

Coffee 101

Thousand Oaks, Ventura County, CA 91360

SIC Code: 1 - No SIC provided

Medical	Aetna	Aetna
Monthly Rate (12 pay periods)	CA Bronze MC 50/50 8300 * Effective Date: 2/1/2023 *	CA Bronze MC 100 7000 HSA M Effective Date: 4/1/2023
Plan Premium:	\$9,613.51	\$11,616.86
DEDUCTIBLE		
Individual	PPO: \$8,300	PPO: \$7,000
Family	PPO: \$16,600 (embedded)	PPO: \$14,000 (embedded)
OUT-OF-POCKET MAX		
Individual	PPO: \$8,550 (includes ded)	PPO: \$7,000 (includes ded)
Family	PPO: \$17,100 (embedded; includes ded)	PPO: \$14,000 (embedded; includes ded)
PHYSICIAN SERVICES		
Office Visits	PPO: \$85 (ded waived first visit) then 0% after ded/\$95 after ded	PPO: 0% after ded
Telemedicine	PPO: 0% (ded waived)	PPO: 0% after ded
Preventive Care	PPO: 0% (ded waived)	PPO: 0% (ded waived)
Diagnostic Lab/X-Ray	PPO: \$85 (ded waived)/50% after ded	PPO: 0% after ded
Imaging (CT/PET scans, MRIs)	PPO: 50% after ded	PPO: 0% after ded
Rehabilitation/Habilitation (PT/OT/ST)	PPO: \$95/50% after ded	PPO: 0% after ded
Chiropractic Care	PPO: \$95 after ded (20 visits per year)	PPO: Not Covered
PRESCRIPTION DRUGS		
Pharmacy Deductible	PPO: Combined w/Medical (Subject Tiers 2-3)	PPO: Combined w/Medical (Subject to all Tiers)
Tier 1 (Generic Formulary)	PPO: \$30 (up to 30 day supply)	PPO: 0% (up to 30 day supply)
Tier 2 (Preferred Brand Formulary)	PPO: \$100 (up to 30 day supply)	PPO: 0% (up to 30 day supply)
Tier 3 (Non-Preferred Brand Formulary)	PPO: \$150 (up to 30 day supply)	PPO: 0% (up to 30 day supply)
Tier 4 (Specialty Drugs)	PPO: 50% up to \$500 (up to 30 day supply)	PPO: 0% (up to 30 day supply)
Mail Order	PPO: Tier 1-3: 2x Retail (up to 90 day supply)	PPO: Tier 1-3: 0% (up to 90 day supply)
HOSPITAL FACILITY SERVICES		

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.
Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.
Create Date: 3/17/2023

Coffee 101

Thousand Oaks, Ventura County, CA 91360

SIC Code: 1 - No SIC provided

Medical	Aetna	Aetna
Monthly Rate (12 pay periods)	CA Bronze MC 50/50 8300	CA Bronze MC 100 7000 HSA M
	* Effective Date: 2/1/2023 *	Effective Date: 4/1/2023
Plan Premium:	\$9,613.51	\$11,616.86
Inpatient Hospital Services	PPO: 50% after ded	PPO: 0% after ded
Outpatient Surgery in a Hospital	PPO: 50% after ded	PPO: 0% after ded
Ambulatory Surgical Center	PPO: 50% after ded	PPO: 0% after ded
EMERGENCY SERVICES		
Emergency Room	PPO: 50% after ded	PPO: 0% after ded
Emergency Transport/Ambulance	PPO: 50% after ded	PPO: 0% after ded
Urgent Care	PPO: \$95 (ded waived)	PPO: 0% after ded
MENTAL HEALTH/SUBSTANCE USE DISORDER		
Outpatient Services	PPO: \$95 after ded	PPO: 0% after ded
Inpatient Services	PPO: 50% after ded	PPO: 0% after ded
MATERNITY		
Prenatal and Postnatal Care	PPO: Prenatal: 0% (ded waived); Postnatal: 50% after ded	PPO: Prenatal: 0% (ded waived); Postnatal: 0% after ded
Delivery and All Inpatient Services	PPO: 50% after ded	PPO: 0% after ded
PEDIATRIC SERVICES (UP TO AGE 19)		
Eye Exam	PPO: 0% (ded waived)	PPO: 0% (ded waived)
Glasses	PPO: 0% (ded waived; coverage limited to 1 set of frames/lenses or 1 set of contacts per 12 months)	PPO: 0% (ded waived; coverage limited to 1 set of frames/lenses or 1 set of contacts per 12 months)
Dental Check-up	PPO: 0% after ded	PPO: 0% (ded waived)

