Small Group ACA Plan Overview Exhibit

PHP Insurance Company

Preliminary Rates

LLPS, Inc.

Group Number: L0001596
Effective December 1, 2021
Account Executive:
Producer: DeRose, Joseph

Quote ID: 0052269
SW Iteration: 01
Quote Date: 08/09/2021
Region: Rating Area 7

Medical Options:	***Renewal Plan*** **PPO**	Option 2 **PPO**	Option 3 **PPO**	Option 4 **PPO**
	Gold 1000 PPO	**Gold 500 PPO**	**Gold 1400 PPO**	**Gold 2000 PPO**
	GFH005-2021 RX03F368	**GFH013-2021 RX03F377**	**GFH015-2021 RX03F370**	**GFH018-2021 RX03F370**
Total Mthly Prem	**$13,270.64**	**$13,674.00**	**$13,306.19**	**$12,819.14**
Percent Difference From Renewal Rate:		3.0%	0.3%	-3.4%

Total # subscribers 13
Total # members 26

In-Network Coverage (Member Responsibility)				
Deductible	$1,000/$2,000	$500/$1,000	$1,400/$2,800	$2,000/$4,000
Coinsurance - Standard	20% after ded	20% after ded	20% after ded	20% after ded
Coinsurance Maximum - Standard	NA	$5,000/$10,000	$1,600/$3,200	$1,500/$3,000
Maximum Out of Pocket	$6,200/$12,400	$8,200/$16,400	$8,000/$16,000	$8,000/$16,000
Primary Care Physician Office Visit	$30	$25	$25	$25
Specialist Office Visit	$60	$50	$50	$50
Telehealth - Acute Care	$5	$5	$5	$5
Urgent Care	$60	$60	$60	$60
Emergency Room	$300 after ded	20% after ded	20% after ded	20% after ded
High Tech Imaging	$150 after ded	$150 after ded	$150 after ded	$150 after ded
RX Copay (Retail and Specialty)	$10/$25/$60/$100/20% max $200/20% max $300	$5/$20/$60/$80/20% max $200/20% max $300	$10/$25/$60/$100/20% max $200/20% max $300	$10/$25/$60/$100/20% max $200/20% max $300

Out-of-Network Coverage (Member Responsibility)				
Medical Deductible	$3,500/$7,000	$3,000/$6,000	$4,000/$8,000	$5,000/$10,000
Inpatient Coinsurance	30% after ded	30% after ded	30% after ded	40% after ded
Maximum Out of Pocket	$7,000/$14,000	$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.

PHP Insurance Company

Group Name:	LLPS, Inc.
Group Number:	L0001596
Effective Date:	12/1/2021
Region:	Rating Area 7
Account Manager:	
Producer:	DeRose, Joseph
Quote Date:	8/9/2021
Quote ID:	0052269-01

Renewal Plan

Product: PPO
Medical Plan ID: GFH005-2021 - Gold 1000 PPO
RX Plan ID: RX03F368
Employer Funding: HRA-None

Subgroup: 1000 - Actives
Premium For Members In Plan GFH005-2021
Total $13,270.64

In Network - Ded: $1,000/$2,000; Coins - Standard: 20% after ded; Coins Max - Standard: NA; MOOP: $6,200/$12,400
PCP OV: $30; Spec OV: $60; Telehealth-Acute Care: $5; UC: $60
ER: $300 after ded; High Tech Imaging: $150 after ded; Rx: $10/$25/$60/$100/20% max $200/20% max $300
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	$244.84	$979.36	31	0	$370.94		48	0	$523.29	
15	0	$266.60		32	1	$378.62	$378.62	49	0	$546.01	
16	0	$274.92		33	1	$383.42	$383.42	50	0	$571.61	
17	0	$283.25		34	2	$388.54	$777.08	51	0	$596.90	
18	1	$292.21	$292.21	35	1	$391.10	$391.10	52	0	$624.74	
19	0	$301.17		36	0	$393.66		53	0	$652.91	
20	0	$310.45		37	1	$396.22	$396.22	54	1	$683.31	$683.31
21	0	$320.06		38	1	$398.78	$398.78	55	0	$713.72	
22	1	$320.06	$320.06	39	1	$403.91	$403.91	56	1	$746.68	$746.68
23	0	$320.06		40	0	$409.03		57	0	$779.97	
24	0	$320.06		41	1	$416.71	$416.71	58	0	$815.49	
25	0	$321.33		42	0	$424.07		59	0	$833.10	
26	1	$327.73	$327.73	43	1	$434.31	$434.31	60	1	$868.62	$868.62
27	0	$335.41		44	0	$447.11		61	1	$899.35	$899.35
28	1	$347.90	$347.90	45	0	$462.16		62	0	$919.51	
29	0	$358.14		46	0	$480.08		63	1	$944.79	$944.79
30	0	$363.26		47	0	$500.24		64 & older	3	$960.16	$2,880.48

Medical Quote Assumptions

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

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- 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 2021 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:
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  - 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.

