

Small Group ACA Plan Overview Exhibit



Preliminary Rates

LLPS, Inc.

Group Number: L0001596

Effective December 1, 2023

Account Executive: Jeanette Pung

Producer: DeRose, Joseph

Quote ID: 0054976

SW Iteration: 01

Quote Date: 08/15/2023

Region: Rating Area 7

Subgroup Number: 1000

Subgroup Name: Active

Medical Options:

<u>Renewal Plan</u> PPO	<u>Option 2</u> PPO	<u>Option 3</u> PPO	<u>Option 4</u> PPO
PHP PPO Gold 1000	PHP PPO Gold 1400	PHP PPO Gold 2000	PHP PPO Gold 2500
GFH00523 RX0PF009	GFH01523 RX03F370	GFH01823 RX03F370	GFH08823 RX0PF003
Total Mthly Prem	\$14,710.36	\$14,750.60	\$14,299.82

Percent Difference From Renewal Rate:

0.3%

-2.8%

-4.1%

Total # subscribers 14

Total # members 29

In-Network Coverage (Member Responsibility)

Deductible	\$1,000/\$2,000	\$1,400/\$2,800	\$2,000/\$4,000	\$2,500/\$5,000
Coinsurance - Standard	20% after ded	20% after ded	20% after ded	30% after ded
Coinsurance Maximum - Standard	NA	\$1,600/\$3,200	\$1,500/\$3,000	NA
Maximum Out of Pocket	\$7,000/\$14,000	\$8,000/\$16,000	\$8,000/\$16,000	\$8,500/\$17,000
Primary Care Physician Office Visit	\$35	\$25	\$25	\$0
Specialist Office Visit	\$70	\$50	\$50	\$40
Telehealth - Acute Care	\$5	\$5	\$5	\$5
Urgent Care	\$60	\$60	\$60	\$50
Emergency Room	\$350 after ded	20% after ded	20% after ded	30% after ded
High Tech Imaging	\$150 after ded	\$150 after ded	\$150 after ded	30% after ded
RX Copay (Retail and Specialty)	\$10/\$25/\$60/\$100/20% 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	\$0/\$40/\$80/\$100/30% max \$200/30% max \$300

Out-of-Network Coverage (Member Responsibility)

Medical Deductible	\$3500/\$7000	\$4000/\$8000	\$5000/\$10000	\$5000/\$10000
Inpatient Coinsurance	30% after ded	30% after ded	40% after ded	40% after ded
Maximum Out of Pocket	\$7000/\$14000	\$15000/\$30000	\$15000/\$30000	\$15000/\$30000

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: 12/1/2023
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 8/15/2023
Quote ID: 0054976-01

Renewal Plan

Product: PPO
Medical Plan ID: GFH00523 - PHP PPO Gold 1000
RX Plan ID: RX0PF009
Employer Funding: HRA-None

Subgroup: 1000 - Active
Premium For Members In Plan GFH00523
Total \$14,710.36

In Network - Ded: \$1,000/\$2,000; Coins - Standard: 20% after ded; Coins Max - Standard: NA; MOOP: \$7,000/\$14,000
PCP OV: \$35 ; Spec OV: \$70 ; Telehealth-Acute Care: \$5 ; UC: \$60
ER: \$350 after ded; High Tech Imaging: \$150 after ded; Rx: \$10/\$25/\$60/\$100/20% max \$200/20% max \$300
Out of Network - Ded: \$3500/\$7000; Coins: 30% after ded; MOOP: \$7000/\$14000

Individual Rates by Age

Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium
0-14	5	\$267.17	\$1,335.85	31	0	\$404.77		48	0	\$571.01	
15	1	\$290.92	\$290.92	32	0	\$413.15		49	0	\$595.80	
16	0	\$300.00		33	0	\$418.39		50	0	\$623.74	
17	0	\$309.08		34	1	\$423.98	\$423.98	51	0	\$651.33	
18	0	\$318.86		35	1	\$426.77	\$426.77	52	0	\$681.72	
19	0	\$328.64		36	2	\$429.57	\$859.14	53	0	\$712.45	
20	2	\$338.76	\$677.52	37	1	\$432.36	\$432.36	54	0	\$745.63	
21	0	\$349.24		38	1	\$435.15	\$435.15	55	0	\$778.81	
22	0	\$349.24		39	2	\$440.74	\$881.48	56	1	\$814.78	\$814.78
23	0	\$349.24		40	1	\$446.33	\$446.33	57	0	\$851.10	
24	1	\$349.24	\$349.24	41	1	\$454.71	\$454.71	58	1	\$889.86	\$889.86
25	0	\$350.64		42	0	\$462.74		59	0	\$909.07	
26	0	\$357.62		43	1	\$473.92	\$473.92	60	0	\$947.84	
27	0	\$366.00		44	1	\$487.89	\$487.89	61	0	\$981.37	
28	0	\$379.62		45	1	\$504.30	\$504.30	62	1	\$1,003.37	\$1,003.37
29	0	\$390.80		46	0	\$523.86		63	1	\$1,030.96	\$1,030.96
30	1	\$396.39	\$396.39	47	0	\$545.86		64 & older	2	\$1,047.72	\$2,095.44

