

INDEPENDENT SCHOOL DISTRICT OF EMMETT 221

Renewal Effective Date: 9/1/2025

Brandon Simon / Acrisure LLC DBA The Murray Group

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Regence

Fully Insured Retrospective Renewal

Group Name: INDEPENDENT SCHOOL DISTRICT OF EMMETT 221
Group ID: 10050741
Sales Representative: Mitch Grimes
Producer/Agency: Brandon Simon / Acrisure LLC DBA The Murray Group

Effective 9/1/2025

Medical

	Plan 1 Current	Plan 2 Current
Plan Type	Classic	HSA 3.0
Network	Preferred	Preferred
Deductible	$500	$3,300
Max OOP	$5,000	$5,500
Coinsurance	70%	80%
Primary Copay	$30	$15
Specialist Copay	$45	$40

Pharmacy

Deductible	$0	Shared
Tier 1	$10	$10
Tier 2	25%	$30
Tier 3	50%	$60
Tier 4	N/A	$150
Tier 5	N/A	N/A
Tier 6	N/A	N/A

Programs

Program(s) Included: None

Enrollment

Employee	144	81
Employee + Spouse	1	3
Employee + Child	5	6
Employee + Children	12	6
Employee + Family	7	6

Renewal Rates

Employee	$811.20	$686.10
Employee + Spouse	$1,539.00	$1,273.00
Employee + Child	$1,109.60	$918.30
Employee + Children	$1,284.00	$1,062.70
Employee + Family	$1,767.60	$1,462.40

Selected Plans

☐ ☐

Renewal Increase: -0.60%

Employer Acceptance

I agree to the rates listed above, along with all rating assumptions and corresponding benefit designs listed on the Blueprint.

Signature: Brandy Marquez Date: 6-9-2025

Regence

Regence

Fully Insured - Retrospective

Effective September 1, 2025 to August 31, 2026

Group Name: INDEPENDENT SCHOOL DISTRICT OF EMMETT 221
Group Number: 10050741
Account Executive: Mitch Grimes
Producer/Brokerage: Brandon Simon, Acrisure LLC DBA The Murray Group

Renewal Assumptions and Conditions

1. All rates are guaranteed for the twelve month period beginning September 1, 2025 through August 31, 2026, except in the case of:
   * Government mandated benefit change;
   * New or revised government taxes;
   * An amendment of the benefit plan or contract;
   * A business reorganization (e.g., acquiring, merging or selling a portion of the business operation) resulting in a +/- 10% enrollment change; or
   * Any change in employer contribution, employee eligibility, or probationary period.
2. The census used in the rate calculation follows:
   Medical 271 Subscribers, 376 Members
3. Dependent eligibility must flow through the enrolled subscriber.
4. Effective January 1, 2014, Affordable Care Act (ACA) requires that probationary period does not exceed 90 days.
5. The Group maintains the current contribution schedule. Regence has the right to non-renew any group that does not meet the standard minimum employer contribution at time of renewal: 50% of the employee rate.
6. Regence has the right to non-renew any group that does not meet the standard minimum participation at the time of renewal: 75% of eligible employees or 50% of all employees, whichever is greater.
7. All rates released in this renewal assume Regence is the sole carrier for the Group's healthcare coverage.
8. Rates within this offer are based on at least 50% of the enrolled employees residing in the Regence and its affiliated service areas. "Affiliates service areas" refers to geographic areas served by Asuris Northwest Health, Regence BlueCross BlueShield of Oregon, Regence BlueShield of Idaho, Inc., Regence BlueCross BlueShield of Utah, and /or Regence BlueShield.
9. Rates exclude producer commission.
10. No member is allowed to opt off coverage in lieu of compensation.
11. The quoted rates assume that Regence will not be subject to the benefit or administrative mandates of any other state. In the event that a benefit or administrative mandate is applicable or imposed upon us, we reserve the right to immediately re-evaluate our underwriting position.
12. The rates assume a true employee/employer relationship and that Regence would be contracting with one legal entity. Prior to enrollment, proof may be required documenting that this group is one legal contracting entity.
13. Rates assume standard reporting. Any customized reporting required by the Producer/Group may result in additional fees.
14. Employer must disclose to Regence any policies that would offset the member's deductible and/or coinsurance. Regence reserves the right to adjust rates accordingly.
15. Minimum enrollment on any one option for dual option benefits is 15% of total enrollment.
16. If multiple options are implemented without a qualified HDHP, the high option rate can be no more than 15% higher than the low option rate.

