RATE PROPOSAL

GCIU-Local 285

Effective from 03/01/2025 through 02/28/2026

Region(s)	Group(s)	Subgroup(s)
Mid-Atlantic States	5238	0032, 0035, 0040, 0044, 0053, 0055

Table of Contents

Executive Summary

Group Name: GCIU-Local 285
Group Number(s): 5238
Subgroup(s): 0032,0035,0040,0044,0053,0055

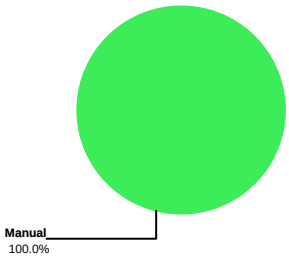
Region: Mid-Atlantic States
Contract Period: 03/01/2025 - 02/28/2026

	Aug22 - Jul23	Aug23 - Jul24
Average Members*:	159	139

Rates**

	Current Rates	Change %	Change $	Proposed Rates
DHMO 16 Select:				
Subscriber only	$677.38	9.40%	$63.65	$741.03
Subscriber and Spouse	1,354.75	9.40%	127.31	1,482.06
Subscriber and 1 Child	1,354.75	9.40%	127.31	1,482.06
Subscriber and 2 or more Children	1,957.62	9.40%	183.96	2,141.58
Subscriber and Spouse and 1 or more children	1,957.62	9.40%	183.96	2,141.58
Custom **DHMO** 8 **Sel Low:**				
Subscriber only	$742.49	9.40%	$69.77	$812.26
Subscriber and Spouse	1,484.98	9.40%	139.54	1,624.52
Subscriber and 1 Child	1,484.98	9.40%	139.54	1,624.52
Subscriber and 2 or more Children	2,145.79	9.40%	201.64	2,347.43
Subscriber and Spouse and 1 or more children	2,145.79	9.40%	201.64	2,347.43
Custom **HMO** 2 **Sig High:**				
Subscriber only	$909.54	9.40%	$85.47	$995.01
Subscriber and Spouse	1,819.08	9.40%	170.94	1,990.02
Subscriber and 1 Child	1,819.08	9.40%	170.94	1,990.02
Subscriber and 2 or more Children	2,628.57	9.40%	247.01	2,875.58
Subscriber and Spouse and 1 or more children	2,628.57	9.40%	247.01	2,875.58

Credibility



* Includes Actives and /or pre 65 Retirees only.
**Benefit plan descriptions are summarized, please see Rate and Benefit Summary for full descriptions.

Rate Buildup

Group Name: GCIU-LOCAL 285
Group Number(s): 5238
Subgroup(s): 0055

Product Type: HMO DC SIG
Quote Name: Custom HMO 2 Sig Hi gh

Region: Mid-Atlantic States
Contract Period: 03/01/2025 - 02/28/2026
Report Period: Aug 2023 through Jul 2024

Aug23-Jul24
Average Members: 49
Rating Month: July 2024
Rating Members: 46

Medical Calculation

		Weight	Factor	Total$	PMPM$
B	Manual Rate Calculation				
B1	Benefit Adjusted Manual Rate				$630.919
B2	X Area Factor		1.00000		
B3	X Demographic Factor		1.46997		
B4	X Industry Factor		1.00000		
B5	X COBRA Factor		1.00000		
B6	X Work Status Factor		1.00000		
B7	Manual PMPM				$927.432
B8	Credibility	100%			

Total Rate Calculation

		Factor	Mo. Prem.	PMPM$
D	Total Rate Calculation			
D1	Blended Rate		$42,662	$927.432
D2	X Future Benefit Change	1.000000		
D3	Adjusted PMPM		$42,662	$927.432
D4	+ Retention		2,608	56.690
D5	+ Other Benefits		0	0.000
D6	+ Group Specific Charge		0	0.000
D7	+ Late Payment Charge		0	0.000
D8	+ Federal PCORI Fee		14	0.300
D9	+ State Fee		384	8.358
D10	+ Premium Tax		932	20.261
D11	+ Commission		0	0.000
D12	Uncapped PMPM Premium Requirement		$46,600	$1,013.041
E	Capping	Increase		
E1	In-Force Rate		$41,439	$900.840
E2	Premium Requirement without Changes and Underwriter Adjustment	12.46%	46,600	1,013.040
E3	Capping Rate	9.40%	45,333	985.491
E4	Quoted Rate PMPM before Underwriter Adjustment	9.40%	45,333	985.491
E5	X Underwriter Adjustment	1.00000		
E6	Quoted Rate PMPM after Underwriter Adjustment	9.40%	45,333	985.491
E7	Capping Adjustment		(1,267)	(27.549)

Rate Buildup

Group Name: GCIU-LOCAL 285
Group Number(s): 5238
Subgroup(s): 0032,0035,0040,0044,0053

Product Type: DHMO DC SEL
Quote Name: Custom DHMO 8 SEL Low

Region: Mid-Atlantic States
Contract Period: 03/01/2025 - 02/28/2026
Report Period: Aug 2023 through Jul 2024

