

NexgenTec LLC  
FL

Account Executive: MATTHEW S LARSON

Quote Effective Date: 01/01/2017

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Quote Creation Date: 11/09/2016

Quote Number: 205631

State: FL  
ZIP Code: 34748  
County: Lake  
Market: 454  
Number of Locations: 1  
SIC-Description: 7389-Business Services NEC  
Franchise Code:   
Average Total Number of Employees/FTE: 3  
Total Number of Eligible Employees: 3  
Total Number of Non-COBRA Employees Applying: 3  
Total Number of COBRA Employees Applying: 0  
Total Number of Out of Area Employees: 0

Prior Dental Coverage: No  
Employer Contribution-Medical: 0

Company Locations Information:

Location #	State	ZIP Code	Number of Employees Applying at Location
NexgenTec LLC	FL	34748	3

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	Relationship to Employee	Last Name	First Name	Gender	DOB	Age	Smoker	Smoking Cessation	Employment Status	Employee Class	Salary	Out of Area	Medical	Dental	Vision
1	Employee	Manning	Marcel	Male	01/01/1985	32	N	N	Active	All Employees NexgenTec LLC		N	EE+FAM	EE+FAM	EE+FAM
	Spouse	Manning	Marcel	Female	01/01/1985	32	N	N							
	Child	Manning	Marcel	Male	01/01/2016	1	N	N							
2	Employee	Alvarado	Manuel	Male	01/01/1989	28	N	N	Active	All Employees NexgenTec LLC		N	EE	EE	EE
3	Employee	Locuson	Jeff	Male	01/01/1989	28	N	N	Active	All Employees NexgenTec LLC		N	EE+SP	EE+SP	EE+SP
	Spouse	Locuson	Jeff	Female	01/01/1992	25	N	N							

The rates and benefits included within this proposal are for general information and discussion purposes only and not valid unless approved by UnitedHealthcare. This rate quote is not an offer or a guarantee of coverage. The rates quoted are applicable to the plan design selected. We reserve the right to modify your rates in the event your plan design must be modified as a result of any change, modification or clarification in law, including the Patient Protection and Affordable Care Act. This group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by us and final rates have been accepted by and initial premium paid by the group. Final rates are determined by UnitedHealthcare's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this Web site or printed output, will form the contract between the insured and UnitedHealthcare, and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

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Medical/Rx Plan Code	ALQW/315	AEP5/441	ALPF/317
Metallic Level	Bronze	Gold	Silver
Package Type	FL796	FL796	FL796

**Key Benefits**

Plan Code	ALQW	AEP5	ALPF
Plan Category	EDGE	HSA	HSA
Metallic Level	Bronze	Gold	Silver
Employer Contribution HRA/HSA	0.00 - 0.00	1100.00 - 1300.00	0.00 - 0.00
Plan Type	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Product Type	CHOICE	CHOICE PLUS	CHOICE PLUS
License Type	HMO	HMO	INS
Combined Med & Rx Deductible	Yes	Yes	Yes
Embedded Deductible	Yes	Yes	Yes
Platform Identifier	PRIME	PRIME	PRIME

**Rx Plans**

315/441/317	Y	Y	Y
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**Plan Highlights**

Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Visit Co-payment	\$0	N/A	\$0	N/A	\$25	N/A
Specialist Visit Co-payment	\$0	N/A	\$0	N/A	\$60	N/A
Physician Co-insurance (plan pays)		0%		60%		60%
Hospital or Facility Co-insurance (plan pays)	80%	0%	80%	60%	100%	60%
Individual Deductible	\$5,500	\$0	\$3,000	\$9,000	\$3,500	\$4,000
Family Deductible	\$11,000	\$0	\$6,000	\$18,000	\$7,000	\$8,000
Individual Out of Pocket Maximum	\$7,150	\$0	\$6,250	\$19,200	\$5,500	\$8,000
Family Out of Pocket Maximum	\$14,300	\$0	\$12,500	\$38,400	\$11,000	\$16,000
Emergency Room Co-payment	\$0	N/A	\$0	N/A	\$250	N/A
Urgent Care Co-payment	\$0	N/A	\$0	N/A	\$0	N/A
Pharmacy Copay	\$0.00		\$10.00		\$20.00	
	\$0.00		\$35.00		\$40.00	
	\$0.00		\$60.00		\$60.00	
	\$0.00		\$0.00		\$0.00	
Pharmacy Deductible	\$0.00		\$0.00		\$0.00	