17. If multiple options are implemented with a qualified HDHP, the high option rate can be no more than 30% higher than the HDHP rate.
18. Regence Underwriting guidelines apply.
19. Acceptance of this offer (with or without changes) is required no later than 15 days prior to the effective date. No retroactive changes are allowed. Our offer expires 30 days from the release date. The Group's master application must be completed, signed by the Group or group representative, and submitted to Underwriting for review no later than 15 days prior to the effective date of the contract. Failure to provide complete, signed paperwork in a timely manner will result in non-issuance of the contract.
20. Regence reserves the right to rerate if any of these assumptions are changed.
21. Effective September 23, 2010, the Patient Protection and Affordable Care Act prohibits employers from discriminating in favor of highly compensated individuals as set forth in Internal Revenue Code section 105(h) and implementing regulations. Regence is unable to determine whether a plan discriminates in a way that violates the new law because it does not have access to information such as corporate structure, employee salaries, stock ownership, length of service, percentage of premiums paid by the employer, etc. Because the new law imposes fines on employers with discriminatory plans, Regence recommends that employers obtain tax and/or legal advice to ensure they comply with nondiscrimination requirements.

EMPLOYER ACCEPTANCE

I acknowledge that this document includes all selected benefit options and rates associated with these benefits. Furthermore, I agree to the effective date of coverage, contingencies and assumptions listed in this document.

Authorized Signature: Brandy Marquez

Date: 6-9-2025

Group Name:	INDEPENDENT SCHOOL DISTRICT OF EMMETT 221	**Contract Issuance:**	Idaho
Group Number:	10050741	**Enrollment (Employees / Members):**	273 / 380
Effective Date:	9/1/2025	**Medical Funding:**	Fully Insured-Retrospective
Next Renewal Date:	9/1/2026	**Pharmacy Funding:**	Fully Insured-Retrospective
Benefit Administration:	Calendar Year	**Status:**	Not Grandfathered
Account Executive:	Mitch Grimes	**Sales Specialist / LGC:**	Gabriela Soteros
Opportunity:	0065a00001CVuMFAA1		

MEDICAL	**Medical Plan 1**	**Medical Plan 2**				
Core Contract	Classic (In/Out)	HSA Healthplan 3.0				
HSA HealthPlan Deductible Type	N/A	**Embedded**				
Deductible	**$500 / $5,000**	**$3,300**				
Deductible Family	**$1,000 / $10,000**	$5,000				
Out-of-Pocket Maximum	**$5,000 / $10,000**	**$5,500**				
Out-of-Pocket Maximum Family	$10,000 / $20,000	**$11,000**				
Individual Out-of-Pocket Maximum on Family Plan	N/A	**$5,500**				
Coinsurance % - In Network	70%	80%				
Coinsurance % - Out of Network	50%	60%				
Category 1 Network	Preferred	Preferred				
Category 2 Network	N/A	N/A				
Office Visit Copay	**See Below**	**See Below**				
Prefix	XNE	XNE				
BlueCard Delivery (suitcase logo)	PPO (PPO)	PPO (PPO)				
PHARMACY						
Deductible	$0	Shared w/Medical				
Out-of-Pocket Maximum	Shared w/Medical	Shared w/Medical				
Drug List	3-Tier	4-Tier				
Pharmacy Network	Participating / Broad	Participating / Broad				
Optimum Value Medication List	N/A	Applies				
Specialty Select	N/A	N/A				
Coupon Accumulator Adjustment Program	N/A	N/A				
Tier 1	$10	**$10**				
Tier 2	**25%**	**$30**				
Tier 3	**50%**	**$60**				
Tier 4	**N/A**	**$150**				
Tier 5	**N/A**	**N/A**				
Tier 6	**N/A**	**N/A**				
Member Pay the Difference	MAC A	MAC A				
MEDICAL OPTIONAL BENEFITS						
Acupuncture	18	18				
Vendor Telehealth	Not Covered	Not Covered				
MEDICAL PLAN DETAIL - Illustrates In Network (Category 1) level coinsurance						
Ambulance Services	70%	80%				
Ambulatory Surgical Center	**80%**	**90%**				
Durable Medical Equipment	70%	80%				
Emergency Room - Copay	**$300**	**See Below**				
Emergency Room - Deductible Waived	N/A	**See Below**				
Home Health - Visits Per Year	130	130				
Hospice - Respite Days Per Lifetime	14	14				
Hospital Inpatient Services	70%	80%				
Maternity	70%	80%				
Mental Health / Substance Use Disorder, Inpatient	70%	80%				
Mental Health / Substance Use Disorder, Outpatient Therapy	**See Below**	**See Below**				
Mental Health / Substance Use Disorder, Outpatient Non-Therapy	70%	80%				
Neurodevelopmental Therapy - Visits Per Year	28	28				
Nutritional Counseling - Per Year	3	3				
Orthotics	70%	80%				
Palliative Care - Visits Per Year	30	30				
Preventive Services / Immunizations	100%	100%				
Prosthesis	70%	80%				
Radiology & Lab - Outpatient	70%	80%				
Radiology & Lab - Outpatient Upfront	**$400**	N/A				
Rehabilitation - Inpatient Days Per Year	22	22				
Rehabilitation - Outpatient Visits Per Year	30	30				
Skilled Nursing Facility - Days Per Year	60	60				
Spinal Manipulations - Per Year	18	18				
TMJ (Medical) Limit	Unlimited	Unlimited				
Transplants	70%	80%				
Virtual Care Telehealth & Virtual Care Store and Forward	**See Below**	**See Below**				

