



Small Group Plan Benefits Proposal

Prepared for: Test Employer Group

Effective Date: 11/01/2018

Prepared For: Test Employer Group
Quote ID: 100531990001221
ZipCode/Rating Region: 33156/Miami-Dade
Effective Date: 11/01/2018
Quote Prepared On: 11/07/2018

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Thank you for your interest in AvMed. Attached are the preliminary premium rates for the Group coverage you requested, as well as benefit details for each plan option. These rates are based on the information you provided and the effective date indicated above.

Choosing a health benefit plan for your employees is an important decision. With AvMed, you and your employees will receive the support you need to navigate through the health system and to make smart decisions that will help you live better today and feel better tomorrow. In addition, some plans now feature AvMed Preventive Plus, which adds 1, 2 or 3 no-cost visits to an employee's Primary Care Physician (PCP), on top of the annual no-cost physical!

- **3** additional free PCP visits on Platinum Plans
- **2** additional free PCP visits on Gold Plans
- **1** additional free PCP visit on Silver Plans

Preventive Plus is part of AvMed's CenteredCare concept, which places the PCP at the center of the Member's healthcare experience. As a trusted advisor, partner, health coach, navigator and collection hub for the complete medical record, CenteredCare positions the PCP at the premier vantage point.

AvMed Group health plans feature:

- Affordable, high-quality plans
- Essential health benefits as required by the Affordable Care Act (ACA)
- Extensive local network of doctors and hospitals
- Virtual Visits – Talk to a doctor from anywhere 24/7
- SmartShopper – Compare prices before deciding on medical procedures
- Emergency worldwide coverage
- No charge for preventative care services
- Fully-integrated Health Savings Account (HSA) administration
- A nearly 50-year tradition of award-winning service
- 24/7 online access for members to manage their accounts

AvMed strives to provide the best possible experience when choosing health care coverage for your employees and their families. I will be happy to answer any questions you may have.

Sincerely,

Johan Bluth
Mark Henry Agency

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Corporate Facts

AT A GLANCE

AvMed is a Florida-based health plan headquartered in Miami, with offices in Fort Lauderdale, Gainesville and Orlando and serving the Jacksonville and Tampa markets. Approximately **275,000** Members count on AvMed for their Employer Group, Medicare and Individual and Family plan coverage.

- Members have the support of nearly **600 employee Associates** and a **35,000 plus strong Provider Network**.
- AvMed transforms lives to create a **WELLfluent** world – having or striving to have a truly balanced life, rich in what matters most-health and happiness. By uniting around this sole purpose over our near-50-year history, we're focused on servicing the needs of our Members who have made it their goal to lead a happy and healthy life. Whether you're healthy already and trying to stay that way, or managing a chronic condition, AvMed is your lifelong partner in health.
- AvMed provides peace of mind by offering healthcare plans, online tools, value added services and solutions that deliver better service, quality, affordability and health.
- AvMed offers a variety of **affordable coverage solutions** for businesses of all sizes in most major metropolitan areas of the state, including self-funded options.*
- J.D. Power ranked AvMed "**Highest in Member Satisfaction among Commercial Health Plans in Florida, Seven Years in a Row.**"** AvMed's overall score was not only the highest in the Florida region, it was seventh highest in the nation among 163 plans included in the 2018 J.D. Power Commercial Member Health Plan Study. Plus, we topped the region in four study factors: coverage and benefits, cost, provider choice and claims processing. In an annual survey of Florida physicians, AvMed consistently comes out ahead of all other plans, while **9 out of 10 say they recommend us to their patients and peers.** **



- **Year after year, AvMed receives the highest overall rating of any statewide Florida plan** in the Consumer Assessment of Health Plans Study (CAHPS®).****
- AvMed measures its performance each year against the National Healthcare Effectiveness Data and Information Set (HEDIS®), developed by NCQA. AvMed's already strong **2017 performance improved in 71% of the commercial accreditation measures and in 27% of the measures for Medicare.*******
- AvMed Medicare Star Power continues with the Centers for Medicare and Medicaid Services (CMS) awarding **AvMed Medicare 4 out of 5 stars** for its quality and performance.***** That's quite an accomplishment in the competitive Medicare Advantage health plan arena.
- AvMed's holding company, Gainesville-based SantaFe HealthCare, Inc., is a family of not-for-profit companies with more than 1,900 employee Associates. In addition to AvMed, SantaFe operates Haven of North Central Florida, Visiting Nurse Association and Hospice of the Florida Keys, and SantaFe Senior Living, which offers unique, luxury campuses in Gainesville, as well as the metropolitan areas in Miami and Naples areas.

