



May 2018

1309/4000  
C-PORT MARINE SERVICES LLC  
3201 C ST STE 801  
ANCHORAGE, AK 995033934



C000  
022514001

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	\$592.58	\$1,185.16	\$1,777.74
012	HPH/DRUG/VISION/DENTAL	\$578.76	\$1,157.52	\$1,736.28
014	COMPED/DRUG/VISION/DENTAL	\$578.32	\$1,156.64	\$1,734.96

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/July2018-248](http://hmsa.com/crg/July2018-248).
- *Guide to Benefits* will be available at [HMSA.com/CRG/GTBJuly2018-063](http://HMSA.com/CRG/GTBJuly2018-063).

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
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