

Fully Insured Rate Quotation For: BenRevo Test Case

Effective Date: November 1, 2017

Domicile State: California



Health • Pharmacy • Dental • Vision • Life • Disability

DEDUCTIBLES

	<u>In-Network</u>	<u>Out-of-Network</u>
Individual Deductible	\$50	\$50
Family Deductible Multiple	3X Individual	3X Individual
Deductible Waived - Diag/Prev	Yes	Yes
Deductible Waived – Orthodontics	Yes	Yes

COST-SHARES

	<u>In-Network</u>	<u>Out-of-Network</u>
Diagnostic & Preventive	100% Coinsurance	100% Coinsurance
Basic Restorative	50% Coinsurance	50% Coinsurance
Endodontics	50% Coinsurance	50% Coinsurance
Periodontics	50% Coinsurance	50% Coinsurance
Oral Surgery	50% Coinsurance	50% Coinsurance
Major Restorative	50% Coinsurance	50% Coinsurance
Prosthetic Repairs	50% Coinsurance	50% Coinsurance
Prosthetics	50% Coinsurance	50% Coinsurance
Orthodontics	50% Coinsurance	50% Coinsurance
Orthodontic Covers	Dependent Children Only	Dependent Children Only

MAXIMUMS

	<u>In-Network</u>	<u>Out-of-Network</u>
Annual Maximum	\$1,250	\$1,250
Annual Maximum Carryover	No	No
Lifetime Orthodontic Maximum	\$1,000	\$1,000

FULLY INSURED RATES

Tier	Premium Rates ACA Fees		Rates w/ ACA Fees	Contracts	Total Monthly Bill
Employee	\$27.42	\$0.80	\$28.22	85	\$2,398.68
Employee + One	\$59.01	\$1.71	\$60.72	13	\$789.36
Employee + Family	\$96.00	\$2.79	\$98.79	29	\$2,864.80
Totals				127	\$6,052.84
					\$72,634.03

Accepted By:

Underwriting Signoff:

Signature

Date

Signature

Date

Printed Name

Title

Printed Name

Title



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Assumptions:

- Note 1:** The above quoted rates are based on information received by Anthem. If at the time of enrollment there is a significant change in any of the information, Anthem reserves the right to withdraw or modify the quoted rates.
- Note 2:** 5.00% broker commission is included in this rate quote.
- Note 3:** This Anthem plan assumes no underlying funding of any type including, but not limited to, copays, deductibles and other cost-shares.
- Note 4:** If actual enrollment varies by more than 10% from the assumed contract counts indicated, Anthem reserves the right to modify the quoted rates.
- Note 5:** Premium discounts may apply if dental coverage is combined with other Anthem lines. Please contact your Anthem sales representative for details. This quote is valid for 60 days.
- Note 6:** This proposal is not valid as part of a dual option offering.

Enrollment Requirements

A minimum of 5 eligible employees must enroll in this plan. If 50% or more of the employees are located outside the employer's state of domicile, acceptance is contingent upon underwriting approval. Dental offices are not eligible for coverage. DHMO is not considered comparable coverage.

Dual Option (employer can select two plans to offer to employees) available for employer-paid and voluntary plans: A dual option is available if the group has at least 15 net enrolled employees. If the group has 14 or fewer net enrolled employees, dual option is not available. If the group has 15 or more net enrolled employees and chooses dual option, a minimum of 5 employees must enroll in each option, and the two plans offered must have at least a 20% premium differential.

Final rates are subject to underwriting approval and verification of all assumptions used in the proposal rating.

ACA Insurer's Fee

Effective January 1, 2014, the Affordable Care Act (ACA or health care reform law) imposes a new annual fee on health insurance providers based on their market share of net premiums written, or the sum of premiums earned from all policies, during the previous year. The total fee amount to be collected across all health insurers is set at \$8 billion in 2014, \$11.3 billion in 2015 and 2016, suspended in 2017 and \$14.38 billion in 2018. After 2018, it increases annually based on premium growth. The fee is anticipated to raise \$101.7 billion and is not tax deductible.

This quotation includes amounts for the ACA Insurer Fee. Since the fees change each year in January for all business regardless of renewal date, we have calculated the amounts on a prorated basis across your full coverage period.