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.

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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 2023 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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- 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

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Group Administrator Printed Name

Accepted By: _____
Agent Printed Name

Date: _____

Date: _____



Group Name: LLPS, Inc.
Group Number: L0001596
Effective Date: 12/1/2023
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 8/15/2023
Quote ID: 0054976-01

Option 2

Product: PPO
Medical Plan ID: GFH01523 - PHP PPO Gold 1400
RX Plan ID: RX03F370
Employer Funding: HRA-None

Subgroup: 1000 - Active
Premium For Members In Plan GFH01523
Total \$14,750.60

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: \$4000/\$8000; Coins: 30% after ded; MOOP: \$15000/\$30000

Individual Rates by Age

Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium
0-14	5	\$267.90	\$1,339.50	31	0	\$405.88		48	0	\$572.57	
15	1	\$291.71	\$291.71	32	0	\$414.28		49	0	\$597.43	
16	0	\$300.82		33	0	\$419.53		50	0	\$625.45	
17	0	\$309.92		34	1	\$425.14	\$425.14	51	0	\$653.11	
18	0	\$319.73		35	1	\$427.94	\$427.94	52	0	\$683.58	
19	0	\$329.53		36	2	\$430.74	\$861.48	53	0	\$714.40	
20	2	\$339.69	\$679.38	37	1	\$433.54	\$433.54	54	0	\$747.67	
21	0	\$350.20		38	1	\$436.34	\$436.34	55	0	\$780.94	
22	0	\$350.20		39	2	\$441.95	\$883.90	56	1	\$817.01	\$817.01
23	0	\$350.20		40	1	\$447.55	\$447.55	57	0	\$853.43	
24	1	\$350.20	\$350.20	41	1	\$455.95	\$455.95	58	1	\$892.30	\$892.30
25	0	\$351.60		42	0	\$464.01		59	0	\$911.56	
26	0	\$358.60		43	1	\$475.22	\$475.22	60	0	\$950.43	
27	0	\$367.00		44	1	\$489.22	\$489.22	61	0	\$984.05	
28	0	\$380.66		45	1	\$505.68	\$505.68	62	1	\$1,006.11	\$1,006.11
29	0	\$391.87		46	0	\$525.29		63	1	\$1,033.78	\$1,033.78
30	1	\$397.47	\$397.47	47	0	\$547.36		64 & older	2	\$1,050.59	\$2,101.18

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.
- 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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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: 12/1/2023
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 8/15/2023
Quote ID: 0054976-01

Option 3

Product: PPO
Medical Plan ID: GFH01823 - PHP PPO Gold 2000
RX Plan ID: RX03F370
Employer Funding: HRA-None

Subgroup: 1000 - Active
Premium For Members In Plan GFH01823
Total \$14,299.82

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: \$5000/\$10000; Coins: 40% after ded; MOOP: \$15000/\$30000

