

Small Group ACA Plan Overview Exhibit



Preliminary Rates

LLPS, Inc.

Group Number: L0001596

Effective December 1, 2020

Account Executive: Jeanette Pung

Producer: DeRose, Joseph

Quote ID: 0050684

SW Iteration: 01

Quote Date: 07/15/2020

Region: Rating Area 7

Medical Options:

| <u>Renewal Plan</u> | <u>Option 2</u> | <u>Option 3</u> | <u>Option 4</u> | <u>Option 5</u> |
|---------------------|-----------------|------------------|-----------------|-----------------|
| PPO | PPO | PPO | PPO | PPO |
| PHP Gold 1000 | PHP Gold 1500 | PHP Gold 500 PPO | PHP Gold 1400 | PHP Gold 2000 |
| PPO | HSA PPO | | PPO | PPO |
| GFH005-2020 | GFJ003-2020 | GFH013-2020 | GFH015-2020 | GFH018-2020 |
| RX03F367 | RX07F310 | RX03F362 | RX03F362 | RX03F362 |
| \$12,974.03 | \$13,353.42 | \$12,857.45 | \$12,740.84 | \$12,273.68 |

Percent Difference From Renewal Rate:

2.9%

-0.9%

-1.8%

-5.4%

Total # subscribers 11

Total # members 24

In-Network Coverage (Member Responsibility)

| | | | | | |
|-------------------------------------|----------------------|------------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Deductible | \$1,000/\$2,000 | \$1,500/\$3,000 (Aggregate) | \$500/\$1,000 | \$1,400/\$2,800 | \$2,000/\$4,000 |
| Coinsurance - Standard | 20% after ded | 0% after ded | 20% after ded | 20% after ded | 20% after ded |
| Coinsurance Maximum - Standard | NA | NA | \$5,000/\$10,000 | \$1,600/\$3,200 | \$1,500/\$3,000 |
| Maximum Out of Pocket | \$5,400/\$10,800 | \$3,000/\$6,000 | \$8,000/\$16,000 | \$8,000/\$16,000 | \$8,000/\$16,000 |
| Primary Care Physician Office Visit | \$25 | 0% after ded | \$25 | \$25 | \$25 |
| Specialist Office Visit | \$50 | 0% after ded | \$50 | \$50 | \$50 |
| Telehealth - Acute Care | \$5 | 0% after ded | \$5 | \$5 | \$5 |
| Urgent Care | \$60 | 0% after ded | \$60 | \$60 | \$60 |
| Emergency Room | \$300 after ded | 0% after ded | 20% after ded | 20% after ded | 20% after ded |
| High Tech Imaging | \$150 after ded | 0% after ded | \$150 after ded | \$150 after ded | \$150 after ded |
| RX Copay (Retail and Specialty) | \$20/\$50/\$80/\$150 | \$20/\$60/\$150/\$200 after ded | \$20/\$50/\$80/20% max \$300 | \$20/\$50/\$80/20% max \$300 | \$20/\$50/\$80/20% max \$300 |

Out-of-Network Coverage (Member Responsibility)

| | | | | | |
|-----------------------|------------------|------------------|-------------------|-------------------|-------------------|
| Medical Deductible | \$3,500/\$7,000 | \$4,000/\$8,000 | \$3,000/\$6,000 | \$4,000/\$8,000 | \$5,000/\$10,000 |
| Inpatient Coinsurance | 30% after ded | 30% after ded | 30% after ded | 30% after ded | 40% after ded |
| Maximum Out of Pocket | \$7,000/\$14,000 | \$8,000/\$16,000 | \$15,000/\$30,000 | \$15,000/\$30,000 | \$15,000/\$30,000 |

The benefit descriptions above are intended to highlight your benefits. They are not a binding contract and are not a substitute for the Certificate of Coverage.

The benefit codes above are internal codes. Any changes to final codes will not impact actual benefits.



Group Name: LLPS, Inc.
Group Number: L0001596
Effective Date: 12/1/2020
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 7/15/2020
Quote ID: 0050684-01

Renewal Plan

Product: PPO
Medical Plan ID: GFH005-2020 - PHP Gold 1000 PPO
RX Plan ID: RX03F367
Employer Funding: HRA-None

Subgroup: 1000 - Active
Premium For Members In Plan GFH005-2020
Total \$12,974.03

In Network - Ded: \$1,000/\$2,000; Coins - Standard: 20% after ded; Coins Max - Standard: NA; MOOP: \$5,400/\$10,800
PCP OV: \$25; Spec OV: \$50; Telehealth-Acute Care: \$5; UC: \$60
ER: \$300 after ded; High Tech Imaging: \$150 after ded; Rx: \$20/\$50/\$80/\$150
Out of Network - Ded: \$3,500/\$7,000; Coins: 30% after ded; MOOP: \$7,000/\$14,000

Individual Rates by Age

| Age | Enroll | Rate | Premium | Age | Enroll | Rate | Premium | Age | Enroll | Rate | Premium |
|------|--------|----------|------------|-----|--------|----------|----------|------------|--------|------------|------------|
| 0-14 | 4 | \$259.86 | \$1,039.44 | 31 | 1 | \$393.70 | \$393.70 | 48 | 0 | \$555.39 | |
| 15 | 0 | \$282.96 | | 32 | 1 | \$401.85 | \$401.85 | 49 | 0 | \$579.51 | |
| 16 | 0 | \$291.79 | | 33 | 1 | \$406.95 | \$406.95 | 50 | 0 | \$606.68 | |
| 17 | 1 | \$300.62 | \$300.62 | 34 | 0 | \$412.38 | | 51 | 0 | \$633.52 | |
| 18 | 0 | \$310.13 | | 35 | 0 | \$415.10 | | 52 | 0 | \$663.07 | |
| 19 | 0 | \$319.65 | | 36 | 1 | \$417.82 | \$417.82 | 53 | 1 | \$692.96 | \$692.96 |
| 20 | 0 | \$329.50 | | 37 | 1 | \$420.53 | \$420.53 | 54 | 0 | \$725.23 | |
| 21 | 1 | \$339.69 | \$339.69 | 38 | 1 | \$423.25 | \$423.25 | 55 | 1 | \$757.50 | \$757.50 |
| 22 | 0 | \$339.69 | | 39 | 0 | \$428.69 | | 56 | 0 | \$792.49 | |
| 23 | 0 | \$339.69 | | 40 | 1 | \$434.12 | \$434.12 | 57 | 0 | \$827.82 | |
| 24 | 0 | \$339.69 | | 41 | 0 | \$442.27 | | 58 | 0 | \$865.52 | |
| 25 | 1 | \$341.05 | \$341.05 | 42 | 1 | \$450.09 | \$450.09 | 59 | 1 | \$884.21 | \$884.21 |
| 26 | 1 | \$347.84 | \$347.84 | 43 | 0 | \$460.96 | | 60 | 1 | \$921.91 | \$921.91 |
| 27 | 0 | \$355.99 | | 44 | 0 | \$474.54 | | 61 | 0 | \$954.52 | |
| 28 | 0 | \$369.24 | | 45 | 0 | \$490.51 | | 62 | 1 | \$975.92 | \$975.92 |
| 29 | 0 | \$380.11 | | 46 | 0 | \$509.53 | | 63 | 2 | \$1,002.76 | \$2,005.52 |
| 30 | 0 | \$385.54 | | 47 | 0 | \$530.93 | | 64 & older | 1 | \$1,019.06 | \$1,019.06 |

Medical Quote Assumptions

The premiums quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the premium or revocation of the quote.

- Rates are guaranteed for 12 months for the contract period of 12/1/2020 through 11/30/2021.
- For family contracts with four or more children under the age of 21 to be covered, there is no additional premium charge after the first three children. Premium is calculated on the ages of the three oldest children in the family contract.
- PHP Insurance Company is the only carrier offered.
- Monthly premiums are based on current enrollment and members age on the effective date. Actual monthly premium will be based on actual enrollment.
- Enrolled participants must be actively at work. All exceptions must be pre-approved in writing by PHP (i.e. Cobra, retirees, disability, workers compensation, surviving spouse).
- Medicare benefits are determined as if the person were covered under Medicare parts A and B. If a retiree is covered under Medicare, a copy of their Medicare card is required at the point of enrollment.
- The retiree benefits offered may be equal to or less than the value of the active employees.
- PHP Insurance Company reserves the right to revise this quotation due to changes in federal, State, or other applicable legislation or regulation requiring changes to this quotation.
- Rates are subject to approval of the PHP 2020 group Rate Filing and Addendum by the Department of Insurance and Financial Services.
- Rates include state and ACA related taxes and fees.
- Minimum participation requirements:
 - Groups with 2-10 eligible employees=100% of those seeking health care coverage
 - Groups with 11-25 eligible employees=75% of those seeking health care coverage
 - Groups with 26-50 eligible employees=50% of those seeking health care coverage
- The benefit description above is intended to highlight your benefits. They are not a binding contract and are not a substitute for the Certificate of Coverage.
- The plan id above is an internal code. Any change to this code will not impact your actual benefits.
- Federal and state law provide that you are only eligible to purchase this group health benefit plan if you also purchase group pediatric dental coverage offered by an Exchange-certified standalone dental plan.