**Premium Totals**

Total Monthly Premium	\$1,483.75	\$1,712.57	\$1,936.42
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Medical/Rx Plan Code	ALPT/311	ALO4/441	JNS/316			
Metallic Level	Silver	Gold	Gold			
Package Type	FL796	FL796	FL796			
Key Benefits						
Plan Code	ALPT	ALO4	JNS			
Plan Category	Balanced	HSA	Balanced			
Metallic Level	Silver	Gold	Gold			
Employer Contribution HRA/HSA	0.00 - 0.00	0.00 - 0.00	0.00 - 0.00			
Plan Type	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare			
Product Type	CHOICE PLUS	CHOICE PLUS	CHOICE PLUS			
License Type	INS	HMO	HMO			
Combined Med & Rx Deductible	N/A	Yes	N/A			
Embedded Deductible	Yes	No	Yes			
Platform Identifier	PRIME	PRIME	PRIME			
Rx Plans						
311/441/316	Y	Y	Y			
Plan Highlights						
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Primary Care Visit Co-payment	\$50	N/A	\$0	N/A	\$25	N/A
Specialist Visit Co-payment	\$100	N/A	\$0	N/A	\$50	N/A
Physician Co-insurance (plan pays)		50%		75%		60%
Hospital or Facility Co-insurance (plan pays)	80%	50%	95%	75%	80%	60%
Individual Deductible	\$3,000	\$10,000	\$1,500	\$3,000	\$1,000	\$2,000
Family Deductible	\$6,000	\$20,000	\$3,000	\$6,000	\$2,000	\$4,000
Individual Out of Pocket Maximum	\$6,250	\$20,000	\$3,000	\$6,000	\$6,000	\$12,000
Family Out of Pocket Maximum	\$12,500	\$40,000	\$6,000	\$12,000	\$12,000	\$24,000
Emergency Room Co-payment	\$0	N/A	\$0	N/A	\$500	N/A
Urgent Care Co-payment	\$0	N/A	\$0	N/A	\$100	N/A
Pharmacy Copay	\$15.00		\$10.00		\$10.00	
	\$50.00		\$35.00		\$35.00	
	\$75.00		\$60.00		\$60.00	
	\$0.00		\$0.00		\$0.00	
Pharmacy Deductible	\$0.00		\$0.00		\$0.00	
Premium Totals						
Total Monthly Premium	\$1,974.75		\$2,169.56		\$2,279.12	

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Employee Detail						Medical/Rx Plan Code, Metallic Level and Package					
						FL796/ ALQW /315	FL796/ AEP5 /441	FL796/ ALPF /317	FL796/ ALPT /311	FL796/ ALO4 /441	FL796/ JNS /316
ID	Name	Gender	Age	DOB	Coverage	Bronze FL796	Gold FL796	Silver FL796	Silver FL796	Gold FL796	Gold FL796
1	Marcel Manning	M	32	01/01/1985	EE+FAM	\$720.62	\$831.76	\$940.48	\$959.08	\$1,053.70	\$1,106.92
2	Manuel Alvarado	M	28	01/01/1989	EE	\$261.02	\$301.27	\$340.65	\$347.40	\$381.67	\$400.94
3	Jeff Locuson	M	28	01/01/1989	EE+SP	\$502.11	\$579.54	\$655.29	\$668.27	\$734.19	\$771.26
Premium Total and Counts											
Total Monthly Premium						\$1,483.75	\$1,712.57	\$1,936.42	\$1,974.75	\$2,169.56	\$2,279.12
Employer Contribution Percentage - Employee Only						0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Employer Contribution Premium/Month- Employee Only						0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total Annual Premium						\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Total Employee Count			3								
Total Dependent Count			3								
Total Member Count			6								

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Plan Code	FA980	FIN53	F4276	F4277
<b>Benefit Overview</b>				
Plan Type	DPPO	VPPO	DPPO	DPPO
Product Type	DPPO	VPPO	DPPO	DPPO
Contribution Level	CONTRIBUTORY	VOLUNTARY	CONTRIBUTORY	CONTRIBUTORY
Out of Network Reimbursement	MAC	MAC	MAC	MAC
Class Shifting (In/Out)	N/A	N/A	N/A	N/A
Deductible (In/Out) Single	\$50 / \$50	\$50 / \$50	\$50 / \$50	\$50 / \$50
Family	\$150 / \$150	\$150 / \$150	\$150 / \$150	\$150 / \$150
Lifetime/Calendar	N/A	N/A	N/A	N/A
Coinsurance Preventative & Diagnostic (In/Out)	100% / 80%	100% / 0%	100% / 80%	100% / 80%
Minor Restorative (In/Out)	80% / 60%	50% / 0%	80% / 60%	80% / 60%
Endodontic Periodontic Oral Surgery (In/Out)	50% / 50%	50% / 0%	80% / 60%	80% / 60%
Major (In/Out)	50% / 50%	50% / 0%	50% / 50%	50% / 50%
Orthodontia (In/Out)	0% / NO	0% / NO	0% / NO	0% / NO
Waiting Period Major	0 Months	0 Months	12 Months	12 Months
Orthodontia	0 Months	0 Months	12 Months	12 Months
Annual Maximum (In/Out)	\$1,000 / N/A	\$1,500 / N/A	\$1,000 / N/A	\$1,500 / N/A
<b>Premium Totals</b>				
Total Monthly Premium	\$165.86	\$171.36	\$184.99	\$208.83
Total Annual Premium	\$1,990.32	\$2,056.32	\$2,219.88	\$2,505.96
<b># of Employees</b>				
Employee	1	\$27.14	\$28.04	\$30.27
Employee + Spouse	1	\$54.28	\$56.08	\$60.54
Employee + Child(ren)	0	\$54.78	\$56.60	\$61.10
Family	1	\$84.44	\$87.24	\$94.18

If your group has more than 10 eligible employees, you can offer two dental plans together. This is called Dental Dual Option. For assistance, please contact your UnitedHealthcare Representative.