Individual Rates by Age

Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium
0-14	5	\$259.71	\$1,298.55	31	0	\$393.47		48	0	\$555.07	
15	1	\$282.80	\$282.80	32	0	\$401.62		49	0	\$579.18	
16	0	\$291.63		33	0	\$406.71		50	0	\$606.34	
17	0	\$300.45		34	1	\$412.15	\$412.15	51	0	\$633.16	
18	0	\$309.96		35	1	\$414.86	\$414.86	52	0	\$662.69	
19	0	\$319.46		36	2	\$417.58	\$835.16	53	0	\$692.57	
20	2	\$329.31	\$658.62	37	1	\$420.29	\$420.29	54	0	\$724.82	
21	0	\$339.50		38	1	\$423.01	\$423.01	55	0	\$757.07	
22	0	\$339.50		39	2	\$428.44	\$856.88	56	1	\$792.04	\$792.04
23	0	\$339.50		40	1	\$433.87	\$433.87	57	0	\$827.35	
24	1	\$339.50	\$339.50	41	1	\$442.02	\$442.02	58	1	\$865.03	\$865.03
25	0	\$340.85		42	0	\$449.83		59	0	\$883.70	
26	0	\$347.64		43	1	\$460.69	\$460.69	60	0	\$921.39	
27	0	\$355.79		44	1	\$474.27	\$474.27	61	0	\$953.98	
28	0	\$369.03		45	1	\$490.23	\$490.23	62	1	\$975.37	\$975.37
29	0	\$379.89		46	0	\$509.24		63	1	\$1,002.19	\$1,002.19
30	1	\$385.33	\$385.33	47	0	\$530.63		64 & older	2	\$1,018.48	\$2,036.96

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Group Name: LLPS, Inc.
Group Number: L0001596
Effective Date: 12/1/2023
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 8/15/2023
Quote ID: 0054976-01

Option 4

Product: PPO
Medical Plan ID: GFH08823 - PHP PPO Gold 2500
RX Plan ID: RX0PF003
Employer Funding: HRA-None

Subgroup: 1000 - Active
Premium For Members In Plan GFH08823
Total \$14,102.25

In Network - Ded: \$2,500/\$5,000; Coins - Standard: 30% after ded; Coins Max - Standard: NA; MOOP: \$8,500/\$17,000
PCP OV: \$0 ; Spec OV: \$40 ; Telehealth-Acute Care: \$5 ; UC: \$50
ER: 30% after ded; High Tech Imaging: 30% after ded; Rx: \$0/\$40/\$80/\$100/30% max \$200/30% max \$300
Out of Network - Ded: \$5000/\$10000; Coins: 40% after ded; MOOP: \$15000/\$30000

Individual Rates by Age

Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium
0-14	5	\$256.12	\$1,280.60	31	0	\$388.04		48	0	\$547.40	
15	1	\$278.89	\$278.89	32	0	\$396.07		49	0	\$571.18	
16	0	\$287.60		33	0	\$401.09		50	0	\$597.96	
17	0	\$296.30		34	1	\$406.45	\$406.45	51	0	\$624.41	
18	0	\$305.68		35	1	\$409.13	\$409.13	52	0	\$653.54	
19	0	\$315.05		36	2	\$411.81	\$823.62	53	0	\$683.00	
20	2	\$324.76	\$649.52	37	1	\$414.49	\$414.49	54	0	\$714.81	
21	0	\$334.81		38	1	\$417.17	\$417.17	55	0	\$746.61	
22	0	\$334.81		39	2	\$422.52	\$845.04	56	1	\$781.10	\$781.10
23	0	\$334.81		40	1	\$427.88	\$427.88	57	0	\$815.92	
24	1	\$334.81	\$334.81	41	1	\$435.91	\$435.91	58	1	\$853.08	\$853.08
25	0	\$336.14		42	0	\$443.62		59	0	\$871.49	
26	0	\$342.84		43	1	\$454.33	\$454.33	60	0	\$908.66	
27	0	\$350.87		44	1	\$467.72	\$467.72	61	0	\$940.80	
28	0	\$363.93		45	1	\$483.46	\$483.46	62	1	\$961.89	\$961.89
29	0	\$374.65		46	0	\$502.21		63	1	\$988.34	\$988.34
30	1	\$380.00	\$380.00	47	0	\$523.30		64 & older	2	\$1,004.41	\$2,008.82

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Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 8/15/2023
Quote ID: 0054976-01

Renewal Plan

Selected Plan - GFH00523 - PHP PPO Gold 1000
Subgroup Number: 1000
Subgroup Name: Active

