



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

### Fully Insured Renewal Premiums

Group Name: Lawrence County Employees

Account Key: 00032763

Renewal Period: 01/01/2022 to 12/31/2022

Current Benefit Offerings	Current Enrollment	Current Rates	Renewal Rates	* Renewal Rates and Consultant Fee
OBS #139489-46 / 139489-47	74 Single	\$717.21	\$754.84	\$754.84
Blue Select	13 Family	\$2,201.12	\$2,316.60	\$2,316.60
Deductible: \$1,500/\$3,000;\$2,250/\$4,500	12 Ee/Spouse	\$1,468.85	\$1,545.91	\$1,545.91
Coinsurance: 20% / 40%	8 Ee/Ch(ren)	\$1,357.68	\$1,428.91	\$1,428.91
OPM: \$3,500/\$7,000;\$5,500/\$11,000	107 Total			
OV Copay: \$25				
BlueRx Complete				
Deductible: \$100 / \$200				
Copay: \$8/\$35/\$50				
<b>Total Monthly Premium:</b>		<b>\$110,176</b>	<b>\$115,956</b>	<b>\$115,956</b>
<b>Overall Premium Change:</b>			<b>5.25 %</b>	
<b>**Overall Change Including Consultant Fee:</b>				<b>5.25 %</b>
Employer Signature: _____ Date: _____				

All rates shown are net of consultant fees unless otherwise noted.

\*Consultant fees are not a contingency of obtaining insurance coverage. At your option Wellmark will collect a consultant fee on your Monthly Premiums Statement agreed to by you and your consultant/service provider and administer payment to your consultant pursuant to a Consultant Fee Collection Agreement.

\*\*Comparison of the renewal rates and renewal consultant fee to the current rates and current consultant fee.

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.



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*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 member would be financially responsible. An Employer Administrative Funding Arrangement does not include the employer's contribution to health insurance premiums or rates.*