

**YOUR TIME MATTERS,
SO WE MADE EVERYTHING
WORK HARDER FOR YOU.**

Proposal Packet
for Electronic Balancing Co.

WOOD GUTMANN & BOGART INSURANCE BROKERS

Quote #: 1331360
Effective Date: June 01, 2020

Group State: California
SIC CODE: 7699
ZIP CODE: 90744
COUNTY: Los Angeles



Life and Disability products underwritten by Anthem Life insurance Company. Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.



WE FOUND LOTS OF WAYS TO SAVE YOU TIME

WHILE OFFERING YOU AND YOUR EMPLOYEES SO MUCH MORE.

Every business is unique — and so are its employees. But when it comes to our health care, we all want the same things: quality, service, affordability and an efficient use of our time. That's why we've simplified the experience — making it easier to choose and manage your plan. Like offering one-stop shopping that lets you choose from our comprehensive offerings which include medical, dental, vision, life and disability plans.



- Save more when you add a dental, vision, life or disability plans to your medical plan.
- Get online tools so you can enroll employees and make changes in real time — giving employees their benefits without delay.

- Give employees the convenience of LiveHealth Online. Here, members can have a video visit with a doctor 24/7 from the convenience of a smartphone, tablet or computer.

BOTTOM LINE?

We're dedicated to providing you and your employees with flexible health plans and the tools and support to take the guesswork out of health care. For everyone.

ANTHEM OFFERS A UNIQUE BALANCE FOR YOU AND YOUR EMPLOYEES.

We know it's tough to choose a health plan, so we worked hard to create plans that are easy for you to administer and easy for your employees to access — all while offering the highest-quality care.

WHAT WE OFFER.

- **An extensive range of health plan options** to ensure we can meet your employees' health and wellness needs.
- **A 5% discount** on your specialty premiums when you purchase dental for the first time along with vision, life and/or disability.
- **One-stop shopping** so you can choose from our comprehensive offerings including medical, dental, vision, life and disability plans — eliminating the need for multiple plan administration.
- **A range of plans with local network options** so your employees can get more convenient access to care in their community.

PLANS THAT CAN SAVE YOU MONEY AND MORE.

Affordability is basic to every plan, but adding dental, vision, life and/or disability to your medical plan can save additional money. Plus, all Anthem small group plans offer preventive care with 100% in-network coverage for checkups, flu shots and everyday needs.



THE BENEFITS ARE CONNECTED, TOO.

- A big-picture view of member health that drives earlier detection of health issues
- Medical and pharmacy plans that work together to better ensure your employees are taking their medications and getting the care they need — when they need it
- Increased communication between your employees and their doctors



APPS AND ONLINE TOOLS **THAT WILL INCREASE YOUR EMPLOYEES'** **PARTICIPATION IN THEIR OWN HEALTH.**

We're simplifying the whole experience for employers and employees — freeing your time by eliminating one hassle after another.

WE BUILT EVERYTHING AROUND YOUR EMPLOYEES.

Look at all the ways we've improved the entire experience:

Anthem Health Guide

This best-in-class customer service model provides a seamless transition from service to care. Associates are trained to consult and provide comprehensive support for your employees' health situations in the way they want — voice, web chat, secure email, scheduled call back or mobile click to chat.

LiveHealth Online

Members can have face-to-face conversations with doctors 24/7 over any digital device to address health issues like colds, allergies and headaches. They can also see a licensed therapist or board-certified psychiatrist by appointment in a few days.

Digital tools

A wide array of resources help members to find the right doctor, view quality ratings and even determine whether they need urgent care or an emergency room.

Personalized website

Enables members to quickly access their claims and HSA profile as well as use digital tools to get costs for 400+ procedures.

