact calculations are subject to change and may be revised during a plan's rating period based on guidance and regulations issued by the appropriate federal and state agencies and regulators. Wellmark makes no representation as to the impact of plan changes on a plan's grandfathered status or interpretation or implementation of any other provisions of law or regulation.

Wellmark will not determine whether coverage is discriminatory or otherwise in violation of Internal Revenue Code Section 105(h). Wellmark also will not provide any testing for compliance with Internal Revenue Code Section 105(h). Wellmark will not be held liable for any penalties or other losses resulting from any employer offering coverage in violation of section 105(h). Wellmark will not determine whether any change in an Employer Administered Funding Arrangement affects a health plan's grandfathered health plan status under ACA or otherwise complies with ACA. Wellmark will not be held liable for any penalties or other losses resulting from any Employer Administered Funding Arrangement. For purposes of this paragraph, an "Employer Administered Funding Arrangement" is an arrangement administered by an employer in which the employer contributes toward the member's share of benefit costs (such as the member's deductible, coinsurance, or copayments) in the absence of which the employer Administrative Funding Arrangement to the health insurance premiums or rates.

The subrogation recovery vendor(s) retain a service fee calculated as a percentage of the recovered amount after deductions for attorneys' fees and costs. For subrogation cases initiated prior to July 1, 2016, the subrogation recovery vendor's service fee is 12 3/% of the recovered amount. For subrogation cases initiated on or after July 1, 2016, the subrogation recovery vendor's service fee is 19.5% of the recovered amount. This fee is subject to change. The final recovered amount received from the vendor is credited to Account. Wellmark's agreement with the subrogation recovery vendor may from time to time allow for the application of no vendor service fees to amounts recovered during that period of time. Any subrogation recovery amount obtained by the vendor on behalf of the Account during that time period will be provided to Account without application of the vendor service fee.