

Group Name : Applied Biological Materials USA Inc.
Producer : KEONI COLEMAN
Effective Date : April 01, 2020



Regence

Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association

All medical options on this quote include coverage for: Employee and Dependents

IMPORTANT NOTE:

- Products and Rates for Dental and Vision are pending regulatory approval.
- "Care On Demand Plans" will be referred to as either "Essential Plans, with Care on Demand" or "Essential Plans"

Option 1 : Regence Platinum 250 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
Platinum 250 Preferred Network : \$20 Prim/\$30 Spec Copay, \$250 Ded, 10% Coins, \$4,000 OOPM, Pharmacy : Pref Generic/Generic \$8/25%, Pref Brand/Brand \$30/50%, Pref Specialty/Specialty 20%/50%, Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$351.60	\$356.84	\$504.28	\$504.28	\$1,360.16

Option 2 : Regence Platinum 500 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
Platinum 500 Preferred Network : \$20 Prim/\$30 Spec Copay, \$500 Ded, 20% Coins, \$5,000 OOPM, Pharmacy : Pref Generic/Generic \$8/25%, Pref Brand/Brand \$30/50%, Pref Specialty/Specialty 20%/50%, Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$329.55	\$334.79	\$473.05	\$473.05	\$1,275.65

Option 3 : Regence Gold 500 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
Gold 500 Preferred Network : \$30 Prim/\$50 Spec Copay, \$500 Ded, 30% Coins, \$7,900 OOPM, Pharmacy : Pref Generic/Generic \$10/25%, Pref Brand/Brand \$50/50%, Pref Specialty/Specialty 20%/50%, Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$291.75	\$296.99	\$419.51	\$419.51	\$1,130.77

Option 4 : Regence Gold 1000 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
Gold 1000 Preferred Network : \$30 Prim/\$50 Spec Copay, \$1,000 Ded, 30% Coins, \$6,750 OOPM, Pharmacy : Pref Generic/Generic \$10/25%, Pref Brand/Brand \$50/50%, Pref Specialty/Specialty 20%/50%, Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$284.67	\$289.91	\$409.47	\$409.47	\$1,103.61

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Option 5 : Regence Gold 1500 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
Gold 1500 Preferred Network : \$30 Prim/\$50 Spec Copay, \$1,500 Ded, 20% Coins, \$6,000 OOPM, Pharmacy : Pref Generic/Generic \$15/25%, Pref Brand/Brand \$50/50%, Pref Specialty/Specialty 20%/50%, Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$277.97	\$283.21	\$399.99	\$399.99	\$1,077.95

Option 6 : Regence Gold 2000 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
Gold 2000 Preferred Network : \$30 Prim/\$50 Spec Copay, \$2,000 Ded, 25% Coins, \$5,750 OOPM, Pharmacy : Pref Generic/Generic \$10/25%, Pref Brand/Brand \$50/50%, Pref Specialty/Specialty 20%/50%, Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$266.56	\$271.80	\$383.83	\$383.83	\$1,034.22

Option 7 : Regence Gold 2500 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
Gold 2500 Preferred Network : \$30 Prim/\$50 Spec Copay, \$2,500 Ded, 30% Coins, \$7,350 OOPM, Pharmacy : Pref Generic/Generic \$10/25%, Pref Brand/Brand \$50/50%, Pref Specialty/Specialty 20%/50%, Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$248.84	\$254.08	\$358.74	\$358.74	\$966.32

Option 8 : Regence Gold HSA 1500 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
Gold HSA 1500 Preferred Network : \$1,500 Ded, 20% Coins, \$4,500 OOPM, Pharmacy : Pref Generic/Generic 10%/25%, Pref Brand/Brand 25%/50%, Pref Specialty/Specialty 20%/50%, Optimum Value Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$282.30	\$287.54	\$406.13	\$406.13	\$1,094.56

