

Vision Renewal Acceptance Agreement

Client Name: **Frank Martz Coach Co.**
Client Number: **220580**

This Renewal Acceptance Agreement represents written notice concerning the monthly premium rates that will apply to your renewed contract. Please place a check next to each of the offered rates you accept/decline. To renew, acknowledge your acceptance of the applicable terms and conditions by signing and returning this Renewal Acceptance Agreement to your Highmark Blue Cross Blue Shield Client Manager or your authorized Highmark Blue Cross Blue Shield Producer (broker) no later than 30 days from the effective date of this renewal.

This Renewal Acceptance Agreement will amend your existing monthly premium rates for the period effective January 01, 2025 through December 31, 2025. The monthly premium rates necessary to provide coverage for the new benefit period are as follows and reflects a 5.00% overall premium increase:

Vision	
Group(s): 102146-22; -23; -25	
Contract Type	Total
Individual	\$4.05
Parent & Child	\$10.53
Parent & Children	\$10.53
Two Person	\$10.53
Family	\$10.53

ACCEPT

DECLINE

Comments:

By signing below, Group Representative acknowledges and agrees that:

- Group has had the opportunity to discuss applicable underwriting requirements with Highmark Blue Cross Blue Shield; and agrees to follow such requirements.
- Highmark Blue Cross Blue Shield reserves the right to modify rates at any time if there is a change in state, federal or other law (including agency interpretations of such laws).
- Your renewal is subject to the satisfaction of certain Highmark Blue Cross Blue Shield underwriting requirements; specifically:
 - Highmark Blue Cross Blue Shield reserves the right to modify the monthly premium rates at any time during the contract period if the plan sponsor's increases or decreases by more than ten percent (10%) from the level of the base experience period when the premium rates were determined.

Accepted by:



(Signature of Authorized Group Representative)

Title:

11/18/2024

VP-HR

Email Address: CnoHelmann@martzbus.com Date: _____