

Overall Rate Change for Group

% Change of Medical / Rx Rate: -4.57%
% Change of Dental Rate: N/A
% Change of Total Rate: -4.57%

Group Name : AMERICAN HERITAGE CHARTER SCHOOL
Producer : RYAN ANDERSON
Effective Date : January 01, 2019



Regence

Regence BlueShield of Idaho, Inc. is an Independent Licensee of the Blue Cross and Blue Shield Association

Option 1 (Renewal Products and Rates) - Regence Innova

Network	Preferred
Benefit Category	Regence Innova
Base Medical	Innova Unlimited Visits, \$30/45 Copay, \$2,000 Ded, 70/50/50 Coins, \$2,000 Coins Max, Maternity
Pharmacy	Generic \$10, Pref Brand \$35, Brand \$75, No RX OOPM, \$0 Ded
Complementary Care	Complementary Care - Chiro, Acupuncture & Naturopathic - 12 Visits
Riders (Optional)	Exam Plus Vision
Mental Health and Chemical Dependency	Mental Health and Chemical Dependency 50% coinsurance with Limits
Maternity	Maternity - Innova

Medical Rates		
	Rate	Count
Employee	████████	26
Spouse	████████	3
1 Child	████████	0
2 Child	████████	2
3+ Child	████████	2

Rate Summary			
	Premium Amount	Employer Contribution	Employer Responsibility
Employees	████████	93.74%	████████
Dependent	████████		\$0.00
Total	████████		████████

Final rates are subject to change if the group's enrolled census and other underwriting criteria are different from the census and assumptions used in developing the rates. For a complete list of rating assumptions, please refer to the Underwriting Assumptions document.

I acknowledge this rate sheet includes a summary of the benefit plan selected and rates associated with this plan for the effective date indicated. I understand this summary does not provide a full description of the benefit plan selected and that the complete details of the plan can be found in the contract.

Signature: _____

Date: _____

11/8/18