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Plan Code		V1025	V1002
Benefit Overview			
Plan Type		E	E
Contribution Level		100% EMPLOYER PAID	100% EMPLOYER PAID
Frequency			
Exam		12 Months	12 Months
Lenses (eyeglasses or contacts)		12 Months	12 Months
Frames		12 Months	12 Months
In-Network Copays			
Exam		\$15	\$10
Materials		\$30	\$25
In-Network Allowance			
Frames		\$130	\$130
Contact Lenses		\$0	\$80
Out-of-Network Allowance			
Exam		Up to \$40	Up to \$40
Lenses			
Single Vision Lenses		Up to \$40	Up to \$40
Frames		Up to \$45	Up to \$45
Contact Lenses		Up to \$105	Up to \$105
# of Employees			
Employee	1	\$4.81	\$5.50
Employee + Spouse	1	\$9.14	\$10.45
Employee + Child(ren)	0	\$10.67	\$12.21
Family	1	\$15.05	\$17.21
Premium Totals			
Total Monthly Premium		\$29.00	\$33.16
Total Annual Premium		\$348.00	\$397.92

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**Medical Disclaimers**

(1) All Plan Designs with an effective date of 1/1/14 or greater will have all member cost share apply to the Medical OOP maximum, including Pharmacy.

State Mandated Basic and Standard Plans are available upon request.

RU/Generic Only RX - Tier 1 \$15 copay. Tier 2 & 3 are for state mandated drugs only - please check myuhc.com or customer service for details.

Starting with 2014 effective dates, all pharmacy plans include an ancillary charge program (also known as a generic pharmacy program). This type of pharmacy program includes out of pocket expenses when a member fills a brand name or higher tier generic prescription but there is a chemically equivalent lower tier brand or generic available.

If the employer offer consists of more than one medical plan, we require the policy year, or calendar year basis selection be the same for each sold policy if the employees have the option to choose from among the plans offered.

For pharmacy plans PI, PJ, PK, FB, and RV please note that Growth Hormones are covered at a 30% coinsurance with an annual maximum of up to \$10,000.

This premium may include state and federal taxes and fees.

Triple Option is available in this state. Please refer to the [unitedeservices.com](http://unitedeservices.com) Product section for a detailed description document.

Premium rates and/or product forms included herein are subject to approval by regulators. If the rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings, in accordance with applicable law.

Neighborhood Health Partnership (NHP) products are available in South Florida only - Palm Beach, Broward and Miami-Dade Counties.

Engineering Companies with the SIC of 8711 may be eligible for discounted medical rates through the American Council of Engineering Companies (ACEC) Life and Health Trust. Restaurants and Hotels with SIC of 5812, 5813, 7000, 7011, 7012, or 7993 may also be eligible for discounted rates (medical 51+, specialty 2-99) through the National Restaurant Association. Please contact your account executive for additional details.

Employer Contribution Premium / Month (Employee Only) is the amount of the total monthly employee premium contributed by the employer and does not include any additional amounts that may be contributed for dependents. This amount will change depending on the number of employees and the contribution percentage. If no contribution percentage has been provided, this amount assumes the employer pays 100% of the employee premium.



For quote effective dates of 1/1/15 and beyond, the rate output generated is based on composite rates (tiers) for 10-50 life groups and table rates (member level) for 1-9 life groups. These defaults were established based on historical small employer preferences. However, small employers may request and receive either composite or table rates. To request rate structure different than the standard default, please contact your UnitedHealthcare Representative for groups of 1-9. For groups of 10-50, the alternate rate structure can be accessed online via United eServices.

Medicare Part D regulations require employers to provide creditable coverage notification to Medicare eligible participants of their prescription drug plan, as well as to Centers for Medicare & Medicaid Services (CMS) at least once a year at specified times. Please contact your UnitedHealthcare representative for information on the support and services UnitedHealthcare can provide employers to help them meet these requirements.

(10) (E) For specialty physicians with UnitedHealth Premium designation for both quality and efficiency, higher coverage levels will apply for this UnitedHealthcare EDGE Medical plan.

(SM) These pharmacy plan designs contain a separate member cost share for certain Specialty Medications. Your employees should review their benefit summary to determine how they will be affected.

(s) This plan features split physician office visit copayments. Enrollees in these plans will pay a higher copayment when they see specialists than when they see primary care physicians.

#### Dental Disclaimers

(1) For certain dental plans the Endodontic, Periodontic and Oral Surgery benefits may, as a group or individually, be class shifted between Class II and Class III coinsurance rates. For more information, please see the Dental Benefit Summary for the specific plan setup.

Employer Contribution Premium / Month (Employee Only) is the amount of the total monthly employee premium contributed by the employer and does not include any additional amounts that may be contributed for dependents. This amount will change depending on the number of employees and the contribution percentage. If no contribution percentage has been provided, this amount assumes the employer pays 100% of the employee premium.

The quoted rates reflect insurance services and products which may be provided by multiple carriers.

Agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your agent if you have questions on their compensation for the products in this proposal.