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Group Administrator Signature

Accepted By:_____
Agent Signature

Accepted By:_____
Group Administrator Printed Name

Accepted By:_____
Agent Printed Name

Date:_____

Date:_____

PHP Insurance Company

Group Name:	LLPS, Inc.
Group Number:	L0001596
Effective Date:	12/1/2021
Region:	Rating Area 7
Account Manager:	
Producer:	DeRose, Joseph
Quote Date:	8/9/2021
Quote ID:	0052269-01

Option 2

Product: PPO
Medical Plan ID: GFH013-2021 - Gold 500 PPO
RX Plan ID: RX03F377
Employer Funding: HRA-None

Subgroup: 1000 - Actives
Premium For Members In Plan GFH013-2021

Total	$13,674.00

In Network - Ded: $500/$1,000; Coins - Standard: 20% after ded; Coins Max - Standard: $5,000/$10,000; MOOP: $8,200/$16,400
PCP OV: $25; Spec OV: $50; Telehealth-Acute Care: $5; UC: $60
ER: 20% after ded; High Tech Imaging: $150 after ded; Rx: $5/$20/$60/$80/20% max $200/20% 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	$252.28	$1,009.12	31	0	$382.22		48	0	$539.19	
15	0	$274.71		32	1	$390.13	$390.13	49	0	$562.61	
16	0	$283.28		33	1	$395.08	$395.08	50	0	$588.99	
17	0	$291.86		34	2	$400.35	$800.70	51	0	$615.04	
18	1	$301.09	$301.09	35	1	$402.99	$402.99	52	0	$643.73	
19	0	$310.32		36	0	$405.63		53	0	$672.75	
20	0	$319.89		37	1	$408.27	$408.27	54	1	$704.08	$704.08
21	0	$329.78		38	1	$410.91	$410.91	55	0	$735.41	
22	1	$329.78	$329.78	39	1	$416.18	$416.18	56	1	$769.38	$769.38
23	0	$329.78		40	0	$421.46		57	0	$803.68	
24	0	$329.78		41	1	$429.37	$429.37	58	0	$840.28	
25	0	$331.10		42	0	$436.96		59	0	$858.42	
26	1	$337.70	$337.70	43	1	$447.51	$447.51	60	1	$895.03	$895.03
27	0	$345.61		44	0	$460.70		61	1	$926.68	$926.68
28	1	$358.47	$358.47	45	0	$476.20		62	0	$947.46	
29	0	$369.03		46	0	$494.67		63	1	$973.51	$973.51
30	0	$374.30		47	0	$515.45		64 & older	3	$989.34	$2,968.02

Medical Quote Assumptions

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- 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.
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Group Administrator Signature

Accepted By:_____
Agent Signature

Accepted By:_____
Group Administrator Printed Name

Accepted By:_____
Agent Printed Name

Date:_____

Date:_____

PHP Insurance Company

Group Name:	LLPS, Inc.
Group Number:	L0001596
Effective Date:	12/1/2021
Region:	Rating Area 7
Account Manager:	
Producer:	DeRose, Joseph
Quote Date:	8/9/2021
Quote ID:	0052269-01

Option 3

Product: PPO
Medical Plan ID: GFH015-2021 - Gold 1400 PPO
RX Plan ID: RX03F370
Employer Funding: HRA-None

Subgroup: 1000 - Actives
Premium For Members In Plan GFH015-2021
Total $13,306.19