		Aug23-Jul24
Average Members:		90
Rating Month:	July 2024	
Rating Members:		72

Medical Calculation		Weight	Factor	Total$	PMPM$
B	Manual Rate Calculation				
B1	Benefit Adjusted Manual Rate				$552.252
B2	X Area Factor		1.00000		
B3	X Demographic Factor		1.05538		
B4	X Industry Factor		1.00000		
B5	X COBRA Factor		1.00000		
B6	X Work Status Factor		1.00000		
B7	Manual PMPM				$582.836
B8	Credibility	100%			

Total Rate Calculation		Factor	Mo. Prem.	PMPM$
D	Total Rate Calculation			
D1	Blended Rate		$41,964	$582.836
D2	X Future Benefit Change	1.000000		
D3	Adjusted PMPM		$41,964	$582.836
D4	+ Retention		4,082	56.690
D5	+ Other Benefits		0	0.000
D6	+ Group Specific Charge		0	0.000
D7	+ Late Payment Charge		0	0.000
D8	+ Federal PCORI Fee		22	0.300
D9	+ State Fee		391	5.432
D10	+ Premium Tax		948	13.169
D11	+ Commission		0	0.000
D12	Uncapped PMPM Premium Requirement		$47,407	$658.427
E	Capping	Increase		
E1	In-Force Rate		$42,411	$589.041
E2	Premium Requirement without Changes and Underwriter Adjustment	11.78%	47,407	658.427
E3	Capping Rate	9.40%	46,396	644.392
E4	Quoted Rate PMPM before Underwriter Adjustment	9.40%	46,396	644.392
E5	X Underwriter Adjustment	1.00000		
E6	Quoted Rate PMPM after Underwriter Adjustment	9.40%	46,396	644.392
E7	Capping Adjustment		(1,011)	(14.035)

Rate Buildup

Group Name: GCIU-LOCAL 285
Group Number(s): 5238
Subgroup(s): 0032,0035,0040,0044,0053

Region: Mid-Atlantic States
Contract Period: 03/01/2025 - 02/28/2026
Report Period: Aug 2023 through Jul 2024

	Aug23-Jul24
Average Members:	90
Rating Month:	July 2024
Rating Members:	17

Quote Name: DHMO 16 Select

Medical Calculation		Weight	Factor	Total$	PMPM$
B	Manual Rate Calculation				
B1	Benefit Adjusted Manual Rate				$500.527
B2	X Area Factor		1.00000		
B3	X Demographic Factor		1.05538		
B4	X Industry Factor		1.00000		
B5	X COBRA Factor		1.00000		
B6	X Work Status Factor		1.00000		
B7	Manual PMPM				$528.246
B8	Credibility	100%			

Total Rate Calculation		Factor	Mo. Prem.	PMPM$
D	Total Rate Calculation			
D1	Blended Rate		$8,980	$528.246
D2	X Future Benefit Change	1.000000		
D3	Adjusted PMPM		$8,980	$528.246
D4	+ Retention		964	56.690
D5	+ Other Benefits		0	0.000
D6	+ Group Specific Charge		0	0.000
D7	+ Late Payment Charge		0	0.000
D8	+ Federal PCORI Fee		5	0.300
D9	+ State Fee		84	4.969
D10	+ Premium Tax		205	12.045
D11	+ Commission		0	0.000
D12	Uncapped PMPM Premium Requirement		$10,238	$602.250
E	Capping	Increase		
E1	In-Force Rate		$11,441	$672.995
E2	Premium Requirement without Changes and Underwriter Adjustment	(10.51%)	10,238	602.250
E3	Capping Rate	9.40%	12,516	736.235
E4	Quoted Rate PMPM before Underwriter Adjustment	9.40%	12,516	736.235
E5	X Underwriter Adjustment	1.00000		
E6	Quoted Rate PMPM after Underwriter Adjustment	9.40%	12,516	736.235
E7	Capping Adjustment		2,278	133.985

Membership - Age and Gender Demographics

Group Name: GCIU-LOCAL 285
Group Number(s): 5238
Subgroup(s): 0055

Region: Mid-Atlantic States
Contract Period: 03/01/2025-02/28/2026

Quote Name: HMO Sig High

Members*

	Average Aug22-Jul23				Average Aug23-Jul24				Current as of Jul24			
Age	Male	Female	Total	Percent	Male	Female	Total	Percent	Male	Female	Total	Percent
0-0	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
1-4	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
5-9	0	1	1	1.5%	0	1	1	2.0%	0	1	1	2.2%
10-14	1	0	1	0.9%	0	0	0	0.0%	0	0	0	0.0%
15-19	5	1	6	8.9%	4	0	4	7.3%	3	0	3	6.5%
20-24	4	1	6	8.5%	2	0	2	4.9%	3	0	3	6.5%
25-29	1	0	1	1.8%	1	0	1	1.4%	0	0	0	0.0%
30-34	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
35-39	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
40-44	1	3	4	6.2%	0	3	3	5.9%	0	2	2	4.3%
45-49	3	1	4	6.4%	3	0	3	6.8%	2	1	3	6.5%
50-54	6	2	8	12.0%	5	2	7	13.2%	4	2	6	13.0%
55-59	5	3	7	11.4%	3	2	5	10.9%	3	2	5	10.9%
60-64	11	9	20	30.8%	8	7	15	29.5%	9	6	15	32.6%
65-69	3	1	4	6.6%	5	1	6	12.6%	4	1	5	10.9%
70-74	2	1	3	5.0%	1	1	2	4.4%	1	1	2	4.3%
75-79	0	0	0	0.0%	1	0	1	1.0%	1	0	1	2.2%
80-84	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
85+	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
Total Members	41	24	65	100.0%	32	17	49	100.0%	30	16	46	100.0%
Percentage	63.8%	36.2%			65.7%	34.3%			65.2%	34.8%		
Health Plan Average Age:	36.3	37.3	36.8		36.4	37.4	36.9		37.6	38.9	38.3	
Group Average Age:	48.4	51.7	49.6		51.1	55.0	52.5		52.1	55.2	53.2	
Average Contract Size:			1.84				1.66				1.64	
Demographic Factor:											1.46997	