Your Summary of Benefits
BenRevo Test Case
Anthem Dental Complete



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WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

Dental coverage you can count on

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits - you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		In-Network		Out-of-Network
Annual Benefit Maximum • Per insured person		Calendar Year		\$1,250
Annual Maximum Carryover		No		No
Orthodontic Lifetime Benefit Maximum • Per eligible insured person		\$1,000		\$1,000
Annual Deductible (The Deductible does not apply to Orthodontic Services) • Per insured person • Family maximum		Calendar Year		\$50
Deductible Waived for Diagnostic/Preventive Services		Yes		Yes
Out-of-Network Reimbursement Options:		Prime (MAC)		
Dental Services		In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services • Periodic oral exam • Teeth cleaning (prophylaxis) • Bitewing X-rays: 1X per 12 months • Intraoral X-rays		100% Coinsurance	100% Coinsurance	No Waiting Period
Basic Services • Amalgam (silver-colored) Filling • Front composite (tooth-colored) Filling • Back composite Filling, Alternated to Amalgam Benefit • Simple Extractions		50% Coinsurance	50% Coinsurance	No Waiting Period
Endodontics • Root Canal		50% Coinsurance	50% Coinsurance	12 Month
Periodontics • Scaling and root planing		50% Coinsurance	50% Coinsurance	12 Month
Oral Surgery • Surgical Extractions		50% Coinsurance	50% Coinsurance	12 Month
Major Services • Crowns		50% Coinsurance	50% Coinsurance	12 Month
Prosthodontics • Dentures • Bridges • Dental implants		50% Coinsurance	50% Coinsurance	12 Month
Prosthetic Repairs/Adjustments		50% Coinsurance	50% Coinsurance	12 Month
Orthodontic Services • Dependent Children Only*		50% Coinsurance	50% Coinsurance	12 Months
Not Covered				

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

*Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of 8 and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

Emergency dental treatment for the international traveler

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.** With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

** The International Emergency Dental Program is managed by DeCare Dental, which is an independent company offering dental-management services to Anthem Blue Cross Life and Health Insurance Company.

Promoting healthy mouths for members who are pregnant or living with diabetes

If you are pregnant or living with diabetes, you can sign up to receive one additional dental cleaning or periodontal maintenance procedure per year.

Finding a dentist is easy.

To select a dentist by name or location:

- Go to anthem.com/ca or the website listed on the back of your ID card.
- Call the toll-free customer service number listed on the back of your ID card.

TO CONTACT US:

Call	Write
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	your plan ID card for the address.

Limitations & Exclusions

Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.

Diagnostic and Preventive Services

Oral evaluations (exam) Limited to two per Calendar Year

Teeth cleaning (prophylaxis) Limited to two per Calendar Year

Intraoral X-rays, single film Limited to four films per 12-month period

Complete series X-rays (panoramic or full-mouth) Coverage Every 5 Years

Topical fluoride application Limited to once every 12 months for members through age 18

Sealants Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive or Basic Services.

Basic and/or Major Services***

Fillings Limited to once per surface per tooth in any 24 months

Space Maintainers Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; Space Maintainers may be covered under Diagnostic and Preventive or Basic Services.

Crowns Limited to once per tooth in a seven-year period

Fixed or removable prosthodontics – dentures, partials, bridges

Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.

Root canal therapy Limited to once per lifetime per tooth; coverage is for permanent teeth only.

Periodontal surgery Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater

Periodontal scaling and root planing Limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater

Brush Biopsy Standard - Covered

***Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.

There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES

Orthodontia Limited to one course of treatment per member per lifetime

Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.

Services provided before or after the term of coverage

Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

Orthodontics (unless included as part of your dental plan benefits)
Orthodontic braces, appliances and all related services

Cosmetic dentistry Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

Extractions - Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member

The in-network dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem Blue Cross Life and Health Insurance Company.



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Choice of dentists

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

Here's why:

In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

How Anthem dental decides on maximum allowed amounts

For services from an out-of-network dentist, the maximum allowed amount is determined in one of the following ways:

- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

Here's an example of higher costs for out-of-network dental services

This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Ted gets a crown from an out-of-network dentist, who charges \$1,200 for the service and bills Anthem for that amount.

Anthem's maximum allowed amount for this dental service is \$800. That means there will be a \$400 difference, which the dentist can "balance bill" Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the out-of-network dentist is \$800.

Here's the math:

- Dentist's charge: \$1,200
- Anthem's maximum allowed amount: \$800
- Anthem pays 50%: \$400
- Ted pays 50% (coinsurance): \$400
- Balance Ted owes the provider: $\$1,200 - \$800 = \$400$
- Ted's total cost: \$400 coinsurance + \$400 provider balance = \$800

In the example, if Ted had gone to an in-network dentist, his cost would be only \$400 for the coinsurance because he would not have been "balance billed" the \$400 difference.



