

Wendy Thomas

From: Christa Hofferber <Christa.Hofferber@nebraskablue.com>
Sent: Wednesday, April 12, 2023 10:33 AM
To: Wendy Thomas; tshreve@benefit-management.com
Cc: Jane Limbach
Subject: LIGHT July 1, 2023
Attachments: City of Crete.pdf; 2023 LIGHT Rate Table 9.pdf

Dear City of Crete,

We've attached information about the renewal of your League Insurance Government Health Plan (LIGHT), through Blue Cross and Blue Shield of Nebraska (BCBSNE).

PREMIUM CHANGE

Starting July 1, 2023, the LIGHT health plan will experience an overall blended premium increase of 4.04%.

Every year, our actuarial team evaluates the network and plan design relativities for each product sold. This year, the regional networks will experience these rate changes:

- Network BLUE: 4.04% increase
- Premier Select BlueChoice: 4.04% increase
- Blueprint Health: 4.04% increase

Please note the change in the rate band nomenclature. The current rate bands will now be numeric rather than alpha. As an example, rate band C would now be rate band 3. Please review the rate table structure at the end of this letter for a visual explanation*.

BENEFITS

There are no benefit changes for the upcoming plan year. For information about the deductible, coinsurance and/or copay amounts, please refer to the Options-at-a-Glance at NebraskaBlue.com/LIGHT.

OPEN ENROLLMENT

During open enrollment, employees may make changes or enroll in any of the available plan options.

Action Required: Please read the attached renewal document. Then, review the attached subgroup application for accuracy. To ensure your 2023 benefits are updated in a timely manner, please complete the attached application and then, email it to Christa Hofferber and Jane Limbach by May 31, 2023.

Please do not wait for all your employees to complete their open enrollment before you submit the subgroup application. Although we will accept subgroup application forms after the deadline, we cannot guarantee any plan changes (your group may choose to make) or enrollment changes will be processed prior to July 1, 2023. If you have not returned your subgroup application prior to June 9, 2023, your group will automatically be renewed on your current plan choices in accordance with the renewal rates provided.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

Under the Affordable Care Act, employers are required to provide a copy of their SBC to all eligible (not just enrolled) employees. To view the 2023 SBCs for LIGHT, please visit NebraskaBlue.com/LIGHT.

If you have any questions, please contact your insurance agent/broker or a member of your BCBSNE account management team.

We appreciate the opportunity to be there for you as a member of the LIGHT health plan!

Sincerely,

Blue Cross and Blue Shield of Nebraska

*Rate table assignments

LIGHT Rate Table Changes	
Table Assignments	
2022	2023
A	1
B	2
C	3
D	4
E	5
F	6
G	7
H	8
I	9
J	10
K	11
L	12
M	13
N	14
O	15

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This communication, along with any attachments, is covered by federal and state law governing electronic communications and may contain confidential and legally privileged information. It is intended solely for the addressee. If you are reading this message, but you are not the intended recipient, you are hereby

Table 9

Medical Proposed Rates

Group Name:	League Insurance Government Health Team		
Effective Date:	July 1, 2023	Prepared on:	April 6, 2023

Plan Info

Plan Name

HSA

Benefits

In Network

Copays (PCP/SPC)

Deductible (Single/Family)

Coinurance (Member Pays)

Out-Of-Pocket (Single/Family)

Pharmacy

Out Of Network

Deductible (Single/Family)

Coinurance (Member Pays)

Out-Of-Pocket (Single/Family)