Lifetime Deductible dental plans are: P3420 - P3426, P3429, P3430, P3320 - P3326, P3328, P3330, P3331, P3471 - P3477, P3480, P3481, I1213 - I1216 & I1316 - I1321. The deductible is met once per lifetime per eligible individual, with no family maximum.

The Out of Network reimbursement may be based on a percentage of the Usual and Customary (UCR) or Maximum Allowable Charges (MAC) which are applicable for the same service that would have been rendered by a network provider. OON reimbursements are based on the geographic area in which the expenses are incurred. Please see the Benefit Summary for OON reimbursement basis. "P" plans can vary by MAC, 85th, 90th or 95th percentile of UCR. "A" plans can vary by MAC or 70th percentile of UCR.

Product availability may vary based upon group size and prior dental coverage.

The Employer Contribution for Voluntary dental plans may range from 0%- 49%.

(2) For Indemnity, PPO and INO plans, the employer must meet minimum contribution and eligible employee participation requirements. Contributory/Employer-Paid dental plans: (employer contribution)- 50% or more of the employee rate. At least 75% participation of eligible employees who do not waive coverage, not to fall below 50% of total eligible employees (must have at least 2 enrolled employees for plans without ortho and 10 eligible, 8 or more enrolled for plans with orthodontia ). Voluntary dental plans: employer may contribute 0 to 49% of the total premium. 0% participation of eligible employee, 2 or more employees enrolled; for plans with Orthodontia, 10 eligible, 8 or more employees enrolled.

The Core Network is made up of providers who provide our strongest discounts. Core plan codes are distinguished by an "N".

(3) Proposed rates are valid to the Effective Date or 90 days from the Quote Date, whichever is sooner.

(5) Please note that for some Dental Plans minor restorative services (i.e., fillings, space maintainers) may be paid at a higher benefit level.

(10) For Dental HMO Only: The copayment amounts shown here are for the specific ADA code shown. Copayments for services will vary by ADA code. Please refer to the Benefit Summary for more details.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX and associated COC form number DCOC.CER.06. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA. Benefits for the UnitedHealthcare dental DHMO plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. Plans sold in Texas use contract form number DHMO.CNT.11.TX and associated EOC form number DHMO.EOC.11.TX. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by DBP Services. The Select DHMO plan is underwritten by Dominion Dental Services, Inc. Dominion is licensed as a Limited Health Care Services HMO in Virginia, Pennsylvania and a Dental Plan Organization in Maryland and Delaware. In CA, benefits for the UnitedHealthcare Dental DHMO/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare.

### Vision Disclaimers

(1) Agents may receive commissions, bonuses and other compensations for selling the product in this proposal. The cost of the compensation may be directly or indirectly reflected in the premium or fees for these products.

The employer must meet the minimum contribution and eligible employee participation requirements. For voluntary Vision plans: minimum 1 or more enrollees required; no participation percentage required. For employer sponsored plans: at least 75% participation of eligible employees less valid waivers, not to fall below 50% of total eligible employees. For employee core/voluntary dependent Vision plans: 75-100% employer contribution for employees; no employer contribution requirements for dependents; at least 75% participation of eligible employees less valid waivers, not to fall below 50% of total eligible employees.

This quote assumes Carrier replacement.

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Proposed rates are valid to the Effective Date.

Product availability may vary based upon group size.

Out-of-Network Allowances for lenses will vary by lens type with a maximum of \$80. Medically necessary contacts have a maximum allowance of \$210.

See benefit summary for specific plan benefits and design such as frame allowance, contact lens options, and covered in full lens options.

(10) The purchase of a UnitedHealthcare medical plan will include voluntary vision coverage, at the rates quoted within this proposal, unless you notify your UnitedHealthcare representative at the point of sale that the employer is electing to buy up to an alternate plan design or opting out of the vision coverage. During the installation process, you will be required to either opt out or select an alternate plan design from the options presented. For those employers electing to offer a vision plan their members will have the opportunity to elect their level of vision coverage from the medical enrollment form. If there is no member enrollment in the vision plan after 5 months the vision coverage may be terminated from the policy.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

**UnitedHealthcare and Neighborhood Health Plan (NHP)  
New Business Proposal for Small Business Employers  
Florida**

We are pleased to provide you with this rate quote and benefit summary.  
Please note that this quote is subject to the following conditions and assumptions.