* Includes Actives and /or pre 65 Retirees only.

NPS RQR Number: 16224969 NPS RQR Name: Lithographers

Membership - Age and Gender Demographics

Group Name: GCIU-LOCAL 285
Group Number(s): 5238
Subgroup(s): 0032,0035,0040,0044,0053

Region: Mid-Atlantic States
Contract Period: 03/01/2025-02/28/2026

Members*

	Average Aug22-Jul23				Average Aug23-Jul24				Current as of Jul24			
Age	Male	Female	Total	Percent	Male	Female	Total	Percent	Male	Female	Total	Percent
0-0	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
1-4	0	1	1	1.1%	0	1	1	1.1%	0	1	1	1.1%
5-9	1	1	2	2.1%	1	1	2	1.8%	1	0	1	1.1%
10-14	2	1	4	3.8%	1	0	1	1.4%	0	1	1	1.1%
15-19	6	5	11	12.1%	8	6	14	15.3%	9	5	14	15.7%
20-24	5	7	11	11.9%	5	5	10	11.4%	5	5	10	11.2%
25-29	0	1	1	1.5%	0	1	1	1.6%	0	1	1	1.1%
30-34	3	1	4	3.7%	3	1	4	4.3%	2	1	3	3.4%
35-39	2	1	3	3.1%	2	0	2	2.3%	3	0	3	3.4%
40-44	3	2	4	4.7%	3	3	5	6.0%	3	4	7	7.9%
45-49	4	3	7	7.2%	4	4	8	8.5%	3	3	6	6.7%
50-54	9	4	13	13.3%	7	1	8	9.3%	9	1	10	11.2%
55-59	12	6	18	19.4%	10	8	18	20.2%	9	8	17	19.1%
60-64	9	3	12	12.5%	10	3	13	14.2%	10	3	13	14.6%
65-69	2	2	4	3.7%	2	0	2	2.4%	2	0	2	2.2%
70-74	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
75-79	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
80-84	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
85+	0	0	0	0.0%	0	0	0	0.0%	0	0	0	0.0%
Total Members	57	37	94	100.0%	57	34	90	100.0%	56	33	89	100.0%
Percentage	60.9%	39.1%			62.7%	37.3%			62.9%	37.1%		

Health Plan Average Age:	36.3	37.3	36.8		36.4	37.4	36.9		37.6	38.9	38.3	
Group Average Age:	44.2	37.3	41.5		43.8	37.3	41.4		43.6	38.5	41.7	
Average Contract Size:			1.87				1.87				1.89	
Demographic Factor:											1.05538	

* Includes Actives and /or pre 65 Retirees only.

NPS RQR Number: 16224969 NPS RQR Name: Lithographers

Rate and Benefit Summary - Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0055
Product Type: HMO DC SIG
Quote Name: Custom HMO 2 SIG High

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2025 - 02/28/2026

	Aug23 - Jul24
Average Members*:	49
Eligibles: 300	

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$909.54	1.00
Subscriber and Spouse	1,819.08	2.00
Subscriber and 1 Child	1,819.08	2.00
Subscriber and 2 or more Children	2,628.57	2.89
Subscriber and Spouse and 1 or more children	2,628.57	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	% Change	Ratio
Subscriber only	14	$995.01	9.40%	1.00
Subscriber and Spouse	8	1,990.02	9.40%	2.00
Subscriber and 1 Child	2	1,990.02	9.40%	2.00
Subscriber and 2 or more Children	1	2,875.58	9.40%	2.89
Subscriber and Spouse and 1 or more children	3	2,875.58	9.40%	2.89

Estimated Monthly Cost: $45,333
Billing Frequency: Monthly

Proposed HMO Benefits - Tier 1 - In Network Benefits

Network: SIG

Annual Deductible: Individual / Family per calendar year	None
Out-of-Pocket Maximum: Individual / Family	Medical Out-of-Pocket 3500I/9400F Embedded INCL DED Plan Year
Lifetime Maximum: Individual / Family	None
Prescription Drugs:	30d 1 copay, 90d 3 copay, MO 90d 2 copay; KP $10/20/35, CM $30/50/75, MO $10/20/35; No coverage for weight loss drugs
Outpatient	
Primary Care:	$15 COPAY
Preventive Care:	$0 COPAY WITH HCR PREVENTIVE SERVICES INCLUDED
Specialty Care:	$25 COPAY
Urgent Care:	$25 COPAY
Other Professional	
Outpatient Surgical Services:	$25 COPAY
Chiropractic Services:	NOT COVERED
Acupuncture Services:	NOT COVERED
Dental:	NOT COVERED
Infertility Diagnosis & Testing:	50% COINS
Infertility Assistive Reproductive Technology:	50% COINS $100,000 BEN MAX/LIFE, 3 PROCEDURES/LIFE
Occupational Therapy:	$25 COPAY 30 VISITS/EPISODE
Physical Therapy:	$25 COPAY 30 VISITS/EPISODE
Speech Therapy:	$25 COPAY 30 VISITS/EPISODE

* Includes Actives and/or pre 65 Retirees only.