Option 9 : Regence Silver 3000 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
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Silver 3000 Preferred Network : \$40 Prim/\$60 Spec Copay, \$3,000 Ded, 30% Coins, \$8,150 OOPM, Pharmacy : Pref Generic/Generic \$15/25%, Pref Brand/Brand \$60/50%, Pref Specialty/Specialty 20%/50%, Generic & Brand Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$221.28	\$226.52	\$319.70	\$319.70	\$860.68
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Option 10 : Regence Silver 5500 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
Silver 5500 Preferred Network : \$40 Prim/\$60 Spec Copay, \$5,500 Ded, 50% Coins, \$7,350 OOPM, Pharmacy : Pref Generic/Generic \$15/25%, Pref Brand/Brand \$60/50%, Pref Specialty/Specialty 20%/50%, Generic & Brand Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$201.59	\$206.83	\$291.82	\$291.82	\$785.23

Option 11 : Regence Silver HSA 2000 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
Silver HSA 2000 Preferred Network : \$2,000 Ded, 30% Coins, \$6,900 OOPM, Pharmacy : Pref Generic/Generic 10%/25%, Pref Brand/Brand 35%/50%, Pref Specialty/Specialty 20%/50%, Optimum Value Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$247.26	\$252.50	\$356.50	\$356.50	\$960.26

Option 12 : Regence Silver HSA 3500 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
Silver HSA 3500 Preferred Network : \$3,500 Ded, 20% Coins, \$6,900 OOPM, Pharmacy : Pref Generic/Generic 10%/25%, Pref Brand/Brand 35%/50%, Pref Specialty/Specialty 20%/50%, Optimum Value Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$218.91	\$224.15	\$316.35	\$316.35	\$851.61

Option 13 : Regence Silver HSA 4250 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
Silver HSA 4250 Preferred Network : \$4,250 Ded, 0% Coins, \$4,250 OOPM, Pharmacy : Pref Generic/Generic 0%/0%, Pref Brand/Brand 0%/0%, Pref Specialty/Specialty 0%/0%, Optimum Value Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$236.24	\$241.48	\$340.89	\$340.89	\$918.02

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Option 14 : Regence Silver HSA Embedded 3000 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
Silver HSA Embedded 3000 Preferred Network : \$3,000 EMB Ded, 20% Coins, \$5,500 OOPM, Pharmacy : Pref Generic/Generic 10%/25%, Pref Brand/Brand 35%/50%, Pref Specialty/Specialty 20%/50%, Optimum Value Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$235.85	\$241.09	\$340.33	\$340.33	\$916.51

Option 15 : Regence Silver Essential 2500 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
Silver Essential 2500 Preferred Network : \$40 Prim/\$40 Spec Copay, 10 Upfront Visits Ded Waived, \$2,500 Ded, 20% Coins, \$8,150 OOPM, Pharmacy : Pref Generic/Generic \$15/25%, Pref Brand/Brand 25%/50%, Pref Specialty/Specialty 20%/50%, Generic Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$244.90	\$250.14	\$353.16	\$353.16	\$951.22

Option 16 : Regence Silver Essential 4000 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
Silver Essential 4000 Preferred Network : \$40 Prim/\$40 Spec Copay, 4 Upfront Visits Ded Waived, \$4,000 Ded, 20% Coins, \$8,150 OOPM, Pharmacy : Pref Generic/Generic \$10/25%, Pref Brand/Brand 25%/50%, Pref Specialty/Specialty 20%/50%, Generic Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$214.98	\$220.22	\$310.78	\$310.78	\$836.54

Option 17 : Regence Bronze 8150 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
Bronze 8150 Preferred Network : \$8,150 Ded, 0% Coins, \$8,150 OOPM, Pharmacy : Pref Generic/Generic 0%/0%, Pref Brand/Brand 0%/0%, Pref Specialty/Specialty 0%/0%, After Ded, Adult Choice Vision, EAP - 4 visits, Preferred	\$170.88	\$176.12	\$248.31	\$248.31	\$667.50

