# UnitedHealthcare

## Medical Proposed Rates for JEFFERSON PARISH GOVERNMENT

Effective Date: 1/01/2023 | Customer Number 00902944

*• The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.*

| | Option 1 NEW | Option 2 NEW | Option 3 NEW |
|---|---|---|---|
| **Medical Plan Name** | **CSNY MOD (Traditional with Deductible)** | **CSNY MOD (Traditional with Deductible)** | **CSNY MOD (Traditional with Deductible)** |
| **Rx Plan Name** | **Rx Plan: H14 MOD** | **Rx Plan: H14 MOD** | **Rx Plan: H14 MOD** |
| Product | Choice Insurance * | Choice Insurance * | Choice Insurance * |
| Option | Actives | LA Pre65 | LA Post65 |
| Plan Offering | Single Option | Single Option | Single Option |
| Multiple Option with: | N/A | N/A | N/A |
| HRA or HSA | No | No | No |
| **Benefits*** | **Network Single/Family** | **Network Single/Family** | **Network Single/Family** |
| Office Copay (PCP/SPC) | PCP $30, SPC $45 | PCP $30, SPC $45 | PCP $30, SPC $45 |
| Hospital Copays | OP D&C, IP D&C | OP D&C, IP D&C | OP D&C, IP D&C |
| UC/ER | UC $75, ER $350 | UC $75, ER $350 | UC $75, ER $350 |
| Major Diagnostics | MD D&C | MD D&C | MD D&C |
| X-Ray and Lab | X-Ray No Cost Share, Lab No Cost Share | X-Ray No Cost Share, Lab No Cost Share | X-Ray No Cost Share, Lab No Cost Share |
| Other | No $0 Kids Copay | No $0 Kids Copay | No $0 Kids Copay |
| Deductible | $500/$1,000 (Emb) | $500/$1,000 (Emb) | $500/$1,000 (Emb) |
| Coinsurance | 80% | 80% | 80% |
| Out-of-Pocket | $3000/6000 | $3000/6000 | $3000/6000 |
| Pharmacy | $10/$50/$75, 3.0 MO (Adv PDL), Natl | $10/$50/$75, 3.0 MO (Adv PDL), Natl | $10/$50/$75, 3.0 MO (Adv PDL), Natl |
| | **Out of Network Single/Family** | **Out of Network Single/Family** | **Out of Network Single/Family** |
| Deductible | N/A | N/A | N/A |
| Coinsurance | N/A | N/A | N/A |
| Out of Pocket | N/A | N/A | N/A |
| **Enrollment** | | | |
| Employee | 1870 | 297 | |
| Employee + Spouse | 206 | 79 | |
| Employee + Child(ren) | 277 | 20 | |
| Employee + Family | 164 | 10 | |
| Single Surviving Dependen | | | 0 |
| 1w/Medicare | | | 14 |
| 2 w/Medicare | | | 3 |
| 1 w/MC & 1w/oMC | | | 0 |
| 1 w/MC & child(ren) | | | 0 |
| 1 w/MC & family | | | 0 |
| 2 w/MC & family | | | 0 |
| Total | 2517 | 406 | 17 |
| | **Rates (Billed)** | **Rates (Billed)** | **Rates (Billed)** |
| **Rates** | Current / Proposed | Current / Proposed | Current / Proposed |
| Employee | **$824.18 / $848.91** | **$1,196.96 / $1,232.88** | |
| Employee + Spouse | **$1,813.18 / $1,867.59** | **$2,633.32 / $2,712.34** | |
| Employee + Child(ren) | **$1,565.94 / $1,612.93** | **$2,274.24 / $2,342.49** | |
| Employee + Family | **$2,554.94 / $2,631.60** | **$3,710.85 / $3,822.21** | |
| Single Surviving Dependen | | **$989.24 / $1,018.93** | **$1,077.06 / $1,109.38** |
| 1w/Medicare | | | **$627.74 / $646.58** |
| 2 w/Medicare | | | **$1,386.66 / $1,428.27** |
| 1 w/MC & 1w/oMC | | | **$1,240.18 / $1,277.39** |
| 1 w/MC & child(ren) | | | **$1,505.38 / $1,550.56** |
| 1 w/MC & family | | | **$2,430.30 / $2,503.23** |
| 2 w/MC & family | | | **$2,441.68 / $2,514.96** |
| **Monthly Cost** | **$2,767,507 / $2,850,549** | **$646,123 / $665,512** | **$12,948 / $13,337** |
| **Annual Cost** | **$33,210,087 / $34,206,591** | **$7,753,472 / $7,986,145** | **$155,381 / $160,044** |
| **Change from Current** | **3.0%** | **3.0%** | **3.0%** |