1.	<b>This group should not, under any circumstances, cancel their existing coverage until they have received approval from the UnitedHealthcare Underwriting Department.</b>
2.	This rate quote is not an offer or a guarantee of coverage. This rate quote is subject to change if: (i) benefits are changed or a different product is selected, (ii) enrollment data differs from the data used for the quote, (iii) materially inaccurate information has been provided, (iv) the effective date of coverage is changed; or, (v) any other contingency of coverage required by law or contract. Total rates may also differ based on rounding in the calculations.
3.	The monthly premium rates quoted in this proposal are based on the census information submitted by your Company to UnitedHealthcare or Neighborhood Health Plan. Final premium rates may change from those quoted based upon the actual enrollment on the effective date.
4.	Neighborhood Health Partnership products are only available for quote in the following Counties: Broward, Flagler, Hernando, Highlands, Hillsborough, Lake, Lee, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, Volusia. Quotes rendered or submitted outside of that area outlined for NHP will not be honored.
5.	If coverage is issued, these rates will be in effect for 12 months from the initial effect date of coverage, subject to the group policy provisions.
6.	This proposal is not applicable if the group already has a UnitedHealthcare policy in force.
7.	<b>IMPORTANT:</b> Non-grandfathered new small group business are subject to the PPACA requirements affecting small employer group health plans including Adjusted Community Rating, Essential Health Benefits, PPACA taxes/fees, Prohibition of Pre-existing Conditions, Out of Pocket Maximums [\$6,600/\$13,200 unless different by state]. State law may be more restrictive or have additional requirements from those required under PPACA.
8.	All medical product proposals for UnitedHealthcare (UHC) are valid only for those employees and dependents who work or reside in the designated service area.
9.	Insurance coverage is provided by or through UnitedHealthcare Insurance Company and affiliates, except New York.
10.	All employer groups are required to have Workers' Compensation for their employees (both full-time and part-time). Owners and partners may be exempt by State Law from having to carry Workers' Compensation.
11.	As part of this medical product purchase, employers will receive two additional services: COBRA and Pre-tax Premium Administrative services. These services are offered at no additional cost to the employer.
12.	<b>HRA, GAP, and Self-Funding Arrangement Guidelines</b> <ul style="list-style-type: none"> <li>Only the UnitedHealthcare HRA-eligible benefit plans may be used in conjunction with a federally qualified HRA or other qualified self-funded wraparound product.</li> <li>Employer contributions are pre-defined and comply with required metallic plan actuarial values.</li> <li>Gap and any form of self-funding or insuring of the deductible or coinsurance are not permitted alongside any other UnitedHealthcare medical plan.</li> <li>The UnitedHealthcare HRA Application must be completed by the employer group and included with case submission to Underwriting.</li> </ul>
13.	<b>Participation:</b> Small business groups (2 to 50) are required to meet a 50% minimum floor participation requirement. This is calculated by the total eligibles less individuals in the eligible count who are waiving due to other qualifying existing coverage. Remember, eligible count must include employees Medicare with parts A & B when calculating participation floor and; <ul style="list-style-type: none"> <li>Valid waivers are excluded from this calculation and include the following: Individual Coverage, CHAMPVA (Military), Tricare, Other group coverage, Retiree through group coverage, COBRA, Medicare, Parents Coverage, Foreign Government Coverage and UnitedHealth One.</li> <li>When determining if adequate participation levels are met, UnitedHealthcare does not count the following Waivers as Valid: Medicaid, Cost, Voluntary Waiver, and Veterans Administration.</li> </ul>
14.	New groups with 2-3 eligible employees require 60 day lead time.
15.	<b>Note:</b> Participation and contribution rules may not be applied to new small business groups applying for a January 1st effective date during the open enrollment period that runs from November 15 through December 15 of each year. Additionally, when new plans are filed outside of the state's annual small group filing cycle, participation and contribution rules may not be applied to new small groups enrolling for group health benefits in those plan(s).
16.	<b>Eligible Employees:</b> working a minimum of 25 hours per week and who have satisfied any waiting period as required by the employer (Note: Husband / Wife / Dependent under one group are considered to count as one eligible)