One or more AvMed products offered in areas shaded in yellow.

** AvMed received the highest score in Florida in the J.D. Power 2012-2018 U.S. Member Health Plan Studies of customers' satisfaction with their commercial health plan. Visit jdpower.com/awards.

*** Wax Communications, 2017.

**** Highest overall rating of statewide plans reporting Health Maintenance Organization (HMO) and Point of Service (POS) product data to the National Committee for Quality Assurance (NCQA) for the Consumer Assessment of Healthcare Providers and Systems (CAHPS), CAHPS® is a registered trademark of the Agency of Healthcare Research and Quality (AHRQ).

***** HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

***** Medicare evaluates plans based on a 5-star rating system. Star ratings are calculated each year and may change from one year to the next.

MP-5696 (07/18)

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Key Benefits for your Plan: Agility LS300-SG17

Benefit	AvMed Network Provider	Out-of-network Provider
Coinsurance	0%	50%
Deductible	\$2,500 individual/\$5,000 family Doesn't apply to preventive care	\$7,500 individual/\$15,000 family Doesn't apply to preventive care
Other Deductible	\$65 per child for Pediatric Dental. Doesn't apply to overall deductible. There are no other specific deductibles.	Not Applicable
Out of Pocket Max (Includes Deductible)	\$6,800 individual/\$13,600 family. Pediatric Dental is limited to \$350 per child, or \$700 for 2 or more children.	\$20,400 individual/\$40,800 family. Pediatric Dental is limited to \$350 per child, or \$700 for 2 or more children.
PCP Cost Share	No charge for first non-preventive visit; \$35 copay/ visit thereafter	50% Coinsurance after deductible
Specialist Cost Share (No Referral Needed)	\$75 copay/ visit	50% Coinsurance after deductible
Inpatient Hospital Cost Share	\$750 copay/day for the first 3 days per admission, after deductible	50% Coinsurance after deductible
ER Cost Share	\$600 copay/ visit	Same as AvMed Network
Urgent Care Cost Share	\$125 copay/ visit at urgent care facilities; \$35 copay/ visit at retail clinics	50% coinsurance after deductible at urgent care facilities or retail clinics
Outpatient Surgery Cost Share	\$500 copay/ visit at independent facilities; \$1000 copay/ visit after deductible at all other facilities	50% Coinsurance after deductible
Imaging Tests (CT / PET scans / MRI's) Cost Share	\$350 copay/ visit at independent facilities; \$1,000 copay/ visit after deductible at all other facilities	50% Coinsurance after deductible
Drug Cost Share	Generic - \$25 copay (retail)/ \$62.50 copay (mail order) Preferred Brand - \$55 copay (retail)/ \$137.50 copay (mail order) Non-Preferred Brand - \$95 copay (retail)/ \$237.50 copay (mail order) Specialty - 50% coinsurance after deductible (retail only)	Not Covered

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Census

Employee Name	Employee Number	Date of Birth	# of Dependents	Family Rate
Mark Levingston	A001	11/12/1983	2	\$1,150
Fred Therou	A002	03/04/1989	1	\$780
Henry Davidson	A003	11/12/1983	2	\$830
Bruce Campbell	A004	05/04/1983	0	\$390

Rating Method : Member Level Rating

Monthly Premium Rate : \$4,300

Pediatric dental coverage is a required Essential Health Benefit under the Affordable Care Act. AvMed has entered into an alliance with Delta Dental Insurance Company to provide the required coverage under the Delta Dental PPOSM Pediatric Basic Plan. Pediatric dental benefits are included in your monthly premium and cannot be waived or omitted from your policy.

For specific plan details, please refer to the Summary of Benefits and Coverage (SBC) of each plan design at www.avmed.org. For questions, please contact your independent agent or AvMed at 1-800-835-6131.