***High level benefit summary. Please see your plan summary for more detailed benefit description.***

*POD = Benefit paid as follows: Per Occurrence Deductible, then plan deductible and coinsurance.*

*LTD # = the number of services covered at that copay, after the limit plan deductible and coinsurance will apply, note PCP and SPC may be combined (see benefit summary)*
*Day x# = the max number of days the copay will apply*

*For markets moving to service fees, current rates (for renewals only) include commission expenses. Proposed rates, for your convenience, include any applicable producer service fees. Producer service fees are not a contingency of obtaining insurance coverage but are fees agreed to between you (client) and your producer/service provider for service rendered on behalf of client.*

# UnitedHealthcare

## Medical Proposed Rates for JEFFERSON PARISH GOVERNMENT

Effective Date: 1/01/2023 | Customer Number 00902944

*• The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.*

| | Option 4 NEW | Option 5 NEW | Option 6 NEW |
|---|---|---|---|
| **Medical Plan Name** | **CSQ4 MOD (Traditional with Deductible)** | **CSQ4 MOD (Traditional with Deductible)** | **CSNY MOD (Traditional with Deductible)** |
| **Rx Plan Name** | **Rx Plan: E24 MOD** | **Rx Plan: E24 MOD** | **Rx Plan: H14 MOD** |
| Product | Choice + Insurance * | Choice + Insurance * | Choice Insurance * |
| Option | NonLA Pre65 | NonLA Post65 | Actives |
| Plan Offering | Single Option | Single Option | Dual Option |
| Multiple Option with: | N/A | N/A | TBD |
| HRA or HSA | No | No | No |
| **Benefits*** | **Network Single/Family** | **Network Single/Family** | **Network Single/Family** |
| Office Copay (PCP/SPC) | PCP $25, SPC $45 | PCP $25, SPC $45 | PCP $30, SPC $45 |
| Hospital Copays | OP D&C, IP D&C | OP D&C, IP D&C | OP D&C, IP D&C |
| UC/ER | UC $75, ER $250 | UC $75, ER $250 | UC $75, ER $350 |
| Major Diagnostics | MD D&C | MD D&C | MD D&C |
| X-Ray and Lab | X-Ray No Cost Share, Lab No Cost Share | X-Ray No Cost Share, Lab No Cost Share | X-Ray No Cost Share, Lab No Cost Share |
| Other | No $0 Kids Copay | No $0 Kids Copay | No $0 Kids Copay |
| Deductible | $500/$1,500 (Emb) | $500/$1,500 (Emb) | $500/$1,000 (Emb) |
| Coinsurance | 80% | 80% | 80% |
| Out-of-Pocket | $2500/5000 | $2500/5000 | $3000/6000 |
| Pharmacy | $10/$35/$65/$100, 3.0 MO (Adv PDL), Natl | $10/$35/$65/$100, 3.0 MO (Adv PDL), Natl | $10/$50/$75, 3.0 MO (Adv PDL), Natl |
| | **Out of Network Single/Family** | **Out of Network Single/Family** | **Out of Network Single/Family** |
| Deductible | $1000/3000 (Emb) | $1000/3000 (Emb) | N/A |
| Coinsurance | 60% | 60% | N/A |
| Out of Pocket | $5000/10000 | $5000/10000 | N/A |
| **Enrollment** | | | |
| Employee | 5 | | 1870 |
| Employee + Spouse | 3 | | 206 |
| Employee + Child(ren) | 0 | | 277 |
| Employee + Family | 0 | | 164 |
| Single Surviving Dependen | | 0 | |
| 1w/Medicare | | 13 | |
| 2 w/Medicare | | 9 | |
| 1 w/MC & 1w/oMC | | 0 | |
| 1 w/MC & child(ren) | | 0 | |
| 1 w/MC & family | | 0 | |
| 2 w/MC & family | | 0 | |
| Total | 8 | 22 | 2517 |
| | **Rates (Billed)** | **Rates (Billed)** | **Rates (Billed)** |
| **Rates** | Current / Proposed | Current / Proposed | Current / Proposed |
| Employee | **$1,057.38** / **$1,097.59** | | **$848.91** |
| Employee + Spouse | **$2,326.22** / **$2,414.68** | | **$1,867.59** |
| Employee + Child(ren) | **$2,009.00** / **$2,085.40** | | **$1,612.93** |
| Employee + Family | **$3,277.86** / **$3,402.51** | | **$2,631.60** |
| Single Surviving Dependen | | **$951.66** / **$987.85** | |
| 1w/Medicare | | **$693.88** / **$720.27** | |
| 2 w/Medicare | | **$1,407.82** / **$1,461.36** | |
| 1 w/MC & 1w/oMC | | **$1,241.12** / **$1,288.32** | |
| 1 w/MC & child(ren) | | **$1,506.56** / **$1,563.86** | |
| 1 w/MC & family | | **$2,432.18** / **$2,524.68** | |
| 2 w/MC & family | | **$2,478.96** / **$2,573.24** | |
| **Monthly Cost** | **$12,266** / **$12,732** | **$21,691** / **$22,516** | **$2,850,549** |
| **Annual Cost** | **$147,187** / **$152,784** | **$260,290** / **$270,189** | **$34,206,591** |
| **Change from Current** | **3.8%** | **3.8%** | **3.0%** |