NPS Quote Number: 32591343

NPS RQR Number: 16224969
NPS RQR Name : Lithographers

Rate and Benefit Summary - Commercial

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2025 - 02/28/2026

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0055

	Aug23 - Jul24
Average Members*:	49
Eligibles:	300

Product Type: HMO DC SIG
Quote Name: Custom HMO 2 SIG High

Ambulance and Emergency Services	
Ambulance Services:	$100 COPAY
Emergency Services:	$100 COPAY
Laboratory and Imaging	
Outpatient Lab, Pathology, & Diagnostic Testin	$0 COPAY
Outpatient Diagnostic Radiology:	$0 COPAY
Outpatient Specialty Imaging:	$0 COPAY
Hospital Inpatient	
Hospital Services, Inpatient:	$0 COPAY/ADMIT 2015 W TG
Skilled Nursing Facility Care:	$0 COPAY/ADMIT UP TO 100 DAYS/CONT YR
Mental Health and Chemical Dependency	
Behavioral Health-Group Therapy:	$7COPAY
Behavioral Health-Individual Therapy:	$15 COPAY
Behavioral Health, Inpatient:	$0 COPAY/ADMIT
Other	
Basic Durable Medical Equipment:	$0 COPAY
Prosthetics:	$0 COPAY
Orthotics:	$0 COPAY
Eyeglass Frames:	19+ $75, UP TO AGE 19 $0 (1 PAIR/YR)
Eyeglass Lenses:	19+ $75 DISCOUNT, UP TO AGE 19 $0 (1 PAIR/YR)
Hearing Aids:	NOT COVERED

Domestic Partners: None
Student / Overage Dependent Coverage: 26/26

Commission: None
Other: ACA and mandated benefits
APP: None

*** Includes Actives and/or pre 65 Retirees only.**

NPS Quote Number: 32591343

Rate and Benefit Summary - Commercial

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2025 - 02/28/2026

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0044
Product Type: DHMO DC SEL
Quote Name: CUSTOM DHMO 8 SEL LOW

	Aug23 - Jul24
Average Members*:	90
Eligibles:	300

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$742.49	1.00
Subscriber and Spouse	1,484.98	2.00
Subscriber and 1 Child	1,484.98	2.00
Subscriber and 2 or more Children	2,145.79	2.89
Subscriber and Spouse and 1 or more children	2,145.79	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	% Change	Ratio
Subscriber only	18	$812.26	9.40%	1.00
Subscriber and Spouse	5	1,624.52	9.40%	2.00
Subscriber and 1 Child	3	1,624.52	9.40%	2.00
Subscriber and 2 or more Children	0	2,347.43	9.40%	2.89
Subscriber and Spouse and 1 or more children	8	2,347.43	9.40%	2.89

Estimated Monthly Cost: $46,396
Billing Frequency: Monthly

Proposed HMO Benefits - Tier 1 - In Network Benefits

Network: SEL

Annual Deductible: Individual / Family per calendar year	$750/$1,500 Embedded
Out-of-Pocket Maximum: Individual / Family	$3,000/$6,000/cont yr Med/Rx Embedded
Lifetime Maximum: Individual / Family	None
Prescription Drugs:	30d 1 copay, 90d 3 copay, MO 90d 2 copay ; KP $20/30/45, CM $30/50/65, MO $20/30/45; No coverage for weight loss drugs
Outpatient	
Primary Care:	$25 COPAY
Preventive Care:	$0 COPAY WITH HCR PREVENTIVE SERVICES INCLUDED
Specialty Care:	$35 COPAY
Urgent Care:	$35 COPAY
Other Professional	
Outpatient Surgical Services:	20% COINS
Chiropractic Services:	NOT COVERED
Acupuncture Services:	NOT COVERED
Dental:	NOT COVERED
Infertility Diagnosis & Testing:	50% COINS
Infertility Assistive Reproductive Technology:	NOT COVERED
Occupational Therapy:	$35 COPAY 30 VISITS/EPISODE
Physical Therapy:	$35 COPAY 30 VISITS/EPISODE
Speech Therapy:	$35 COPAY 30 VISITS/EPISODE

* Includes Actives and/or pre 65 Retirees only.