Accepted By: _____
Group Administrator Signature

Accepted By: _____
Agent Signature

Accepted By: _____
Group Administrator Printed Name

Accepted By: _____
Agent Printed Name

Date: _____

Date: _____



Group Name: LLPS, Inc.
Group Number: L0001596
Effective Date: 12/1/2020
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 7/15/2020
Quote ID: 0050684-01

Option 2

Product: PPO
Medical Plan ID: GFJ003-2020 - PHP Gold 1500 HSA PPO
RX Plan ID: RX07F310
Employer Funding: HSA-None

Subgroup: 1000 - Active
Premium For Members In Plan GFJ003-2020
Total \$13,353.42

In Network - Ded: \$1,500/\$3,000 (Aggregate); Coins - Standard: 0% after ded; Coins Max - Standard: NA; MOOP: \$3,000/\$6,000
PCP OV: 0% after ded; Spec OV: 0% after ded; Telehealth-Acute Care: 0% after ded; UC: 0% after ded
ER: 0% after ded; High Tech Imaging: 0% after ded; Rx: \$20/\$60/\$150/\$200 after ded
Out of Network - Ded: \$4,000/\$8,000; Coins: 30% after ded; MOOP: \$8,000/\$16,000

Individual Rates by Age

| Age | Enroll | Rate | Premium | Age | Enroll | Rate | Premium | Age | Enroll | Rate | Premium |
|------|--------|----------|------------|-----|--------|----------|----------|------------|--------|------------|------------|
| 0-14 | 4 | \$267.46 | \$1,069.84 | 31 | 1 | \$405.21 | \$405.21 | 48 | 0 | \$571.63 | |
| 15 | 0 | \$291.23 | | 32 | 1 | \$413.60 | \$413.60 | 49 | 0 | \$596.45 | |
| 16 | 0 | \$300.32 | | 33 | 1 | \$418.85 | \$418.85 | 50 | 0 | \$624.42 | |
| 17 | 1 | \$309.41 | \$309.41 | 34 | 0 | \$424.44 | | 51 | 0 | \$652.04 | |
| 18 | 0 | \$319.20 | | 35 | 0 | \$427.24 | | 52 | 0 | \$682.46 | |
| 19 | 0 | \$328.99 | | 36 | 1 | \$430.03 | \$430.03 | 53 | 1 | \$713.23 | \$713.23 |
| 20 | 0 | \$339.13 | | 37 | 1 | \$432.83 | \$432.83 | 54 | 0 | \$746.44 | |
| 21 | 1 | \$349.62 | \$349.62 | 38 | 1 | \$435.63 | \$435.63 | 55 | 1 | \$779.66 | \$779.66 |
| 22 | 0 | \$349.62 | | 39 | 0 | \$441.22 | | 56 | 0 | \$815.67 | |
| 23 | 0 | \$349.62 | | 40 | 1 | \$446.82 | \$446.82 | 57 | 0 | \$852.03 | |
| 24 | 0 | \$349.62 | | 41 | 0 | \$455.21 | | 58 | 0 | \$890.83 | |
| 25 | 1 | \$351.02 | \$351.02 | 42 | 1 | \$463.25 | \$463.25 | 59 | 1 | \$910.06 | \$910.06 |
| 26 | 1 | \$358.01 | \$358.01 | 43 | 0 | \$474.44 | | 60 | 1 | \$948.87 | \$948.87 |
| 27 | 0 | \$366.40 | | 44 | 0 | \$488.42 | | 61 | 0 | \$982.44 | |
| 28 | 0 | \$380.04 | | 45 | 0 | \$504.85 | | 62 | 1 | \$1,004.46 | \$1,004.46 |
| 29 | 0 | \$391.23 | | 46 | 0 | \$524.43 | | 63 | 2 | \$1,032.08 | \$2,064.16 |
| 30 | 0 | \$396.82 | | 47 | 0 | \$546.46 | | 64 & older | 1 | \$1,048.86 | \$1,048.86 |

Medical Quote Assumptions

The premiums quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the premium or revocation of the quote.

- Rates are guaranteed for 12 months for the contract period of 12/1/2020 through 11/30/2021.
- For family contracts with four or more children under the age of 21 to be covered, there is no additional premium charge after the first three children. Premium is calculated on the ages of the three oldest children in the family contract.
- PHP Insurance Company is the only carrier offered.
- Monthly premiums are based on current enrollment and members age on the effective date. Actual monthly premium will be based on actual enrollment.
- Enrolled participants must be actively at work. All exceptions must be pre-approved in writing by PHP (i.e. Cobra, retirees, disability, workers compensation, surviving spouse).
- Medicare benefits are determined as if the person were covered under Medicare parts A and B. If a retiree is covered under Medicare, a copy of their Medicare card is required at the point of enrollment.
- The retiree benefits offered may be equal to or less than the value of the active employees.
- PHP Insurance Company reserves the right to revise this quotation due to changes in federal, State, or other applicable legislation or regulation requiring changes to this quotation.
- Rates are subject to approval of the PHP 2020 group Rate Filing and Addendum by the Department of Insurance and Financial Services.
- Rates include state and ACA related taxes and fees.
- Minimum participation requirements:
 - Groups with 2-10 eligible employees=100% of those seeking health care coverage
 - Groups with 11-25 eligible employees=75% of those seeking health care coverage
 - Groups with 26-50 eligible employees=50% of those seeking health care coverage
- The benefit description above is intended to highlight your benefits. They are not a binding contract and are not a substitute for the Certificate of Coverage.
- The plan id above is an internal code. Any change to this code will not impact your actual benefits.
- Federal and state law provide that you are only eligible to purchase this group health benefit plan if you also purchase group pediatric dental coverage offered by an Exchange-certified standalone dental plan.

Accepted By: _____
Group Administrator Signature

Accepted By: _____
Agent Signature

Accepted By: _____
Group Administrator Printed Name

Accepted By: _____
Agent Printed Name

Date: _____

Date: _____



Group Name: LLPS, Inc.
Group Number: L0001596
Effective Date: 12/1/2020
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 7/15/2020
Quote ID: 0050684-01

Option 3

Product: PPO
Medical Plan ID: GFH013-2020 - PHP Gold 500 PPO
RX Plan ID: RX03F362
Employer Funding: HRA-None

Subgroup: 1000 - Active
Premium For Members In Plan GFH013-2020
 Total \$12,857.45

In Network - Ded: \$500/\$1,000; Coins - Standard: 20% after ded; Coins Max - Standard: \$5,000/\$10,000; MOOP: \$8,000/\$16,000
 PCP OV: \$25; Spec OV: \$50; Telehealth-Acute Care: \$5; UC: \$60
 ER: 20% after ded; High Tech Imaging: \$150 after ded; Rx: \$20/\$50/\$80/20% max \$300
 Out of Network - Ded: \$3,000/\$6,000; Coins: 30% after ded; MOOP: \$15,000/\$30,000

Individual Rates by Age

| Age | Enroll | Rate | Premium | Age | Enroll | Rate | Premium | Age | Enroll | Rate | Premium |
|------|--------|----------|------------|-----|--------|----------|----------|------------|--------|------------|------------|
| 0-14 | 4 | \$257.53 | \$1,030.12 | 31 | 1 | \$390.16 | \$390.16 | 48 | 0 | \$550.40 | |
| 15 | 0 | \$280.42 | | 32 | 1 | \$398.24 | \$398.24 | 49 | 0 | \$574.30 | |
| 16 | 0 | \$289.17 | | 33 | 1 | \$403.29 | \$403.29 | 50 | 0 | \$601.23 | |
| 17 | 1 | \$297.92 | \$297.92 | 34 | 0 | \$408.67 | | 51 | 0 | \$627.82 | |
| 18 | 0 | \$307.35 | | 35 | 0 | \$411.37 | | 52 | 0 | \$657.11 | |
| 19 | 0 | \$316.77 | | 36 | 1 | \$414.06 | \$414.06 | 53 | 1 | \$686.73 | \$686.73 |
| 20 | 0 | \$326.54 | | 37 | 1 | \$416.75 | \$416.75 | 54 | 0 | \$718.71 | |
| 21 | 1 | \$336.64 | \$336.64 | 38 | 1 | \$419.45 | \$419.45 | 55 | 1 | \$750.70 | \$750.70 |
| 22 | 0 | \$336.64 | | 39 | 0 | \$424.83 | | 56 | 0 | \$785.37 | |
| 23 | 0 | \$336.64 | | 40 | 1 | \$430.22 | \$430.22 | 57 | 0 | \$820.38 | |
| 24 | 0 | \$336.64 | | 41 | 0 | \$438.30 | | 58 | 0 | \$857.74 | |
| 25 | 1 | \$337.98 | \$337.98 | 42 | 1 | \$446.04 | \$446.04 | 59 | 1 | \$876.26 | \$876.26 |
| 26 | 1 | \$344.71 | \$344.71 | 43 | 0 | \$456.81 | | 60 | 1 | \$913.63 | \$913.63 |
| 27 | 0 | \$352.79 | | 44 | 0 | \$470.28 | | 61 | 0 | \$945.94 | |
| 28 | 0 | \$365.92 | | 45 | 0 | \$486.10 | | 62 | 1 | \$967.15 | \$967.15 |
| 29 | 0 | \$376.69 | | 46 | 0 | \$504.95 | | 63 | 2 | \$993.75 | \$1,987.50 |
| 30 | 0 | \$382.08 | | 47 | 0 | \$526.16 | | 64 & older | 1 | \$1,009.90 | \$1,009.90 |

Medical Quote Assumptions

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Accepted By: _____
Group Administrator Signature

Accepted By: _____
Agent Signature

Accepted By: _____
Group Administrator Printed Name

Accepted By: _____
Agent Printed Name

Date: _____

Date: _____



Group Name: LLPS, Inc.
Group Number: L0001596
Effective Date: 12/1/2020
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 7/15/2020
Quote ID: 0050684-01