WITH LESS HASSLES, YOU'LL HAVE MORE TIME TO DO WHAT YOU REALLY WANT TO DO

- 1.** One bill for all your health benefits
- 2.** An online access tool where you can make real-time changes so employees can use their benefits without delay
- 3.** A customer service team ready to assist you and empowered to solve your challenges

REST EASY WITH THE PLAN THAT'S EASY TO ADMINISTER

HEALTH CARE THAT WORKS FOR YOU

From plans that cover all of you to clearly explained benefits and powerful tools that let members quickly find a doctor and understand their costs — we're committed to providing you and your employees with the resources that make health care less stressful and more responsive to your needs.

Proposed Plans

Quote ID: 1331360
Electronic Balancing Co.
Effective Date: 06/01/2020

Dental PPO Plan(s)	Benefit Summary							Additional Features
	Proposed Monthly Dental Premium	Annual Deductible (single/family)	Annual Maximum (per person)	Diagnostic and Preventive (Network/Non-Network)	Basic Services (Network/Non-Network)	Major Services (Network/Non-Network)	Orthodontic Services (Network/Non-Network) Orthodontic Maximum	
<input type="checkbox"/> Plan 1								
Essential Choice Classic CA-C26 Network:Dental Complete Contract Code:3KM9 OON Reimbursement: MAC	\$786.98	\$50 / \$150	\$1,500	100% / 80%	80% / 60%	50% / 50%	Not Covered	Endo/Perio/Oral: Basic Implants: Covered Posterior Composites: Covered Annual Max Carryover: Yes

Dental PPO Plan(s)	Monthly Rate Summary	
	Monthly Premium	Bundled Premium
Essential Choice Classic CA-C26 Network:Dental Complete Contract Code:3KM9	\$786.98	\$747.59

Dental Prior Comparable Coverage: Yes.
Dental Rate Guarantee: 24 Months.

Dental Net and Dental PPO are not ACA products and does not provide the Pediatric Dental coverage required by the ACA as an Essential Health Benefit (EHB).

Anthem rates and benefits are subject to regulatory review or approval. Your total premium may change for various reasons, including but not limited to changes in your employee census, and changes to the ACA requirements.

The coverage indicated in the check box above for this proposal has been selected for employees and dependents, subject to the terms and conditions of this proposal and the group application(s) to which this is attached. This proposal by the group is subject to underwriting approval by Health Underwriting and Life Underwriting if applicable; please do not cancel your coverage until the application has been approved in writing in certain states, underwriting will not approve some application allowed on this proposal tool such as retroactive quoting, retroactive effective dates, and issuance of more than one product.

The Specialty Disclaimer page, which describes the features and requirements of the Dental PPO plans, is the final page of this proposal.

Group Email Address: _____ Today's Date: _____
Group Signature: _____ Printed Name: _____

Per the Affordable Care Act (or health care reform law), Summary of Benefits and Coverage (SBCs) can be accessed through our Internet Posting Site at www.sbc.anthem.com. Please see SBC for benefit descriptions. The information is intended to present only a general overview of the benefits. The entire provisions of benefits and exclusions are contained in the Certificate of Coverage. In the event of a conflict between the Certificate of Coverage and this description, the terms of the Certificate of Coverage will prevail.

Proposed Plans (continued)

Quote ID: 1331360
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Dental Plan(s)	Benefit Summary								
	Proposed Monthly Dental Premium	Contract Length	Annual Deductible (single/family)	Annual Maximum (per person)	Diagnostic and Preventive (Network/Non-Network)	Basic Services (Network/Non-Network)	Major Services (Network/Non-Network)	Orthodontic Services (Network/Non-Network) Orthodontic Maximum	Additional Features
<input type="checkbox"/> Plan 2	\$292.16	12 Months	None	None	Refer to member copay in benefit summary.				Dental Implants: Not Covered Posterior Composites: Covered Annual Maximum Carryover: None Waiting Period: None
Dental Net 3000D-1 Network:Dental Net HMO Contract Code:3T8E OON Reimbursement: None									

Dental Plan(s)	Monthly Rate Summary	
	Monthly Premium	Bundled Premium
Dental Net 3000D-1 Network:Dental Net HMO Contract Code:3T8E	\$292.16	\$277.56

Dental Rate Guarantee: 24 Months.