NPS Quote Number: 32591344

NPS RQR Number: 16224969 NPS RQR Name : Lithographers

Rate and Benefit Summary - Commercial

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2025 - 02/28/2026

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0044
Product Type: DHMO DC SEL
Quote Name: CUSTOM DHMO 8 SEL LOW

	Aug23 - Jul24
Average Members*:	90
Eligibles:	300

Ambulance and Emergency Services	
Ambulance Services:	$100 COPAY
Emergency Services:	$100 COPAY
Laboratory and Imaging	
Outpatient Lab, Pathology, & Diagnostic Testin	20% COINS
Outpatient Diagnostic Radiolog	20% COINS
Outpatient Specialty Imagin	20% COINS
Hospital Inpatient	
Hospital Services, Inpatien	20% COINS
Skilled Nursing Facility Car	20% COINS UP TO 100 DAYS/CONT YR
Mental Health and Chemical Dependency	
Behavioral Health-Group Therap	$10 COPAY
Behavioral Health-Individual Therap	$25 COPAY
Behavioral Health, Inpatien	20% COINS
Other	
Basic Durable Medical Equipmen	$0 COPAY
Prosthetics:	$0 COPAY
Orthotics:	$0 COPAY
Eyeglass Frames:	19+ $75, UP TO AGE 19 $0 (1 PAIR/YR)
Eyeglass Lenses:	19+ $75 DISCOUNT, UP TO AGE 19 $0 (1 PAIR/YR)
Hearing Aids:	$0 COPAY 1 HEARING AID/EAR/36 MONTHS, $1,000 BEN MAX

Domestic Partners: None
Student / Overage Dependent Coverage: 26/26

Commission: None
Other: ACA and mandated benefits
APP: None

*** Includes Actives and/or pre 65 Retirees only.**

NPS Quote Number: 32591344

NPS RQR Number: 16224969 **NPS RQR Name :** Lithographers

Rate and Benefit Summary - Commercial

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2025 - 02/28/2026

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0053

Product Type: DHMO DC SEL
Quote Name: DHMO 16 SEL

	Aug23 - Jul24
Average Members*:	90
Eligibles: 300	

Current Rates

Rate Tiers	Medical	Ratio
Subscriber only	$677.38	1.00
Subscriber and Spouse	1,354.75	2.00
Subscriber and 1 Child	1,354.75	2.00
Subscriber and 2 or more Children	1,957.62	2.89
Subscriber and Spouse and 1 or more children	1,957.62	2.89

Proposed Rates

Rate Tiers	Subscribers	Medical	% Change	Ratio
Subscriber only	10	$741.03	9.40%	1.00
Subscriber and Spouse	0	1,482.06	9.40%	2.00
Subscriber and 1 Child	2	1,482.06	9.40%	2.00
Subscriber and 2 or more Children	0	2,141.58	9.40%	2.89
Subscriber and Spouse and 1 or more children	1	2,141.58	9.40%	2.89

Estimated Monthly Cost: $12,516
Billing Frequency: Monthly

Proposed HMO Benefits - Tier 1 - In Network Benefits

Network: SEL

Annual Deductible: Individual / Family per calendar year:	Medical Deductible 2500I/5000F Embedded Plan Yr
Out-of-Pocket Maximum: Individual / Family:	$5,000/$10,000/cont yr Embedded
Lifetime Maximum: Individual / Family:	None
Prescription Drugs:	30d 1 copay, 90d 3 copay, MO 90d 2 copay; KP $15/25/40, CM $20/45/60, MO $15/25/40; No coverage for weight loss drugs
Outpatient	
Primary Care:	$30 COPAY
Preventive Care:	$0 COPAY WITH HCR PREVENTIVE SERVICES INCLUDED
Specialty Care:	$40 COPAY
Urgent Care:	$40 COPAY
Other Professional	
Outpatient Surgical Services:	20% COINS
Chiropractic Services:	NOT COVERED
Acupuncture Services:	NOT COVERED
Dental:	NOT COVERED
Infertility Diagnosis & Testing:	50% COINS
Infertility Assistive Reproductive Technology:	50% COINS $100,000 BEN MAX/LIFE, 3 PROCEDURES/LIFE
Occupational Therapy:	$40 COPAY 30 VISITS/EPISODE
Physical Therapy:	$40 COPAY 30 VISITS/EPISODE
Speech Therapy:	$40 COPAY 30 VISITS/EPISODE

* Includes Actives and/or pre 65 Retirees only.

NPS Quote Number: 32591345

NPS RQR Number: 16224969 **NPS RQR Name :** Lithographers

Rate and Benefit Summary - Commercial

Group Name: GCIU-LOCAL 285
Group Numbers: 5238
Subgroups: 0053
Product Type: DHMO DC SEL
Quote Name: DHMO 16 SEL

Region: Mid-Atlantic States
Jurisdiction: DC
Contract Period: 03/01/2025 - 02/28/2026

	Aug23 - Jul24
Average Members*:	90
Eligibles:	300

Ambulance and Emergency Services	
Ambulance Services:	$100 COPAY
Emergency Services:	$150 COPAY
Laboratory and Imaging	
Outpatient Lab, Pathology, & Diagnostic Testin	$30 COPAY
Outpatient Diagnostic Radiology:	$30 COPAY
Outpatient Specialty Imaging:	20% COINS
Hospital Inpatient	
Hospital Services, Inpatient:	20% COINS
Skilled Nursing Facility Care:	20% COINS UP TO 100 DAYS/CONT YR
Mental Health and Chemical Dependency	
Behavioral Health-Group Therapy:	$15 COPAY
Behavioral Health-Individual Therapy:	$30 COPAY
Behavioral Health, Inpatient:	20% COINS
Other	
Basic Durable Medical Equipment:	$0 COPAY
Prosthetics:	$0 COPAY
Orthotics:	$0 COPAY
Eyeglass Frames:	19+ $75, UP TO AGE 19 $0 (1 PAIR/YR)
Eyeglass Lenses:	19+ $75 DISCOUNT, UP TO AGE 19 $0 (1 PAIR/YR)
Hearing Aids:	$0 COPAY 1 HEARING AID/EAR/36 MONTHS, $1,000 BEN MAX