Option 4

Product: PPO
Medical Plan ID: GFH015-2020 - PHP Gold 1400 PPO
RX Plan ID: RX03F362
Employer Funding: HRA-None

Subgroup: 1000 - Active
Premium For Members In Plan GFH015-2020
 Total \$12,740.84

In Network - Ded: \$1,400/\$2,800; Coins - Standard: 20% after ded; Coins Max - Standard: \$1,600/\$3,200; MOOP: \$8,000/\$16,000
 PCP OV: \$25; Spec OV: \$50; Telehealth-Acute Care: \$5; UC: \$60
 ER: 20% after ded; High Tech Imaging: \$150 after ded; Rx: \$20/\$50/\$80/20% max \$300
 Out of Network - Ded: \$4,000/\$8,000; Coins: 30% after ded; MOOP: \$15,000/\$30,000

Individual Rates by Age

| Age | Enroll | Rate | Premium | Age | Enroll | Rate | Premium | Age | Enroll | Rate | Premium |
|------|--------|----------|------------|-----|--------|----------|----------|------------|--------|------------|------------|
| 0-14 | 4 | \$255.19 | \$1,020.76 | 31 | 1 | \$386.62 | \$386.62 | 48 | 0 | \$545.41 | |
| 15 | 0 | \$277.87 | | 32 | 1 | \$394.63 | \$394.63 | 49 | 0 | \$569.09 | |
| 16 | 0 | \$286.55 | | 33 | 1 | \$399.63 | \$399.63 | 50 | 0 | \$595.78 | |
| 17 | 1 | \$295.22 | \$295.22 | 34 | 0 | \$404.97 | | 51 | 0 | \$622.13 | |
| 18 | 0 | \$304.56 | | 35 | 0 | \$407.64 | | 52 | 0 | \$651.15 | |
| 19 | 0 | \$313.90 | | 36 | 1 | \$410.31 | \$410.31 | 53 | 1 | \$680.51 | \$680.51 |
| 20 | 0 | \$323.57 | | 37 | 1 | \$412.97 | \$412.97 | 54 | 0 | \$712.20 | |
| 21 | 1 | \$333.59 | \$333.59 | 38 | 1 | \$415.64 | \$415.64 | 55 | 1 | \$743.89 | \$743.89 |
| 22 | 0 | \$333.59 | | 39 | 0 | \$420.98 | | 56 | 0 | \$778.25 | |
| 23 | 0 | \$333.59 | | 40 | 1 | \$426.32 | \$426.32 | 57 | 0 | \$812.94 | |
| 24 | 0 | \$333.59 | | 41 | 0 | \$434.32 | | 58 | 0 | \$849.97 | |
| 25 | 1 | \$334.92 | \$334.92 | 42 | 1 | \$442.00 | \$442.00 | 59 | 1 | \$868.31 | \$868.31 |
| 26 | 1 | \$341.59 | \$341.59 | 43 | 0 | \$452.67 | | 60 | 1 | \$905.34 | \$905.34 |
| 27 | 0 | \$349.59 | | 44 | 0 | \$466.01 | | 61 | 0 | \$937.37 | |
| 28 | 0 | \$362.60 | | 45 | 0 | \$481.69 | | 62 | 1 | \$958.38 | \$958.38 |
| 29 | 0 | \$373.28 | | 46 | 0 | \$500.37 | | 63 | 2 | \$984.73 | \$1,969.46 |
| 30 | 0 | \$378.62 | | 47 | 0 | \$521.39 | | 64 & older | 1 | \$1,000.75 | \$1,000.75 |

Medical Quote Assumptions

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Accepted By: _____
Group Administrator Signature

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Group Administrator Printed Name

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Agent Printed Name

Date: _____

Date: _____



Group Name: LLPS, Inc.
Group Number: L0001596
Effective Date: 12/1/2020
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 7/15/2020
Quote ID: 0050684-01

Option 5

Product: PPO
Medical Plan ID: GFH018-2020 - PHP Gold 2000 PPO
RX Plan ID: RX03F362
Employer Funding: HRA-None

Subgroup: 1000 - Active
Premium For Members In Plan GFH018-2020
Total \$12,273.68

In Network - Ded: \$2,000/\$4,000; Coins - Standard: 20% after ded; Coins Max - Standard: \$1,500/\$3,000; MOOP: \$8,000/\$16,000

PCP OV: \$25; Spec OV: \$50; Telehealth-Acute Care: \$5; UC: \$60

ER: 20% after ded; High Tech Imaging: \$150 after ded; Rx: \$20/\$50/\$80/20% max \$300

Out of Network - Ded: \$5,000/\$10,000; Coins: 40% after ded; MOOP: \$15,000/\$30,000

Individual Rates by Age

| Age | Enroll | Rate | Premium | Age | Enroll | Rate | Premium | Age | Enroll | Rate | Premium |
|------|--------|----------|----------|-----|--------|----------|----------|------------|--------|----------|------------|
| 0-14 | 4 | \$245.83 | \$983.32 | 31 | 1 | \$372.45 | \$372.45 | 48 | 0 | \$525.41 | |
| 15 | 0 | \$267.69 | | 32 | 1 | \$380.16 | \$380.16 | 49 | 0 | \$548.22 | |
| 16 | 0 | \$276.04 | | 33 | 1 | \$384.98 | \$384.98 | 50 | 0 | \$573.93 | |
| 17 | 1 | \$284.40 | \$284.40 | 34 | 0 | \$390.12 | | 51 | 0 | \$599.32 | |
| 18 | 0 | \$293.39 | | 35 | 0 | \$392.69 | | 52 | 0 | \$627.28 | |
| 19 | 0 | \$302.39 | | 36 | 1 | \$395.26 | \$395.26 | 53 | 1 | \$655.56 | \$655.56 |
| 20 | 0 | \$311.71 | | 37 | 1 | \$397.83 | \$397.83 | 54 | 0 | \$686.08 | |
| 21 | 1 | \$321.35 | \$321.35 | 38 | 1 | \$400.40 | \$400.40 | 55 | 1 | \$716.61 | \$716.61 |
| 22 | 0 | \$321.35 | | 39 | 0 | \$405.54 | | 56 | 0 | \$749.71 | |
| 23 | 0 | \$321.35 | | 40 | 1 | \$410.69 | \$410.69 | 57 | 0 | \$783.13 | |
| 24 | 0 | \$321.35 | | 41 | 0 | \$418.40 | | 58 | 0 | \$818.80 | |
| 25 | 1 | \$322.64 | \$322.64 | 42 | 1 | \$425.79 | \$425.79 | 59 | 1 | \$836.48 | \$836.48 |
| 26 | 1 | \$329.06 | \$329.06 | 43 | 0 | \$436.07 | | 60 | 1 | \$872.15 | \$872.15 |
| 27 | 0 | \$336.78 | | 44 | 0 | \$448.93 | | 61 | 0 | \$903.00 | |
| 28 | 0 | \$349.31 | | 45 | 0 | \$464.03 | | 62 | 1 | \$923.24 | \$923.24 |
| 29 | 0 | \$359.59 | | 46 | 0 | \$482.03 | | 63 | 2 | \$948.63 | \$1,897.26 |
| 30 | 0 | \$364.73 | | 47 | 0 | \$502.27 | | 64 & older | 1 | \$964.05 | \$964.05 |

Medical Quote Assumptions

The premiums quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the premium or revocation of the quote.

- Rates are guaranteed for 12 months for the contract period of 12/1/2020 through 11/30/2021.
- For family contracts with four or more children under the age of 21 to be covered, there is no additional premium charge after the first three children. Premium is calculated on the ages of the three oldest children in the family contract.
- PHP Insurance Company is the only carrier offered.
- Monthly premiums are based on current enrollment and members age on the effective date. Actual monthly premium will be based on actual enrollment.
- Enrolled participants must be actively at work. All exceptions must be pre-approved in writing by PHP (i.e. Cobra, retirees, disability, workers compensation, surviving spouse).
- Medicare benefits are determined as if the person were covered under Medicare parts A and B. If a retiree is covered under Medicare, a copy of their Medicare card is required at the point of enrollment.
- The retiree benefits offered may be equal to or less than the value of the active employees.
- PHP Insurance Company reserves the right to revise this quotation due to changes in federal, State, or other applicable legislation or regulation requiring changes to this quotation.
- Rates are subject to approval of the PHP 2020 group Rate Filing and Addendum by the Department of Insurance and Financial Services.
- Rates include state and ACA related taxes and fees.
- Minimum participation requirements:
 - Groups with 2-10 eligible employees=100% of those seeking health care coverage
 - Groups with 11-25 eligible employees=75% of those seeking health care coverage
 - Groups with 26-50 eligible employees=50% of those seeking health care coverage
- The benefit description above is intended to highlight your benefits. They are not a binding contract and are not a substitute for the Certificate of Coverage.
- The plan id above is an internal code. Any change to this code will not impact your actual benefits.
- Federal and state law provide that you are only eligible to purchase this group health benefit plan if you also purchase group pediatric dental coverage offered by an Exchange-certified standalone dental plan.