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: $10/$25/$60/$100/20% max $200/20% 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	$245.50	$982.00	31	0	$371.93		48	0	$524.69	
15	0	$267.32		32	1	$379.64	$379.64	49	0	$547.47	
16	0	$275.66		33	1	$384.45	$384.45	50	0	$573.14	
17	0	$284.00		34	2	$389.58	$779.16	51	0	$598.50	
18	1	$292.99	$292.99	35	1	$392.15	$392.15	52	0	$626.41	
19	0	$301.98		36	0	$394.72		53	0	$654.65	
20	0	$311.28		37	1	$397.29	$397.29	54	1	$685.14	$685.14
21	0	$320.91		38	1	$399.85	$399.85	55	0	$715.63	
22	1	$320.91	$320.91	39	1	$404.99	$404.99	56	1	$748.68	$748.68
23	0	$320.91		40	0	$410.12		57	0	$782.06	
24	0	$320.91		41	1	$417.82	$417.82	58	0	$817.68	
25	0	$322.19		42	0	$425.20		59	0	$835.33	
26	1	$328.61	$328.61	43	1	$435.47	$435.47	60	1	$870.95	$870.95
27	0	$336.31		44	0	$448.31		61	1	$901.75	$901.75
28	1	$348.83	$348.83	45	0	$463.39		62	0	$921.97	
29	0	$359.10		46	0	$481.36		63	1	$947.32	$947.32
30	0	$364.23		47	0	$501.58		64 & older	3	$962.73	$2,888.19

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PHP Insurance Company

Group Name:	LLPS, Inc.
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Effective Date:	12/1/2021
Region:	Rating Area 7
Account Manager:	
Producer:	DeRose, Joseph
Quote Date:	8/9/2021
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Option 4

Product: PPO
Medical Plan ID: GFH018-2021 - Gold 2000 PPO
RX Plan ID: RX03F370
Employer Funding: HRA-None

Subgroup: 1000 - Actives
Premium For Members In Plan GFH018-2021

Total	$12,819.14

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: $10/$25/$60/$100/20% max $200/20% 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	$236.51	$946.04	31	0	$358.32		48	0	$505.48	
15	0	$257.53		32	1	$365.74	$365.74	49	0	$527.43	
16	0	$265.57		33	1	$370.38	$370.38	50	0	$552.17	
17	0	$273.61		34	2	$375.32	$750.64	51	0	$576.59	
18	1	$282.27	$282.27	35	1	$377.80	$377.80	52	0	$603.49	
19	0	$290.92		36	0	$380.27		53	0	$630.69	
20	0	$299.89		37	1	$382.74	$382.74	54	1	$660.06	$660.06
21	0	$309.17		38	1	$385.22	$385.22	55	0	$689.43	
22	1	$309.17	$309.17	39	1	$390.16	$390.16	56	1	$721.28	$721.28
23	0	$309.17		40	0	$395.11		57	0	$753.43	
24	0	$309.17		41	1	$402.53	$402.53	58	0	$787.75	
25	0	$310.40		42	0	$409.64		59	0	$804.75	
26	1	$316.58	$316.58	43	1	$419.53	$419.53	60	1	$839.07	$839.07
27	0	$324.00		44	0	$431.90		61	1	$868.75	$868.75
28	1	$336.06	$336.06	45	0	$446.43		62	0	$888.23	
29	0	$345.95		46	0	$463.74		63	1	$912.65	$912.65
30	0	$350.90		47	0	$483.22		64 & older	3	$927.49	$2,782.47

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PHP Insurance Company

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Effective Date:	12/1/2021
Region:	Rating Area 7
Account Manager:	
Producer:	DeRose, Joseph
Quote Date:	8/9/2021
Quote ID:	0052269-01

