

Group Name : Premier Pediatrics  
 Producer : HARRY STONE  
 Effective Date : February 01, 2024



**Option 4 : Regence BluePoint Silver HSA 4250 - Employee Choice (Grouping 1)**

**Silver HSA 4250** : \$4,250 Ded, 15% Coins, \$6,000 OOPM, Preferred ValueCare Network, **Pharmacy** : Pref Generic/Generic 10%/25%, Pref Brand/Brand 35%/50%, Pref Specialty/Specialty 20%/50%, Optimum Value Ded Waived, **EAP - 4 visits, Preferred ValueCare**

Age Banded Medical Rates (per member, per month)					
Age	PMPM	Age	PMPM	Age	PMPM
0-14	\$291.63	31	\$511.18	48	\$723.00
15	\$291.63	32	\$511.18	49	\$752.05
16	\$291.63	33	\$511.18	50	\$782.21
17	\$291.63	34	\$511.18	51	\$813.47
18	\$291.63	35	\$511.18	52	\$845.83
19	\$291.63	36	\$511.18	53	\$879.66
20	\$291.63	37	\$516.32	54	\$914.97
21	\$367.75	38	\$524.05	55	\$951.74
22	\$386.14	39	\$533.24	56	\$989.62
23	\$409.31	40	\$543.91	57	\$1,029.34
24	\$437.99	41	\$557.51	58	\$1,070.53
25	\$477.34	42	\$574.43	59	\$1,103.25
26	\$501.25	43	\$594.29	60	\$1,103.25
27	\$511.18	44	\$618.19	61	\$1,103.25
28	\$511.18	45	\$642.83	62	\$1,103.25
29	\$511.18	46	\$668.57	63	\$1,103.25
30	\$511.18	47	\$695.42	64+	\$1,103.25

Rate Summary			
	Premium Amount	Employer Contribution	Employer Responsibility
<b>Employees</b>	\$2,780.93	50.00 %	\$1,390.47
<b>Dependent</b>	\$0.00	50.00 %	\$0.00
<b>Total</b>	\$2,780.93		\$1,390.47

I acknowledge this rate sheet includes a summary of the benefit plan and quoted 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.

Quoted rates are subject to change if the group's enrolled census, demographics, and/or other underwriting criteria are different from the information and/or assumptions used in developing the quoted rates. For a complete list of rating assumptions, please refer to the Underwriting Assumptions document. Payment of final rates will constitute acceptance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Group Name : Premier Pediatrics  
 Producer : HARRY STONE  
 Effective Date : February 01, 2024



**Option 6 : Regence BluePoint Silver HSA Embedded 3200 - Employee Choice (Grouping 1)**

**Silver HSA Embedded 3200** : \$40 Prim/\$60 Spec Copay After Ded, \$3,200 EMB Ded, 20% Coins, \$6,700 OOPM, Preferred ValueCare Network, **Pharmacy** : Pref Generic/Generic 10%/25%, Pref Brand/Brand 35%/50%, Pref Specialty/Specialty 20%/50%, Optimum Value Ded Waived, **EAP - 4 visits, Preferred ValueCare**

**Age Banded Medical Rates** (per member, per month)

Age	PMPM	Age	PMPM	Age	PMPM
0-14	\$311.43	31	\$545.89	48	\$772.10
15	\$311.43	32	\$545.89	49	\$803.12
16	\$311.43	33	\$545.89	50	\$835.33
17	\$311.43	34	\$545.89	51	\$868.71
18	\$311.43	35	\$545.89	52	\$903.27
19	\$311.43	36	\$545.89	53	\$939.40
20	\$311.43	37	\$551.39	54	\$977.10
21	\$392.72	38	\$559.63	55	\$1,016.37
22	\$412.36	39	\$569.45	56	\$1,056.82
23	\$437.10	40	\$580.84	57	\$1,099.24
24	\$467.74	41	\$595.37	58	\$1,143.22
25	\$509.76	42	\$613.44	59	\$1,178.16
26	\$535.28	43	\$634.64	60	\$1,178.16
27	\$545.89	44	\$660.17	61	\$1,178.16
28	\$545.89	45	\$686.48	62	\$1,178.16
29	\$545.89	46	\$713.97	63	\$1,178.16
30	\$545.89	47	\$742.64	64+	\$1,178.16

**Rate Summary**

	Premium Amount	Employer Contribution	Employer Responsibility
<b>Employees</b>	\$2,969.76	50.00 %	\$1,484.88
<b>Dependent</b>	\$0.00	50.00 %	\$0.00
<b>Total</b>	\$2,969.76		\$1,484.88

I acknowledge this rate sheet includes a summary of the benefit plan and quoted 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.

Quoted rates are subject to change if the group's enrolled census, demographics, and/or other underwriting criteria are different from the information and/or assumptions used in developing the quoted rates. For a complete list of rating assumptions, please refer to the Underwriting Assumptions document. Payment of final rates will constitute acceptance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Group Name : Premier Pediatrics  
 Producer : HARRY STONE  
 Effective Date : February 01, 2024



**Option 8 : Regence BluePoint Silver HSA Embedded 5100 - Employee Choice (Grouping 1)**

**Silver HSA Embedded 5100** : \$5,100 EMB Ded, 0% Coins, \$5,100 OOPM, Preferred ValueCare Network, **Pharmacy** : Pref Generic/Generic 0%/0%, Pref Brand/Brand 0%/0%, Pref Specialty/Specialty 0%/0%, Optimum Value Ded Waived, **EAP - 4 visits, Preferred ValueCare**

Age Banded Medical Rates (per member, per month)					
Age	PMPM	Age	PMPM	Age	PMPM
0-14	\$308.13	31	\$540.10	48	\$763.91
15	\$308.13	32	\$540.10	49	\$794.61
16	\$308.13	33	\$540.10	50	\$826.47
17	\$308.13	34	\$540.10	51	\$859.50
18	\$308.13	35	\$540.10	52	\$893.69
19	\$308.13	36	\$540.10	53	\$929.44
20	\$308.13	37	\$545.54	54	\$966.74
21	\$388.56	38	\$553.70	55	\$1,005.59
22	\$407.99	39	\$563.41	56	\$1,045.62
23	\$432.47	40	\$574.68	57	\$1,087.58
24	\$462.78	41	\$589.06	58	\$1,131.10
25	\$504.35	42	\$606.93	59	\$1,165.68
26	\$529.61	43	\$627.91	60	\$1,165.68
27	\$540.10	44	\$653.17	61	\$1,165.68
28	\$540.10	45	\$679.20	62	\$1,165.68
29	\$540.10	46	\$706.40	63	\$1,165.68
30	\$540.10	47	\$734.77	64+	\$1,165.68

Rate Summary			
	Premium Amount	Employer Contribution	Employer Responsibility
<b>Employees</b>	\$2,938.29	50.00 %	\$1,469.15
<b>Dependent</b>	\$0.00	50.00 %	\$0.00
<b>Total</b>	\$2,938.29		\$1,469.15

I acknowledge this rate sheet includes a summary of the benefit plan and quoted 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.

Quoted rates are subject to change if the group's enrolled census, demographics, and/or other underwriting criteria are different from the information and/or assumptions used in developing the quoted rates. For a complete list of rating assumptions, please refer to the Underwriting Assumptions document. Payment of final rates will constitute acceptance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_