***High level benefit summary. Please see your plan summary for more detailed benefit description.***

*POD = Benefit paid as follows: Per Occurrence Deductible, then plan deductible and coinsurance.*

*LTD # = the number of services covered at that copay, after the limit plan deductible and coinsurance will apply, note PCP and SPC may be combined (see benefit summary)*
*Day x# = the max number of days the copay will apply*

*For markets moving to service fees, current rates (for renewals only) include commission expenses. Proposed rates, for your convenience, include any applicable producer service fees. Producer service fees are not a contingency of obtaining insurance coverage but are fees agreed to between you (client) and your producer/service provider for service rendered on behalf of client.*

# UnitedHealthcare

## Medical Proposed Rates for JEFFERSON PARISH GOVERNMENT

Effective Date: 1/01/2023 | Customer Number 00902944

*• The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.*

| | Option 7 NEW |
|---|---|
| **Medical Plan Name** | **CSNY MOD 1 (Traditional with Deductible)** |
| **Rx Plan Name** | **Rx Plan: H14 MOD** |
| Product | Choice Insurance * |
| Option | Actives |
| Plan Offering | Dual Option |
| Multiple Option with: | TBD |
| HRA or HSA | No |
| **Benefits*** | **Network Single/Family** |
| Office Copay (PCP/SPC) | PCP $30, SPC $45 |
| Hospital Copays | OP D&C, IP D&C |
| UC/ER | UC $75, ER $350 |
| Major Diagnostics | MD D&C |
| X-Ray and Lab | X-Ray No Cost Share, Lab No Cost Share |
| Other | No $0 Kids Copay |
| Deductible | $1500/3000 (Emb) |
| Coinsurance | 80% |
| Out-of-Pocket | $6,000/$12,000 |
| Pharmacy | $10/$50/$75, 3.0 MO (Adv PDL), Natl |
| | **Out of Network Single/Family** |
| Deductible | N/A |
| Coinsurance | N/A |
| Out of Pocket | N/A |
| **Enrollment** | |
| Employee | 1870 |
| Employee + Spouse | 206 |
| Employee + Child(ren) | 277 |
| Employee + Family | 164 |
| Single Surviving Dependen | |
| 1w/Medicare | |
| 2 w/Medicare | |
| 1 w/MC & 1w/oMC | |
| 1 w/MC & child(ren) | |
| 1 w/MC & family | |
| 2 w/MC & family | |
| Total | 2517 |
| | **Rates (Billed)** |
| **Rates** | Current / Proposed |
| Employee | **$792.34** |
| Employee + Spouse | **$1,743.13** |
| Employee + Child(ren) | **$1,505.44** |
| Employee + Family | **$2,456.24** |
| Single Surviving Dependen | |
| 1w/Medicare | |
| 2 w/Medicare | |
| 1 w/MC & 1w/oMC | |
| 1 w/MC & child(ren) | |
| 1 w/MC & family | |
| 2 w/MC & family | |
| **Monthly Cost** | **$2,660,591** |
| **Annual Cost** | **$31,927,090** |
| **Change from Current** | **-3.9%** |