Accepted By: _____
Group Administrator Signature

Accepted By: _____
Agent Signature

Accepted By: _____
Group Administrator Printed Name

Accepted By: _____
Agent Printed Name

Date: _____

Date: _____



Group Name: LLPS, Inc.
Effective Date: 12/1/2020
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 7/15/2020
Quote ID: 0050684-01

Renewal Plan

Selected Plan - GFH005-2020 - PHP Gold 1000 PPO

Premium Summary Based on Selected Benefits

| Total | | | | | | | | | | | \$12,974.03 |
|--|-----------------------|-------------|--------|-----|----------|-----------|-------------|-----------------|----------|--------------|-------------|
| Quoted Member Census with Plan Selection and Rates | | | | | | | | | | | |
| Contract Number | Name | Member Type | Gender | Age | Tob. Use | Well-ness | Waive Covg? | Medicare Status | Subgroup | Medical Plan | Final Rate |
| 500068266 | PAUL FATA | Subscriber | M | 64 | N | N | N | N | 1000 | GFH005-2020 | \$1,019.06 |
| 500068266 | LORRAINE FATA | Spouse | F | 63 | N | N | N | N | 1000 | GFH005-2020 | \$1,002.76 |
| 500068267 | Carli Fata | Child | F | 25 | N | N | N | N | 1000 | GFH005-2020 | \$341.05 |
| 500068267 | Thomas A Fata | Subscriber | M | 62 | N | N | N | N | 1000 | GFH005-2020 | \$975.92 |
| 500068267 | Gino Fata | Child | M | 21 | N | N | N | N | 1000 | GFH005-2020 | \$339.69 |
| 500068269 | Anthony F Fata | Subscriber | M | 60 | N | N | N | N | 1000 | GFH005-2020 | \$921.91 |
| 500068269 | Liana Fata | Spouse | F | 59 | N | N | N | N | 1000 | GFH005-2020 | \$884.21 |
| 500068271 | Marisa Bishop | Child | F | 26 | N | N | N | N | 1000 | GFH005-2020 | \$347.84 |
| 500068271 | Michael A Bishop | Subscriber | M | 55 | N | N | N | N | 1000 | GFH005-2020 | \$757.50 |
| 500068271 | Celeste Bishop | Spouse | F | 53 | N | N | N | N | 1000 | GFH005-2020 | \$692.96 |
| 500069113 | Joseph Fata | Subscriber | M | 63 | N | N | N | N | 1000 | GFH005-2020 | \$1,002.76 |
| 500069113 | Gemrich D Cuyoca | Child | M | 8 | N | N | N | N | 1000 | GFH005-2020 | \$259.86 |
| 500069113 | Michelle Y Del Fierro | Spouse | F | 42 | N | N | N | N | 1000 | GFH005-2020 | \$450.09 |
| 500069280 | Scott P Fata | Subscriber | M | 36 | N | N | N | N | 1000 | GFH005-2020 | \$417.82 |
| 500081221 | ALEXANDRIA M JACKSON | Child | F | 17 | N | N | N | N | 1000 | GFH005-2020 | \$300.62 |
| 500081221 | AMBER N BLAIS | Subscriber | F | 38 | N | N | N | N | 1000 | GFH005-2020 | \$423.25 |
| 500121874 | Rebecca F Shoemaker | Subscriber | F | 40 | N | N | N | N | 1000 | GFH005-2020 | \$434.12 |
| 500130200 | Josephine F Fata | Child | F | 6 | N | N | N | N | 1000 | GFH005-2020 | \$259.86 |
| 500130200 | Layla J Corbit-Fata | Child | F | 12 | N | N | N | N | 1000 | GFH005-2020 | \$259.86 |
| 500130200 | Justin M Fata | Subscriber | M | 33 | N | N | N | N | 1000 | GFH005-2020 | \$406.95 |
| 500130200 | Justin E Fata | Child | M | 2 | N | N | N | N | 1000 | GFH005-2020 | \$259.86 |
| 500130200 | Amanda J Fata | Spouse | F | 32 | N | N | N | N | 1000 | GFH005-2020 | \$401.85 |
| 500146094 | JAMES S HOSMER | Subscriber | M | 37 | N | N | N | N | 1000 | GFH005-2020 | \$420.53 |
| 500146701 | ALEXANDER N FATA | Subscriber | M | 31 | N | N | N | N | 1000 | GFH005-2020 | \$393.70 |

Medical Quote Assumptions

The premiums quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the premium or revocation of the quote.

- Rates are guaranteed for 12 months for the contract period of 12/1/2020 through 11/30/2021.
- For family contracts with four or more children under the age of 21 to be covered, there is no additional premium charge after the first three children. Premium is calculated on the ages of the three oldest children in the family contract.
- PHP Insurance Company is the only carrier offered.
- Monthly premiums are based on current enrollment and members age on the effective date. Actual monthly premium will be based on actual enrollment.
- Enrolled participants must be actively at work. All exceptions must be pre-approved in writing by PHP (i.e. Cobra, retirees, disability, workers compensation, surviving spouse).
- Medicare benefits are determined as if the person were covered under Medicare parts A and B. If a retiree is covered under Medicare, a copy of their Medicare card is required at the point of enrollment.
- The retiree benefits offered may be equal to or less than the value of the active employees.
- PHP Insurance Company reserves the right to revise this quotation due to changes in federal, State, or other applicable legislation or regulation requiring changes to this quotation.
- Rates are subject to approval of the PHP 2020 group Rate Filing and Addendum by the Department of Insurance and Financial Services.
- Rates include state and ACA related taxes and fees.
- Minimum participation requirements:
 - Groups with 2-10 eligible employees=100% of those seeking health care coverage
 - Groups with 11-25 eligible employees=75% of those seeking health care coverage
 - Groups with 26-50 eligible employees=50% of those seeking health care coverage
- The benefit description above is intended to highlight your benefits. They are not a binding contract and are not a substitute for the Certificate of Coverage.
- Federal and state law provide that you are only eligible to purchase this group health benefit plan if you also purchase group pediatric dental coverage offered by an Exchange-certified standalone dental plan.



Group Name: LLPS, Inc.
Effective Date: 12/1/2020
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 7/15/2020
Quote ID: 0050684-01

Option 2

Selected Plan - GFJ003-2020 - PHP Gold 1500 HSA PPO

Premium Summary Based on Selected Benefits

Total \$13,353.42

Quoted Member Census with Plan Selection and Rates

| Contract Number | Name | Member Type | Gender | Age | Tob. Use | Well-ness | Waive Covg? | Medicare Status | Subgroup | Medical Plan | Final Rate |
|-----------------|-----------------------|-------------|--------|-----|----------|-----------|-------------|-----------------|----------|--------------|------------|
| 500068266 | PAUL FATA | Subscriber | M | 64 | N | N | N | N | 1000 | GFJ003-2020 | \$1,048.86 |
| 500068266 | LORRAINE FATA | Spouse | F | 63 | N | N | N | N | 1000 | GFJ003-2020 | \$1,032.08 |
| 500068267 | Carli Fata | Child | F | 25 | N | N | N | N | 1000 | GFJ003-2020 | \$351.02 |
| 500068267 | Thomas A Fata | Subscriber | M | 62 | N | N | N | N | 1000 | GFJ003-2020 | \$1,004.46 |
| 500068267 | Gino Fata | Child | M | 21 | N | N | N | N | 1000 | GFJ003-2020 | \$349.62 |
| 500068269 | Anthony F Fata | Subscriber | M | 60 | N | N | N | N | 1000 | GFJ003-2020 | \$948.87 |
| 500068269 | Liana Fata | Spouse | F | 59 | N | N | N | N | 1000 | GFJ003-2020 | \$910.06 |
| 500068271 | Marisa Bishop | Child | F | 26 | N | N | N | N | 1000 | GFJ003-2020 | \$358.01 |
| 500068271 | Michael A Bishop | Subscriber | M | 55 | N | N | N | N | 1000 | GFJ003-2020 | \$779.66 |
| 500068271 | Celeste Bishop | Spouse | F | 53 | N | N | N | N | 1000 | GFJ003-2020 | \$713.23 |
| 500069113 | Joseph Fata | Subscriber | M | 63 | N | N | N | N | 1000 | GFJ003-2020 | \$1,032.08 |
| 500069113 | Gemrich D Cuyoca | Child | M | 8 | N | N | N | N | 1000 | GFJ003-2020 | \$267.46 |
| 500069113 | Michelle Y Del Fierro | Spouse | F | 42 | N | N | N | N | 1000 | GFJ003-2020 | \$463.25 |
| 500069280 | Scott P Fata | Subscriber | M | 36 | N | N | N | N | 1000 | GFJ003-2020 | \$430.03 |
| 500081221 | ALEXANDRIA M JACKSON | Child | F | 17 | N | N | N | N | 1000 | GFJ003-2020 | \$309.41 |
| 500081221 | AMBER N BLAIS | Subscriber | F | 38 | N | N | N | N | 1000 | GFJ003-2020 | \$435.63 |
| 500121874 | Rebecca F Shoemaker | Subscriber | F | 40 | N | N | N | N | 1000 | GFJ003-2020 | \$446.82 |
| 500130200 | Josephine F Fata | Child | F | 6 | N | N | N | N | 1000 | GFJ003-2020 | \$267.46 |
| 500130200 | Layla J Corbit-Fata | Child | F | 12 | N | N | N | N | 1000 | GFJ003-2020 | \$267.46 |
| 500130200 | Justin M Fata | Subscriber | M | 33 | N | N | N | N | 1000 | GFJ003-2020 | \$418.85 |
| 500130200 | Justin E Fata | Child | M | 2 | N | N | N | N | 1000 | GFJ003-2020 | \$267.46 |
| 500130200 | Amanda J Fata | Spouse | F | 32 | N | N | N | N | 1000 | GFJ003-2020 | \$413.60 |
| 500146094 | JAMES S HOSMER | Subscriber | M | 37 | N | N | N | N | 1000 | GFJ003-2020 | \$432.83 |
| 500146701 | ALEXANDER N FATA | Subscriber | M | 31 | N | N | N | N | 1000 | GFJ003-2020 | \$405.21 |

Medical Quote Assumptions

The premiums quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the premium or revocation of the quote.

