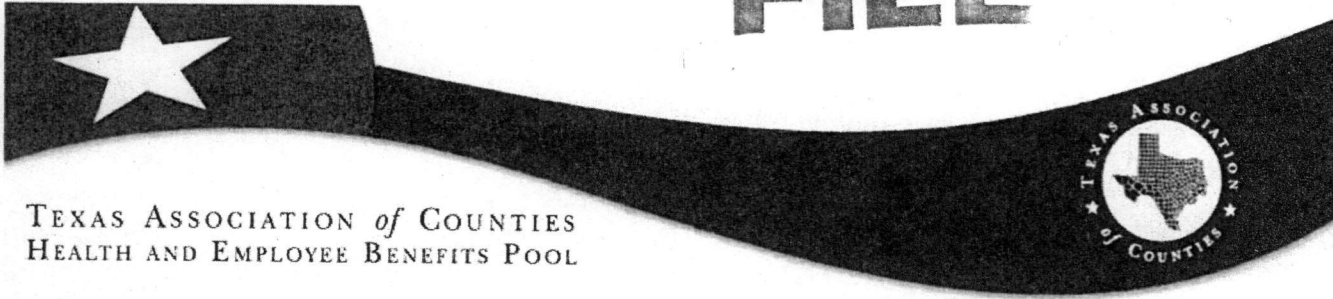


FILE



2017 - 2018 Alternate Plan Proposal

Group: 36344 - Polk County

Effective Date: 10/01/2017

	Current Plan Year	Renewal Rates	Option 1
Plan:	500-G	500-G	500-G2
Option:	RX-2A-G	RX-2A-G	RX-2A-G2
Rates			
Employee Only	\$828.50	\$911.34	\$901.36
Employee + Child(ren)	\$1,216.94	\$1,338.62	\$1,323.92
Employee + Spouse	\$1,517.72	\$1,669.48	\$1,651.12
Employee + Family	\$1,782.86	\$1,961.14	\$1,939.54
Medical Plan			
Deductible In/Out Network	\$300/600	\$300/600	\$340/680
Co-Insurance % In/Out	90/70	90/70	90/70
Co-Insurance Maximum	\$1800/4200	\$1800/4200	\$2050/4800
Office Visit	\$30	\$30	\$30
Specialist Visit			
Emergency Room Hospital	\$90	\$90	\$100
Prescription Plan			
Prescription Card Co-Pay	10/25/40	10/25/40	10/25/45
Deductible	\$0	\$0	\$0

Proposal rates are based on the following information:

- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Form must be received by 7/31/2017 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here 500-G2 RX-2A-G2

Fax the signed document to 1-512-481-8481.

Signature Sydney Murphy Date 06/27/2017
Sydney Murphy, County Judge