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STANDARD QUOTE DETAILS

Program	Complete	
Participation Requirement	Voluntary - min 5 enrolled	
SIC	7211 - Power Laundries, Family & Commercial	
OON Reimbursement	Prime (MAC)	
Dependent Age	Children to Age 26	
Contract Length	12 Months	
Posterior Composites	Alternated to Amalgam Benefit	
Implants	Not Covered	
Brush Biopsy	Covered under Basic Services	
Pregnant / Diabetic Add'l Svcs	Covered	
Sealants	Covered under Diagnostic & Preventive	
Full Mouth X-Rays	Coverage Every 5 Years	
Bitewing X-Rays	1X per 12 months	
Prior Coverage	With Prior Coverage	
Waiting Periods - Bas/Maj	0 Month Basic/12 Month Major	
Annual Maximum Carryover	No	
*Waiting Periods - Ortho	12 Months	
Waived - Bas/Maj/Ortho	Yes / Yes / Yes	
Tier	Contracts	Commission: 5%
Employee	85	SIC Code: 7211 - Power Laundries, Family & Commercial
Employee + One	13	State: California
Employee + Family	29	

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Alternate Quote Options

	Deductible Single/ Family	Max Annual	Diagnostic & Preventive Network/ Non-Network	Basic Restorative Network/ Non-Network	Endodontics Periodontics Oral Surgery Network/ Non-Network	Major Restorative Network/ Non-Network	Prosthetic Repairs Network/ Non-Network	Prothetics Network/ Non-Networks	Orthodontic/ Coverage/ Lifetime Maximum	Employee	Employee + One	Employee + Family	Total Premium	Percent Difference to Plan 3
1	\$50/\$150	\$1,000	100%/100%	80%/80%	80%/80%	0%/0%	0%/0%	0%/0%	N/A	\$19.21	\$41.34	\$67.26	\$4,121.38	-32.2%
2	\$50/\$150	\$1,000	100%/80%	80%/60%	80%/60%	50%/50%	50%/50%	50%/50%	N/A	\$27.12	\$58.35	\$94.93	\$5,816.47	-4.3%
3	\$50/\$150	\$1,000	100%/100%	80%/80%	80%/80%	50%/50%	50%/50%	50%/50%	N/A	\$28.34	\$60.98	\$99.21	\$6,078.94	0.0%
4	\$50/\$150	\$1,000	100%/80%	80%/60%	80%/60%	50%/50%	50%/50%	50%/50%	50%/Child/\$1,000	\$28.47	\$61.26	\$99.66	\$6,106.64	0.5%
5	\$50/\$150	\$1,000	100%/100%	90%/80%	60%/50%	60%/50%	60%/50%	60%/50%	N/A	\$29.08	\$62.57	\$101.80	\$6,237.66	2.6%
6	\$50/\$150	\$1,000	100%/100%	80%/80%	50%/50%	50%/50%	50%/50%	50%/50%	50%/Child/\$1,000	\$28.11	\$60.48	\$98.40	\$6,029.15	-0.8%
7	\$50/\$150	\$1,000	100%/100%	80%/80%	80%/80%	50%/50%	50%/50%	50%/50%	50%/Child/\$1,000	\$29.69	\$63.89	\$103.95	\$6,369.11	4.8%
8	\$25/\$75	\$1,500	100%/100%	80%/80%	80%/80%	50%/50%	50%/50%	50%/50%	N/A	\$34.38	\$73.98	\$120.35	\$7,374.24	21.3%
9	\$25/\$75	\$1,500	100%/100%	80%/80%	80%/80%	50%/50%	50%/50%	50%/50%	50%/Child/\$1,500	\$36.20	\$77.89	\$126.72	\$6,106.64	0.5%
10	\$50/\$150	\$1,500	100%/100%	90%/90%	90%/90%	60%/60%	60%/60%	60%/60%	50%/Child/\$1,500	\$38.16	\$82.10	\$133.57	\$8,184.15	34.6%

*Ortho waiting periods are applicable to alternate quotes with orthodontic coverage

*Rates include the applicable ACA Insurer Fee

Accepted by:

Signature

Printed Name

Date

Title

Underwriting Signoff:

Signature

Printed Name

Date

Title