Premium Summary Based on Selected Benefits

Total \$14,710.36

Quoted Member Census with Plan Selection and Rates

Contract Number	Name	Member Type	Gender	Age	Tob. Use	Wellness	Waive Covg?	Medicare Status	Subgroup	Medical Plan	Final Rate
500068267	ThomasAFata	Subscriber	M	65	N	N	N	N	1000	GFH00523	\$1,047.72
500068267	Diego Casas	Child	M	20	N	N	N	N	1000	GFH00523	\$338.76
500068267	Gino Fata	Child	M	24	N	N	N	N	1000	GFH00523	\$349.24
500068267	Susana Casas	Spouse	F	44	N	N	N	N	1000	GFH00523	\$487.89
500068269	AnthonyFFata	Subscriber	M	63	N	N	N	N	1000	GFH00523	\$1,030.96
500068269	Liana Fata	Spouse	F	62	N	N	N	N	1000	GFH00523	\$1,003.37
500068271	MichaelABishop	Subscriber	M	58	N	N	N	N	1000	GFH00523	\$889.86
500068271	Celeste Bishop	Spouse	F	56	N	N	N	N	1000	GFH00523	\$814.78
500069113	JOSEPHFATA	Subscriber	M	66	N	N	N	N	1000	GFH00523	\$1,047.72
500069113	GEMRICHDFA	Child	M	11	N	N	N	N	1000	GFH00523	\$267.17
500069113	MICHELLEDFATA	Spouse	F	45	N	N	N	N	1000	GFH00523	\$504.30
500069280	ScottPFata	Subscriber	M	39	N	N	N	N	1000	GFH00523	\$440.74
500081221	ALEXANDRIAMJACKSON	Child	F	20	N	N	N	N	1000	GFH00523	\$338.76
500081221	AMBERNBLAIS	Subscriber	F	41	N	N	N	N	1000	GFH00523	\$454.71
500121874	RebeccaFShoemaker	Subscriber	F	43	N	N	N	N	1000	GFH00523	\$473.92
500130200	JosephineFFata	Child	F	9	N	N	N	N	1000	GFH00523	\$267.17
500130200	LaylaJCorbit-Fata	Child	F	15	N	N	N	N	1000	GFH00523	\$290.92
500130200	JustinMFata	Subscriber	M	36	N	N	N	N	1000	GFH00523	\$429.57
500130200	JustinEFata	Child	M	5	N	N	N	N	1000	GFH00523	\$267.17
500130200	AmandaJFata	Spouse	F	35	N	N	N	N	1000	GFH00523	\$426.77
500146094	JAMESSHOSMER	Subscriber	M	40	N	N	N	N	1000	GFH00523	\$446.33
500146701	ALEXANDERNFATA	Subscriber	M	34	N	N	N	N	1000	GFH00523	\$423.98
500147872	ZACHARYACONNORS	Spouse	M	36	N	N	N	N	1000	GFH00523	\$429.57
500147872	KATHYECONNORS	Subscriber	F	30	N	N	N	N	1000	GFH00523	\$396.39
500147872	IZAIAHACONNORS	Child	M	1	N	N	N	N	1000	GFH00523	\$267.17
500147872	ZIONACONNORS	Child	M	0	N	N	N	N	1000	GFH00523	\$267.17
500157382	JOSEPHLSTENZEL	Subscriber	M	37	N	N	N	N	1000	GFH00523	\$432.36
500159314	JENNIFERJCHRISTENSEN	Subscriber	F	38	N	N	N	N	1000	GFH00523	\$435.15
500167917	DANIELDAUSTIN	Subscriber	M	39	N	N	N	N	1000	GFH00523	\$440.74

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.

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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.
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- 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.
- 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: 12/1/2023
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 8/15/2023
Quote ID: 0054976-01