- Rates are guaranteed for 12 months for the contract period of 12/1/2020 through 11/30/2021.
- For family contracts with four or more children under the age of 21 to be covered, there is no additional premium charge after the first three children. Premium is calculated on the ages of the three oldest children in the family contract.
- PHP Insurance Company is the only carrier offered.
- Monthly premiums are based on current enrollment and members age on the effective date. Actual monthly premium will be based on actual enrollment.
- Enrolled participants must be actively at work. All exceptions must be pre-approved in writing by PHP (i.e. Cobra, retirees, disability, workers compensation, surviving spouse).
 - Medicare benefits are determined as if the person were covered under Medicare parts A and B. If a retiree is covered under Medicare, a copy of their Medicare card is required at the point of enrollment.
 - The retiree benefits offered may be equal to or less than the value of the active employees.
- PHP Insurance Company reserves the right to revise this quotation due to changes in federal, State, or other applicable legislation or regulation requiring changes to this quotation.
- Rates are subject to approval of the PHP 2020 group Rate Filing and Addendum by the Department of Insurance and Financial Services.
- Rates include state and ACA related taxes and fees.
- Minimum participation requirements:
 - Groups with 2-10 eligible employees=100% of those seeking health care coverage
 - Groups with 11-25 eligible employees=75% of those seeking health care coverage
 - Groups with 26-50 eligible employees=50% of those seeking health care coverage
- The benefit description above is intended to highlight your benefits. They are not a binding contract and are not a substitute for the Certificate of Coverage.
- Federal and state law provide that you are only eligible to purchase this group health benefit plan if you also purchase group pediatric dental coverage offered by an Exchange-certified standalone dental plan.



Group Name: LLPS, Inc.
Effective Date: 12/1/2020
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 7/15/2020
Quote ID: 0050684-01

Option 3

Selected Plan - GFH013-2020 - PHP Gold 500 PPO

Premium Summary Based on Selected Benefits

Total \$12,857.45

Quoted Member Census with Plan Selection and Rates

| Contract Number | Name | Member Type | Gender | Age | Tob. Use | Well-ness | Waive Covg? | Medicare Status | Subgroup | Medical Plan | Final Rate |
|-----------------|-----------------------|-------------|--------|-----|----------|-----------|-------------|-----------------|----------|--------------|------------|
| 500068266 | PAUL FATA | Subscriber | M | 64 | N | N | N | N | 1000 | GFH013-2020 | \$1,009.90 |
| 500068266 | LORRAINE FATA | Spouse | F | 63 | N | N | N | N | 1000 | GFH013-2020 | \$993.75 |
| 500068267 | Carli Fata | Child | F | 25 | N | N | N | N | 1000 | GFH013-2020 | \$337.98 |
| 500068267 | Thomas A Fata | Subscriber | M | 62 | N | N | N | N | 1000 | GFH013-2020 | \$967.15 |
| 500068267 | Gino Fata | Child | M | 21 | N | N | N | N | 1000 | GFH013-2020 | \$336.64 |
| 500068269 | Anthony F Fata | Subscriber | M | 60 | N | N | N | N | 1000 | GFH013-2020 | \$913.63 |
| 500068269 | Liana Fata | Spouse | F | 59 | N | N | N | N | 1000 | GFH013-2020 | \$876.26 |
| 500068271 | Marisa Bishop | Child | F | 26 | N | N | N | N | 1000 | GFH013-2020 | \$344.71 |
| 500068271 | Michael A Bishop | Subscriber | M | 55 | N | N | N | N | 1000 | GFH013-2020 | \$750.70 |
| 500068271 | Celeste Bishop | Spouse | F | 53 | N | N | N | N | 1000 | GFH013-2020 | \$686.73 |
| 500069113 | Joseph Fata | Subscriber | M | 63 | N | N | N | N | 1000 | GFH013-2020 | \$993.75 |
| 500069113 | Gemrich D Cuyoca | Child | M | 8 | N | N | N | N | 1000 | GFH013-2020 | \$257.53 |
| 500069113 | Michelle Y Del Fierro | Spouse | F | 42 | N | N | N | N | 1000 | GFH013-2020 | \$446.04 |
| 500069280 | Scott P Fata | Subscriber | M | 36 | N | N | N | N | 1000 | GFH013-2020 | \$414.06 |
| 500081221 | ALEXANDRIA M JACKSON | Child | F | 17 | N | N | N | N | 1000 | GFH013-2020 | \$297.92 |
| 500081221 | AMBER N BLAIS | Subscriber | F | 38 | N | N | N | N | 1000 | GFH013-2020 | \$419.45 |
| 500121874 | Rebecca F Shoemaker | Subscriber | F | 40 | N | N | N | N | 1000 | GFH013-2020 | \$430.22 |
| 500130200 | Josephine F Fata | Child | F | 6 | N | N | N | N | 1000 | GFH013-2020 | \$257.53 |
| 500130200 | Layla J Corbit-Fata | Child | F | 12 | N | N | N | N | 1000 | GFH013-2020 | \$257.53 |
| 500130200 | Justin M Fata | Subscriber | M | 33 | N | N | N | N | 1000 | GFH013-2020 | \$403.29 |
| 500130200 | Justin E Fata | Child | M | 2 | N | N | N | N | 1000 | GFH013-2020 | \$257.53 |
| 500130200 | Amanda J Fata | Spouse | F | 32 | N | N | N | N | 1000 | GFH013-2020 | \$398.24 |
| 500146094 | JAMES S HOSMER | Subscriber | M | 37 | N | N | N | N | 1000 | GFH013-2020 | \$416.75 |
| 500146701 | ALEXANDER N FATA | Subscriber | M | 31 | N | N | N | N | 1000 | GFH013-2020 | \$390.16 |

Medical Quote Assumptions

The premiums quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the premium or revocation of the quote.

- Rates are guaranteed for 12 months for the contract period of 12/1/2020 through 11/30/2021.
- For family contracts with four or more children under the age of 21 to be covered, there is no additional premium charge after the first three children. Premium is calculated on the ages of the three oldest children in the family contract.
- PHP Insurance Company is the only carrier offered.
- Monthly premiums are based on current enrollment and members age on the effective date. Actual monthly premium will be based on actual enrollment.
- Enrolled participants must be actively at work. All exceptions must be pre-approved in writing by PHP (i.e. Cobra, retirees, disability, workers compensation, surviving spouse).
 - Medicare benefits are determined as if the person were covered under Medicare parts A and B. If a retiree is covered under Medicare, a copy of their Medicare card is required at the point of enrollment.
 - The retiree benefits offered may be equal to or less than the value of the active employees.
- PHP Insurance Company reserves the right to revise this quotation due to changes in federal, State, or other applicable legislation or regulation requiring changes to this quotation.
- Rates are subject to approval of the PHP 2020 group Rate Filing and Addendum by the Department of Insurance and Financial Services.
- Rates include state and ACA related taxes and fees.
- Minimum participation requirements:
 - Groups with 2-10 eligible employees=100% of those seeking health care coverage
 - Groups with 11-25 eligible employees=75% of those seeking health care coverage
 - Groups with 26-50 eligible employees=50% of those seeking health care coverage
- The benefit description above is intended to highlight your benefits. They are not a binding contract and are not a substitute for the Certificate of Coverage.
- Federal and state law provide that you are only eligible to purchase this group health benefit plan if you also purchase group pediatric dental coverage offered by an Exchange-certified standalone dental plan.



Group Name: LLPS, Inc.
Effective Date: 12/1/2020
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 7/15/2020
Quote ID: 0050684-01