Renewal Plan

Selected Plan - GFH005-2021 - Gold 1000 PPO

Premium Summary Based on Selected Benefits

Total	$13,270.64

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	65	N	N	N	N	1000	GFH005-2021	$960.16
500068266	LORRAINE FATA	Spouse	F	64	N	N	N	N	1000	GFH005-2021	$960.16
500068267	Carli Fata	Child	F	26	N	N	N	N	1000	GFH005-2021	$327.73
500068267	Thomas A Fata	Subscriber	M	63	N	N	N	N	1000	GFH005-2021	$944.79
500068267	Gino Fata	Child	M	22	N	N	N	N	1000	GFH005-2021	$320.06
500068269	Anthony F Fata	Subscriber	M	61	N	N	N	N	1000	GFH005-2021	$899.35
500068269	Liana Fata	Spouse	F	60	N	N	N	N	1000	GFH005-2021	$868.62
500068271	Michael A Bishop	Subscriber	M	56	N	N	N	N	1000	GFH005-2021	$746.68
500068271	Celeste Bishop	Spouse	F	54	N	N	N	N	1000	GFH005-2021	$683.31
500069113	Joseph Fata	Subscriber	M	64	N	N	N	N	1000	GFH005-2021	$960.16
500069113	Gemrich D Cuyoca	Child	M	9	N	N	N	N	1000	GFH005-2021	$244.84
500069113	Michelle Y Del Fierro	Spouse	F	43	N	N	N	N	1000	GFH005-2021	$434.31
500069280	Scott P Fata	Subscriber	M	37	N	N	N	N	1000	GFH005-2021	$396.22
500081221	ALEXANDRIA M JACKSON	Child	F	18	N	N	N	N	1000	GFH005-2021	$292.21
500081221	AMBER N BLAIS	Subscriber	F	39	N	N	N	N	1000	GFH005-2021	$403.91
500121874	Rebecca F Shoemaker	Subscriber	F	41	N	N	N	N	1000	GFH005-2021	$416.71
500130200	Josephine F Fata	Child	F	7	N	N	N	N	1000	GFH005-2021	$244.84
500130200	Layla J Corbit-Fata	Child	F	13	N	N	N	N	1000	GFH005-2021	$244.84
500130200	Justin M Fata	Subscriber	M	34	N	N	N	N	1000	GFH005-2021	$388.54
500130200	Justin E Fata	Child	M	3	N	N	N	N	1000	GFH005-2021	$244.84
500130200	Amanda J Fata	Spouse	F	33	N	N	N	N	1000	GFH005-2021	$383.42
500146094	JAMES S HOSMER	Subscriber	M	38	N	N	N	N	1000	GFH005-2021	$398.78
500146701	ALEXANDER N FATA	Subscriber	M	32	N	N	N	N	1000	GFH005-2021	$378.62
500147872	ZACHARY A CONNORS	Spouse	M	34	N	N	N	N	1000	GFH005-2021	$388.54
500147872	KATHY E CONNORS	Subscriber	F	28	N	N	N	N	1000	GFH005-2021	$347.90
500157382	JOSEPH L STENZEL	Subscriber	M	35	N	N	N	N	1000	GFH005-2021	$391.10

Medical Quote Assumptions

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

- Rates are guaranteed for 12 months for the contract period of 12/1/2021 through 11/30/2022.
- 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 2021 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.

PHP Insurance Company

Group Name:	LLPS, Inc.
Effective Date:	12/1/2021
Region:	Rating Area 7
Account Manager:	
Producer:	DeRose, Joseph
Quote Date:	8/9/2021
Quote ID:	0052269-01

Option 2

Selected Plan - GFH013-2021 - Gold 500 PPO

Premium Summary Based on Selected Benefits

Total	$13,674.00

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	65	N	N	N	N	1000	GFH013-2021	$989.34
500068266	LORRAINE FATA	Spouse	F	64	N	N	N	N	1000	GFH013-2021	$989.34
500068267	Carli Fata	Child	F	26	N	N	N	N	1000	GFH013-2021	$337.70
500068267	Thomas A Fata	Subscriber	M	63	N	N	N	N	1000	GFH013-2021	$973.51
500068267	Gino Fata	Child	M	22	N	N	N	N	1000	GFH013-2021	$329.78
500068269	Anthony F Fata	Subscriber	M	61	N	N	N	N	1000	GFH013-2021	$926.68
500068269	Liana Fata	Spouse	F	60	N	N	N	N	1000	GFH013-2021	$895.03
500068271	Michael A Bishop	Subscriber	M	56	N	N	N	N	1000	GFH013-2021	$769.38
500068271	Celeste Bishop	Spouse	F	54	N	N	N	N	1000	GFH013-2021	$704.08
500069113	Joseph Fata	Subscriber	M	64	N	N	N	N	1000	GFH013-2021	$989.34
500069113	Gemrich D Cuyoca	Child	M	9	N	N	N	N	1000	GFH013-2021	$252.28
500069113	Michelle Y Del Fierro	Spouse	F	43	N	N	N	N	1000	GFH013-2021	$447.51
500069280	Scott P Fata	Subscriber	M	37	N	N	N	N	1000	GFH013-2021	$408.27
500081221	ALEXANDRIA M JACKSON	Child	F	18	N	N	N	N	1000	GFH013-2021	$301.09
500081221	AMBER N BLAIS	Subscriber	F	39	N	N	N	N	1000	GFH013-2021	$416.18
500121874	Rebecca F Shoemaker	Subscriber	F	41	N	N	N	N	1000	GFH013-2021	$429.37
500130200	Josephine F Fata	Child	F	7	N	N	N	N	1000	GFH013-2021	$252.28
500130200	Layla J Corbit-Fata	Child	F	13	N	N	N	N	1000	GFH013-2021	$252.28
500130200	Justin M Fata	Subscriber	M	34	N	N	N	N	1000	GFH013-2021	$400.35
500130200	Justin E Fata	Child	M	3	N	N	N	N	1000	GFH013-2021	$252.28
500130200	Amanda J Fata	Spouse	F	33	N	N	N	N	1000	GFH013-2021	$395.08
500146094	JAMES S HOSMER	Subscriber	M	38	N	N	N	N	1000	GFH013-2021	$410.91
500146701	ALEXANDER N FATA	Subscriber	M	32	N	N	N	N	1000	GFH013-2021	$390.13
500147872	ZACHARY A CONNORS	Spouse	M	34	N	N	N	N	1000	GFH013-2021	$400.35
500147872	KATHY E CONNORS	Subscriber	F	28	N	N	N	N	1000	GFH013-2021	$358.47
500157382	JOSEPH L STENZEL	Subscriber	M	35	N	N	N	N	1000	GFH013-2021	$402.99