VARIATIONS FROM CORE MEDICAL/PHARMACY CONTRACT FOR SELECTED PLANS

Acupuncture: $15 copay, copay applies in network, subject to deductible in and out network, 100% coinsurance in network, 60% coinsurance out of network, accrues to out of pocket maximum
Medical Plan 2

Acupuncture: $30 copay, copay applies in network, not subject to deductible in network, subject to deductible out of network, 100% coinsurance in network, 50% coinsurance out of network
Medical Plan 1

Emergency Room: $300 copay, copay applies in and out of network, subject to deductible in and out of network, 80% coinsurance in and out of network
Medical Plan 2

Mental Health / Substance Use Disorder, Outpatient Therapy: $15 copay, copay applies in network, subject to deductible in and out network, 100% coinsurance in network, 60% coinsurance out of network
Medical Plan 2

Mental Health / Substance Use Disorder, Outpatient Therapy: $30 copay, copay applies in network, not subject to deductible in network, subject to deductible out network, 100% coinsurance in network, 50% coinsurance out of network
Medical Plan 1

Office Visits: $15 / $40 copay Primary / Specialist in network, subject to deductible in and out of network, 100% coinsurance in network, 60% coinsurance out of network
Medical Plan 2

Office Visits: $30 / $45 copay Primary / Specialist in network, not subject to deductible in network, subject to deductible out of network, 100% coinsurance in network, 50% coinsurance out of network
Medical Plan 1

Spinal Manipulation: $15 copay, copay applies in network, subject to deductible in and out of network, 100% coinsurance in network, 60% coinsurance out of network
Medical Plan 2

Spinal Manipulation: $30 copay, copay applies in network, not subject to deductible in network, subject to deductible out of network, 100% coinsurance in network, 50% coinsurance out of network
Medical Plan 1

Virtual Care Telehealth & Virtual Care Store and Forward: $10 copay in network, not subject to deductible in network, subject to deductible out of network, 100% coinsurance in network, 50% coinsurance out of network
Medical Plan 1

Virtual Care Telehealth & Virtual Care Store and Forward: $15 copay in network, subject to deductible in and out network, 100% coinsurance in network, 60% coinsurance out of network
Medical Plan 2

Group Name:	INDEPENDENT SCHOOL DISTRICT OF EMMETT 221	**Contract Issuance:**	Idaho
Group Number:	10050741	**Enrollment (Employees / Members):**	273 / 380
Effective Date:	9/1/2025	**Dental Funding:**	N/A
Next Renewal Date:	9/1/2026	**Stop-loss Carrier**	N/A
Benefit Administration:	Calendar Year		

PROGRAMS AND SERVICES

Programs embedded in plan(s): Advanced Imaging Authorizations, Advice24 by Pager, Pregnancy Program, Case Management, Hinge Health, Infusion Drug Site of Care, Kidney Health Management, LevelRx, Mental Health (Digital), Physical Medicine, Physical Medicine Joint Surgery, Physical Medicine Pain Intervention, Regence Disease Management, Regence Empower Core, Sleep Medicine, Utilization Management

Optional programs selected: none

Employee assistance program selected: none

SIGNATURE

The administration and benefits listed on these pages represent the plans to be administered. Regence reserves the right to change vendors that provide "Programs and Services" which are embedded in offered plans at any time without notice to employer groups or enrollees.

Group Authorized Signature: Brandy Martinez

Official Title: Human Resources

Signature Date: 6-9-2025