Domestic Partners: None
Student / Overage Dependent Coverage: 26/26

Commission: None
Other: ACA and mandated benefits
APP: None

*** Includes Actives and/or pre 65 Retirees only.**

NPS Quote Number: 32591345

NPS RQR Number: 16224969 **NPS RQR Name :** Lithographers

Rate Assumptions and Requirements

Region: Mid-Atlantic States

Group Name: GCIU-Local 285

Contract Period: 03/01/2025 - 02/28/2026

Group Numbers: 5238

Subgroups: 0044,0053,0055

KP Offered: Alongside other carrier(s)

Quotes Included

DHMO 16 Select - 32591345
Custom **DHMO** 8 **Sel Low - 32591344**
Custom **HMO** 2 **Sig High - 32591343**

Proposal Assumptions

The proposed rates and benefits included on the Rate and Benefit Summary page are based on the participation and contribution requirements described below. If any of the following are not met, Kaiser Permanente (KP) reserves the right to withdraw our rate proposal, decline coverage, re-rate this proposal or terminate your Group Agreement.

1. **Group-specific requirements:**
   None

2. **Rating Assumptions:**
   Rates assume a 12-month policy period of 3/1/2025 through 2/28/2026 unless otherwise specified above.
   The rates and benefits in this proposal include the Federal Health Care Reform requirements. KP reserves the right to modify the rates and benefits if we receive further clarification of Federal Health Care Reform requirements, or to incorporate other applicable Federal Health Care Reform requirements. In addition, Kaiser Permanente reserves the right to make any change in these rates and benefits due to changes in State or Federal legislation or regulatory action.
   KP reserves the right to rerate if actual enrollment results in a +/-5% change in the rates from what was assumed at the time of this quote. Examples of changes that may impact rates include, but are not limited to, the following:
   a. A change in the demographic factor.
   b. A change in the average family size or subscriber distribution.
   c. A change in the number of subscribers enrolled in KP.
   d. A change in the number of plans offered alongside KP.
   e. A change in the benefit design of a plan offered alongside KP.
   f. A change in the employer contribution formula.
   g. Groups must abide by the Break-in and Break-away Policy.

   KP reserves the right to change the rates in the event the employer funds, or offers to fund, all or part of an individual or family deductible, copayment or coinsurance which is applicable under the KP plan unless specifically noted in the Group-Specific Requirements above.

3. **Participation and contribution requirements:**
   a. **Proposed rates and benefits assume 75% of overall eligible group employees enroll in a company-sponsored plan excluding those waiving for alternative group coverage.**
   b. **Proposal assumes employer pays at least 50% of the employee only cost and is non-discriminatory. Early retiree coverage added after 1/1/2024 will require the employer to pay at least 50% of the subscriber only early retiree rate on a non-discriminatory basis.**
   c. **With respect to any coverage identified as a "grandfathered health plan" under the Patient Protection and Affordable Care Act ("ACA"), Group must immediately inform Health Plan if this coverage no longer meets the requirements for grandfathered status including but not limited to any change in its contribution rate to the cost of any grandfathered health plan(s) during the plan year. Group's contribution rate for grandfathered health plan coverage may not decrease more than five percent (5%) for any rate tier for such grandfathered plan(s) when compared to Group's contribution rate in effect on March 23, 2010 for the same plan.**

Rate Assumptions and Requirements

Region: Mid-Atlantic States

Group Name: GCIU-Local 285

Contract Period: 03/01/2025 - 02/28/2026

Group Numbers: 5238

Subgroups: 0044,0053,0055

KP Offered: Alongside other carrier(s)

4. Quote assumes KP is offered alongside another health care plan. KP must be offered on conditions that are no less favorable than those for other health care plans. Examples include, but are not limited to, the following:
   a. KP is offered to all eligible employees.
   b. KP has access to the employer and to the employees on the same basis as all other health care plans offered.
   c. The employer's contribution formula does not put KP in a disadvantaged position. This quote assumes that all benefit plans offered to group subscribers provide similar benefits and levels of coverage. If not, the employer's contribution strategy must account for benefit differences among plans offered to subscribers. For example, if KP provides coverage in excess of the minimum essential level of coverage required by law, and another plan does not, the employer will ensure that the member contribution for KP's plan does not exceed the dollar amount for the other plan.
   d. Basic and optional benefits such as DME, prescription drugs (including specialty drugs), and infertility are comparable among all health care plans offered, however, KP will allow preventive services as defined by Health and Human Services (HHS) to vary if specifically approved by underwriting.
   e. KP is not offered alongside plans with pre-existing condition provisions, health condition exceptions or lifetime coverage limits.
   f. If early retirees are covered, the employer offers all health care plans to early retirees on the same basis.
   g. Eligibility rules such as dependent age limits and waiting periods for new hires are the same for all health care plans.
   h. No other plan is allowed preferential treatment that adversely affects KP.
   i. KP prefers that the number of employee subscribers enrolled in KP be the greater of 5 or 5% of the total number of employees enrolled in all health plans in regions where KP is offered.
   j. Kaiser Permanente must NOT be offered along side an age-rated health care plan.
   k. Rate tier ratios and their definitions should be the same among all health plans offered by the group (employer).

