

Effective Date: 12/01/2025

Preparation Date: 09/24/2025

Proposal ID: 0Q0Uv000000sMefKAE

Carrier: Gerber Life Insurance Company

Version: 2



Proposal Prepared for:

Mega Polymers Inc.

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Business Name: Mega Polymers Inc
Effective Date: 12/01/2025
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Industry/SIC: 2821
State: Illinois
Zip: 60446

Eligible Employees: 11
Enrolling Employees: 11
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Proposal Summary -- Single Plan

Plan Number	1	2	3	4
Plan Type	PPO	PPO	PPO HSA	ClearPay
Network	Cigna OAP	Cigna OAP	Cigna OAP	Cigna OAP
Deductible - Individual (IN/OON)	\$1,500/\$3,000	\$5,000/\$10,000	\$3,500/\$7,000	\$0/\$0
Deductible - Family (IN/OON)	\$3,000/\$6,000	\$10,000/\$20,000	\$7,000/\$14,000	\$0/\$0
Deductible Type	Embedded	Embedded	Embedded	Embedded
Accrual Type	Calendar Year	Calendar Year	Calendar Year	Calendar Year
Deductible Credit Allowed	Yes	Yes	Yes	No
Coinsurance (IN/OON)	80%/50%	80%/50%	100%/70%	Copay Only
OOP Max - Individual (IN/OON)	\$4,000/\$8,000	\$8,000/\$16,000	\$3,500/\$7,000	\$9,000/\$18,000
OOP Max - Family (IN/OON)	\$8,000/\$16,000	\$16,000/\$32,000	\$7,000/\$14,000	\$18,000/\$36,000
PCP/Specialist Office Visit	\$35/\$70	\$35/\$70	Ded & coins	\$10-75/\$25-150
Urgent Care	\$75	\$75	Ded & coins	\$100
Emergency Room	Ded & coins	Ded & coins	Ded & coins	\$750 Copay
X-ray/Lab	Ded & coins	Ded & coins	Ded & coins	\$0-300
Prescription Drug	\$20/\$50/\$100	\$20/\$50/\$100	Ded & coins	\$20/\$100/\$200
Specialty Rx	Ded & coins	Ded & coins	Ded & coins	\$750
PBM	Cigna	Cigna	Cigna	Cigna
Rx Rebates	Optimyl Retains	Optimyl Retains	Optimyl Retains	Optimyl Retains
Telemed	Phy + BH	Phy + BH	Phy + BH	Phy + BH
Wellness	N/A	N/A	N/A	N/A
Affinity Package	N/A	N/A	N/A	N/A
Specific Deductible	Agg Only	Agg Only	Agg Only	Agg Only
Aggregate Attachment Point	\$39,827.28	\$24,751.80	\$28,906.68	\$27,768.00
Stop Loss Experience Rider	No	No	No	No
Delayed Admin Fee	50%	50%	50%	50%
Runout Period	9 months	9 months	9 months	9 months

Medical Composite Monthly Cost

Tier	EE's			
Employee	8	\$559.95	\$352.19	\$409.45
Employee + Spouse	2	\$1,511.86	\$950.90	\$1,105.52
Employee + Child	1	\$1,119.89	\$704.37	\$818.91
Family	0	\$1,903.82	\$1,197.43	\$1,392.14
Total Medical Monthly Cost		\$8,623.21	\$5,423.69	\$6,305.55
Monthly Stop Loss Premium		\$3,064.11	\$1,964.39	\$2,267.48
Monthly Administrative Fees		\$2,240.16	\$1,396.65	\$1,629.18
Monthly Claims Account Funding		\$3,318.94	\$2,062.65	\$2,408.89

Total Medical Annual Cost

Max Cost	\$103,478.52	\$65,084.28	\$75,666.60	\$74,380.08
Fixed Cost	\$63,651.24	\$40,332.48	\$46,759.92	\$46,612.08
Expected Cost	\$99,857.86	\$62,834.12	\$73,038.72	\$71,855.72



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Employee Census

Tier	Medical Coverage	Dental Coverage	Vision Coverage
Employee	8	0	0
Employee + Spouse	2	0	0
Employee + Child	1	0	0
Family	0	0	0

