

## LARGE GROUP RENEWAL SOLD SIGN-OFF FORM

Sign and return this form to confirm your renewal.

<b>Account Name:</b> County of Sonoma	<b>Employer Zip:</b> 95403
	<b>County:</b> Sonoma
<b>Account ID:</b> 131802	<b>Commission:</b> 0.00%
<b>Effective Dates:</b> 6/1/2024 - 5/31/2025	<b>Agency:</b> Segal Consulting

### MEDICAL PLAN SELECTION (monthly premium)

#### Major Medical – Final Plan and Tier Rate Information

Plan ID	Plan ID	EE Only	EE + 1	EE + 2 or More
County of Sonoma Traditional HMO	ML42	\$801.30	\$1,602.60	\$2,267.70
Peak ML86 HMO	ML86	\$686.90	\$1,373.80	\$1,943.90
Vista HD27 HDHP HMO	HD27	\$647.60	\$1,295.20	\$1,832.70

### Ancillary / Rider Plan Selection (monthly premium)

#### Chiropractic, Acupuncture, Vision, Infertility, Orthotics and Special Footwear - Final Plan and Tier Rate Information

Plan ID	Plan ID	EE Only	EE + 1	EE + 2 or More
ML42	CA09	\$2.30	\$4.70	\$6.80
ML42, ML86	IF50	\$8.00	\$16.10	\$22.80
ML86	CA01	\$1.50	\$3.10	\$4.50

## Rate Assumptions

1. **Effective Date**

The renewal effective date is 6/1/2024. A change in the renewal effective date requires a rate evaluation.

2. **Renewal Quote Offering**

Rates assume there are one or more additional carriers offered. If the employer group offers additional carrier(s), Sutter Health Plus (SHP) reserves the right to re-rate.

3. **Age Banded Rates**

SHP will not be written alongside age banded rates. SHP reserves the right to withdraw or cancel a quote or policy if written alongside age banded rates with required notification.

4. **Rate Guarantee**

Rates are guaranteed for a period of 12 months, unless otherwise stated. SHP agrees to a not to exceed 8% renewal increase at the 2025 renewal.

5. **Broker Commission**

Rates assume broker commission is 0.00%

6. **Benefit Mandates**

All proposed provisions are subject to federal, state and local mandates. Future mandates will be incorporated into plans as of the date required by law and may require rate adjustment.

7. **Eligible Employees**

SHP defines eligible employees and dependents in our contract. All eligible employees and dependents must live, work or reside within the SHP licensed service area to enroll. When an employer's business address is located outside of the SHP licensed service area, eligible employees and their dependents must live or reside within SHP licensed service area.

8. **Material Change**

SHP reserves the right to re-rate for any material change to demographic mix, geographic mix, COBRA or early retirees mix.

9. **Participation Requirements**

50% of eligible employees must enroll in an employer-sponsored medical plan for all carrier(s) offered. If the enrollment drops to less than 10 subscribers, SHP has the right to non-renew the employer group with proper notice.

**10. Employer Contribution**

Employer minimum contribution is 50% of the lowest cost plan. If there is a material change in contributions, SHP reserves the right to re-rate.

**11. Assumed Employer Population**

The proposed renewal rates and plans will be extended to the current employer population included in our current eligibility files. Our rates assume the employer group will not extend coverage to any additional group of employees without prior underwriting approval.

**12. Renewal Rates**

Renewal rates are based on 2,164 total subscribers and 5,176 members. If enrollment has a material change from the assumed enrollment, SHP reserves the right to re-rate.

**13. Deductible Funding**

*HDHP Deductible plans quoted assume the employer will contribute no more than 50% of the deductible. If funding is more than 50%, SHP reserves the right to re-rate based on actual funding. At no time can an employer fund the deductible on a non-HDHP plan without prior written approval. At no time can an employer fund more than the deductible.*

**14. Provisions and Regulatory Mandates**

All proposal provisions are subject to federal, state and local mandates. Future mandates will be incorporated into plans as of the date required by law and may require rate adjustment.

**15. Evidence of Coverage and Disclosure Form (EOC)**

The information presented in the 2024 Large Group Plan Options and Comparison is a summary only. The information does not include all of the detailed explanation of benefits, exclusions and limitations. Plan participants should refer to the EOC for coverage details. In the event the information in this summary differs from the EOC, the EOC will prevail.

**16. Additional Terms**

SHP agrees to offer Wellness Credit of \$100,000 with no load to the rates.

<b>Employer Signature</b>	
Employer Authorized Signature:	
Date:	

Send signed form to your account manager or [shpaccountservices@sutterhealth.org](mailto:shpaccountservices@sutterhealth.org).