



Final Rates

Group Name: THE DANA POINT CONDOMINIUM
ASSOCIATION
Effective Date: 07/01/13 to 07/01/14
CFO: 74
SIC Code: 6513
Broker Name(s): GCG FINANCIAL INC

THE DANA POINT CONDOMINIUM ASSOCIATION has been approved effective 07/01/2013. Attached please find the final rate quote. Aetna reserves the right to adjust rates if there is more than a 20% change in enrollment/demographics of the group at any time in the policy year. Please have the employer sign and date, and fax to Aetna Underwriting at 800-548-9839. If any individuals are (1) eligible for COBRA or State Continuation, (2) are still within their election period but have not enrolled, and (3) enroll in the future, this will constitute a change in census, and your company's health benefits plan may be charged a different premium for this coverage.

Rates may be pending regulatory review or approval and are subject to adjustment as needed. Final rates will be compliant with state law and distributed accordingly.

Med. Plan	IL OAMC \$1,500 80/60 (08/12)										ILRA12		PLAN INFORMATION	
	MALE					FEMALE					Total Cost		Coins.	In: 80% Out: 60%
Age	EE Only	EE & Spouse	EE & Child(ren)	Family	EE Only	EE & Spouse	EE & Child(ren)	Family	Total Cost				PCP/Spec Copay	In: \$30 DW/\$50 Out: 60%
18-24	\$189.00	\$609.00	\$650.00	\$1,244.00	\$404.00	\$661.00	\$870.00	\$1,241.00						
25-29	\$217.00	\$689.00	\$735.00	\$1,290.00	\$453.00	\$747.00	\$906.00	\$1,241.00						
30-34	\$251.00	\$751.00	\$803.00	\$1,201.00	\$478.00	\$815.00	\$908.00	\$1,186.00						
35-39	\$292.00	\$757.00	\$881.00	\$1,189.00	\$491.00	\$821.00	\$918.00	\$1,189.00						
40-44	\$348.00	\$801.00	\$722.00	\$1,202.00	\$504.00	\$868.00	\$835.00	\$1,215.00	1	\$348.00				
45-49	\$431.00	\$907.00	\$775.00	\$1,279.00	\$532.00	\$982.00	\$766.00	\$1,302.00						
50-54	\$555.00	\$1,093.00	\$868.00	\$1,394.00	\$591.00	\$1,186.00	\$787.00	\$1,439.00						
55-59	\$742.00	\$1,396.00	\$1,042.00	\$1,645.00	\$696.00	\$1,515.00	\$899.00	\$1,716.00	1	\$742.00			OOP Max	In: \$3,500/\$10,500 Out: \$7,000/\$21,000
60-64	\$1,016.00	\$1,820.00	\$1,311.00	\$2,041.00	\$865.00	\$1,974.00	\$1,055.00	\$2,131.00						
65+ MP	\$1,161.00	\$1,626.00	\$1,367.00	\$2,261.00	\$1,038.00	\$1,763.00	\$1,147.00	\$2,444.00						
Total Cost:	2	\$1,090.00							2	\$1,090.00			RX	In: \$10/\$40/\$65 Out: 70% after \$10/\$40/\$65

Medical Network Key		
In:	In Network	Out: Out of Network

PATIENT PROTECTION AND AFFORDABLE CARE ACT Fees and Assessments

The Patient Protection and Affordable Care Act imposes two new fees/assessments, the Transitional Reinsurance Contribution (RC) and the Health Insurer Fee (HIF) (collectively hereinafter the "Fees"). The Fees are effective as of January 1, 2014; however, rate quotes for a policy year starting in 2013 will include, where permitted and as applicable, the Fees assessed on the portion of premium that is paid in 2014. This rate quote includes, where permitted, an estimated proportionate allocation of up to 2.4% for HIF and up to 2.1% for RC.



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Your member documents will be revised on renewal to clarify that the member payment responsibility for pharmacy claims will be calculated using either the actual discounts and fees paid to participating pharmacies, or the amount paid by Aetna to a third party pharmacy benefits service provider. The amount paid to a participating pharmacy may be different than the amount paid to the third party pharmacy service provider.

Illinois Attestation

Aetna considers an "Underlying Plan" to be any plan sponsor-funded arrangement or third party plan or combination of them that, directly or indirectly, subsidizes, funds or reimburses or is available, directly or indirectly, to subsidize, fund or reimburse, any part of an insured's or enrollee's network deductible expenses. In setting the premium rate for benefits plans with network deductibles, Aetna assumes that an Underlying Plan may fund 50% or less of an insured's or enrollee's network deductible. If the plan sponsor has an Underlying Plan available to fund in excess of 50%, it is material to the development of pricing or coverage and will result in an additional load of 10% applied to the rates. As such, we require the plan sponsor to tell us if there will be any Underlying Plan in use during the plan year available to fund an insured's or enrollee's network deductible in excess of 50%. In the event that a plan sponsor does not certify to the level of deductible funding, the 10% load will be applied to the rates.

1. Is an underlying plan or arrangement offered, made available or utilized by your company? Yes AD No _____
2. If yes, to 1 above, what percentage (%) of the network deductible is funded by the underlying plan? _____ %

If "yes," to 1 above, please attach a complete description of the underlying plan.

By signing below, you are certifying and agreeing that:

- (1) The information provided above is true and complete.
- (2) You will notify Aetna immediately in the event that such information is incorrect or incomplete, or you implement or purchase (or you intend to implement or purchase) any underlying plan to fund the network individual or single subscriber deductible in excess of 50% as described above (if you are not already funding in excess of 50%).

Lisette Ray as Agent
Employer Authorized Signatory
Lisette Ray as Agent
Print / Type Name

6/28/13
Date
Property Manager
Title

L.Ray@LMSnet.com
E-Mail Address
847-228-5176
Phone Number



Final Rates Census

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P: Product Tier Key		M: Medical Plan Key	
EE: Employee Only	EEDP: Dependent Term Life	M1: IL OAMC \$1,500 80/60 (08/12)	
EESP: Employee and Spouse	DC: Decline Coverage		
EECH: Employee and Child(ren)	W: Waived		
FAML: Family	SW: Spousal Waiver		

Above key to be used:						
First Name	Last Name	Birth Date	Zip Code	Rating Area	Gender	Cobra
Juan	Medina	05/18/1972	60074	ILRA12	M	
Steven	Mulvey	03/30/1956	60067	ILRA12	M	
Manuel	Valle-Contrero	01/01/1960	60016		M	

Rates and benefits are for informational purposes only, are non-binding and subject to change without notice. The quote is effective for the specified effective date only and is subject to change without notice. All medical premium amounts displayed are monthly. Actual rates and benefits may vary based upon the information received with the application (including the enrollment information) and underwriting review. Medicare rates are based on employee's information only and are subject to final review. Dependent Medicare status may cause rates to change at final enrollment. (e.g. A Medicare Primary group with an employee who is 65 plus with a spouse that is under 65). This preliminary rate sheet should be read in conjunction with the more detailed benefit descriptions, exclusions and limitations, and underwriting guidelines contained in your Aetna product brochures. For more information, please contact your licensed agent or Aetna Sales Representative. HMO/POS benefits are provided or administered by Aetna Health of Illinois and/or Aetna Health Insurance Company. PPO benefits are provided or administered by: Aetna Life Insurance Company. Life/AD&D and Disability and Dental benefits provided or administered by Aetna Life Insurance Company. Certain rates may be pending filing with and/or approval by state regulators and may be subject to adjustment based on regulatory determinations and applicable law.