Count	Employee	Employee Age	Employee Gender	Medical Plan	Medical Coverage	Dental Coverage	Vision Coverage	Enrollment Status
1	Francisco Avilez	48	Male	1	EC	No	No	Active
2	Eric Dahleen	31	Male	1	EE	No	No	Active
3	Lauren Garrison	35	Female	1	ES	No	No	Active
4	Alberto Guzman	30	Male	1	EE	No	No	Active
5	Christine Haefelin	39	Female	1	ES	No	No	Active
6	Sergio Hernandez	58	Male	1	EE	No	No	Active
7	Victor Maldonado	52	Male	1	EE	No	No	Active
8	Shawn Mock	59	Male	1	EE	No	No	Active
9	Trinidad Navarro	50	Male	1	EE	No	No	Active
10	Brandon Walker	40	Male	1	EE	No	No	Active
11	James Zarock	38	Male	1	EE	No	No	Active



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Terms Page

I understand and agree to the following:

- This is not an insured medical plan – it is a self-funded program for medical where I am the plan sponsor, plan administrator, and fiduciary. Stop Loss policies are underwritten by The North River Insurance Company or the Gerber Life Insurance Company.
- I have or will read the Summary Plan Document, Optimyl brochure, and the Stop Loss policy for details of coverage
 - The Summary Plan Document contains limitations, including but not limited to:
 - Inpatient Rehabilitation, Skilled Nursing Facility, and Subacute Rehab – 30 day limit, combined
 - Outpatient Rehabilitation and Habilitative Services – 30 visit limit, combined
 - Home Health – 45 day limit
 - Hospice Care – 180 day limit
 - Mental Health/Substance Abuse – 30 day limit Inpatient, 30 visit limit Outpatient, 50% coinsurance
 - The Summary Plan Document contains exclusions, including but not limited to:
 - Infertility Treatment
 - Care that is experimental, investigative, cosmetic, or otherwise not medically necessary
 - Routine dental, vision, or hearing care, unless dental and vision are specifically elected
 - Care to address quality of life or lifestyle concerns
 - Alternative medicine
 - Injuries caused by acts of war, commission of a felony, or under the influence of illegal substances
 - Care that is covered by another payer, if applicable, such as Medicare or Worker's Compensation
- This program includes utilization management services, which requires prior authorization for certain services and a penalty for access services without prior authorization, when required. See the Summary Plan Document for details.
- The following commissions specific to this case for your broker are built into the admin fees on this proposal: 7.0% of premium equivalent
- Optimyl may have an agreement with your broker or a general agency under which either may be paid for the performance of administrative service and/or qualify for incentive payments based on new sales, block size, or retention. Any such payment is funded through Optimyl's general overhead.
- This proposal does not include certain Federal or State mandated fees, including but not limited to the PCORI assessment.
- This proposal presents benefits, rates, and an effective date for a given census that is not guaranteed until information is finalized and Optimyl approves the stop loss policy. Any existing coverage should remain in force until such written notification is received. If any of the provided information changes, Optimyl may change the rates, fees, or factors.
- The Proposal Summary page details whether 0%, 50%, or 100% of pharmacy rebates are distributed to you at the end of the plan year. If you terminate in the middle of the plan year, you forfeit these amounts. Further if the pharmacy rebate option indicates "renewal req" then you must renew for a subsequent plan year in order to be eligible for the prior year's rebates.
- The Proposal Summary page details whether a Delayed Admin Fee of 0% or 50% will be assessed against your claims fund refund before those funds are returned to you at the end of the year. If you terminate in the middle of the plan year, a Delayed Admin Fee of 100% will be assessed against your remaining claims fund and you will forfeit these amounts in full. Further, if the Delayed Admin Fee indicates "renewal req" then you must renew for a subsequent plan year in order to be eligible for the prior year's refund.
- This quote must be presented by a broker who is licensed in the state where the Stop Loss policy will be issued.
- The monthly payments and aggregate deductible in this proposal will adjust with changes in composition of my enrollment over time according to the tiered rates, fees, and factors.
- Underwriting information provided by or on behalf of the undersigned including any of the individual medical questionnaires completed by the employer's employees, are the undersigned's representations; that this Proposal and any Policy issued is in reliance upon the truth of such statements, declarations, and representations; and that such statements, declarations, and representations will form a part of the Stop Loss Insurance Policy. Any inaccuracy in such information or failure to disclose any such information, including all claims or possible claims, paid or pending, or which the employer or the employer's employees should otherwise know about, if discovered later, can result in rejection of this Application, or can change the terms, conditions, or the premiums rates, fees or factors, or can void coverage. I acknowledge that I have been advised that fraudulent statements or misrepresentation of material facts may result in retroactive termination of coverage and knowing and willful misstatements may represent a criminal violation of 18 US Code Section 1347.