Option 18 : Regence Bronze HSA 5000 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
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Bronze HSA 5000 Preferred Network : \$5,000 Ded, 50% Coins, \$6,900 OOPM, Pharmacy : Pref Generic/Generic 50%/50%, Pref Brand/Brand 50%/50%, Pref Specialty/Specialty 20%/50%, Optimum Value Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$191.75	\$196.99	\$277.87	\$277.87	\$747.49
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Option 19 : Regence Bronze Essential 5500 - Employee Choice (Grouping 1)

<input type="checkbox"/> Composite Medical Rates	Member 0-18	Member 19-20	Member 21 and over	Monthly Employer Responsibility	Monthly Total
Bronze Essential 5500 Preferred Network : \$40 Prim/\$40 Spec Copay, 4 Upfront Visits Ded Waived, \$5,500 Ded, 30% Coins, \$8,150 OOPM, Pharmacy : Pref Generic/Generic \$10/25%, Pref Brand/Brand 25%/50%, Pref Specialty/Specialty 20%/50%, Generic Ded Waived, Adult Choice Vision, EAP - 4 visits, Preferred	\$193.32	\$198.56	\$280.10	\$280.10	\$753.52

I acknowledge this rate sheet includes a summary of the benefit plan and quoted rates associated with this plan for the effective date indicated. I understand this summary does not provide a full description of the benefit plan selected and that the complete details of the plan can be found in the contract.

Quoted rates are subject to change if the group's enrolled census, demographics, and/or other underwriting criteria are different from the information and/or assumptions used in developing the quoted rates. For a complete list of rating assumptions, please refer to the Underwriting Assumptions document. Payment of final rates will constitute acceptance.

Signature: _____

Date: _____

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Employee Premium Comparison

MEDICAL		MEDICAL MONTHLY PREMIUM				
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Employee	Dependents	Platinum 250 Preferred Network Grouping 1 VIS	Platinum 500 Preferred Network Grouping 1 VIS	Gold 500 Preferred Network Grouping 1 VIS	Gold 1000 Preferred Network Grouping 1 VIS	Gold 1500 Preferred Network Grouping 1 VIS
,	Spouse and Child(ren)	\$1,360.16	\$1,275.65	\$1,130.77	\$1,103.61	\$1,077.95
TOTAL		\$1,360.16	\$1,275.65	\$1,130.77	\$1,103.61	\$1,077.95

Employee	Dependents	Gold 2000 Preferred Network Grouping 1 VIS	Gold 2500 Preferred Network Grouping 1 VIS	Gold HSA 1500 Preferred Network Grouping 1 VIS	Silver 3000 Preferred Network Grouping 1 VIS	Silver 5500 Preferred Network Grouping 1 VIS
,	Spouse and Child(ren)	\$1,034.22	\$966.32	\$1,094.56	\$860.68	\$785.23
TOTAL		\$1,034.22	\$966.32	\$1,094.56	\$860.68	\$785.23

Employee	Dependents	Silver HSA 2000 Preferred Network Grouping 1 VIS	Silver HSA 3500 Preferred Network Grouping 1 VIS	Silver HSA 4250 Preferred Network Grouping 1 VIS	Silver HSA Embedded 3000 Preferred Network Grouping 1 VIS	Silver Essential 2500 Preferred Network Grouping 1 VIS
,	Spouse and Child(ren)	\$960.26	\$851.61	\$918.02	\$916.51	\$951.22
TOTAL		\$960.26	\$851.61	\$918.02	\$916.51	\$951.22

Employee	Dependents	Silver Essential 4000 Preferred Network Grouping 1 VIS	Bronze 8150 Preferred Network Grouping 1 VIS	Bronze HSA 5000 Preferred Network Grouping 1 VIS	Bronze Essential 5500 Preferred Network Grouping 1 VIS
,	Spouse and Child(ren)	\$836.54	\$667.50	\$747.49	\$753.52
TOTAL		\$836.54	\$667.50	\$747.49	\$753.52

For metallic medical plans only: Rates are charged for all subscribers, spouses and children age 21 and over and up to the three oldest children under 21 per family.