

**HealthPartners UnityPoint Health
ReAssured Cost Illustration**

Company Name: Marshall County - 35823
 Proposed Effective Date: 7/1/2022
 Contract Basis: Paid Year #1 Dates of Service 7/1/22 through 6/30/23
 Paid Dates 7/1/22 through 6/30/23
 Paid Year #2 Dates of Service 7/1/22 through 6/30/24
 Paid Dates 7/1/23 through 6/30/24
\$50,000 Specific Deductible per Member (Unlimited Lifetime Maximum)

Aggregate Contract Basis: Paid Dates of Service 7/1/22 through 6/30/24
 Paid Dates 7/1/22 through 6/30/24
Aggregate Attachment Point 125% of Expected Claims, Unlimited Lifetime Maximum

	Contracts	Members	Current	Renewal		Monthly Projected Cost	Monthly Projected Cost	Increase
			7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24	7/1/22-6/30/23	7/1/23-6/30/24	
Administrative Fee								
Single	59	59	\$24.96	\$24.96	\$24.96	\$1,473	\$1,473	
Single + 1	34	68	\$47.60	\$47.60	\$47.60	\$1,618	\$1,618	
Family	58	252	\$75.88	\$75.88	\$75.88	\$4,401	\$4,401	
Total	151	379	\$49.62	\$49.62	\$49.62	\$7,492	\$7,492	0.00%
Specific Stop-Loss								
Single			\$147.34	\$154.71	\$168.63	\$9,128	\$9,949	
Single + 1			\$280.97	\$295.02	\$321.57	\$10,031	\$10,933	
Family			\$447.90	\$470.30	\$512.62	\$27,277	\$29,732	
Total			\$292.88	\$307.52	\$335.20	\$46,435	\$50,615	5.00%
Aggregate Stop-Loss								
Single			\$5.51	\$5.51	\$5.51	\$325	\$325	
Single + 1			\$10.51	\$10.51	\$10.51	\$357	\$357	
Family			\$16.75	\$16.75	\$16.75	\$972	\$972	
Total			\$10.95	\$10.95	\$10.95	\$1,654	\$1,654	0.00%
Broker Service Fee			\$14.00	\$14.00	\$14.00	\$2,114	\$2,114	
Claims Fiduciary Fee				\$0.55	\$0.55	\$83	\$83	
Cancer Management				\$0.67	\$0.67	\$101	\$101	
Healthy Pregnancy - No Incentive				\$0.31	\$0.31	\$47	\$47	
Low Back - Employee Only				\$0.41	\$0.41	\$62	\$62	
Total Fixed Costs								
Single			\$191.81	\$201.12	\$215.04	\$11,866	\$12,887	
Single + 1			\$353.08	\$369.07	\$395.62	\$12,548	\$13,451	
Family			\$554.53	\$578.87	\$621.19	\$33,574	\$36,029	
Total			\$367.45	\$384.03	\$411.71	\$57,988	\$62,167	4.51%

Fixed Costs will be billed monthly based upon actual enrollment.

Claim Cost:	Contracts	Current Expected Claims Rates	Monthly Attachment Factors	Renewal Expected Claims Rates		Monthly Attachment Factors		Monthly Attachment Factors	Monthly Attachment Factors	0.00%
				7/1/22-6/30/23	7/1/23-6/30/24	7/1/22-6/30/23	7/1/23-6/30/24			
B1126 Ded Copay - \$500-\$25 - Creditable		7/1/21-6/30/22	7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24	7/1/22-6/30/23	7/1/23-6/30/24	7/1/22-6/30/23	7/1/23-6/30/24	
Single	58	\$466.50	\$583.13	\$466.48	\$583.10	\$583.10	\$33,820	\$33,820	\$33,820	
Single + 1	34	\$889.61	\$1,112.01	\$889.57	\$1,111.96	\$1,111.96	\$37,807	\$37,807	\$37,807	
Family	57	\$1,418.16	\$1,772.70	\$1,418.09	\$1,772.62	\$1,772.62	\$101,039	\$101,039	\$101,039	
Total	149	\$927.11	\$1,158.88	\$927.06	\$1,158.83	\$1,158.83	\$172,665	\$172,665	\$172,665	
Single	58			\$494.47		\$618.08			\$35,849	
Single + 1	34			\$942.94		\$1,178.68			\$40,075	
Family	57			\$1,503.18		\$1,878.97			\$107,101	
Total	149			\$982.69		\$1,228.36			\$183,025	
B1127 Ded Copay - \$1000-\$50 - Creditable										
Single	1	\$421.74	\$527.18	\$423.37	\$529.21	\$529.21	\$529	\$529	\$529	
Single + 1	0	\$804.27	\$1,005.34	\$807.36	\$1,009.21	\$1,009.21	\$0	\$0	\$0	
Family	1	\$1,282.11	\$1,602.64	\$1,287.05	\$1,608.81	\$1,608.81	\$1,609	\$1,609	\$1,609	
Total	2	\$851.93	\$1,064.91	\$855.21	\$1,069.01	\$1,069.01	\$2,138	\$2,138	\$2,138	
Single	1			\$448.77		\$560.97			\$561	
Single + 1	0			\$855.81		\$1,069.76			\$0	
Family	1			\$1,364.27		\$1,705.34			\$1,705	
Total	2			\$906.52		\$1,133.15			\$2,266	

* Refer to healthpartners.com/creditable-coverage for creditable coverage determination method and details.

	7/1/22-6/30/23	7/1/23-6/30/24	Total
Expected Claims Rate Costs:	\$1,678,113	\$1,778,799	\$3,456,912
Expected Costs + Fixed Cost:	\$2,373,974	\$2,524,809	\$4,898,782
Maximum Costs + Fixed Cost:	\$2,793,501	\$2,969,509	\$5,763,010

Minimum Annual Attachment Point (95% of Annual Attachment Point) will be determined based on first months enrollment.
 Predetermined mid-cycle adjustment: 6%
 Specific stop-loss rate adjustment: 9%

Excess Risk Insurance Coverage is provided by HealthPartners Insurance Company.
 * Third Party Administrative Services provided by HealthPartners UnityPoint Health.
 * Quote will expire on: 7/1/2022
 * Rebates are used to lower your administrative fee using HealthPartners UnityPoint Health's book of business estimated rebate value of \$24.65 PMPM.
 * Quote is contingent upon the HealthPartners UnityPoint Health Self-Insured Coverage Requirements