***High level benefit summary. Please see your plan summary for more detailed benefit description.***

*POD = Benefit paid as follows: Per Occurrence Deductible, then plan deductible and coinsurance.*

*LTD # = the number of services covered at that copay, after the limit plan deductible and coinsurance will apply, note PCP and SPC may be combined (see benefit summary)*
*Day x# = the max number of days the copay will apply*

*For markets moving to service fees, current rates (for renewals only) include commission expenses. Proposed rates, for your convenience, include any applicable producer service fees. Producer service fees are not a contingency of obtaining insurance coverage but are fees agreed to between you (client) and your producer/service provider for service rendered on behalf of client.*

# UnitedHealthcare

## Medical Quote Assumptions

Effective Date: 1/01/2023 | Customer Number 00902944

***• The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.***

### Medical Quote Assumptions

- Rates are guaranteed for the contract period of 1/1/23 through 12/31/23.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
  - Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- Employer contributes a minimum of 80% toward the employee only rates and 50% toward the dependent rates.
- Requires a minimum participation level of 80%.
- Rates assume: No OOA or Part-time employees; Standard Riders Only.
- Unless otherwise stated, this offer replaces and renders all previous offers null and void.
- Health care services may be provided to you at network health care facilities by facility-based physicians who are not in your health plan network.
- You may be responsible for payment of all or part of these fees for those non-network services, in addition to applicable amounts due for copayments, coinsurance, deductibles, and non-covered services
- Specific information about network and non-network facility-based physicians can be found at myuhc.com®, or by calling the toll-free member telephone number on the back of your health plan ID card.
- Quotes includes Vision Rider
- Quote Includes PHS 3.0 w/DM.
- Quote includes the following budget amounts: Wellness $200,000.
- Quote includes UHC fulfilled Simply Engaged Plus (incentive programs must not exceed 30% of the total cost of coverage).

- UnitedHealthcare reserves the right to adjust the rates and/or fees (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable regulatory authority (i.e. mandated benefits) or by the Plan Sponsor; and (iii) as otherwise permitted in our policy.
- This premium may include state and federal taxes and fees.
- Premium rates and/or product forms included herein are subject to approval by regulators. If rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings.
- Plan design and corresponding premium rates offered herein represent a coverage option that is consistent with your current group size (based on most recent census or survey information) and closely matches your current coverage. Additional coverage options may be available to you.
- Premium rates assume the following allowances to be used by the client for costs incurred by them for expenses associated with the noted programs. These funds must be used by 12/31/2023, and any unused funds are not refundable. Appropriate documentation (e.g. detailed invoice, email or letter from the client, or detailed request in the Request for Proposal) that identifies the services performed, and/or items purchased must be provided to UHC by the client in order for any payments out of or draw-down in the fund to be processed.
  Budgets Included: UHC Onsite Wellness Coordinator $140,000