Monthly Premium Rates

Employee

Employee & Spouse

Employee & Children

Employee & Family

Monthly Premium Rates

Employee

Employee & Spouse

Employee & Children

Employee & Family

Monthly Premium Rates

Employee

Employee & Spouse

Employee & Children

Employee & Family

PPO OPT 1	PPO OPT 2	PPO OPT 3	
Embedded	Embedded	Embedded	
No	No	No	
\$30/\$45	\$25/\$50	\$30/\$50	
\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	
20%	20%	30%	
\$2,000/\$4,000	\$4,000/\$8,000	\$6,000/\$12,000	
\$10; \$30; \$50; \$100	\$10; \$30; \$50; \$100	\$10; \$30; \$50; \$100	
\$2,000/\$4,000	\$4,000/\$8,000	\$6,000/\$12,000	
40%	40%	50%	
\$4,000/\$8,000	\$8,000/\$16,000	\$12,000/\$24,000	
Network Blue	Network Blue	Network Blue	
Proposed	Proposed	Proposed	
\$857.45	\$774.47	\$700.74	
\$1,757.77	\$1,587.66	\$1,436.52	
\$1,500.54	\$1,355.32	\$1,226.30	
\$2,486.61	\$2,245.96	\$2,032.15	
Select Blue	Select Blue	Select Blue	
Proposed	Proposed	Proposed	
\$814.58	\$735.75	\$665.70	
\$1,669.89	\$1,508.29	\$1,364.69	
\$1,425.52	\$1,287.56	\$1,164.98	
\$2,362.28	\$2,133.68	\$1,930.53	
BluePrint Health	BluePrint Health	BluePrint Health	
Proposed	Proposed	Proposed	
\$814.58	\$735.75	\$665.70	
\$1,669.89	\$1,508.29	\$1,364.69	
\$1,425.52	\$1,287.56	\$1,164.98	
\$2,362.28	\$2,133.68	\$1,930.53	

*Please be advised that Blue Cross and Blue Shield of Nebraska does not perform plan discrimination testing. Such activities are the responsibility of the employer.

Produced by Group Underwriting

Prepared By: UW

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Deductible (Single/Family)

Coinsurance (Member Pays)

Out-Of-Pocket (Single/Family)

Pharmacy

Out Of Network

Deductible (Single/Family)

Coinsurance (Member Pays)

Out-Of-Pocket (Single/Family)

HSA OPT 1	HSA OPT 2	HSA OPT 3	HSA OPT 4
Aggregate Yes	Aggregate Yes	Embedded Yes	Embedded Yes
Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
\$2,500/\$5,000	\$3,000/\$6,000	\$3,500/\$7,000	\$6,750/\$13,500
20%	0%	20%	0%
\$3,675/\$7,350	\$3,000/\$6,000	\$5,500/\$11,000	\$6,750/\$13,500
Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins
\$5,000/\$10,000	\$6,000/\$12,000	\$7,000/\$14,000	\$13,500/\$27,000
40%	20%	40%	0%
\$9,000/\$18,000	\$10,000/\$20,000	\$11,000/\$22,000	\$13,500/\$27,000
Network Blue Proposed	Network Blue Proposed	Network Blue Proposed	Network Blue Proposed
Employee	\$720.44	\$741.55	\$656.99
Employee & Spouse	\$1,476.90	\$1,520.18	\$1,346.83
Employee & Children	\$1,260.77	\$1,297.71	\$1,149.73
Employee & Family	\$2,089.28	\$2,150.50	\$1,905.27
Select Blue Proposed	Select Blue Proposed	Select Blue Proposed	Select Blue Proposed
Employee	\$684.42	\$704.47	\$624.14
Employee & Spouse	\$1,403.06	\$1,444.16	\$1,279.49
Employee & Children	\$1,197.74	\$1,232.82	\$1,092.25
Employee & Family	\$1,984.82	\$2,042.96	\$1,810.01
BluePrint Health Proposed	BluePrint Health Proposed	BluePrint Health Proposed	BluePrint Health Proposed
Employee	\$684.42	\$704.47	\$624.14
Employee & Spouse	\$1,403.06	\$1,444.16	\$1,279.49
Employee & Children	\$1,197.74	\$1,232.82	\$1,092.25
Employee & Family	\$1,984.82	\$2,042.96	\$1,810.01

Monthly Premium Rates

Employee

Employee & Spouse

Employee & Children

Employee & Family

Monthly Premium Rates

Employee

Employee & Spouse

Employee & Children

Employee & Family

Monthly Premium Rates

Employee

Employee & Spouse

Employee & Children

Employee & Family

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Prepared By: UW

Wendy Thomas

From: Dustin Will <Dustin@benefit-management.com>
Sent: Wednesday, February 8, 2023 10:30 AM
To: Wendy Thomas
Cc: Dan Duren
Subject: Follow-up

Hi Wendy—

Hope you're having a good start to the week! Dan and I just wanted to follow-up from his message earlier this week regarding the dental and vision benefits. As mentioned, Principal is willing to maintain both benefits and rates with a guarantee until 7/1/24, and we could likely work with them to hold an open enrollment now, in June, or potentially both times to ultimately line up all future enrollments for July 1st going forward.

