



**BlueCross BlueShield
of Texas**

**Texas Mid Market Business
Triple Option PPO Renewal**

Group Name: CITY OF SEABROOK
Group Number: 000168091

Renewal Effective: 08/01/2020
Total Group Contracts: 104
Total PPO Contracts: 104
Total PPO Members: 192

Reg/Dist/Terr: 001 / 001 / 162

Sales Presentation

Current Plan Rates

	EO	EC	ES	EF	Total
MM07	\$ 639.76	\$ 1,178.67	\$ 1,604.52	\$ 2,052.14	\$ 16,060.67
<small>\$20 Office Copay, \$45 UC Copay, \$1000/\$3000 Ded (Ind/Fam), 80%/60% Coin (Net/Out), \$3500/\$10200 Med OPX (Ind/Fam), \$1000/\$3000 RX OPX (Ind/Fam), PDP \$15/\$30/\$45</small>					
Contract Enrollment	9	7	0	1	
MM18	\$ 582.70	\$ 1,073.53	\$ 1,461.41	\$ 1,869.09	\$ 55,823.32
<small>\$20 Office Copay, \$45 UC Copay, \$2000/\$6000 Ded (Ind/Fam), 80%/60% Coin (Net/Out), \$5000/\$10200 Med OPX (Ind/Fam), \$1000/\$3000 RX OPX (Ind/Fam), PDP \$15/\$40/\$55</small>					
Contract Enrollment	38	12	4	8	
MMH9	\$ 472.31	\$ 870.16	\$ 1,184.55	\$ 1,514.99	\$ 18,035.13
<small>No Copay, \$3500/\$7000 Ded (Ind/Fam), 100%/70% Coin (Net/Out), \$3500/\$7000 OPX (Ind/Fam), PDP 100% after cal yr ded</small>					
Contract Enrollment	15	6	1	3	
Total Monthly Health Cost*					\$ 89,919.12

Renewal Plan Rates

	EO	EC	ES	EF	Total*	
MM07	\$ 639.76	\$ 1,178.67	\$ 1,604.52	\$ 2,052.14	\$ 16,060.67	
<small>\$20 Office Copay, \$45 UC Copay, \$1000/\$3000 Ded (Ind/Fam), 80%/60% Coin (Net/Out), \$3500/\$10200 Med OPX (Ind/Fam), \$1000/\$3000 RX OPX (Ind/Fam), PDP \$15/\$30/\$45</small>						
					Plan Rate Change	0.0%
MM18	\$ 582.70	\$ 1,073.53	\$ 1,461.41	\$ 1,869.09	\$ 55,823.32	
<small>\$20 Office Copay, \$45 UC Copay, \$2000/\$6000 Ded (Ind/Fam), 80%/60% Coin (Net/Out), \$5000/\$10200 Med OPX (Ind/Fam), \$1000/\$3000 RX OPX (Ind/Fam), PDP \$15/\$40/\$55</small>						
					Plan Rate Change	0.0%
MMH9	\$ 472.31	\$ 870.16	\$ 1,184.55	\$ 1,514.99	\$ 18,035.13	
<small>No Copay, \$3500/\$7000 Ded (Ind/Fam), 100%/70% Coin (Net/Out), \$3500/\$7000 OPX (Ind/Fam), PDP 100% after cal yr ded</small>						
					Plan Rate Change	0.0%
Total Monthly Health Cost*					\$ 89,919.12	
Total Rate Change					0.0%	

Note: This rate change percentage is based on total monthly premium. Each tier's rate change may vary from the total change percentage. The above rates are projected to be effective for the 12-month period beginning on the effective date of group coverage and are contingent upon the provisions shown below. Final rates may vary based on actual enrollment results.

1. Enrollment of 104 or at least 75% of the eligible employees; with a sustained monthly enrollment of at least 75%
2. The employer contributing at least 50% of the Employee Only cost.
3. Rates do not include any future mandated benefit changes.
4. This quote assumes BCBSTX will be the only carrier providing coverage to the employer group's employees. BCBSTX reserves the right to change premium rates if BCBSTX is not the exclusive carrier. Groups must promptly notify BCBSTX if BCBSTX will not be the exclusive carrier.
5. Standard BCBSTX Managed Care programs with standard membership, eligibility, administration, claims processing and standard network. Standard Master Contract provisions and definitions apply. Any costs associated with special services or custom materials provided by BCBSTX will be supplemental billed separate and apart from the rates outlined on this confirmation page.
6. Annual open enrollment.
7. This proposal assumes the group contract will be issued in Texas. In addition to the benefits stated herein, benefits for covered persons who reside outside of Texas will conform to all Extraterritorial requirements of those states.
8. Insurance regulations require carriers to determine whether an employer is subject to Chapter 26, Texas Insurance Code.
9. This proposal is made on the condition you are not a Small Employer as defined in Chapter 26. A proposal to a Small Employer would have to contain specific contractual elements and mandated insurance plans not contained in this proposal. Should it be determined you were a Small Employer, this proposal and any health insurance contract issued to you, shall be null and void