Dental Net and Dental PPO are not ACA products and does not provide the Pediatric Dental coverage required by the ACA as an Essential Health Benefit (EHB).

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Proposed Plans (continued)

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Vision Plan(s)	Benefit Summary								
	Proposed Monthly Vision Premium	Plan Type Funding Type	Exam Frequency	Lens Frequency	Frame Frequency	Exam Copay	Prescription Lens Copay	Frame Benefit	Contact Lens Benefit
<input type="checkbox"/> Plan 1	\$154.15	Full Service Employer Paid	Once every calendar year	Once every calendar year	Once every calendar year	\$10	\$25	\$130	\$130
FS.A.10.25.130.130 Network:Blue View Vision Contract Code:4B4L									

Vision Plan(s)	Monthly Rate Summary	
	Monthly Premium	Bundled Premium
FS.A.10.25.130.130 Network:Blue View Vision Contract Code:4B4L	\$154.15	\$146.47

Vision Rate Guarantee: 24 Months.

Life & AD&D*	Rates	Number of Lives	Volume	Monthly Premium
<input type="checkbox"/> Basic Term Life	\$0.341/\$1000	11	275,000	\$93.78
<input type="checkbox"/> Basic Term Life (Bundled)	\$0.324/\$1000	11	275,000	\$89.10
<input type="checkbox"/> AD&D	\$0.03/\$1000	11	275,000	\$8.25

*Please see the Life and Disability section for benefit details and plan designs

The Basic Term Life (Bundled) rate(s) reflect a 5% discount. This rate assumes that qualifying Dental coverage (excluding ACA Dental) will be purchased. If qualifying Dental coverage is not purchased, the non-bundled rate will apply. The application of the qualified Dental bundled discount is subject to underwriting approval. Dental bundling discount will not apply to any line of coverage already in force with Anthem.

Revised by Connect 03/30/2020

Vision plans sold separately are not ACA compliant and do not provide the Pediatric Vision coverage required by ACA as an Essential Health Benefit (EHB).

Anthem rates and benefits are subject to regulatory review or approval. Your total premium may change for various reasons, including but not limited to changes in your employee census, and changes to the ACA requirements.

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Rate Summary for Proposed Specialty Plans

Plans	Type	Total Monthly Premium	Bundled Premium
Essential Choice Classic CA-C26 Network:Dental Complete Contract Code:3KM9	Dental	\$786.98	\$747.59
Dental Net 3000D-1 Network:Dental Net HMO Contract Code:3T8E	Dental	\$292.16	\$277.56
FS.A.10.25.130.130 Network:Blue View Vision Contract Code:4B4L Funding Type : Employer Paid	Vision	\$154.15	\$146.47

Monthly Premium Comparison

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Insured Employees	Dental Plans			Vision Plans	
	Coverage Type	Contract Code 3KM9	Contract Code 3T8E	Coverage Type	Contract Code 4B4L
Oscar Garcia	ESP	\$76.10	\$28.16	ESP	\$15.78
Dependent1		n/a	n/a		n/a
Deanna Johnson	EMP	\$37.31	\$14.08	EMP	\$7.89
Lance Kouchi	FAM	\$122.54	\$45.76	FAM	\$22.86
Dependent1		n/a	n/a		n/a
Dependent2		n/a	n/a		n/a
Edwin Paet	EMP	\$37.31	\$14.08	EMP	\$7.89
Pablo Pineda	ECH	\$80.61	\$28.16	ECH	\$14.56
Dependent1		n/a	n/a		n/a
Angel Reyes	FAM	\$122.54	\$45.76	FAM	\$22.86
Dependent1		n/a	n/a		n/a
Dependent2		n/a	n/a		n/a
Dependent3		n/a	n/a		n/a
Dependent4		n/a	n/a		n/a
Victor Reyes	FAM	\$122.54	\$45.76	FAM	\$22.86
Dependent1		n/a	n/a		n/a
Dependent2		n/a	n/a		n/a
Juan Zavala	ESP	\$76.10	\$28.16	ESP	\$15.78
Dependent1		n/a	n/a		n/a
David Sullivan	EMP	\$37.31	\$14.08	EMP	\$7.89
Susan Taitingfong	EMP	\$37.31	\$14.08	EMP	\$7.89