Option 4

Selected Plan - GFH015-2020 - PHP Gold 1400 PPO

Premium Summary Based on Selected Benefits

Total \$12,740.84

Quoted Member Census with Plan Selection and Rates

| Contract Number | Name | Member Type | Gender | Age | Tob. Use | Well-ness | Waive Covg? | Medicare Status | Subgroup | Medical Plan | Final Rate |
|-----------------|-----------------------|-------------|--------|-----|----------|-----------|-------------|-----------------|----------|--------------|------------|
| 500068266 | PAUL FATA | Subscriber | M | 64 | N | N | N | N | 1000 | GFH015-2020 | \$1,000.75 |
| 500068266 | LORRAINE FATA | Spouse | F | 63 | N | N | N | N | 1000 | GFH015-2020 | \$984.73 |
| 500068267 | Carli Fata | Child | F | 25 | N | N | N | N | 1000 | GFH015-2020 | \$334.92 |
| 500068267 | Thomas A Fata | Subscriber | M | 62 | N | N | N | N | 1000 | GFH015-2020 | \$958.38 |
| 500068267 | Gino Fata | Child | M | 21 | N | N | N | N | 1000 | GFH015-2020 | \$333.59 |
| 500068269 | Anthony F Fata | Subscriber | M | 60 | N | N | N | N | 1000 | GFH015-2020 | \$905.34 |
| 500068269 | Liana Fata | Spouse | F | 59 | N | N | N | N | 1000 | GFH015-2020 | \$868.31 |
| 500068271 | Marisa Bishop | Child | F | 26 | N | N | N | N | 1000 | GFH015-2020 | \$341.59 |
| 500068271 | Michael A Bishop | Subscriber | M | 55 | N | N | N | N | 1000 | GFH015-2020 | \$743.89 |
| 500068271 | Celeste Bishop | Spouse | F | 53 | N | N | N | N | 1000 | GFH015-2020 | \$680.51 |
| 500069113 | Joseph Fata | Subscriber | M | 63 | N | N | N | N | 1000 | GFH015-2020 | \$984.73 |
| 500069113 | Gemrich D Cuyoca | Child | M | 8 | N | N | N | N | 1000 | GFH015-2020 | \$255.19 |
| 500069113 | Michelle Y Del Fierro | Spouse | F | 42 | N | N | N | N | 1000 | GFH015-2020 | \$442.00 |
| 500069280 | Scott P Fata | Subscriber | M | 36 | N | N | N | N | 1000 | GFH015-2020 | \$410.31 |
| 500081221 | ALEXANDRIA M JACKSON | Child | F | 17 | N | N | N | N | 1000 | GFH015-2020 | \$295.22 |
| 500081221 | AMBER N BLAIS | Subscriber | F | 38 | N | N | N | N | 1000 | GFH015-2020 | \$415.64 |
| 500121874 | Rebecca F Shoemaker | Subscriber | F | 40 | N | N | N | N | 1000 | GFH015-2020 | \$426.32 |
| 500130200 | Josephine F Fata | Child | F | 6 | N | N | N | N | 1000 | GFH015-2020 | \$255.19 |
| 500130200 | Layla J Corbit-Fata | Child | F | 12 | N | N | N | N | 1000 | GFH015-2020 | \$255.19 |
| 500130200 | Justin M Fata | Subscriber | M | 33 | N | N | N | N | 1000 | GFH015-2020 | \$399.63 |
| 500130200 | Justin E Fata | Child | M | 2 | N | N | N | N | 1000 | GFH015-2020 | \$255.19 |
| 500130200 | Amanda J Fata | Spouse | F | 32 | N | N | N | N | 1000 | GFH015-2020 | \$394.63 |
| 500146094 | JAMES S HOSMER | Subscriber | M | 37 | N | N | N | N | 1000 | GFH015-2020 | \$412.97 |
| 500146701 | ALEXANDER N FATA | Subscriber | M | 31 | N | N | N | N | 1000 | GFH015-2020 | \$386.62 |

Medical Quote Assumptions

The premiums quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the premium or revocation of the quote.

- Rates are guaranteed for 12 months for the contract period of 12/1/2020 through 11/30/2021.
- For family contracts with four or more children under the age of 21 to be covered, there is no additional premium charge after the first three children. Premium is calculated on the ages of the three oldest children in the family contract.
- PHP Insurance Company is the only carrier offered.
- Monthly premiums are based on current enrollment and members age on the effective date. Actual monthly premium will be based on actual enrollment.
- Enrolled participants must be actively at work. All exceptions must be pre-approved in writing by PHP (i.e. Cobra, retirees, disability, workers compensation, surviving spouse).
 - Medicare benefits are determined as if the person were covered under Medicare parts A and B. If a retiree is covered under Medicare, a copy of their Medicare card is required at the point of enrollment.
 - The retiree benefits offered may be equal to or less than the value of the active employees.
- PHP Insurance Company reserves the right to revise this quotation due to changes in federal, State, or other applicable legislation or regulation requiring changes to this quotation.
- Rates are subject to approval of the PHP 2020 group Rate Filing and Addendum by the Department of Insurance and Financial Services.
- Rates include state and ACA related taxes and fees.
- Minimum participation requirements:
 - Groups with 2-10 eligible employees=100% of those seeking health care coverage
 - Groups with 11-25 eligible employees=75% of those seeking health care coverage
 - Groups with 26-50 eligible employees=50% of those seeking health care coverage
- The benefit description above is intended to highlight your benefits. They are not a binding contract and are not a substitute for the Certificate of Coverage.
- Federal and state law provide that you are only eligible to purchase this group health benefit plan if you also purchase group pediatric dental coverage offered by an Exchange-certified standalone dental plan.



Group Name: LLPS, Inc.
Effective Date: 12/1/2020
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 7/15/2020
Quote ID: 0050684-01

Option 5

Selected Plan - GFH018-2020 - PHP Gold 2000 PPO

Premium Summary Based on Selected Benefits

Total \$12,273.68

Quoted Member Census with Plan Selection and Rates

| Contract Number | Name | Member Type | Gender | Age | Tob. Use | Well-ness | Waive Covg? | Medicare Status | Subgroup | Medical Plan | Final Rate |
|-----------------|-----------------------|-------------|--------|-----|----------|-----------|-------------|-----------------|----------|--------------|------------|
| 500068266 | PAUL FATA | Subscriber | M | 64 | N | N | N | N | 1000 | GFH018-2020 | \$964.05 |
| 500068266 | LORRAINE FATA | Spouse | F | 63 | N | N | N | N | 1000 | GFH018-2020 | \$948.63 |
| 500068267 | Carli Fata | Child | F | 25 | N | N | N | N | 1000 | GFH018-2020 | \$322.64 |
| 500068267 | Thomas A Fata | Subscriber | M | 62 | N | N | N | N | 1000 | GFH018-2020 | \$923.24 |
| 500068267 | Gino Fata | Child | M | 21 | N | N | N | N | 1000 | GFH018-2020 | \$321.35 |
| 500068269 | Anthony F Fata | Subscriber | M | 60 | N | N | N | N | 1000 | GFH018-2020 | \$872.15 |
| 500068269 | Liana Fata | Spouse | F | 59 | N | N | N | N | 1000 | GFH018-2020 | \$836.48 |
| 500068271 | Marisa Bishop | Child | F | 26 | N | N | N | N | 1000 | GFH018-2020 | \$329.06 |
| 500068271 | Michael A Bishop | Subscriber | M | 55 | N | N | N | N | 1000 | GFH018-2020 | \$716.61 |
| 500068271 | Celeste Bishop | Spouse | F | 53 | N | N | N | N | 1000 | GFH018-2020 | \$655.56 |
| 500069113 | Joseph Fata | Subscriber | M | 63 | N | N | N | N | 1000 | GFH018-2020 | \$948.63 |
| 500069113 | Gemrich D Cuyoca | Child | M | 8 | N | N | N | N | 1000 | GFH018-2020 | \$245.83 |
| 500069113 | Michelle Y Del Fierro | Spouse | F | 42 | N | N | N | N | 1000 | GFH018-2020 | \$425.79 |
| 500069280 | Scott P Fata | Subscriber | M | 36 | N | N | N | N | 1000 | GFH018-2020 | \$395.26 |
| 500081221 | ALEXANDRIA M JACKSON | Child | F | 17 | N | N | N | N | 1000 | GFH018-2020 | \$284.40 |
| 500081221 | AMBER N BLAIS | Subscriber | F | 38 | N | N | N | N | 1000 | GFH018-2020 | \$400.40 |
| 500121874 | Rebecca F Shoemaker | Subscriber | F | 40 | N | N | N | N | 1000 | GFH018-2020 | \$410.69 |
| 500130200 | Josephine F Fata | Child | F | 6 | N | N | N | N | 1000 | GFH018-2020 | \$245.83 |
| 500130200 | Layla J Corbit-Fata | Child | F | 12 | N | N | N | N | 1000 | GFH018-2020 | \$245.83 |
| 500130200 | Justin M Fata | Subscriber | M | 33 | N | N | N | N | 1000 | GFH018-2020 | \$384.98 |
| 500130200 | Justin E Fata | Child | M | 2 | N | N | N | N | 1000 | GFH018-2020 | \$245.83 |
| 500130200 | Amanda J Fata | Spouse | F | 32 | N | N | N | N | 1000 | GFH018-2020 | \$380.16 |
| 500146094 | JAMES S HOSMER | Subscriber | M | 37 | N | N | N | N | 1000 | GFH018-2020 | \$397.83 |
| 500146701 | ALEXANDER N FATA | Subscriber | M | 31 | N | N | N | N | 1000 | GFH018-2020 | \$372.45 |

Medical Quote Assumptions

The premiums quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the premium or revocation of the quote.

- Rates are guaranteed for 12 months for the contract period of 12/1/2020 through 11/30/2021.
- For family contracts with four or more children under the age of 21 to be covered, there is no additional premium charge after the first three children. Premium is calculated on the ages of the three oldest children in the family contract.
- PHP Insurance Company is the only carrier offered.
- Monthly premiums are based on current enrollment and members age on the effective date. Actual monthly premium will be based on actual enrollment.
- Enrolled participants must be actively at work. All exceptions must be pre-approved in writing by PHP (i.e. Cobra, retirees, disability, workers compensation, surviving spouse).
 - Medicare benefits are determined as if the person were covered under Medicare parts A and B. If a retiree is covered under Medicare, a copy of their Medicare card is required at the point of enrollment.
 - The retiree benefits offered may be equal to or less than the value of the active employees.
- PHP Insurance Company reserves the right to revise this quotation due to changes in federal, State, or other applicable legislation or regulation requiring changes to this quotation.
- Rates are subject to approval of the PHP 2020 group Rate Filing and Addendum by the Department of Insurance and Financial Services.
- Rates include state and ACA related taxes and fees.
- Minimum participation requirements:
 - Groups with 2-10 eligible employees=100% of those seeking health care coverage
 - Groups with 11-25 eligible employees=75% of those seeking health care coverage
 - Groups with 26-50 eligible employees=50% of those seeking health care coverage
- The benefit description above is intended to highlight your benefits. They are not a binding contract and are not a substitute for the Certificate of Coverage.
- Federal and state law provide that you are only eligible to purchase this group health benefit plan if you also purchase group pediatric dental coverage offered by an Exchange-certified standalone dental plan.



