

PERSONAL. FLEXIBLE. TRUSTED.

<b>Proposed effective date:</b>	02/01/2018	<b>Number of employees:</b>	21	<b>Industry/SIC code:</b>	7361	<b>Number of employees applying:</b>	9
Location 1:	ZIP code: 08902	County: Middlesex	State: NJ				
Location 2:	ZIP code: 94404	County: San Mateo	State: CA				
Location 3:	ZIP code: 30328	County: Fulton	State: GA				

Health Plan Design		Healthy Incentives PPO	Healthy Incentives CDHP PPO
Location 1 Network		Aetna Signature Administrators	Aetna Signature Administrators
Deductible	Individual (in-network/out-of-network)	\$2,000/\$5,000	\$6,000/\$15,000
	Family	two times individual	two times individual
Deductible Type		Embedded	Embedded
Benefit Period		Calendar Year	Calendar Year
Coinsurance	(in-network/out-of-network)	80%/50%	90%/60%
Out-of-Pocket Limit	Individual (in-network/out-of-network)	\$4,000/\$15,000	\$6,650/\$17,500
	Family	two times individual	two times individual
Physician/Specialist/Manipulative Therapy Office Visit		\$40 copay	deductible & coinsurance
Urgent Care Visit		\$100 copay	deductible & coinsurance
Emergency Room Visit		\$500 copay	deductible & coinsurance
Therapy Visit		\$40 copay	deductible & coinsurance
Alternative Medicine Visit		deductible & coinsurance	deductible & coinsurance
Outpatient Diagnostic X-ray and Lab		100% Unlimited	deductible & coinsurance
Outpatient Advanced Imaging		deductible & coinsurance	deductible & coinsurance
Inpatient Admission/Outpatient Surgery		\$500 access fees	deductible & coinsurance
Prescription Drug Benefit (copays, deductible)		\$15/\$50/\$80/\$200, \$0	deductible & coinsurance
Maternity		Yes	Yes
Specific Deductible		\$25,000	\$25,000
Annual Aggregate Attachment Point*		\$56,774	\$36,957
Runout Period		15 months	15 months
Surplus Option		2/3 Adm Fee Credit	2/3 Adm Fee Credit
Surplus Determination Period		16th month	16th month

**Health - Composite Monthly Costs\*\***

Family Status	Number of Employees		
Employee	6	\$878.56	\$644.57
Employee and Spouse	0	\$2,196.41	\$1,611.41
Employee and Child	0	\$1,255.49	\$924.75
Full Family	3	\$2,573.34	\$1,891.59

**Coverage Cost Totals**

Health - Total Monthly Cost	\$12,991.38	\$9,542.19
<b>Total Monthly Cost for all Coverages</b>	<b>\$12,991.38</b>	<b>\$9,542.19</b>
<b>Total Annual Cost for all Coverages</b>	<b>\$155,896.56</b>	<b>\$114,506.28</b>

\*The annual aggregate attachment point is equal to the sum of the 12 monthly claim prefunding amounts due during the contract period.

\*\*The monthly cost includes stop-loss insurance premium, administrative expenses and claim pre-funding.

This document is not intended to be a proposal. The proposal will reflect the plan design actually chosen and only the actual plan provisions will prevail. Refer to your product brochure for a description of coverages and options. **Coverage is not effective without written notification. Any existing coverage should remain in force until such written notification is received.** The document presented is valid only for the proposed effective date. Costs may be adjusted based on the health status of employees and dependents of the group for which a final proposal will be generated. **An agent who is licensed in the state where the Participating Employer Application and Agreement is signed and where the stop-loss insurance contract is issued must present this document.**