**UnitedHealthcare and Neighborhood Health Plan (NHP)  
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17.	<p><b>Individual contractors paid by 1099</b> are eligible for coverage providing these specific guidelines are met:</p> <ul style="list-style-type: none"> <li>Contractor must work for employer on a full time, year-round basis</li> <li>Employer contribution is the same as a regular taxed employee Employer agrees to extend coverage and waiting periods to all individual contractors, including new hires (who meet these qualifications)</li> <li>The business has a minimum of one regular taxed employee.</li> <li>Group must submit a 1096 Form for review.</li> </ul>
18.	<b>Contribution:</b> Minimum Employer contribution is 50% of the employee only rate.
19.	<p><b>“Small employer”</b> means, in connection with a health benefit plan with respect to a calendar year and a plan year:</p> <p>1. For a grandfathered health plan, any person, sole proprietor, self-employed individual, independent contractor, firm, corporation, partnership, or association that is actively engaged in business, has its principal place of business in this state, employed an average of at least 1 but not more than 50 eligible employees on business days during the preceding calendar year, the majority of whom were employed in this state, employs at least 1 employee on the first day of the plan year, and is not formed primarily for purposes of purchasing insurance. In determining the number of employees, companies that are an affiliated group as defined in s. 1504(a) of the Internal Revenue Code of 1986, as amended, are considered a single employer. For purposes of this section, a sole proprietor, an independent contractor, or a self-employed individual is considered a small employer only if all of the conditions and criteria established in this section are met.</p> <p>2. For a non-grandfathered health plan, any employer that has its principal place of business in this state, employed an average of at least 1 but not more than 50 employees on business days during the preceding calendar year, and employs at least 1 employee on the first day of the plan year. As used in this subparagraph, the terms “employee” and “employer” have the same meaning as provided in s. 3 of the Employee Retirement Income Security Act of 1974, as amended, 29 U.S.C. s. 1002</p>
20.	<p><b>Eligibility Counting Method:</b> ATNE (Average Total Number of Employees) for the purposes of Rating versus the use of eligibles to determine if the group meets the Adjusted Community Applicable definition of a small employer. The ATNE count includes all employees employed by the employer during the last year, including full-time, part-time and seasonal workers, as well as those who do not qualify for medical coverage.</p> <p>COBRA enrollees are required to be included on the census. They are not counted as eligible employees when determining group size. True group size is determined based on the Group’s Average Total Number of Employees (ATNE). Individuals waiving due to COBRA participation in a prior plan will be required to complete an enrollment application.</p>
21.	<b>Minimum group size</b> is one common law employee in addition to the owner.*
22.	Sole Proprietor Only Groups, Owner Only Groups (Partnerships), and Spouse-only groups are not eligible.
23.	All required information must be submitted to process the case by the requested effective date. Effective dates are the 1st and 15th of the month. Any cases with missing information may delay processing for the requested effective date.
24.	<p><b>Valid Waiting Periods:</b> (DOE excluded for NHP and no dual waiting periods allowed)</p> <ul style="list-style-type: none"> <li>None (Days or Months, DOE or FOMF)</li> <li>1 to 90 Days Date of Event Administration (DOE)</li> <li>1 to 60 Days First of Month Following Administration (FOMF)</li> <li>1 or 2 Month(s) DOE or FOMF Administration</li> </ul>
25.	<p><b>Important Notes:</b></p> <ul style="list-style-type: none"> <li>Employees in their waiting period are not eligible for coverage.</li> <li>Some Leased Employee’s / PEO arrangements may be eligible for coverage if they meet all the guidelines. Please contact your Sales Representative for any questions.</li> <li>No class out option for 2-50 life groups</li> <li>The purchase of a UnitedHealthcare medical plan will include vision coverage, at the rates quoted within the proposal, unless a broker notifies their UnitedHealthcare representative at the point of sale that the employer is electing to buy up to an alternate plan design or opting out of the vision coverage. During the installation process, the employer will be required to either opt out or select an alternate plan design from the options presented. For those employers electing to offer a vision plan, their enrollees will have the opportunity to elect their level of vision coverage from the medical enrollment form. If there are no enrollees in the vision plan after 5 months, the vision coverage may be terminated from the policy.</li> <li>Mini-COBRA continuees are not eligible for dental.</li> <li>Dual / Triple Option plan solutions may vary by Market causing certain combinations to be unavailable for installation. For any questions on the market specific requirements, please contact your local representative</li> <li>Three NHP Plans / Products can no longer be combined as a Triple Option combination.</li> </ul>

\*[Common Law Definition \(IRS Website\)](#)

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**New Case Submission Checklist**

<input type="checkbox"/>	UnitedHealthcare proposal noting correct effective date of coverage.
<input type="checkbox"/>	Group Application completed and signed by Employer and broker must be submitted to UnitedHealthcare or NHP.
<input type="checkbox"/>	The Product Selection Form / Group Service Agreement (NHP only) must be signed by the employer.
<input type="checkbox"/>	<p>UHC approved census spreadsheet may be submitted in lieu of employee applications/waivers. The spreadsheet must include all eligible employees with employee status clearly identified as: active, COBRA, or those waiving (including waiver reason, if applicable) and COB (Y, N, or U if applicable). Indicate Medical, Dental, Vision, Life and/or At Occupation (AO) plan coverage elections. If a Navigate plan is selected, included PCP Code for each enrollee. Provide employee and dependent demographics including SSN (Social Security Number) as required for employee; desired, but not required, for dependents.</p> <p><b>IMPORTANT NOTE:</b></p> <p>1) Employers are required to validate all applicants complete the application in full and</p> <p>2) Employers are required to retain those applications on file.</p>
<input type="checkbox"/>	Out-of-area Enrollment Forms (if applicable).
<input type="checkbox"/>	If Medicare is primary, a copy of each individual's Medicare card is required to verify enrollment in Parts A and B.
<input type="checkbox"/>	<p>Binder Check made payable to UnitedHealthcare or Neighborhood Health Partnership (both if joint offering) for estimated first month total group premium. Binder checks are deposited upon receipt and a refund provided if coverage is not issued.</p> <p><i>Note:</i> Direct Debit as a payment option is available. To elect this payment method, submit a completed Direct Debit form and a blank voided check with the application.</p>
<input type="checkbox"/>	<p><b>Verification of employment status</b></p> <p>Groups with up to 14 Enrolling: If required to file an RT-6: UnitedHealthcare / Neighborhood Health Partnership requires all groups with up to 14 enrolling to submit a signed copy of their current RT-6/Quarterly Wage and Tax Report with their new business submissions.</p> <p>Groups with 15-50 enrolling may submit the Florida Participation Certification form in lieu of the RT-6 and /or payroll. For groups with PEO, Affiliate or Common Ownership, additional documentation may apply. Please contact your local Account Executive.</p> <p>All applicants must appear on the submitted, filed tax documents unless they are new hires and their date of employment falls within the preceding quarter. Groups with 6-14 enrolling may submit, in lieu of the RT-6, a current payroll and billing statement from their current insurer. UnitedHealthcare / Neighborhood Health Partnership, at our discretion, may require RT-6 Wage and Tax documentation.</p> <p><i>All groups required to file a RT-6 Quarterly Wage &amp; Tax report (QWR) form must include a copy of the QWR with their new case submission*</i></p> <ul style="list-style-type: none"> <li>For groups that have been in business <b>less than one year</b> (or not required to file a QWR), a current two-week/quarterly payroll is always required to validate that employees are working at the business and that an employer/employee relationship exists.</li> <li>For groups that have been in business <b>one year or more</b>, a wage and tax statement or a two-week/quarterly payroll from a payroll company is always required for all groups.</li> </ul> <p><i>*Indicate the employment or eligibility status for each employee listed on any submitted QWR or payroll records with these abbreviations:</i></p> <p><b>A</b> – any employee submitting an Application, <b>W</b> – Waiving, <b>P/T</b> – Part-Time, <b>T</b> – Terminated, <b>S</b> – Seasonal, <b>WP</b> – Waiting Period.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>If QWR reflects more than a 50% change in census, a current payroll will also be required.</li> <li>If a 2-week/quarterly payroll statement is submitted, it must list the company name, reflect a current pay period and include a list of all employees indicating wages paid, withholdings and a grand total.</li> <li>Handwritten or estimated payroll, individual payroll/ pay stubs or W-2/W-3/W-4/W-9's are not acceptable.</li> </ul>