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Monthly Premium Comparison (continued)

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Insured Employees	Dental Plans			Vision Plans	
	Coverage Type	Contract Code 3KM9	Contract Code 3T8E	Coverage Type	Contract Code 4B4L
Michael Toberman	EMP	\$37.31	\$14.08	EMP	\$7.89
Summary					
Employee Cost		\$786.98	\$292.16		\$154.15
Dependent Cost		n/a	n/a		n/a
Total Cost		\$786.98	\$292.16		\$154.15

Note: Coverage Types - EMP=Employee Only, ESP = Employee/Spouse, ECH = Employee/Child, FAM = Family.
Rates are proposed for an effective date of 06/01/2020. Rerate is required after this date. Final rates will be based on actual effective date. Rates are based on the 90744 zip code area and, for Life/AD&D rates, on SIC # 7699. Final rates will be based on actual location, enrolled census, final benefits selected and the underwriting rules in effect upon acceptance by Anthem. The proposal is subject to underwriting approval by Health Underwriting and Life Underwriting; please do not cancel your coverage until the application has been approved in writing. The information is intended to present only a general overview of the benefits. The entire provisions of benefits and exclusions are contained in the Certificate of Coverage. In the event of a conflict between the Certificate of Coverage and this description, the terms of the Certificate of Coverage will prevail.

Rates calculated using standard underwriting guidelines. Any off cycle plan changes are subject to final underwriting approval following standard business guidelines.

Group Email Address: _____ Today's Date: _____
Group Signature: _____ Printed Name: _____

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Premium Rates

Quote ID: 1331360
Electronic Balancing Co.
Effective Date: 06/01/2020

Schedule B

Effective date of this Addenda is 12:01 a.m. on 06/01/2020

This Addenda applies to the Employer and its affiliated companies as agreed to in writing by Anthem Blue Cross.

The Employer will pay a per Subscriber per month fee calculated by adding the sum of the rates for each of the Member categories (Subscriber, Spouse, up to 3 oldest Dependents 20 years and younger, and Dependents 21 years and over) set forth in the tables below:

Dental Plan(s)	Premiums	Employee Only	Employee and Spouse	Employee and Child(ren)	Family
Essential Choice Classic CA-C26 Contract Code:3KM9	Base Premium	\$37.31	\$76.10	\$80.61	\$122.54
	Bundled Premium	\$35.44	\$72.29	\$76.58	\$116.41

Total Dental Eligible Employees: 11.

Dental Prior Comparable Coverage: Yes.

Dental Rate Guarantee: 24 Months.

Dental Plan(s)	Premiums	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Family
Dental Net 3000D-1 Contract Code:3T8E	Base Premium	\$14.08	\$28.16	\$28.16	\$45.76	\$45.76
	Bundled Premium	\$13.38	\$26.75	\$26.75	\$43.47	\$43.47

Dental Rate Guarantee: 24 Months.

Anthem Blue Cross



Beth P. Andersen

President

Dental RAF: 0.90 on contract code 3KM9

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Premium Rates (continued)

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Schedule B

Effective date of this Addenda is 12:01 a.m. on 06/01/2020

This Addenda applies to the Employer and its affiliated companies as agreed to in writing by Anthem Blue Cross.