Option 2

Selected Plan - GFH01523 - PHP PPO Gold 1400

Subgroup Number: 1000

Subgroup Name: Active

Premium Summary Based on Selected Benefits

Total \$14,750.60

Quoted Member Census with Plan Selection and Rates

Contract Number	Name	Member Type	Gender	Age	Tob. Use	Wellness	Waive Covg?	Medicare Status	Subgroup	Medical Plan	Final Rate
500068267	ThomasAFata	Subscriber	M	65	N	N	N	N	1000	GFH01523	\$1,050.59
500068267	Diego Casas	Child	M	20	N	N	N	N	1000	GFH01523	\$339.69
500068267	Gino Fata	Child	M	24	N	N	N	N	1000	GFH01523	\$350.20
500068267	Susana Casas	Spouse	F	44	N	N	N	N	1000	GFH01523	\$489.22
500068269	AnthonyFFata	Subscriber	M	63	N	N	N	N	1000	GFH01523	\$1,033.78
500068269	Liana Fata	Spouse	F	62	N	N	N	N	1000	GFH01523	\$1,006.11
500068271	MichaelABishop	Subscriber	M	58	N	N	N	N	1000	GFH01523	\$892.30
500068271	Celeste Bishop	Spouse	F	56	N	N	N	N	1000	GFH01523	\$817.01
500069113	JOSEPHFATA	Subscriber	M	66	N	N	N	N	1000	GFH01523	\$1,050.59
500069113	GEMRICHDFA	Child	M	11	N	N	N	N	1000	GFH01523	\$267.90
500069113	MICHELLEDFATA	Spouse	F	45	N	N	N	N	1000	GFH01523	\$505.68
500069280	ScottPFata	Subscriber	M	39	N	N	N	N	1000	GFH01523	\$441.95
500081221	ALEXANDRIAMJACKSON	Child	F	20	N	N	N	N	1000	GFH01523	\$339.69
500081221	AMBERNBLAIS	Subscriber	F	41	N	N	N	N	1000	GFH01523	\$455.95
500121874	RebeccaFShoemaker	Subscriber	F	43	N	N	N	N	1000	GFH01523	\$475.22
500130200	JosephineFFata	Child	F	9	N	N	N	N	1000	GFH01523	\$267.90
500130200	LaylaJCorbit-Fata	Child	F	15	N	N	N	N	1000	GFH01523	\$291.71
500130200	JustinMFata	Subscriber	M	36	N	N	N	N	1000	GFH01523	\$430.74
500130200	JustinEFata	Child	M	5	N	N	N	N	1000	GFH01523	\$267.90
500130200	AmandaJFata	Spouse	F	35	N	N	N	N	1000	GFH01523	\$427.94
500146094	JAMESSHOSMER	Subscriber	M	40	N	N	N	N	1000	GFH01523	\$447.55
500146701	ALEXANDERNFATA	Subscriber	M	34	N	N	N	N	1000	GFH01523	\$425.14
500147872	ZACHARYACONNORS	Spouse	M	36	N	N	N	N	1000	GFH01523	\$430.74
500147872	KATHYECONNORS	Subscriber	F	30	N	N	N	N	1000	GFH01523	\$397.47
500147872	IZAIAHACONNORS	Child	M	1	N	N	N	N	1000	GFH01523	\$267.90
500147872	ZIONACONNORS	Child	M	0	N	N	N	N	1000	GFH01523	\$267.90
500157382	JOSEPHLSTENZEL	Subscriber	M	37	N	N	N	N	1000	GFH01523	\$433.54
500159314	JENNIFERJCHRISTENSEN	Subscriber	F	38	N	N	N	N	1000	GFH01523	\$436.34
500167917	DANIELDAUSTIN	Subscriber	M	39	N	N	N	N	1000	GFH01523	\$441.95

Medical Quote Assumptions

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Group Name: LLPS, Inc.
Effective Date: 12/1/2023
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 8/15/2023
Quote ID: 0054976-01