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.
Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.
Create Date: 3/17/2023

Coffee 101

Thousand Oaks, Ventura County, CA 91360

SIC Code: 1 - No SIC provided

Medical			Aetna				Aetna			
Monthly Rate (12 pay periods)			CA Bronze MC 50/50 8300				CA Bronze MC 100 7000 HSA M			
			* Effective Date: 2/1/2023 *				Effective Date: 4/1/2023			
Employee Name	Age	Tier	Area	EE	Dep	Total	Area	EE	Dep	Total
001 Employee	54	FA	CA12	838.33	925.50	1,763.83	CA12	1,013.03	1,118.37	2,131.40
1 FA	54	FA	CA12	838.33	1,448.92	2,287.25	CA12	1,013.03	1,750.85	2,763.88
A EC	54	EC	CA12	838.33	1,065.68	1,904.01	CA12	1,013.03	1,287.76	2,300.79
FEMAL EC	54	EC	CA12	838.33	532.84	1,371.17	CA12	1,013.03	643.88	1,656.91
FA FA	54	FA	CA12	838.33	1,448.92	2,287.25	CA12	1,013.03	1,750.85	2,763.88
Totals:				\$4,191.65	\$5,421.86	\$9,613.51		\$5,065.15	\$6,551.71	\$11,616.86

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.
Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.
Create Date: 3/17/2023

Coffee 101

Thousand Oaks, Ventura County, CA 91360

SIC Code: 1 - No SIC provided

Rating Guidelines:

- * The current rates reflect the employee's age as of their last birthday to more closely reflect the group's current bill.
- Rates have not been adjusted for Federal or State COBRA enrollees.

For more details, please contact your Warner Pacific Sales Executive or Rating Analyst.

• The summary above is meant to be a brief description of plan benefits and features only. This is not a policy. Please consult the contract and/or evidence of coverage and disclosure brochure, either of which is available upon request, for a complete description of benefits, exclusions, limitations and participation requirements. The accuracy of this summary is not guaranteed and the information herein is subject to change without notice. This is not an offer of coverage.

Aetna (CA)

- AETNA CA DISCLAIMER: PLEASE NOTE that Aetna CA has not yet received approval for the 1Q 01-01-2023 plan designs or completed the premium rate review process by the Department of Managed Health Care and the Department of Insurance (the "Departments"). As part of the approval and review processes, the Departments may require Aetna CA to make changes to the 1Q 01-01-2023 plan designs, rates, or both. If the Department requires changes, we will provide you with updated plan designs and/or premium rates.
- AETNA CA SBC: On or after 9/23/2012, Employer Groups and Insurance Carriers are required to provide the Summary of Benefits and Coverage (SBC) to plan participants and beneficiaries. Please visit <https://www.aetna.com/sbcsearch/home> to review, download, or print your Summary of Benefits and Coverage (SBC).
- ANCILLARY RATES: Please note that the ancillary rates displayed are intended for NEW BUSINESS ONLY and should not be presented as renewal rates.
- Depending on group size, life insurance amounts are Guaranteed Issue up to the maximums listed: 2-9 Eligible lives \$20,000; 10-25 Eligible lives \$75,000; 25-50 Eligible lives \$100,000. Available life volumes are 2-9 Employees: Flat \$10,000, \$15,000, \$20,000, \$50,000; 10-50 Employees: Flat \$10,000, \$15,000, \$20,000, \$50,000, \$75,000, \$100,000, \$125,000.
- For medical groups quoted with less than 20 employees, where actual payroll is 20 employees or more, the rate for employees age 65 or over may vary significantly. Aetna Dental is available for groups of 2-50 eligible employees when written with Aetna Medical and for groups of 3-50 eligible employees without Aetna Medical.
- For OOS employee rates please refer to current carrier documentation.
- OUT-OF-AREA (IN-STATE) / OUT-OF-STATE DEPENDENTS: For employees with one or more dependent(s) residing or attending school outside of CA and enrolled in an HMO, the dependent(s) is/are only covered for emergency services deemed medically necessary. Limited emergency-only coverage may also apply to dependents located outside of an HMO network but residing or attending school inside of CA.