The Employer will pay a per Subscriber per month fee calculated by adding the sum of the rates for each of the Member categories (Subscriber, Spouse, up to 3 oldest Dependents 20 years and younger, and Dependents 21 years and over) set forth in the tables below:

Vision Plan(s)	Premiums	Employee Only	Employee and Spouse	Employee and Child(ren)	Family
FS.A.10.25.130.130 Contract Code:4B4L Funding Type : Employer Paid	Base Premium	\$7.89	\$15.78	\$14.56	\$22.86
	Bundled Premium	\$7.50	\$14.99	\$13.83	\$21.72

Vision Rate Guarantee: 24 Months.

Anthem Blue Cross



Beth P. Andersen

President

Dental RAF: 0.90 on contract code 3KM9

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Life and Disability

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Benefit Details and Plan Design

Schedule of Benefits					
Class	Description	Term Life	AD&D	STD	Dependent Life Spouse/Child
1	All eligible employees	\$25,000	Equal to Term Life	N/A	N/A

Benefit Plan Highlights
Employee eligibility is defined as permanent full-time employees working a minimum of 30 hours per week.
The proposed Guaranteed Issue amounts cannot exceed the prior carrier's Guaranteed Issue amounts. A copy of the prior carrier's certificate will be required.
Term Life Guaranteed Issue Limit is \$25,000 for all ages.
Accelerated Death Benefit standard: Benefit may be up to 75% of the Group Term Life face amount to a maximum of \$250,000.
Premiums can be waived for employees who become totally disabled before age 60, after the 6 month elimination period. Coverage terminates at age 65 or retirement, whichever is earlier.
Term Life benefits include conversion.
Reduction Schedule for class(es) 1: Term Life and AD&D benefits reduce by the following percents: 35% at age 65; 50% at age 70. Benefits terminate at retirement.
The Term Life rate provided is based on a non-contributory plan. However, if the coverage is contributory, 75% participation will be required of those eligible to enroll, and the rate may need to be adjusted.
AD&D benefits include Seat Belt benefit, Airbag benefit, Child Education benefit, Repatriation benefit, Common Carrier and Coma.
Employees whose wages are reported on Form 1099 in lieu of Form W-2 are not eligible for coverage.
Employees must be actively at work, at least 15 years of age and working in the United States, in order to become insured. Employees not actively at work on their effective date will become eligible for insurance after completing the waiting period specified in the policy unless otherwise noted on the schedule of benefits.
The Resource Advisor phone/web member assistance program is included in this proposal.
Travel Assistance is included in this proposal.
Open enrollment for any line of coverage is not permitted.
Term Life and AD&D Rate(s) are guaranteed for 2 years.
Rates have been calculated using standard Underwriting guidelines. Insurer reserves the right to review rates and costs based on final enrollment data, effective date and plan indicated on your signed enrollment materials.

This proposal is subject to underwriting approval by insurer; please do not cancel your coverage until the application has been approved in writing. This information is intended to present only a general overview of the benefits. Not all details, limitations, and exclusions are included. This quote was prepared using an SIC code of 7699 in state of California - 90744. The proposal expires 90 days from the date quoted or the proposed effective date, whichever is later. Groups must be in business for at least 1 year to be eligible for benefits. Ver: SRQ Version 0.0.1-SNAPSHOT



Group Plan Summary

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The Group Plan Summary is not considered part of your L&D proposal.

Basic Group Term Life/AD&D Product & Provisions	Class 1 All eligible employees
Basic Group Term Life - ISG Contract Code	2AJ2
Basic Group Term Life - WGS Contract Code	30RT
Basic AD&D - WGS Contract Code	30GK
Basic Group Term Life and AD&D - Employee Flat Benefit	\$25,000
Basic Group Term Life - Employee Guaranteed Issue Limit	\$25,000
Basic Group Term Life - Age Reduction Code	1
Basic Group Term Life - Age Reduction Schedule	By Total: 35% at 65; 50% at 70

ATTENTION: This is not a contract or proposal. It is a partial listing of benefits and services that is dependent on the Plan Options chosen. This benefit overview is only one piece of the entire proposal package. All benefits and services are subject to the conditions, limitations, exclusions and provisions listed in the contract documents: the Certificate, Policy, and/or Trust Agreement for this product. In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail.

Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.

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Specialty Disclaimers

Dental PPO Disclaimers

Eligible employees are defined as hourly/salary wage employees who are regularly scheduled to work an average of 30 hours per week throughout the year including full-time, part-time, and seasonal employees.

Classic, Enhanced, Value plans: A minimum of 25% of net eligible employees (and a minimum of two employees) must enroll.

Voluntary plans: A minimum of five employees must enroll (there is no participation-percentage requirement for our voluntary plans).

If 50% or more of the employees are located outside your state of domicile, acceptance is contingent upon underwriting approval. Dental offices are not eligible for coverage.

To apply the **bundled discount**, Dental must be purchased with one or more new Anthem qualifying specialty products (excluding ACA dental).

Employer Sponsored Dual option is available if the group has at least 5 net eligible employees and a minimum of 2 employees enroll in each option. Dual option is available between an Anthem Essential Choice plan and an Anthem Dental Net DHMO plan, or between two Anthem Essential Choice plans. The premium difference between the two Anthem dental plans offered must have at least a 10% premium differential of the employee-only rate tier. The group must also meet the standard minimum participation percentage. Dual option is not allowed between two DHMO plans. **Voluntary** Dual option is allowed with 5 or more employees enrolling in each option. The plans must have at least a 10% differential in premium rates based on employee-only rate tier.

Prior comparable coverage is defined as at least 12 months consecutive coverage with the same coverage categories (e.g., preventive, basic, major, orthodontic) as the dental plan the group selects. Groups with 12 consecutive months prior coverage with another group dental plan and no gap in coverage between that plan and the new dental effective date may have waiting periods waived. DHMO may be considered comparable coverage. There is no rate load applied for not having prior coverage.

Employer-paid plans (ie. Classic, Enhanced, Value) have no benefit waiting periods. Voluntary plans have 12 month **waiting period** applied to Major services, (Endo, Perio, Oral Surgery services if considered Major) and Orthodontia if applicable. Waiting periods are waived for existing members if the group has prior comparable dental coverage.

To qualify for **orthodontia benefits**, a minimum of 5 enrollees is required. Orthodontia benefits have a separate ortho lifetime maximum.

Rates are proposed for an effective date of 06/01/2020. Rerate is required after this date. Final rates will be based on actual effective date. Rates are based on the 90744 zip code area and on SIC 7699. Final rates will be based on actual location, enrolled census, final benefits selected and the underwriting rules in effect upon acceptance by Anthem. The proposal is subject to underwriting approval by Dental Underwriting; please do not cancel your coverage until the application has been approved in writing. The information is intended to present only a general overview of the benefits. The entire provisions of benefits and exclusions are contained in the Certificate of Coverage. In the event of a conflict between the Certificate of Coverage and this description, the terms of the Certificate of Coverage will prevail.

All of Anthem's small group health plans include pediatric dental Essential Health Benefits (EHBs), as required by the Affordable Care Act, which provide coverage for children up to age 19. Anthem's stand-alone Dental PPO plans do not provide the required pediatric dental EHBs. Your business can include children from Anthem's stand-alone dental plan to provide coverage that complements the pediatric dental EHB coverage in the selected health plan.

Vision Disclaimers

Changes to these premium adjustment(s), coverage changes, and/or participation levels may result in the loss of these specialty discounts.

To apply the **bundled discount**, new Vision coverage and new Dental coverage (excluding ACA dental) must be purchased together.

Employer Paid Must be at least 50% of net eligible employees with minimum of 2 enrolled.