



FINAL RATES
ACCEPTANCE FORM

The final rates offered to:
by Quartz, effective

RICHLAND COUNTY
01/01/2021 are:

Renewal Offering?	YES	no	no	no
	<u>HMO1-1</u>	<u>HMO1-2</u>	<u>HMO1-3</u>	<u>HMO1-4</u>
Single	\$652.02	\$651.41	\$624.56	\$623.95
Family	\$1,620.60	\$1,619.08	\$1,552.35	\$1,550.83
Medicare Single	\$521.62	\$521.13	\$499.65	\$499.17
Medicare Family	\$1,043.23	\$1,042.26	\$999.30	\$998.32
Medicare Split	\$1,173.63	\$1,172.53	\$1,124.20	\$1,123.11

We accept the following plan(s):

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SBC Tracking IDs:

EMNW32DXSBC

GEUURV1DSBC

YV8VSRAB5BC

IIRKU953SBC

SOB Tracking IDs:

EMNW32DXSOB

GEUURV1DSOB

YV8VSRABSOB

IIRKU953SOB

Please review the above final adjusted rates. If these rates are acceptable to you, please execute the Acceptance Certification provided below. If your group has any changes within 60 days of the effective date that we determine will affect the rates listed above, we reserve the right to adjust the listed rates. Premium rate discrepancies must be reported to Quartz within 60 days of the renewal date.

Please keep a copy of this certification form for your records, and return the signed original to your Sales Representative or Agent.

RICHLAND COUNTY understands that Quartz, in its sole discretion, may provide summary health information for our use. I request, on behalf of RICHLAND COUNTY, that RICHLAND COUNTY receives this summary health information for the purposes of 1) modifying, amending, or terminating the group health plan; or, 2) obtaining premium bids from health plans for providing health insurance coverage under the group health plan. I certify that I am authorized to sign on behalf of RICHLAND COUNTY.

Acceptance Certification

As an authorized representative of this Employer, I have reviewed the above, and the notice form, and accept the quoted rates on behalf of RICHLAND COUNTY. I further attest and certify that all the statements included herein are true and correct to the best of my knowledge.

RICHLAND COUNTY

Printed Name of Group Representative

Date

Signature of Group Representative

Position/Title of Group Representative

Please send the completed form to:

Ron Sebranek
Quartz
840 Carolina Street
Sauk City, WI 53583