Excellus

Summary of Proposals
CITY OF ONEIDA
Contract Period: January 1, 2026 through December 31, 2026

Funding Arrangement: **Prospective**

Proposal Summary

Proposal and Description	Comparison to Adjusted Current Benefit Premium	Vs. Current Premium[1]	Estimated Contract Period Premium[1]
Renew at Adjusted Current Benefits/HSA	0.00%	16.25%	$ 3,957,180

[1]Assumes contract distribution as shown on detailed rates exhibit

Excellus

Proposal: Renew at Adjusted Current Benefits/HSA
CITY OF ONEIDA
Contract Period: January 1, 2026 through December 31, 2026

Funding Arrangement: **Prospective**

All Subscribers

Plan	Tier	Projected Contracts	Rate
Excellus BluePPO Option I (BR ID: 2388280-01)	Single	54	$ 1,468.59
	Family	77	3,191.07
Signature Deductible 3 (BR ID: 2399667-01)	Single	3	$ 918.02
	Family	1	1,994.72

Financial Terms / Assumptions

- Rates shown are good through 11/15/2025. If Group does not accept this rate action prior to the expiration date, Excellus BlueCross BlueShield reserves the right to re-rate the proposal.
- Signature below indicates acceptance of all rates and terms for this proposal and its accompanying benefit sheet.
- Terms and assumptions used in this rate sheet are superceded by the group contract.
- Rates are for prospective financial arrangement (Excellus BlueCross BlueShield, Utica Region at risk).
- Quoted premium rates contain a factor for broker commissions included in the overall retention load; administered under the Utica Region Broker Program.
- Enrollment variations greater than +/-10% require a rate review which may cause a rate adjustment.
- Large claim pooling applies.
- Changes in federal or state benefit mandates or tax policies will require a rate review which may cause a rate adjustment.
- Benefits in these proposals have been modified to comply with Health Care Reform and are subject to change due to our continued efforts to comply with federal and/or state laws and regulations.
- Rates include taxes and fees as identified on the Impact Estimate of Taxes, Fees and Assessments exhibit.
- Proposed rates include benefits required by the Federal Mental Health Parity final regulations issued November 2013.
- This proposal includes a High Deductible Health Plan. Deviations from proposed contribution will require a rate review which may cause a rate adjustment.
- Submitting reports with respect to the benefit plan, in the time and manner required under Section 204 of the Transparency Provisions of the CAA and/or related regulations and/or other authoritative guidance issued under the CAA, on behalf of the group relating to pharmacy benefits and drug costs.

_____ _____

Proposal Accepted By (Group Representative) Date

_____ QRU

Title

Excellus

Renew at Adjusted Current Benefits/HSA (Continued)
CITY OF ONEIDA
Contract Period: January 1, 2026 through December 31, 2026

Funding Arrangement: **Prospective**

Population:	All Subscribers	
Plan:	**Excellus BluePPO Option I In - Out**	**Signature Deductible 3 In - Out**
OV Copay:	$15 - 20%	20% - 40%
Deductible:	$0 - $500	$1,700 - $3,400
Family Deductible:	$0 - $1,500	$3,400 - $6,800
Out of Pocket Max:	$4,200 - $4,620	$3,000 - $6,000
Family OOP Max:	$12,600 - $13,860	$6,000 - $12,000
Coinsurance:	0% - 20%	20% - 40%
Inpatient Copay:	CIF - 20%	20% - 40%
ER Copay:	$50 - $50	20% - 20%
OP Surgery Copay:	$15 - 20%	20% - 40%
Benefit Cycle:	Calendar Year Benefits	Calendar Year Benefits
Dependent/Student:	26 / 26	26 / 26
Pharmacy Plan:	$10/$30/$50 W/ $0 GENERICS FOR KIDS	$5/$35/$70, $0 GEN FOR KIDS INTEGRATED RX, NO DED PREV RX
Mail Order Pricing:	2 Copay 90 Day Supply	2 Copay 90 Day Supply
Preventive Rx:	NA	Preventive Rx not subject to the Deductible
Additional Provisions:	• Preventive CIF, Womens Preventive CIF • Benefits comply with Federal Mental Health Parity • DME, Prosthetics, Orthotics, Foot Orthotics, Medical Supplies 20% • NYS Autism Spectrum Disorder Mandate • Inpatient Physical Rehab - 60 Days • Vision 24M - $60	• Preventive CIF, Womens Preventive CIF • Benefits comply with Federal Mental Health Parity • DME, Prosthetics, Orthotics, Foot Orthotics, Medical Supplies 20% • NYS Autism Spectrum Disorder Mandate • $825 HSA Funding
BR ID:	2388280-01	2399667-01

QRU

Initial to signify approval of benefits for proposal : _____