UnitedHealthcare

# COBRA and Direct (Retiree) Billing Fees

**Client Name: Jefferson Parish Government**
**Effective Date: 1/1/23-12/31/23**
**Situs State: LA**

**Eligible Subscribers: 3000**
**Active Retirees:**
**Quoted Date: 10/13/14**

***Implementation TAT is 30-60 days from notification of sale to UHC Benefit Services**

This quote offers two pricing options for COBRA and Direct(Retiree) Billing Fees. The first option is PEPM pricing (Per Employee Per Month). This option will charge the PEPM fee against the actual UnitedHealthcare medical subscriber count. PEPM pricing is a great option for you if your company has a high volume of COBRA members or high turnover. It will allow you to have consistent, predictable billing. The second option is Per Event pricing. This is a great alternative for groups with a lower volume of COBRA members and lower turnover. You would only pay based on your actual COBRA activity (per Enrolled and per Qualifying Event Notice). Below, you will see the two options for pricing compared side-by-side, each quoted on a two-year basis.

*Account Executive: Please complete the information below (in gray) to have a Client Service Consultant (CSC) assigned. You will need to include the sold date, the pricing type selected (PEPM or Per Event) as well as the SAE information.

***Pricing is on a one-year basis**

| | |
|---|---|
| **Sold Date:** | |
| **Pricing Type Selected:** | Embeded in Medical=$19,800.00 |
| **Platform/Policy #** | UNET 902944 |
| **UHC SAE Name and Email** | Mona Mcclean |
| **UHC SAE Phone:** | |
| **Client Signature** | |

**What is PEPM Pricing?**

• Per Employee Per Month (PEPM) billing will charge the PEPM rate against the actual UnitedHealthcare medical subscriber count for your company.
• With PEPM billing, you will not be charged per COBRA service – monthly invoices, Qualifying Event Notices, Initial Rights Notifications, etc.
• PEPM is a great billing option for high volume / high turnover groups.
• PEPM allows consistent, predictable billing invoicing generated on a quarterly basis for administrative services.

**Where applicable, UnitedHealthcare will return to the client the 2% COBRA administration fee that is routinely charged to the COBRA participants. UnitedHealthcare will provide COBRA administration for their entire benefit plan offering: medical, dental, vision, FSA, etc. This includes UnitedHealthcare offered plans as well as plans provided by other carriers if all coverage's are not with UHC.**

| COBRA Billing Set Up and Maintenance | Year One |
|---|---|
| | **$0.55 PEPM Embedded in medical** |
| Group Setup Fee (one time fee at implementation) | Included |
| COBRA Continuant Takeover Charge (one-time charge per current continuant from previous COBRA administrator) | Included |
| On-going Maintenance Fee (annual fee in subsequent years after implementation) | n/a |

| COBRA Services | |
|---|---|
| Ongoing COBRA Continuant Per Month Charge | Included |
| Qualifying Event Notification (QEN) includes distribution of QENs and election forms via proof of mail with instructions, and processing of enrollment forms returned (per notice) | Included |
| Outside Carrier Eligibility Feeds and Premium Remittance (per carrier per month) | Included |
| COBRA / HIPAA Initial Rights Notifications (per notice) AKA New Hire Notification | Included |
| Women's Health Cancer Rights Act (WHCRA) Notices (per notice) | Included |
| State Continuation Notification (per notice) | Included |
| Past Due Notices to Continuants (per notice, upon request) | Included |

| Direct (Retiree) Billing Services | |
|---|---|
| Direct (Retiree) Billing (per continuant per month) | $4.50 |
| Past Due Notices to Continuants (per notice, upon request) | Included |

| The following are Optional Employee Notification Services Available to customers purchasing COBRA/Direct Bill Services | |
|---|---|
| Retro COBRA / HIPAA Initial Rights Notices (per notice) | $3.00 |
| HIPAA Privacy Notices (per notice) | $3.00 |
| Medicare-D Notifications | $0.95 |

| Open Enrollment Services | |
|---|---|
| Open Enrollment Service (per person):<br>Includes packaging and distribution of all related benefit materials and/or informational documents as designated by and provided by the client<br><br>*There is a $100 minimum for Open Enrollment Services | $8.00<br>Plus Postage |

*We provide these certificates through our internal processes as part of standard services for UnitedHealthcare members.