Brown & Brown

To: Craig Ryan
Via email: cryan@usd261.com
Date: August 3, 2023

This is to confirm the renewal decisions that USD 261 Haysville (hereinafter referred to as 'Your Organization') has chosen for the upcoming plan years, September 1, 2023 through August 31, 2024 (all other benefits) and October 1, 2023 through September 30, 2024 (medical, dental and HSA).

Your organization has chosen the following lines of coverage. Your renewal rates are as follows:

Medical/Rx	☒ Existing Line	☐ New Line
Blue Cross Blue Shield of Kansas	☒ Existing Carrier	☐ New Carrier
$500 Deductible	☒ Existing Plan	☐ New Plan
$1,000 Deductible	☒ Existing Plan	☐ New Plan
$5,000 Deductible	☐ Existing Plan	☒ New Plan
Rate Action	☐ No Change	☒ Change

Medical/Rx Plan Rates		
	Employee Only	Family
$500 Deductible	$854.78	$1,936.46
$1,000 Deductible	$790.28	$1,790.21
$5,000 Deductible	$668.35	$1,513.75

Medical Plan Notes: Existing plans incorporate BCBSKS required plan changes that are not optional for fully-insured groups. Please refer to the renewal presentation information for the carrier required changes.

Dental	☒ Existing Line	☐ New Line
Delta Dental of Kansas	☒ Existing Carrier	☐ New Carrier
100/80/50; $25x3; $1,500	☒ Existing Plan	☐ New Plan
Rate Action	☒ No Change	☐ Change

Dental Plan Rates		
	Employee Only	Family
Dental	$32.81	$92.60

Vision	☒ Existing Line	☐ New Line
Surency	☒ Existing Carrier	☐ New Carrier
Comprehensive Plan	☒ Existing Plan	☐ New Plan
Rate Action	☒ No Change	☐ Change

Vision Plan Rates				
	Employee Only	Employee + Spouse	Employee + Children	Family
Comprehensive	$8.13	$17.08	$14.63	$28.46

Voluntary Life & AD&D Insurance ☒ Existing Line ☐ New Line
The Standard ☒ Existing Carrier/Plan ☐ New Carrier/Plan
Rate Action ☒ No Change ☐ Change
Rates vary based on age

Voluntary Long-Term Disability ☒ Existing Line ☐ New Line
The Standard ☒ Existing Carrier/Plans ☐ New Carrier
Rate Action ☒ No Change ☐ Change

LTD Plan Rate per $100 Monthly Benefit	
14-day elimination period	$2.20
30-day elimination period	$1.70

Accident Plan ☒ Existing Line ☐ New Line
Allstate ☒ Existing Carrier/Plan ☐ New Carrier
Rate Action ☒ No Change ☐ Change

Accident Plan Rates				
	Employee Only	Employee + Spouse	Employee + Children	Family
Accident	$7.38	$12.78	$20.37	$24.93

Critical Illness ☒ Existing Line ☐ New Line
Allstate ☒ Existing Carrier/Plans ☐ New Carrier/Plan
Rate Action ☒ No Change ☐ Change
Rates vary based on age, tobacco status

Telehealth Services ☒ Existing Line ☐ New Line
Freshbenies ☒ Existing Carrier/Plan ☐ New Carrier
Rate Action ☒ No Change ☐ Change

Telehealth Plan Rate	
PEPM	$7.75

Flexible Spending Accounts ☒ Existing Line ☐ New Line
NBS ☒ Existing Admin ☐ New Admin
Healthcare FSA ☒ Existing Plan ☐ New Plan
Dependent Care FSA ☒ Existing Plan ☐ New Plan
Rate Action ☒ No Change ☐ Change

Administration Fee	
PEPM	$3.10

Adding Health Savings Account effective 10/1/23.