Group Name: LLPS, Inc.
Effective Date: 12/1/2020
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 7/15/2020
Quote ID: 0050684-01

Renewal Plan

Selected Plan - GFH005-2020 - PHP Gold 1000 PPO

Employer Contribution Type: Dollar
Employer Contribution Amount: \$0

Premium Summary Based on Selected Benefits

| | |
|------------------|--------------------|
| Employer Pays: | \$0.00 |
| Subscriber Pays: | \$12,974.03 |
| Total | \$12,974.03 |

Quoted Subscriber Premium

| Contract Number | Name | Gender | Age | Covg. Type | Waive Covg? | Total Contract Premium | Employer Pays | Subscriber Pays |
|-----------------|---------------------|--------|-----|------------|-------------|------------------------|---------------|-----------------|
| 500068266 | PAUL FATA | M | 64 | ES | N | \$2,021.82 | \$0.00 | \$2,021.82 |
| 500068267 | Thomas A Fata | M | 62 | EC | N | \$1,656.66 | \$0.00 | \$1,656.66 |
| 500068269 | Anthony F Fata | M | 60 | ES | N | \$1,806.12 | \$0.00 | \$1,806.12 |
| 500068271 | Michael A Bishop | M | 55 | EF | N | \$1,798.30 | \$0.00 | \$1,798.30 |
| 500069113 | Joseph Fata | M | 63 | EF | N | \$1,712.71 | \$0.00 | \$1,712.71 |
| 500069280 | Scott P Fata | M | 36 | EO | N | \$417.82 | \$0.00 | \$417.82 |
| 500081221 | AMBER N BLAIS | F | 38 | EC | N | \$723.87 | \$0.00 | \$723.87 |
| 500121874 | Rebecca F Shoemaker | F | 40 | EO | N | \$434.12 | \$0.00 | \$434.12 |
| 500130200 | Justin M Fata | M | 33 | EF | N | \$1,588.38 | \$0.00 | \$1,588.38 |
| 500146094 | JAMES S HOSMER | M | 37 | EO | N | \$420.53 | \$0.00 | \$420.53 |
| 500146701 | ALEXANDER N FATA | M | 31 | EO | N | \$393.70 | \$0.00 | \$393.70 |

Medical Quote Assumptions

The premiums quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the premium or revocation of the quote.

- Rates are guaranteed for 12 months for the contract period of 12/1/2020 through 11/30/2021.
- For family contracts with four or more children under the age of 21 to be covered, there is no additional premium charge after the first three children. Premium is calculated on the ages of the three oldest children in the family contract.
- PHP Insurance Company is the only carrier offered.
- Monthly premiums are based on current enrollment and members age on the effective date. Actual monthly premium will be based on actual enrollment.
- Enrolled participants must be actively at work. All exceptions must be pre-approved in writing by PHP (i.e. Cobra, retirees, disability, workers compensation, surviving spouse).
- Medicare benefits are determined as if the person were covered under Medicare parts A and B. If a retiree is covered under Medicare, a copy of their Medicare card is required at the point of enrollment.
- The retiree benefits offered may be equal to or less than the value of the active employees.
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- Rates are subject to approval of the PHP 2020 group Rate Filing and Addendum by the Department of Insurance and Financial Services.
- Rates include state and ACA related taxes and fees.
- Minimum participation requirements:
 - Groups with 2-10 eligible employees=100% of those seeking health care coverage
 - Groups with 11-25 eligible employees=75% of those seeking health care coverage
 - Groups with 26-50 eligible employees=50% of those seeking health care coverage
- The benefit description above is intended to highlight your benefits. They are not a binding contract and are not a substitute for the Certificate of Coverage.
- Federal and state law provide that you are only eligible to purchase this group health benefit plan if you also purchase group pediatric dental coverage offered by an Exchange-certified standalone dental plan.



Group Name: LLPS, Inc.
Effective Date: 12/1/2020
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 7/15/2020
Quote ID: 0050684-01

Option 2

Selected Plan - GFJ003-2020 - PHP Gold 1500 HSA PPO

Employer Contribution Type: Dollar
Employer Contribution Amount: \$0

Premium Summary Based on Selected Benefits

| | |
|------------------|--------------------|
| Employer Pays: | \$0.00 |
| Subscriber Pays: | \$13,353.42 |
| Total | \$13,353.42 |

Quoted Subscriber Premium

| Contract Number | Name | Gender | Age | Covg. Type | Waive Covg? | Total Contract Premium | Employer Pays | Subscriber Pays |
|-----------------|---------------------|--------|-----|------------|-------------|------------------------|---------------|-----------------|
| 500068266 | PAUL FATA | M | 64 | ES | N | \$2,080.94 | \$0.00 | \$2,080.94 |
| 500068267 | Thomas A Fata | M | 62 | EC | N | \$1,705.10 | \$0.00 | \$1,705.10 |
| 500068269 | Anthony F Fata | M | 60 | ES | N | \$1,858.93 | \$0.00 | \$1,858.93 |
| 500068271 | Michael A Bishop | M | 55 | EF | N | \$1,850.90 | \$0.00 | \$1,850.90 |
| 500069113 | Joseph Fata | M | 63 | EF | N | \$1,762.79 | \$0.00 | \$1,762.79 |
| 500069280 | Scott P Fata | M | 36 | EO | N | \$430.03 | \$0.00 | \$430.03 |
| 500081221 | AMBER N BLAIS | F | 38 | EC | N | \$745.04 | \$0.00 | \$745.04 |
| 500121874 | Rebecca F Shoemaker | F | 40 | EO | N | \$446.82 | \$0.00 | \$446.82 |
| 500130200 | Justin M Fata | M | 33 | EF | N | \$1,634.83 | \$0.00 | \$1,634.83 |
| 500146094 | JAMES S HOSMER | M | 37 | EO | N | \$432.83 | \$0.00 | \$432.83 |
| 500146701 | ALEXANDER N FATA | M | 31 | EO | N | \$405.21 | \$0.00 | \$405.21 |

Medical Quote Assumptions

The premiums quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the premium or revocation of the quote.

- Rates are guaranteed for 12 months for the contract period of 12/1/2020 through 11/30/2021.
- For family contracts with four or more children under the age of 21 to be covered, there is no additional premium charge after the first three children. Premium is calculated on the ages of the three oldest children in the family contract.
- PHP Insurance Company is the only carrier offered.
- Monthly premiums are based on current enrollment and members age on the effective date. Actual monthly premium will be based on actual enrollment.
- Enrolled participants must be actively at work. All exceptions must be pre-approved in writing by PHP (i.e. Cobra, retirees, disability, workers compensation, surviving spouse).
- Medicare benefits are determined as if the person were covered under Medicare parts A and B. If a retiree is covered under Medicare, a copy of their Medicare card is required at the point of enrollment.
- The retiree benefits offered may be equal to or less than the value of the active employees.
- PHP Insurance Company reserves the right to revise this quotation due to changes in federal, State, or other applicable legislation or regulation requiring changes to this quotation.
- Rates are subject to approval of the PHP 2020 group Rate Filing and Addendum by the Department of Insurance and Financial Services.
- Rates include state and ACA related taxes and fees.
- Minimum participation requirements:
 - Groups with 2-10 eligible employees=100% of those seeking health care coverage
 - Groups with 11-25 eligible employees=75% of those seeking health care coverage
 - Groups with 26-50 eligible employees=50% of those seeking health care coverage
- The benefit description above is intended to highlight your benefits. They are not a binding contract and are not a substitute for the Certificate of Coverage.
- Federal and state law provide that you are only eligible to purchase this group health benefit plan if you also purchase group pediatric dental coverage offered by an Exchange-certified standalone dental plan.



Group Name: LLPS, Inc.
Effective Date: 12/1/2020
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 7/15/2020
Quote ID: 0050684-01

Option 3

Selected Plan - GFH013-2020 - PHP Gold 500 PPO

Employer Contribution Type: Dollar
Employer Contribution Amount: \$0

Premium Summary Based on Selected Benefits

| | |
|------------------|--------------------|
| Employer Pays: | \$0.00 |
| Subscriber Pays: | \$12,857.45 |
| Total | \$12,857.45 |

Quoted Subscriber Premium

| Contract Number | Name | Gender | Age | Covg. Type | Waive Covg? | Total Contract Premium | Employer Pays | Subscriber Pays |
|-----------------|---------------------|--------|-----|------------|-------------|------------------------|---------------|-----------------|
| 500068266 | PAUL FATA | M | 64 | ES | N | \$2,003.65 | \$0.00 | \$2,003.65 |
| 500068267 | Thomas A Fata | M | 62 | EC | N | \$1,641.77 | \$0.00 | \$1,641.77 |
| 500068269 | Anthony F Fata | M | 60 | ES | N | \$1,789.89 | \$0.00 | \$1,789.89 |
| 500068271 | Michael A Bishop | M | 55 | EF | N | \$1,782.14 | \$0.00 | \$1,782.14 |
| 500069113 | Joseph Fata | M | 63 | EF | N | \$1,697.32 | \$0.00 | \$1,697.32 |
| 500069280 | Scott P Fata | M | 36 | EO | N | \$414.06 | \$0.00 | \$414.06 |
| 500081221 | AMBER N BLAIS | F | 38 | EC | N | \$717.37 | \$0.00 | \$717.37 |
| 500121874 | Rebecca F Shoemaker | F | 40 | EO | N | \$430.22 | \$0.00 | \$430.22 |
| 500130200 | Justin M Fata | M | 33 | EF | N | \$1,574.12 | \$0.00 | \$1,574.12 |
| 500146094 | JAMES S HOSMER | M | 37 | EO | N | \$416.75 | \$0.00 | \$416.75 |
| 500146701 | ALEXANDER N FATA | M | 31 | EO | N | \$390.16 | \$0.00 | \$390.16 |

Medical Quote Assumptions

The premiums quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the premium or revocation of the quote.