Please give us a call today to discuss this or let us know if you'd like to set a time for us to meet at your office later this week.

Thanks, and talk more soon!

-Dustin

Dustin Will, ChFC
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BCBS					EE	EE	ER	ER	#		ER ANNUAL
	Trad BF 18	Employer	ER Monthly	EE Monthly	Annual	26 Pay Periods	26 Pay Periods	DIFFER 26PP	ENROLLEES	PERCENTAGE	INCREASE
Employee	\$857.45	95%	\$814.58	\$42.87	\$514.47	\$19.79	\$375.96	14.60	8	4%	1401.60
Employee+Spouse	\$1,757.77	80%	\$1,406.22	\$351.55	\$4,218.65	\$162.26	\$649.02	25.20	3	4%	907.20
Employee+Child(ren)	\$1,500.54	80%	\$1,200.43	\$300.11	\$3,601.30	\$138.51	\$554.05	21.52	0	4%	0.00
Employee+Family	\$2,486.61	80%	\$1,989.29	\$497.32	\$5,967.86	\$229.53	\$918.13	35.64	2	4%	855.36
											0.00
	HDHP BF 58	Employer			Annual						0.00
Employee	\$656.99	95%	\$624.14	\$32.85	\$394.19	\$15.16	\$288.06	11.18	11	4%	1475.76
Employee+Spouse	\$1,346.83	80%	\$1,077.46	\$269.37	\$3,232.39	\$124.32	\$497.29	19.31	3	4%	695.16
Employee+Child(ren)	\$1,149.73	80%	\$919.78	\$229.95	\$2,759.35	\$106.13	\$424.52	16.49	5	4%	989.40
Employee+Family	\$1,905.27	80%	\$1,524.22	\$381.05	\$4,572.65	\$175.87	\$703.48	27.31	7	4%	2294.04

FOP Premium Calculations Monthly Rates FOP

TOTAL ANNUAL
ER INCREASE 8618.52

Renewal					EE	EE	ER	ER	#		ANNUAL
	Trad BF 18	Employer	ER Monthly	EE Monthly	Annual	26 Pay Periods	26 Pay Periods	DIFFER 26PP	ENROLLEES		INCREASE
Employee	\$857.45	100%	\$857.45	\$0.00	\$0.00	\$0.00	\$395.75	15.37	3	4%	553.32
Employee+Spouse	\$1,757.77	85%	\$1,494.10	\$263.67	\$3,163.99	\$121.69	\$689.59	26.78	0	4%	0.00
Employee+Child(ren)	\$1,500.54	85%	\$1,275.46	\$225.08	\$2,700.97	\$103.88	\$588.67	22.86	0	4%	0.00
Employee+Family	\$2,486.61	85%	\$2,113.62	\$372.99	\$4,475.90	\$172.15	\$975.52	37.88	1	4%	454.56
											0.00
	HDHP BF 58	Employer			Annual						0.00
Employee	\$656.99	100%	\$656.99	\$0.00	\$0.00	\$0.00	\$303.23	11.78	2	4%	282.72
Employee+Spouse	\$1,346.83	85%	\$1,144.81	\$202.02	\$2,424.29	\$93.24	\$528.37	20.52	0	4%	0.00
Employee+Child(ren)	\$1,149.73	85%	\$977.27	\$172.46	\$2,069.51	\$79.60	\$451.05	17.51	1	4%	210.12
Employee+Family	\$1,905.27	85%	\$1,619.48	\$285.79	\$3,429.49	\$131.90	\$747.45	29.02	3	4%	1044.72

LAST YEAR'S PERCENTAGE
3.37% & 3.92%

TOTAL ANNUAL
ER INCREASE 2545.44

TOTAL OF BOTH 11163.96