5. Product-specific participation requirements:

   Additional Kaiser Permanente Medicare Senior Advantage (KPSA) requirements:
   a. Please refer to the group's contract for full definitions of Primary Medicare and Secondary Medicare.
   b. Members must have Medicare Parts A and B to enroll in Medicare Senior Advantage (KPSA) and be eligible for Medicare rates. In some regions members with only Part B may also enroll but their rates will be subject to a surcharge.
   c. Medicare eligible members must reside in the approved Medicare Senior Advantage (KPSA) service areas to receive benefits for the group Medicare Senior Advantage (KPSA) offering.
   d. Enrollment in Medicare Senior Advantage (KPSA) is contingent upon receipt of an accurately completed enrollment form.
   e. Preliminary Medicare Senior Advantage (KPSA) rates and benefits are subject to change.
   f. Medicare Senior Advantage (KPSA) product may not be available for sale in all KP regions.

   Additional Out-of-Area Product Requirements:
   a. All employees offered KP Out-of-Area products must reside and work outside the KP service area.

6. Proposal requires eligibility for KP plan based on the following:
   a. Employer - the employer cannot be considered a small group according to state law.
   b. Actives:
      - The group (employer) must be related to those offered a KP plan by virtue of employment. This includes when the group contract is with a Taft-Hartley Trust, Professional Employer Organization (PEO), association or Joint Power of Authority (JPA).
      - An eligible employee is defined as an active, permanent employee who is on the employer's payroll, and works the minimum number of hours mandated by federal and/or state law to be considered an "eligible employee." Any agreement to change the minimum hours required must be in writing. Temporary and independent contractors (i.e., 1099 employees) are not eligible unless noted otherwise in this Rate Assumptions and Requirements document.
      - The employee must live or work in the service area specific to the product they enroll
      - 100% of eligible employees must be covered by Workers' Compensation, where mandated by law.
   c. New enrollees:

      The probationary period for new employees is non-discriminatory and reflects no more than a 90-day waiting period unless noted otherwise in this Rate Assumptions and Requirements document.

d. COBRA

- It is the responsibility of the employer group to enroll eligible members into the KP COBRA plan in compliance with federal law.
- It is the employer's responsibility to comply with appropriate COBRA statutes.
- KP will generally include COBRA members as part of the group bill. If individual billing has been arranged, KP will assume responsibility for collecting premiums from COBRA members, only acting as a collection agent on behalf of the group, not as a fiduciary for the group. In addition, KP retains the authority to terminate a direct-billed member for non-payment.

e. Retirees

- Eligible early retirees must enroll in a health plan at the time of retirement and may later elect to enroll in a KP plan at open enrollment as long as they have maintained continuous enrollment in a health plan since the time of retirement.
- Early retirees under the age of 65 must be reported to KP and set up as a separate employee class or subgroup.
- Medicare eligible retirees cannot enroll in the active plan.
- Applicants for a Medicare Senior Advantage (KPSA) plan must meet all the Medicare eligibility requirements, including those stated in this Rate Assumptions and Requirements document.

f. Dependents

- If an "in-area" employee has dependents that live outside the service area, the employee and dependents must be enrolled in the same product.

7. Compliance:
KP reserves the right to make any change in the employer group's benefits and/or rates due to changes in State or Federal legislation or regulatory action.

8. Broker Disclosure:
The Consolidated Appropriations Act, 2021 (AKA "No Surprises Act") promotes transparency of health care costs and consumer protection. One specific requirement of the Act requires brokers and consultants to disclose the direct or indirect compensation they expect to receive for their brokerage or consulting services to their group health plan clients. This disclosure must occur prior to the group health plan client entering into a contract with Kaiser Permanente.

Kaiser Permanente is committed to assisting its brokers and consultants with fulfilling obligation to Kaiser Permanente group health plan clients. Please visit account.kp.org to learn more.

The contracting employer must also meet all other group-specific responsibilities and requirements described in your Group Agreement.

9. Failure to Pay:
If employer groups fails to pay in a timely manner, and if after the statutorily-required grace period terminates, employer group has not paid undisputed amounts in full, then KP may charge interest on the overdue amount. Interest shall not accrue during the grace period, and the (simple) interest rate shall be six (6) percent per year or the maximum permitted by law, whichever is less.

10. Guaranteed Renewability:

For California, Colorado, Georgia, Hawaii, and Mid-Atlantic States:

This quote assumes that if a group meets the definition of a small employer under applicable federal or state law, it is exercising its guaranteed renewability rights to renew coverage in the large group market. However, the group is limited in making benefit changes.

For Northwest and Washington:

This quote assumes that the group does not meet the definition of a small employer under applicable federal or state law.