- Rates are guaranteed for 12 months for the contract period of 12/1/2020 through 11/30/2021.
- For family contracts with four or more children under the age of 21 to be covered, there is no additional premium charge after the first three children. Premium is calculated on the ages of the three oldest children in the family contract.
- PHP Insurance Company is the only carrier offered.
- Monthly premiums are based on current enrollment and members age on the effective date. Actual monthly premium will be based on actual enrollment.
- Enrolled participants must be actively at work. All exceptions must be pre-approved in writing by PHP (i.e. Cobra, retirees, disability, workers compensation, surviving spouse).
- Medicare benefits are determined as if the person were covered under Medicare parts A and B. If a retiree is covered under Medicare, a copy of their Medicare card is required at the point of enrollment.
- The retiree benefits offered may be equal to or less than the value of the active employees.
- PHP Insurance Company reserves the right to revise this quotation due to changes in federal, State, or other applicable legislation or regulation requiring changes to this quotation.
- Rates are subject to approval of the PHP 2020 group Rate Filing and Addendum by the Department of Insurance and Financial Services.
- Rates include state and ACA related taxes and fees.
- Minimum participation requirements:
 - Groups with 2-10 eligible employees=100% of those seeking health care coverage
 - Groups with 11-25 eligible employees=75% of those seeking health care coverage
 - Groups with 26-50 eligible employees=50% of those seeking health care coverage
- The benefit description above is intended to highlight your benefits. They are not a binding contract and are not a substitute for the Certificate of Coverage.
- Federal and state law provide that you are only eligible to purchase this group health benefit plan if you also purchase group pediatric dental coverage offered by an Exchange-certified standalone dental plan.



Group Name: LLPS, Inc.
Effective Date: 12/1/2020
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 7/15/2020
Quote ID: 0050684-01

Option 4

Selected Plan - GFH015-2020 - PHP Gold 1400 PPO

Employer Contribution Type: Dollar
Employer Contribution Amount: \$0

Premium Summary Based on Selected Benefits

| | |
|------------------|--------------------|
| Employer Pays: | \$0.00 |
| Subscriber Pays: | \$12,740.84 |
| Total | \$12,740.84 |

Quoted Subscriber Premium

| Contract Number | Name | Gender | Age | Covg. Type | Waive Covg? | Total Contract Premium | Employer Pays | Subscriber Pays |
|-----------------|---------------------|--------|-----|------------|-------------|------------------------|---------------|-----------------|
| 500068266 | PAUL FATA | M | 64 | ES | N | \$1,985.48 | \$0.00 | \$1,985.48 |
| 500068267 | Thomas A Fata | M | 62 | EC | N | \$1,626.89 | \$0.00 | \$1,626.89 |
| 500068269 | Anthony F Fata | M | 60 | ES | N | \$1,773.65 | \$0.00 | \$1,773.65 |
| 500068271 | Michael A Bishop | M | 55 | EF | N | \$1,765.99 | \$0.00 | \$1,765.99 |
| 500069113 | Joseph Fata | M | 63 | EF | N | \$1,681.92 | \$0.00 | \$1,681.92 |
| 500069280 | Scott P Fata | M | 36 | EO | N | \$410.31 | \$0.00 | \$410.31 |
| 500081221 | AMBER N BLAIS | F | 38 | EC | N | \$710.86 | \$0.00 | \$710.86 |
| 500121874 | Rebecca F Shoemaker | F | 40 | EO | N | \$426.32 | \$0.00 | \$426.32 |
| 500130200 | Justin M Fata | M | 33 | EF | N | \$1,559.83 | \$0.00 | \$1,559.83 |
| 500146094 | JAMES S HOSMER | M | 37 | EO | N | \$412.97 | \$0.00 | \$412.97 |
| 500146701 | ALEXANDER N FATA | M | 31 | EO | N | \$386.62 | \$0.00 | \$386.62 |

Medical Quote Assumptions

The premiums quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the premium or revocation of the quote.

- Rates are guaranteed for 12 months for the contract period of 12/1/2020 through 11/30/2021.
- For family contracts with four or more children under the age of 21 to be covered, there is no additional premium charge after the first three children. Premium is calculated on the ages of the three oldest children in the family contract.
- PHP Insurance Company is the only carrier offered.
- Monthly premiums are based on current enrollment and members age on the effective date. Actual monthly premium will be based on actual enrollment.
- Enrolled participants must be actively at work. All exceptions must be pre-approved in writing by PHP (i.e. Cobra, retirees, disability, workers compensation, surviving spouse).
- Medicare benefits are determined as if the person were covered under Medicare parts A and B. If a retiree is covered under Medicare, a copy of their Medicare card is required at the point of enrollment.
- The retiree benefits offered may be equal to or less than the value of the active employees.
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- Rates are subject to approval of the PHP 2020 group Rate Filing and Addendum by the Department of Insurance and Financial Services.
- Rates include state and ACA related taxes and fees.
- Minimum participation requirements:
 - Groups with 2-10 eligible employees=100% of those seeking health care coverage
 - Groups with 11-25 eligible employees=75% of those seeking health care coverage
 - Groups with 26-50 eligible employees=50% of those seeking health care coverage
- The benefit description above is intended to highlight your benefits. They are not a binding contract and are not a substitute for the Certificate of Coverage.
- Federal and state law provide that you are only eligible to purchase this group health benefit plan if you also purchase group pediatric dental coverage offered by an Exchange-certified standalone dental plan.



Group Name: LLPS, Inc.
Effective Date: 12/1/2020
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 7/15/2020
Quote ID: 0050684-01

Option 5

Selected Plan - GFH018-2020 - PHP Gold 2000 PPO

Employer Contribution Type: Dollar
Employer Contribution Amount: \$0

Premium Summary Based on Selected Benefits

| | |
|------------------|--------------------|
| Employer Pays: | \$0.00 |
| Subscriber Pays: | \$12,273.68 |
| Total | \$12,273.68 |

Quoted Subscriber Premium

| Contract Number | Name | Gender | Age | Covg. Type | Waive Covg? | Total Contract Premium | Employer Pays | Subscriber Pays |
|-----------------|---------------------|--------|-----|------------|-------------|------------------------|---------------|-----------------|
| 500068266 | PAUL FATA | M | 64 | ES | N | \$1,912.68 | \$0.00 | \$1,912.68 |
| 500068267 | Thomas A Fata | M | 62 | EC | N | \$1,567.23 | \$0.00 | \$1,567.23 |
| 500068269 | Anthony F Fata | M | 60 | ES | N | \$1,708.63 | \$0.00 | \$1,708.63 |
| 500068271 | Michael A Bishop | M | 55 | EF | N | \$1,701.23 | \$0.00 | \$1,701.23 |
| 500069113 | Joseph Fata | M | 63 | EF | N | \$1,620.25 | \$0.00 | \$1,620.25 |
| 500069280 | Scott P Fata | M | 36 | EO | N | \$395.26 | \$0.00 | \$395.26 |
| 500081221 | AMBER N BLAIS | F | 38 | EC | N | \$684.80 | \$0.00 | \$684.80 |
| 500121874 | Rebecca F Shoemaker | F | 40 | EO | N | \$410.69 | \$0.00 | \$410.69 |
| 500130200 | Justin M Fata | M | 33 | EF | N | \$1,502.63 | \$0.00 | \$1,502.63 |
| 500146094 | JAMES S HOSMER | M | 37 | EO | N | \$397.83 | \$0.00 | \$397.83 |
| 500146701 | ALEXANDER N FATA | M | 31 | EO | N | \$372.45 | \$0.00 | \$372.45 |

Medical Quote Assumptions

The premiums quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the premium or revocation of the quote.

- Rates are guaranteed for 12 months for the contract period of 12/1/2020 through 11/30/2021.
- For family contracts with four or more children under the age of 21 to be covered, there is no additional premium charge after the first three children. Premium is calculated on the ages of the three oldest children in the family contract.
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- Enrolled participants must be actively at work. All exceptions must be pre-approved in writing by PHP (i.e. Cobra, retirees, disability, workers compensation, surviving spouse).
- Medicare benefits are determined as if the person were covered under Medicare parts A and B. If a retiree is covered under Medicare, a copy of their Medicare card is required at the point of enrollment.
- The retiree benefits offered may be equal to or less than the value of the active employees.
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- Rates include state and ACA related taxes and fees.
- Minimum participation requirements:
 - Groups with 2-10 eligible employees=100% of those seeking health care coverage
 - Groups with 11-25 eligible employees=75% of those seeking health care coverage
 - Groups with 26-50 eligible employees=50% of those seeking health care coverage
- The benefit description above is intended to highlight your benefits. They are not a binding contract and are not a substitute for the Certificate of Coverage.
- Federal and state law provide that you are only eligible to purchase this group health benefit plan if you also purchase group pediatric dental coverage offered by an Exchange-certified standalone dental plan.