Option 3

Selected Plan - GFH01823 - PHP PPO Gold 2000

Subgroup Number: 1000

Subgroup Name: Active

Premium Summary Based on Selected Benefits

Total \$14,299.82

Quoted Member Census with Plan Selection and Rates

Contract Number	Name	Member Type	Gender	Age	Tob. Use	Wellness	Waive Covg?	Medicare Status	Subgroup	Medical Plan	Final Rate
500068267	ThomasAFata	Subscriber	M	65	N	N	N	N	1000	GFH01823	\$1,018.48
500068267	Diego Casas	Child	M	20	N	N	N	N	1000	GFH01823	\$329.31
500068267	Gino Fata	Child	M	24	N	N	N	N	1000	GFH01823	\$339.50
500068267	Susana Casas	Spouse	F	44	N	N	N	N	1000	GFH01823	\$474.27
500068269	AnthonyFFata	Subscriber	M	63	N	N	N	N	1000	GFH01823	\$1,002.19
500068269	Liana Fata	Spouse	F	62	N	N	N	N	1000	GFH01823	\$975.37
500068271	MichaelABishop	Subscriber	M	58	N	N	N	N	1000	GFH01823	\$865.03
500068271	Celeste Bishop	Spouse	F	56	N	N	N	N	1000	GFH01823	\$792.04
500069113	JOSEPHFATA	Subscriber	M	66	N	N	N	N	1000	GFH01823	\$1,018.48
500069113	GEMRICHDFA	Child	M	11	N	N	N	N	1000	GFH01823	\$259.71
500069113	MICHELLEDFATA	Spouse	F	45	N	N	N	N	1000	GFH01823	\$490.23
500069280	ScottPFata	Subscriber	M	39	N	N	N	N	1000	GFH01823	\$428.44
500081221	ALEXANDRIAMJACKSON	Child	F	20	N	N	N	N	1000	GFH01823	\$329.31
500081221	AMBERNBLAIS	Subscriber	F	41	N	N	N	N	1000	GFH01823	\$442.02
500121874	RebeccaFShoemaker	Subscriber	F	43	N	N	N	N	1000	GFH01823	\$460.69
500130200	JosephineFFata	Child	F	9	N	N	N	N	1000	GFH01823	\$259.71
500130200	LaylaJCorbit-Fata	Child	F	15	N	N	N	N	1000	GFH01823	\$282.80
500130200	JustinMFata	Subscriber	M	36	N	N	N	N	1000	GFH01823	\$417.58
500130200	JustinEFata	Child	M	5	N	N	N	N	1000	GFH01823	\$259.71
500130200	AmandaJFata	Spouse	F	35	N	N	N	N	1000	GFH01823	\$414.86
500146094	JAMESSHOSMER	Subscriber	M	40	N	N	N	N	1000	GFH01823	\$433.87
500146701	ALEXANDERNFATA	Subscriber	M	34	N	N	N	N	1000	GFH01823	\$412.15
500147872	ZACHARYACONNORS	Spouse	M	36	N	N	N	N	1000	GFH01823	\$417.58
500147872	KATHYECONNORS	Subscriber	F	30	N	N	N	N	1000	GFH01823	\$385.33
500147872	IZAIAHACONNORS	Child	M	1	N	N	N	N	1000	GFH01823	\$259.71
500147872	ZIONACONNORS	Child	M	0	N	N	N	N	1000	GFH01823	\$259.71
500157382	JOSEPHLSTENZEL	Subscriber	M	37	N	N	N	N	1000	GFH01823	\$420.29
500159314	JENNIFERJCHRISTENSEN	Subscriber	F	38	N	N	N	N	1000	GFH01823	\$423.01
500167917	DANIELDAUSTIN	Subscriber	M	39	N	N	N	N	1000	GFH01823	\$428.44

Medical Quote Assumptions

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Group Name: LLPS, Inc.
Effective Date: 12/1/2023
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 8/15/2023
Quote ID: 0054976-01

Option 4

Selected Plan - GFH08823 - PHP PPO Gold 2500
Subgroup Number: 1000
Subgroup Name: Active