Medical Quote Assumptions

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

- Rates are guaranteed for 12 months for the contract period of 12/1/2021 through 11/30/2022.
- 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.
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  - 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
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- 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.

PHP Insurance Company

Group Name: LLPS, Inc.
Effective Date: 12/1/2021
Region: Rating Area 7
Account Manager:
Producer: DeRose, Joseph
Quote Date: 8/9/2021
Quote ID: 0052269-01

Option 3

Selected Plan - GFH015-2021 - Gold 1400 PPO

Premium Summary Based on Selected Benefits

Total	$13,306.19

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	65	N	N	N	N	1000	GFH015-2021	$962.73
500068266	LORRAINE FATA	Spouse	F	64	N	N	N	N	1000	GFH015-2021	$962.73
500068267	Carli Fata	Child	F	26	N	N	N	N	1000	GFH015-2021	$328.61
500068267	Thomas A Fata	Subscriber	M	63	N	N	N	N	1000	GFH015-2021	$947.32
500068267	Gino Fata	Child	M	22	N	N	N	N	1000	GFH015-2021	$320.91
500068269	Anthony F Fata	Subscriber	M	61	N	N	N	N	1000	GFH015-2021	$901.75
500068269	Liana Fata	Spouse	F	60	N	N	N	N	1000	GFH015-2021	$870.95
500068271	Michael A Bishop	Subscriber	M	56	N	N	N	N	1000	GFH015-2021	$748.68
500068271	Celeste Bishop	Spouse	F	54	N	N	N	N	1000	GFH015-2021	$685.14
500069113	Joseph Fata	Subscriber	M	64	N	N	N	N	1000	GFH015-2021	$962.73
500069113	Gemrich D Cuyoca	Child	M	9	N	N	N	N	1000	GFH015-2021	$245.50
500069113	Michelle Y Del Fierro	Spouse	F	43	N	N	N	N	1000	GFH015-2021	$435.47
500069280	Scott P Fata	Subscriber	M	37	N	N	N	N	1000	GFH015-2021	$397.29
500081221	ALEXANDRIA M JACKSON	Child	F	18	N	N	N	N	1000	GFH015-2021	$292.99
500081221	AMBER N BLAIS	Subscriber	F	39	N	N	N	N	1000	GFH015-2021	$404.99
500121874	Rebecca F Shoemaker	Subscriber	F	41	N	N	N	N	1000	GFH015-2021	$417.82
500130200	Josephine F Fata	Child	F	7	N	N	N	N	1000	GFH015-2021	$245.50
500130200	Layla J Corbit-Fata	Child	F	13	N	N	N	N	1000	GFH015-2021	$245.50
500130200	Justin M Fata	Subscriber	M	34	N	N	N	N	1000	GFH015-2021	$389.58
500130200	Justin E Fata	Child	M	3	N	N	N	N	1000	GFH015-2021	$245.50
500130200	Amanda J Fata	Spouse	F	33	N	N	N	N	1000	GFH015-2021	$384.45
500146094	JAMES S HOSMER	Subscriber	M	38	N	N	N	N	1000	GFH015-2021	$399.85
500146701	ALEXANDER N FATA	Subscriber	M	32	N	N	N	N	1000	GFH015-2021	$379.64
500147872	ZACHARY A CONNORS	Spouse	M	34	N	N	N	N	1000	GFH015-2021	$389.58
500147872	KATHY E CONNORS	Subscriber	F	28	N	N	N	N	1000	GFH015-2021	$348.83
500157382	JOSEPH L STENZEL	Subscriber	M	35	N	N	N	N	1000	GFH015-2021	$392.15