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<input type="checkbox"/>		<b>Proof of Ownership</b> If the owner is not listed on the RT-6 QWR or the group is not required to file a QWR, one document from Box A (if applicable) and one from Box B below is required to establish eligibility. In addition, two weeks' of the most current payroll (ledger format) is required.	
		<b>Box A</b> <ul style="list-style-type: none"> <li>Current business, state and/or occupational license</li> <li>Articles of Incorporation</li> <li>Partnership, LLC or LLP Agreement</li> </ul>	<b>Box B</b> <ul style="list-style-type: none"> <li><b>Non Profit Use only:</b> Quarterly Payroll Ledger with a 'by name' listing of staff names; totals matching IRS form 941</li> <li><b>Partnerships:</b> IRS Schedule K-1 (Form 1065)</li> <li><b>S Corps:</b> IRS Schedule K-1 (Form 1120S)</li> <li><b>C Corps:</b> IRS Forms: 1120 (Pages 1-2), Form 1120-Schedule G &amp; Form 1125-E listing all Owners</li> <li><b>Sole Proprietorships:</b> IRS Schedule C or F (Form 1040)</li> <li><b>Note:</b> Enrolling Spouse of Sole Proprietor (not listed on a quarterly wage &amp; tax statement) or Payroll must provide a Self-Employment (SE) Form</li> </ul>

*Neighborhood Health Partnership, UnitedHealthcare and affiliates reserve the right to request proof of ownership, additional payroll or supporting tax documentation on any submission.*

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**Specialty New Business Underwriting Guidelines**

<b>Specialty- Participation Life and Dental (New Business)</b> 2-50	<b>Life</b> <ul style="list-style-type: none"> <li>• 2-5 eligible employees: 100% of all eligible employees</li> <li>• 6-50 eligible employees: 75% of all eligible employees for contributory plans and 100% for non-contributory plans</li> </ul> <b>Employer Paid Dental</b> <ul style="list-style-type: none"> <li>• 75% of eligibles net of spousal waivers, 50% gross waivers</li> <li>• 100% participation, net of waivers, is required for non-contributory plans</li> </ul> <b>Voluntary Dental</b> <ul style="list-style-type: none"> <li>• All plans require two enrolled; some plans require a minimum of 10 eligible including orthodontia plans</li> </ul>
<b>Specialty- Employer Contribution Life and Dental (New Business)</b> 2-50	<b>Life</b> <ul style="list-style-type: none"> <li>• Non-Contributory Plans: 100%</li> <li>• Contributory Plans: Minimum of 25%</li> </ul> <b>Employer Paid Dental</b> <ul style="list-style-type: none"> <li>• 50% minimum of the employee premium</li> </ul> <b>Voluntary Dental</b> <ul style="list-style-type: none"> <li>• 0-49% of the employee premium</li> </ul>
<b>Supplemental Life &amp; ADD (New Business)</b> 10-50	<b>Supplemental Life</b> <ul style="list-style-type: none"> <li>• Voluntary Life not available for 2-9 life groups, 25% minimal participation, 100% Employee paid</li> <li>• Must be sold with Basic Employee Life</li> <li>• Employee must elect Basic Employee Life to elect Supplemental Employee Life</li> </ul>
<b>Specialty- Short &amp; Long Term Disability Participation and Contribution (New Business)</b> 2-50	<b>Short Term Disability</b> (employees in CA, HI, RI, NY, NJ and Puerto Rico are not eligible for STD coverage) <sup>1,2,3,4</sup> <ul style="list-style-type: none"> <li>• 2-9 eligible employees: 100% employer-paid, 100% employee participation required</li> <li>• 10-50 employees (Non-Contributory) 100% employer-paid: 100% employee participation required</li> <li>• Contributory: Minimum of 50% employer-paid, 75% employee participation required</li> <li>• Voluntary coverage for 10-99 with 25% participation</li> </ul> <sup>1</sup> Less than 51 eligible employees: must be sold with at least one Contributory or Non-Contributory product (Medical, Dental, Vision, Basic Life or LTD). <b>Long Term Disability</b> <sup>2,3,4</sup> <ul style="list-style-type: none"> <li>• 2-9 eligible employees: 100% employer-paid, 100% employee participation</li> <li>• 10-99 employees (with employer-paid companion product including medical): Voluntary: 0–24% Employer-paid, minimum 25% employee participation.</li> <li>• Contributory: minimum 25% employer-paid, minimum 50% employee participation.</li> <li>• Non-Contributory: 100% employer- paid, 100% participation</li> </ul> <sup>2</sup> Requires at least one companion ancillary product along with either contributory or non-contributory companion product requirement. If the basic life is non-contributory, then that would satisfy both requirements. <sup>3</sup> Groups must be in business for a minimum of 2 years <sup>4</sup> Groups must not contain more than 50% immediate family members