Premium Summary Based on Selected Benefits

Total \$14,102.25

Quoted Member Census with Plan Selection and Rates

Contract Number	Name	Member Type	Gender	Age	Tob. Use	Wellness	Waive Covg?	Medicare Status	Subgroup	Medical Plan	Final Rate
500068267	ThomasAFata	Subscriber	M	65	N	N	N	N	1000	GFH08823	\$1,004.41
500068267	Diego Casas	Child	M	20	N	N	N	N	1000	GFH08823	\$324.76
500068267	Gino Fata	Child	M	24	N	N	N	N	1000	GFH08823	\$334.81
500068267	Susana Casas	Spouse	F	44	N	N	N	N	1000	GFH08823	\$467.72
500068269	AnthonyFFata	Subscriber	M	63	N	N	N	N	1000	GFH08823	\$988.34
500068269	Liana Fata	Spouse	F	62	N	N	N	N	1000	GFH08823	\$961.89
500068271	MichaelABishop	Subscriber	M	58	N	N	N	N	1000	GFH08823	\$853.08
500068271	Celeste Bishop	Spouse	F	56	N	N	N	N	1000	GFH08823	\$781.10
500069113	JOSEPHFATA	Subscriber	M	66	N	N	N	N	1000	GFH08823	\$1,004.41
500069113	GEMRICHDFA	Child	M	11	N	N	N	N	1000	GFH08823	\$256.12
500069113	MICHELLEDFATA	Spouse	F	45	N	N	N	N	1000	GFH08823	\$483.46
500069280	ScottPFata	Subscriber	M	39	N	N	N	N	1000	GFH08823	\$422.52
500081221	ALEXANDRIAMJACKSON	Child	F	20	N	N	N	N	1000	GFH08823	\$324.76
500081221	AMBERNBLAIS	Subscriber	F	41	N	N	N	N	1000	GFH08823	\$435.91
500121874	RebeccaFShoemaker	Subscriber	F	43	N	N	N	N	1000	GFH08823	\$454.33
500130200	JosephineFFata	Child	F	9	N	N	N	N	1000	GFH08823	\$256.12
500130200	LaylaJCorbit-Fata	Child	F	15	N	N	N	N	1000	GFH08823	\$278.89
500130200	JustinMFata	Subscriber	M	36	N	N	N	N	1000	GFH08823	\$411.81
500130200	JustinEFata	Child	M	5	N	N	N	N	1000	GFH08823	\$256.12
500130200	AmandaJFata	Spouse	F	35	N	N	N	N	1000	GFH08823	\$409.13
500146094	JAMESSHOSMER	Subscriber	M	40	N	N	N	N	1000	GFH08823	\$427.88
500146701	ALEXANDERNFATA	Subscriber	M	34	N	N	N	N	1000	GFH08823	\$406.45
500147872	ZACHARYACONNORS	Spouse	M	36	N	N	N	N	1000	GFH08823	\$411.81
500147872	KATHYECONNORS	Subscriber	F	30	N	N	N	N	1000	GFH08823	\$380.00
500147872	IZAIAHACONNORS	Child	M	1	N	N	N	N	1000	GFH08823	\$256.12
500147872	ZIONACONNORS	Child	M	0	N	N	N	N	1000	GFH08823	\$256.12
500157382	JOSEPHLSTENZEL	Subscriber	M	37	N	N	N	N	1000	GFH08823	\$414.49
500159314	JENNIFERJCHRISTENSEN	Subscriber	F	38	N	N	N	N	1000	GFH08823	\$417.17
500167917	DANIELDAUSTIN	Subscriber	M	39	N	N	N	N	1000	GFH08823	\$422.52

Medical Quote Assumptions

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Group Name: LLPS, Inc.
Effective Date: 12/1/2023
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 8/15/2023
Quote ID: 0054976-01

Renewal Plan

Selected Plan - GFH00523 - PHP PPO Gold 1000

Subgroup: 1000 - Active

Premium Summary Based on Selected Benefits

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

Employer Pays: \$0.00
 Subscriber Pays: \$14,710.36
Total \$14,710.36

Quoted Subscriber Premium

Contract Number	Name	Gender	Age	Covg. Type	Waive Covg?	Total Contract Premium	Employer Pays	Subscriber Pays
500068267	ThomasAFata	M	65	EF	N	\$2,223.61	\$0.00	\$2,223.61
500068269	AnthonyFFata	M	63	ES	N	\$2,034.33	\$0.00	\$2,034.33
500068271	MichaelABishop	M	58	ES	N	\$1,704.64	\$0.00	\$1,704.64
500069113	JOSEPHFATA	M	66	EF	N	\$1,819.19	\$0.00	\$1,819.19
500069280	ScottPFata	M	39	EO	N	\$440.74	\$0.00	\$440.74
500081221	AMBERNBLAIS	F	41	EC	N	\$793.47	\$0.00	\$793.47
500121874	RebeccaFShoemaker	F	43	EO	N	\$473.92	\$0.00	\$473.92
500130200	JustinMFata	M	36	EF	N	\$1,681.60	\$0.00	\$1,681.60
500146094	JAMESSHOSMER	M	40	EO	N	\$446.33	\$0.00	\$446.33
500146701	ALEXANDERNFATA	M	34	EO	N	\$423.98	\$0.00	\$423.98
500147872	KATHYECNNORS	F	30	EF	N	\$1,360.30	\$0.00	\$1,360.30
500157382	JOSEPHLSTENZEL	M	37	EO	N	\$432.36	\$0.00	\$432.36
500159314	JENNIFERJCHRISTENSEN	F	38	EO	N	\$435.15	\$0.00	\$435.15
500167917	DANIELDAUSTIN	M	39	EO	N	\$440.74	\$0.00	\$440.74

Medical Quote Assumptions

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Effective Date: 12/1/2023
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 8/15/2023
Quote ID: 0054976-01