Medical Quote Assumptions

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

- Rates are guaranteed for 12 months for the contract period of 12/1/2021 through 11/30/2022.
- 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.
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- Rates include state and ACA related taxes and fees.
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  - 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
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- 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.

PHP Insurance Company

Group Name:	LLPS, Inc.
Effective Date:	12/1/2021
Region:	Rating Area 7
Account Manager:	
Producer:	DeRose, Joseph
Quote Date:	8/9/2021
Quote ID:	0052269-01

Option 4

Selected Plan - GFH018-2021 - Gold 2000 PPO

Premium Summary Based on Selected Benefits

Total	$12,819.14

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	65	N	N	N	N	1000	GFH018-2021	$927.49
500068266	LORRAINE FATA	Spouse	F	64	N	N	N	N	1000	GFH018-2021	$927.49
500068267	Carli Fata	Child	F	26	N	N	N	N	1000	GFH018-2021	$316.58
500068267	Thomas A Fata	Subscriber	M	63	N	N	N	N	1000	GFH018-2021	$912.65
500068267	Gino Fata	Child	M	22	N	N	N	N	1000	GFH018-2021	$309.17
500068269	Anthony F Fata	Subscriber	M	61	N	N	N	N	1000	GFH018-2021	$868.75
500068269	Liana Fata	Spouse	F	60	N	N	N	N	1000	GFH018-2021	$839.07
500068271	Michael A Bishop	Subscriber	M	56	N	N	N	N	1000	GFH018-2021	$721.28
500068271	Celeste Bishop	Spouse	F	54	N	N	N	N	1000	GFH018-2021	$660.06
500069113	Joseph Fata	Subscriber	M	64	N	N	N	N	1000	GFH018-2021	$927.49
500069113	Gemrich D Cuyoca	Child	M	9	N	N	N	N	1000	GFH018-2021	$236.51
500069113	Michelle Y Del Fierro	Spouse	F	43	N	N	N	N	1000	GFH018-2021	$419.53
500069280	Scott P Fata	Subscriber	M	37	N	N	N	N	1000	GFH018-2021	$382.74
500081221	ALEXANDRIA M JACKSON	Child	F	18	N	N	N	N	1000	GFH018-2021	$282.27
500081221	AMBER N BLAIS	Subscriber	F	39	N	N	N	N	1000	GFH018-2021	$390.16
500121874	Rebecca F Shoemaker	Subscriber	F	41	N	N	N	N	1000	GFH018-2021	$402.53
500130200	Josephine F Fata	Child	F	7	N	N	N	N	1000	GFH018-2021	$236.51
500130200	Layla J Corbit-Fata	Child	F	13	N	N	N	N	1000	GFH018-2021	$236.51
500130200	Justin M Fata	Subscriber	M	34	N	N	N	N	1000	GFH018-2021	$375.32
500130200	Justin E Fata	Child	M	3	N	N	N	N	1000	GFH018-2021	$236.51
500130200	Amanda J Fata	Spouse	F	33	N	N	N	N	1000	GFH018-2021	$370.38
500146094	JAMES S HOSMER	Subscriber	M	38	N	N	N	N	1000	GFH018-2021	$385.22
500146701	ALEXANDER N FATA	Subscriber	M	32	N	N	N	N	1000	GFH018-2021	$365.74
500147872	ZACHARY A CONNORS	Spouse	M	34	N	N	N	N	1000	GFH018-2021	$375.32
500147872	KATHY E CONNORS	Subscriber	F	28	N	N	N	N	1000	GFH018-2021	$336.06
500157382	JOSEPH L STENZEL	Subscriber	M	35	N	N	N	N	1000	GFH018-2021	$377.80