# Information about HRA/HSA Contribution Requirements under the Affordable Care Act (ACA)

Our goal is to help you understand how the contributions you make to your employees' HSAs and integrated HRAs can affect the actuarial value of your health plan. Under the Affordable Care Act (ACA), plan sponsors are required to offer health coverage to their employees that falls within one of four metallic levels of coverage. Each metallic level has its own range of permitted actuarial values. UnitedHealthcare, as a health insurance issuer, is also obligated to only offer health coverage that falls within the four metallic levels.

It is important to understand that the amount of the contributions that you make to your employees' HSAs or integrated HRAs have an impact on the actuarial value of every plan design we offer to you. Further, with respect to an integrated HRA, the available contribution ranges shown in this proposal/renewal packet are specific to the particular type of HRA (Standard or Select, see definitions below) we have available in your market. We will gladly work with you to make sure you understand the HRA plans available in your market.

## Why this is important

Making sure that the employer contribution to HSAs or HRAs fall into the designated dollar amount ranges helps ensure that your plan meets the actuarial value for the metallic level of coverage you have elected for your health plan offering and that you maintain compliance with the requirements of the ACA. Failing to make the contributions as indicated may mean that your selected plan falls below the actuarial value for the metallic level while funding at an amount above may mean the actuarial value for the metallic level has been exceeded. In either circumstance your plan will not be compliant with the requirements of the ACA.

We are offering you the plan you have chosen for your employees based on the understanding that your contributions to your employees' HSA or HRA will be made as set forth in the proposal for new customers or, for existing customers, in the renewal plan documents. In addition, contributions must be available to employees on the first day of the plan year.

**If you do not intend to make the contributions or intend to change the amount or timing of the contributions, it may mean that your plans will not fall within the appropriate metallic level and thus may not be compliant with the ACA.** We want to ensure that does not happen so are asking that you please contact your UnitedHealthcare representative to let them know of any changes to your plan or to the amount and/or timing of the HSA/HRA contributions you intend to make.

## Please take these steps to ensure compliance

1. If you are a new customer, please review the contribution amounts for the plan you have selected. These amounts are shown in your final proposal from UnitedHealthcare. If you are an existing customer, please review the contribution amounts that are shown in your renewal plan documents. If you do not have the appropriate document, please contact your UnitedHealthcare representative, who can provide the information to you.
2. Please make the required HSA/HRA contribution so that it is available on the first day of the plan year.
3. For HRA plans, please ensure that your HRA plan design is such that HRA amounts may only be used to reimburse employees for cost sharing amounts under your plan.
4. Please note your HRA must adhere to the UnitedHealthcare HRA Standard or Select product design available in your market. (See description below.)
5. Please inform us at least 30 days in advance of any plan changes to your plan.

We are committed to ensuring the ACA is implemented successfully and that you, as our customer, know the necessary actions to take. We are here to help you throughout this process, so if you have questions please contact your UnitedHealthcare representative.



UnitedHealthcare Standard HRA plans are available in Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Idaho, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, and West Virginia. Standard HRAs (also known as first dollar HRAs) are designed to pay 100% of the initial claims until the HRA is depleted. The member is then responsible for payment of additional claims until the deductible is satisfied. The maximum HRA contribution amount is equal to 50% of the deductible.

UnitedHealthcare Select HRA plans are available in California, Colorado, Iowa, Illinois, Indiana, Kansas, Kentucky, Michigan, Missouri, New Mexico, Ohio, Oklahoma, Oregon, Texas, Wisconsin and Wyoming, as Shared or Split. Shared HRA plans pay a percentage of first dollar qualifying expenses up to the HRA contribution limit. The employee is responsible for the remaining percentage of first dollar qualifying expenses. Split Deductible HRA (also called second dollar) plans are designed so the employee is responsible for the first 50% of expenses applying to the deductible; then the Employer funded HRA pays for subsequent qualifying expenses up to the HRA contribution limit. The maximum Employer HRA funding for both Shared and Split Deductible is equal to 50% of the deductible.