



**Proposal - Renew at Adjusted Current Benefits  
ELMIRA HEIGHTS CENTRAL SCHOOL DISTRICT  
Contract Period: July 1, 2023 through June 30, 2024**

**Funding Arrangement:**

**Prospective**

<b>All Subscribers</b>			
<b>Plan</b>	<b>Tier</b>	<b>Projected Contracts</b>	<b>Rate</b>
<b>Signature Copay 1 (BR ID: 2035321-01)</b>	Single	50	\$ 1,088.83
	Employee/Spouse	20	2,815.87
	Employee/Child(ren)	15	2,087.49
	Family	48	3,062.15
<b>Signature Deductible 3 (BR ID: 2035322-01)</b>	Single	3	\$ 821.45
	Employee/Spouse	2	2,124.41
	Employee/Child(ren)	3	1,574.89
	Family	3	2,310.22

**Financial Terms / Assumptions**

- Rates shown are good through 4/17/2023. If Group does not accept this rate action prior to the expiration date, Excellus BlueCross BlueShield reserves the right to re-rate the proposal.
- Signature below indicates acceptance of all rates and terms for this proposal and its accompanying benefit sheet.
- Terms and assumptions used in this rate sheet are superceded by the group contract.
- Rates are for prospective financial arrangement (Excellus BlueCross BlueShield, Central New York Southern Tier Region at risk).
- Quoted premium rates contain a factor for broker commissions included in the overall retention load; administered under the Central New York Southern Tier Region Broker Program.
- Enrollment variations greater than +/-10% require a rate review which may cause a rate adjustment.
- Large claim pooling applies.
- Changes in federal or state benefit mandates or tax policies will require a rate review which may cause a rate
- Benefits in these proposals have been modified to comply with Health Care Reform and are subject to change due to our continued efforts to comply with federal and/or state laws and regulations.
- Rates include taxes and fees as identified on the Impact Estimate of Taxes, Fees and Assessments exhibit.
- Proposed rates include benefits required by the Federal Mental Health Parity final regulations issued November 2013.
- This proposal includes a High Deductible Health Plan. Deviations from proposed contribution will require a rate review which may cause a rate adjustment.
- Submitting reports with respect to the benefit plan, in the time and manner required under Section 204 of the Transparency Provisions of the CAA and/or related regulations and/or other authoritative guidance issued under the CAA, on behalf of the group relating to pharmacy benefits and drug costs.

\_\_\_\_\_  
Proposal Accepted By (Group Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

QFCS

**Renew at Adjusted Current Benefits  
ELMIRA HEIGHTS CENTRAL SCHOOL DISTRICT  
Contract Period: July 1, 2023 through June 30, 2024**

**Funding Arrangement:**

**Prospective**

Population:	All Subscribers	
Plan:	Signature Copay 1 In - Out	Signature Deductible 3 In - Out
<b>OV Copay:</b>	\$10 - 20%	20% - 40%
<b>Deductible:</b>	\$0 - \$250	\$1,500 - \$3,000
<b>Family Deductible:</b>	\$0 - \$750	\$3,000 - \$6,000
<b>Out of Pocket Max:</b>	\$4,200 - \$8,400	\$3,000 - \$6,000
<b>Family OOP Max:</b>	\$12,600 - \$25,200	\$6,000 - \$12,000
<b>Coinsurance:</b>	0% - 20%	20% - 40%
<b>Inpatient Copay:</b>	\$0 - 20%	20% - 40%
<b>ER Copay:</b>	\$50 - \$50	20% - 20%
<b>OP Surgery Copay:</b>	\$10 - 20%	20% - 40%
<b>Benefit Cycle:</b>	Calendar Year Benefits	Calendar Year Benefits
<b>Dependent/Student:</b>	26 / 26	26 / 26
<b>Pharmacy Plan:</b>	\$5/\$15/\$30	\$5/\$25/\$50 Integrated Rx
<b>Mail Order Pricing:</b>	1 Copay 90 Day Supply	1 Copay 90 Day Supply
<b>Preventive Rx:</b>	NA	Preventive Rx not subject to the Deductible
<b>Additional Provisions:</b>	<ul style="list-style-type: none"> <li>Preventive CIF, Womens Preventive CIF</li> <li>Benefits comply with Federal Mental Health Parity</li> <li>DME, Prosthetics, Orthotics, Foot Orthotics, Medical Supplies 20%</li> <li>NYS Autism Spectrum Disorder Mandate</li> </ul>	<ul style="list-style-type: none"> <li>Preventive CIF, Womens Preventive CIF</li> <li>Benefits comply with Federal Mental Health Parity</li> <li>DME, Prosthetics, Orthotics, Foot Orthotics, Medical Supplies 20%</li> <li>NYS Autism Spectrum Disorder Mandate</li> <li>\$1,500 HRA Funding</li> </ul>

BR ID:

2035321-01

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QFCS

Initial to signify approval of benefits for proposal : \_\_\_\_\_