Medical Quote Assumptions

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

- Rates are guaranteed for 12 months for the contract period of 12/1/2021 through 11/30/2022.
- 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.
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  - Groups with 26-50 eligible employees=50% of those seeking health care coverage
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PHP Insurance Company

Group Name:	LLPS, Inc.
Effective Date:	12/1/2021
Region:	Rating Area 7
Account Manager:	
Producer:	DeRose, Joseph
Quote Date:	8/9/2021
Quote ID:	0052269-01

Renewal Plan

Selected Plan - GFH005-2021 - Gold 1000 PPO

Employer Contribution Type: Dollar
Employer Contribution Amount: $0

Premium Summary Based on Selected Benefits

Employer Pays:	$0.00
Subscriber Pays:	$13,270.64
Total	$13,270.64

Quoted Subscriber Premium

Contract Number	Name	Gender	Age	Covg. Type	Waive Covg?	Total Contract Premium	Employer Pays	Subscriber Pays
500068266	PAUL FATA	M	65	ES	N	$1,920.32	$0.00	$1,920.32
500068267	Thomas A Fata	M	63	EC	N	$1,592.58	$0.00	$1,592.58
500068269	Anthony F Fata	M	61	ES	N	$1,767.97	$0.00	$1,767.97
500068271	Michael A Bishop	M	56	ES	N	$1,429.99	$0.00	$1,429.99
500069113	Joseph Fata	M	64	EF	N	$1,639.31	$0.00	$1,639.31
500069280	Scott P Fata	M	37	EO	N	$396.22	$0.00	$396.22
500081221	AMBER N BLAIS	F	39	EC	N	$696.12	$0.00	$696.12
500121874	Rebecca F Shoemaker	F	41	EO	N	$416.71	$0.00	$416.71
500130200	Justin M Fata	M	34	EF	N	$1,506.48	$0.00	$1,506.48
500146094	JAMES S HOSMER	M	38	EO	N	$398.78	$0.00	$398.78
500146701	ALEXANDER N FATA	M	32	EO	N	$378.62	$0.00	$378.62
500147872	KATHY E CONNORS	F	28	ES	N	$736.44	$0.00	$736.44
500157382	JOSEPH L STENZEL	M	35	EO	N	$391.10	$0.00	$391.10

Medical Quote Assumptions

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

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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).
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  - Groups with 26-50 eligible employees=50% of those seeking health care coverage
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PHP Insurance Company

Group Name:	LLPS, Inc.
Effective Date:	12/1/2021
Region:	Rating Area 7
Account Manager:	
Producer:	DeRose, Joseph
Quote Date:	8/9/2021
Quote ID:	0052269-01

Option 2

Selected Plan - GFH013-2021 - Gold 500 PPO

Employer Contribution Type:	Dollar
Employer Contribution Amount:	$0

Premium Summary Based on Selected Benefits

Employer Pays:	$0.00
Subscriber Pays:	$13,674.00
Total	$13,674.00

Quoted Subscriber Premium

Contract Number	Name	Gender	Age	Covg. Type	Waive Covg?	Total Contract Premium	Employer Pays	Subscriber Pays
500068266	PAUL FATA	M	65	ES	N	$1,978.68	$0.00	$1,978.68
500068267	Thomas A Fata	M	63	EC	N	$1,640.99	$0.00	$1,640.99
500068269	Anthony F Fata	M	61	ES	N	$1,821.71	$0.00	$1,821.71
500068271	Michael A Bishop	M	56	ES	N	$1,473.46	$0.00	$1,473.46
500069113	Joseph Fata	M	64	EF	N	$1,689.13	$0.00	$1,689.13
500069280	Scott P Fata	M	37	EO	N	$408.27	$0.00	$408.27
500081221	AMBER N BLAIS	F	39	EC	N	$717.27	$0.00	$717.27
500121874	Rebecca F Shoemaker	F	41	EO	N	$429.37	$0.00	$429.37
500130200	Justin M Fata	M	34	EF	N	$1,552.27	$0.00	$1,552.27
500146094	JAMES S HOSMER	M	38	EO	N	$410.91	$0.00	$410.91
500146701	ALEXANDER N FATA	M	32	EO	N	$390.13	$0.00	$390.13
500147872	KATHY E CONNORS	F	28	ES	N	$758.82	$0.00	$758.82
500157382	JOSEPH L STENZEL	M	35	EO	N	$402.99	$0.00	$402.99

Medical Quote Assumptions

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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.
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    - Groups with 26-50 eligible employees=50% of those seeking health care coverage
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PHP Insurance Company

