



May 2018

1308/4000
 BOWHEAD SCIENCE AND TECH LLC
 3201 C ST STE 801
 ANCHORAGE, AK 995033934



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 018911001

Aloha Group Leader,

Every year, we submit group health plan rates to the state Insurance Division for review and approval. Here's a list of the rates for your group:

Package No.	Description	Single plan	Two-party plan	Family plan
010	PPP/DRUG/VISION/DENTAL	\$696.70	\$1,383.20	\$2,069.70
011	PPP/DRUG/VISION/DENTAL HMO	\$696.70	\$1,383.20	\$2,069.70
012	HPH/DRUG/VISION/DENTAL	\$681.74	\$1,353.28	\$2,024.82
013	HPH/DRUG/VISION/DENTAL HMO	\$681.74	\$1,353.28	\$2,024.82
014	COMP MED/DRUG/VISION/DENTAL	\$679.34	\$1,348.48	\$2,017.62
015	COMP MED/DRUG/VISION/DENTAL HMO	\$679.34	\$1,348.48	\$2,017.62

Please note that these rates may change during the Insurance Division's review. Whether they change or stay the same, we'll send you another letter to let you know of the final rates.

The following plan information will be available online for your convenience after May 4, 2018:

- *Summary of Changes and Summary of Benefits and Coverage* will be available at hmsa.com/crg/July2018-237.
- *Guide to Benefits* will be available at HMSA.com/CRG/GTBJuly2018-053.

Please refer to the back of this letter for additional information

4000-040318-778

Our records show that you offer the following health plans to your employees. Please take a moment to review the information below for accuracy and let us know of any errors.

Coverage Code	Plan Description
730	COMPAMED
762	PPP
E-V	HPH
972	DRUG
973	DRUG
0DU	VISION
0DV	VISION
C50	DENTAL HMO
C53	DENTAL

Thank you for your continued trust and partnership. If you have any questions, please contact your HMSA representative.

Sincerely,



Michael Stollar
President and Chief Executive Officer