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Small Group Underwriting Assumptions & Caveats

- To be eligible for these rates and benefits all employers must: 1) have its principal place of business in AvMed's Service Area 2) have employed an average of at least 1 but not more than 50 employees on business days during the preceding calendar year, and 3) employ at least 1 employee on the first day of the plan year. For details on AvMed's Service Area, visit www.avmed.org. NOTE: The Engage and Empower products are only available in select counties within our service area. Please contact your service representative for details.
- These rates are valid for total replacement coverage and include a standard commission schedule. Rates based on an Average Enrollee Amount require 10 or more Subscribers (excluding Cobra qualified beneficiaries) to enroll; otherwise, Per-Member rates will be issued.
- Eligible employers must have, and be willing to prove, the existence of an employer/employee relationship. Companies that consist of only a sole owner, or a sole owner and a spouse who is not employed at the company, do not meet the definition of employer or employee under ERISA, and are therefore ineligible for group coverage.
- Eligible employees are those employees that are permanent and work on a full-time basis with a normal workweek of at least 25 hours, that live or work in AvMed's Service Area, and that have met any authorized waiting period requirements. Part-time, temporary or substitute employees are not eligible for coverage under this plan. Coverage must be extended to all employees meeting the underlying conditions. Management carve-outs are not permitted.
- The employer must contribute a minimum of 50% toward the single premium rate.
- If the employer pays 100% of the single premium rate, 100% of all eligible employees must have coverage through AvMed or through qualifying existing coverage. Otherwise, at least 70% of all eligible employees (less those with qualifying other coverage) must enroll in an AvMed product offering. Qualifying other coverage is defined as: Coverage through a spouse's employer-based group insurance plan or an ERISA qualified self-insurance plan, Medicare, Medicaid, Individual coverage, CHAMPUS, CHAMPVA or Tri-Care.
- Groups that are not able to meet the minimum participation or employer contribution requirement may apply for coverage during an annual enrollment period from November 15 through December 15 of the preceding year for a January 1 Effective Date.
- 1099 eligibility will be limited to those groups where the number of 1099 eligible employees does not exceed 25% of the total eligible population (i.e. W-2 and 1099 combined).
- COBRA qualified beneficiaries are not included when determining group size, group participation, or whether the group meets the minimum size requirements for Average-Enrollee amount rating.
- This proposal assumes a waiting period of no longer than the first of the month following 60 days from date of hire. In addition, the group's waiting period must be applied uniformly to all employees.
- Final rates and benefits are guaranteed for 12 months from the proposed effective date. However, AvMed reserves the right to adjust (re-rate) the Premium Rates during the Contract Year to account for material changes in group size or in the data supplied by the Subscribing Group to AvMed.
- Additional documentation may be required to verify compliance with AvMed's underwriting requirements.
- Current group coverage should not be cancelled until written confirmation of acceptance of coverage by AvMed is received. Renewal rates will be provided to the Subscribing Group, or their appointed representative, at least 30 days in advance of the Subscribing Group's anniversary date, unless there is a reduction in benefits. In instances where there is an increase in a copayment, deletion, amendment, or limitation of any of the Subscribing Group's contracted benefits, at least a 45 day advance notice will be provided. This notification requirement does not apply in instances where an increase in benefits occurs. Additionally, the 45-day notice requirement shall not apply if benefits are amended, deleted, or limited at the request of the contract holder. The Subscribing Group will in turn notify the individual members of the group, and AvMed will be deemed to have complied with its notification requirements by providing such notice to the Subscribing Group, or their appointed representative.
- AvMed has made every effort to ensure the accuracy of the information provided, but given the continuous improvements and ongoing development of our products and services, no warranty is made that the information provided is error-free. In addition, the information provided is limited in nature and may not contain all applicable terms, conditions, limitations, or exclusions of the products and services referenced.
- Multi-Option Guidelines:
 - o Multi-Option Coverage is only available on an exclusive, total-replacement basis.
 - o All plan option offerings must be made available to ALL eligible employees.
 - o At least one "Active" employee must enroll in each plan offering (plans with COBRA-only enrollment are prohibited), and at least one Subscriber must be maintained in each plan in order for the group to renew under a multi-option offering.
 - o Dual-Option is only available to groups with four or more enrolled Active employees.
 - o Triple-Option is only available to groups with fifteen or more enrolled Active employees.