For more details, please contact your Warner Pacific Sales Executive or Rating Analyst.

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 3/17/2023

Quote Id: 2167-2237

Sorted By: Carrier,PlanType,Premium(Ascending)

Presented By: Chang-Ping Hsiao License# 123

Important Facts About this Proposal



Actual premiums and coverage will be determined by the insurance carrier. This proposal provides licensed brokers with a general summary of rates and benefits for the products represented by Warner Pacific Insurance Services ("Warner Pacific").



This document contains confidential information and is intended only for the broker or brokers named on the front cover. If you have received this proposal in error, please contact Warner Pacific and return it to Warner Pacific immediately.



This plan comparison is neither a contract, nor a solicitation of an application. Please consult insurance company certificates and/or policies for a complete description of benefits, limitations, exclusions and participation requirements. Existing coverage should not be cancelled until new coverage has been approved, in writing, by the carrier.



While we believe the information in this proposal to be correct, Warner Pacific cannot guarantee its accuracy. The premium and plan descriptions contained herein are based on information from a variety of sources including the broker, plan administrator and other reputable entities. Rates and underwriting requirements are subject to change without notice. Coverage, rates and acceptance remain the exclusive authority of the insurance carrier. The broker is responsible for the accuracy of census information, rate calculations and all other documents in this proposal.



Certain assumptions may have been made in the development of this proposal including, but not limited to: industry classification, dependent status, employee zip codes and employer contributions (all data entry points). The assumptions used, if any, in the development of this proposal may not be correct and may cause the final rates and benefits to differ from those in this document. Other factors that may contribute to rate variation include but are not limited to changes in employer, employee or dependent information, rates provided by the carrier, or data entry or typographical errors.



No broker or entity has any binding authority for any of the programs in this proposal.



Rates and benefits included in this proposal do not take into account government subsidies, rate adjustments for mental health parity (MHP)-eligible groups or rate adjustments for Cal-COBRA or Federal COBRA.

Small Group Employer Disclosure Acknowledgement

With the passing of AB 1672, California law requires that small employers be given certain information regarding health plans. For the purposes of this disclosure, a small employer is defined as a business employing 1-100 full-time equivalent employees (FTEs), in which the majority of the employees reside in California and for whom the employer pays a portion of the health plan premium.

Carriers (including insurance companies and health maintenance organizations, “HMOs”) and brokers who market health plans are required by law to obtain a signed acknowledgement from the employer that the following disclosures were made.

- 1) **Upon receipt of general information, but prior to receipt of specific information on any recommended health plan, I was advised that:**
 - a) All carriers must offer to my company any health benefit plan that they offer to any small employer located in the same geographic area as my company.
 - b) Upon my request, any carrier must provide to me final rates for any or all of its small group health benefit plans.
 - c) Upon my request, my broker must provide rate and benefit information about any health benefit plan offered by my company by any carrier that my broker represents.
 - d) Upon my request, my broker must provide a Summary Brochure outlining the details of any of the plans that my broker represents.
- 2) **Upon receipt of a recommendation of a particular health plan, I was advised that:**
 - a) Upon my request, I would receive a Summary Brochure outlining the details of the plans that were recommended by my broker.
- 3) **Before completing an application for a specific health plan, I was:**
 - a) Given a Summary Brochure, provided by the carrier to which I am applying, which includes the sum of the rates for each plan offered as it relates to my company.
 - b) Advised that, upon my request, I would receive an Evidence of Coverage brochure or Summary of Benefits and Coverage (SBC) for each health plan offered by the carrier.
 - c) Advised that, upon my request, my broker would obtain the final rates for any health plan offered by the carrier.

Name of Authorized Company Representative	Title
Signature	Date