Group Name: LLPS, Inc.
Effective Date: 12/1/2021
Region: Rating Area 7
Account Manager:
Producer: DeRose, Joseph
Quote Date: 8/9/2021
Quote ID: 0052269-01

Option 3

Selected Plan - GFH015-2021 - Gold 1400 PPO

Employer Contribution Type: Dollar
Employer Contribution Amount: $0

Premium Summary Based on Selected Benefits

Employer Pays:	$0.00
Subscriber Pays:	$13,306.19
Total	$13,306.19

Quoted Subscriber Premium

Contract Number	Name	Gender	Age	Covg. Type	Waive Covg?	Total Contract Premium	Employer Pays	Subscriber Pays
500068266	PAUL FATA	M	65	ES	N	$1,925.46	$0.00	$1,925.46
500068267	Thomas A Fata	M	63	EC	N	$1,596.84	$0.00	$1,596.84
500068269	Anthony F Fata	M	61	ES	N	$1,772.70	$0.00	$1,772.70
500068271	Michael A Bishop	M	56	ES	N	$1,433.82	$0.00	$1,433.82
500069113	Joseph Fata	M	64	EF	N	$1,643.70	$0.00	$1,643.70
500069280	Scott P Fata	M	37	EO	N	$397.29	$0.00	$397.29
500081221	AMBER N BLAIS	F	39	EC	N	$697.98	$0.00	$697.98
500121874	Rebecca F Shoemaker	F	41	EO	N	$417.82	$0.00	$417.82
500130200	Justin M Fata	M	34	EF	N	$1,510.53	$0.00	$1,510.53
500146094	JAMES S HOSMER	M	38	EO	N	$399.85	$0.00	$399.85
500146701	ALEXANDER N FATA	M	32	EO	N	$379.64	$0.00	$379.64
500147872	KATHY E CONNORS	F	28	ES	N	$738.41	$0.00	$738.41
500157382	JOSEPH L STENZEL	M	35	EO	N	$392.15	$0.00	$392.15

Medical Quote Assumptions

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

- Rates are guaranteed for 12 months for the contract period of 12/1/2021 through 11/30/2022.
- 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 2021 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.

PHP Insurance Company

Group Name: LLPS, Inc.
Effective Date: 12/1/2021
Region: Rating Area 7
Account Manager:
Producer: DeRose, Joseph
Quote Date: 8/9/2021
Quote ID: 0052269-01

Option 4

Selected Plan - GFH018-2021 - Gold 2000 PPO

Employer Contribution Type: Dollar
Employer Contribution Amount: $0

Premium Summary Based on Selected Benefits

Employer Pays:	$0.00
Subscriber Pays:	$12,819.14
Total	$12,819.14

Quoted Subscriber Premium

Contract Number	Name	Gender	Age	Covg. Type	Waive Covg?	Total Contract Premium	Employer Pays	Subscriber Pays
500068266	PAUL FATA	M	65	ES	N	$1,854.98	$0.00	$1,854.98
500068267	Thomas A Fata	M	63	EC	N	$1,538.40	$0.00	$1,538.40
500068269	Anthony F Fata	M	61	ES	N	$1,707.82	$0.00	$1,707.82
500068271	Michael A Bishop	M	56	ES	N	$1,381.34	$0.00	$1,381.34
500069113	Joseph Fata	M	64	EF	N	$1,583.53	$0.00	$1,583.53
500069280	Scott P Fata	M	37	EO	N	$382.74	$0.00	$382.74
500081221	AMBER N BLAIS	F	39	EC	N	$672.43	$0.00	$672.43
500121874	Rebecca F Shoemaker	F	41	EO	N	$402.53	$0.00	$402.53
500130200	Justin M Fata	M	34	EF	N	$1,455.23	$0.00	$1,455.23
500146094	JAMES S HOSMER	M	38	EO	N	$385.22	$0.00	$385.22
500146701	ALEXANDER N FATA	M	32	EO	N	$365.74	$0.00	$365.74
500147872	KATHY E CONNORS	F	28	ES	N	$711.38	$0.00	$711.38
500157382	JOSEPH L STENZEL	M	35	EO	N	$377.80	$0.00	$377.80

Medical Quote Assumptions

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

- Rates are guaranteed for 12 months for the contract period of 12/1/2021 through 11/30/2022.
- 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 2021 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.