Term	Kaiser Foundation Health Plan
Annual Trend	The projected annual percent change in medical and pharmacy expenses applied to a group's claims experience.
Area Factor	A factor that adjusts the manual rate to reflect geographic price differentials.
Average Members	The average monthly membership during the reporting period.
Benefit Adjusted Manual Rate	The average rate for a group's current benefit plan for a particular market segment.
Capping	A method of stabilizing year-to-year rate changes.
COBRA Factor	An adjustment made to the manual rate to reflect the proportion of COBRA enrollees.
Contract Period	The time period during which a rate is valid.
Credibility	The weighting applied to manual, risk or claims-based rates when developing required premium rates.
Demographic Change	An adjustment made in the Projected Claims Calculation to reflect changes in the group demographics that occurred between the experience period and the time of the quote.
Demographic Factor	An adjustment made to the manual rate to reflect a group's current demographics.
Federal Health Insurer Fee	A percent of premium fee paid by insurance carriers for commercial and Medicare business beginning January 1, 2014.
Federal PCORI Fee	A fee per covered life paid by commercial insurers and self-funded plan sponsors to fund the Patient-Centered Outcomes Research Institute (PCORI). PCORI was established by the Affordable Care Act. The PCORI will commission studies that compare drugs, medical devices, tests, surgeries and ways to deliver health care.
Federal Transitional Reinsurance Program Contribution	A fee paid by commercial insurers and third party administrators for self-funded plans from 2014 through 2016 to support reinsurance to individual market insurers covering high risk individuals in Exchanges.
Formulary	A list of preferred drugs based on their effectiveness and value.
Future Benefit Change	An adjustment to the rate to reflect a change in benefits being quoted for the renewal period.
Historical Benefit Change	An adjustment made to historical paid claims to reflect the group's current benefit level.
Hospital Outpatient Other	This service category primarily consists of non-surgical services provided in an outpatient hospital or facility setting. This includes, but is not limited to dialysis treatment, hospital observation visits originating in the emergency room, some colonoscopies, and mental health & substance abuse partial hospitalization.
Incurred Claim Adjustment	An adjustment made to a group's paid claims to convert them to estimated incurred claims.
In-force PMPM Rate	A group's current monthly PMPM (per member per month) rate.
Integrated Care Management (ICM) Fee	This charge, which is currently included in Paid Claims, incorporates services such as chronic conditions management, pharmacy management, clinical access alternatives, telephonic clinical advice, wellness information and coaching, online personal health management, medical and case management, external provider network management, and other care management services that are not billed or can't be done so efficiently. At KP, integrated care management cannot be unbundled, as it is part of the unique care and services the Permanente Medical Groups deliver to get and keep our members healthy.
Kaiser Permanente Senior Advantage (KPSA)	Kaiser Permanente's Medicare Advantage plan. `
Late Payment Charge	A fee added to the rate to compensate KP for a group's late payment history.

Term	Kaiser Foundation Health Plan
Market Segment	Group divisions based on group size and/or line of business such as Labor Trust or National Accounts.
Other Benefits	Benefits that are not included in the manual rate nor in the paid claims.
Other Medical Services (OMS)	Other Medical Services (OMS) is a component of claims that accounts for services that are not easily captured in our claims and encounter systems. OMS includes but is not limited to capitated services, incomplete coding of KP services, COB and third-party liability.
Paid Claims	Paid medical expenses for services provided to a health plan member. These are either the result of an internal service, where prices are based on a fee schedule, or an external claim for services from a non-KP provider. Claims are attributed to the month in which they were paid (external) or reported (internal).
Pooling Charge	The per member per month charge included in the Projected Claims Calculation to compensate for the removal of claims exceeding the pooling point.
Pooling Credit	The total combined medical and prescription drug claims paid above the pooling point. This amount is removed from paid claims in the Projected Claims Calculation.
Pooling Point	The annual threshold above which a member's combined medical and prescription drug claims will be excluded from the group's rate calculation.
Quoted Rate	The renewal rate calculated on a per member per month basis.
Rate Assumptions and Requirements	A component of the customer renewal report package that documents terms and conditions of the rate proposal.
Rating Members	The membership during the rating month used in the renewal.
Rating Month	The month of the membership and benefits used to calculate the renewal.
Report Period	The period of time over which prior claims are aggregated and used to project future claim costs.
Reporting Threshold	Used on the High Cost Claimants report, it is the minimum in total claims in the reporting period required for a member to be displayed. The threshold varies by group size.
Retention	The portion of premium retained by KP to cover Health Plan administration expenses such as billing, member services and marketing.
Surgeries, Procedures and Outpatient Facility	Surgeries, Procedures and Outpatient Facility. `
Trend Factor	A factor that projects historical claims to a future rating period.
Underwriter Adjustment	An adjustment to the rate made by the underwriter to reflect differences in risk or offering conditions not accounted for elsewhere in the rate development.
Work Status Factor	An adjustment made to the manual rate to reflect the under 65 retiree population's influence on projected medical expenses.

This report is confidential and meant to be informational only. It is based upon information available in Kaiser Permanente systems at the time of production. We offer these services as is without warranties unless explicitly stated otherwise.