Option 2

Selected Plan - GFH01523 - PHP PPO Gold 1400

Subgroup: 1000 - Active

Premium Summary Based on Selected Benefits

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

Employer Pays: \$0.00
Subscriber Pays: \$14,750.60
Total: \$14,750.60

Quoted Subscriber Premium

Contract Number	Name	Gender	Age	Covg. Type	Waive Covg?	Total Contract Premium	Employer Pays	Subscriber Pays
500068267	ThomasAFata	M	65	EF	N	\$2,229.70	\$0.00	\$2,229.70
500068269	AnthonyFFata	M	63	ES	N	\$2,039.89	\$0.00	\$2,039.89
500068271	MichaelABishop	M	58	ES	N	\$1,709.31	\$0.00	\$1,709.31
500069113	JOSEPHFATA	M	66	EF	N	\$1,824.17	\$0.00	\$1,824.17
500069280	ScottPFata	M	39	EO	N	\$441.95	\$0.00	\$441.95
500081221	AMBERNBLAIS	F	41	EC	N	\$795.64	\$0.00	\$795.64
500121874	RebeccaFShoemaker	F	43	EO	N	\$475.22	\$0.00	\$475.22
500130200	JustinMFata	M	36	EF	N	\$1,686.19	\$0.00	\$1,686.19
500146094	JAMESSHOSMER	M	40	EO	N	\$447.55	\$0.00	\$447.55
500146701	ALEXANDERNFATA	M	34	EO	N	\$425.14	\$0.00	\$425.14
500147872	KATHYECNNORS	F	30	EF	N	\$1,364.01	\$0.00	\$1,364.01
500157382	JOSEPHLSTENZEL	M	37	EO	N	\$433.54	\$0.00	\$433.54
500159314	JENNIFERJCHRISTENSEN	F	38	EO	N	\$436.34	\$0.00	\$436.34
500167917	DANIELDAUSTIN	M	39	EO	N	\$441.95	\$0.00	\$441.95

Medical Quote Assumptions

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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.



Group Name: LLPS, Inc.
Effective Date: 12/1/2023
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 8/15/2023
Quote ID: 0054976-01

Option 3

Selected Plan - GFH01823 - PHP PPO Gold 2000

Subgroup: 1000 - Active

Premium Summary Based on Selected Benefits

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

Employer Pays:	\$0.00
Subscriber Pays:	\$14,299.82
Total	\$14,299.82

Quoted Subscriber Premium

Contract Number	Name	Gender	Age	Covg. Type	Waive Covg?	Total Contract Premium	Employer Pays	Subscriber Pays
500068267	ThomasAFata	M	65	EF	N	\$2,161.56	\$0.00	\$2,161.56
500068269	AnthonyFFata	M	63	ES	N	\$1,977.56	\$0.00	\$1,977.56
500068271	MichaelABishop	M	58	ES	N	\$1,657.07	\$0.00	\$1,657.07
500069113	JOSEPHFATA	M	66	EF	N	\$1,768.42	\$0.00	\$1,768.42
500069280	ScottPFata	M	39	EO	N	\$428.44	\$0.00	\$428.44
500081221	AMBERNBLAIS	F	41	EC	N	\$771.33	\$0.00	\$771.33
500121874	RebeccaFShoemaker	F	43	EO	N	\$460.69	\$0.00	\$460.69
500130200	JustinMFata	M	36	EF	N	\$1,634.66	\$0.00	\$1,634.66
500146094	JAMESSHOSMER	M	40	EO	N	\$433.87	\$0.00	\$433.87
500146701	ALEXANDERNFATA	M	34	EO	N	\$412.15	\$0.00	\$412.15
500147872	KATHYECNNORS	F	30	EF	N	\$1,322.33	\$0.00	\$1,322.33
500157382	JOSEPHLSTENZEL	M	37	EO	N	\$420.29	\$0.00	\$420.29
500159314	JENNIFERJCHRISTENSEN	F	38	EO	N	\$423.01	\$0.00	\$423.01
500167917	DANIELDAUSTIN	M	39	EO	N	\$428.44	\$0.00	\$428.44

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 12/1/2023 through 11/30/2024.
- 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 2023 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
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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.



Group Name: LLPS, Inc.
Effective Date: 12/1/2023
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: DeRose, Joseph
Quote Date: 8/15/2023
Quote ID: 0054976-01

Option 4

Selected Plan - GFH08823 - PHP PPO Gold 2500

Subgroup: 1000 - Active

Premium Summary Based on Selected Benefits

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

Employer Pays:	\$0.00
Subscriber Pays:	\$14,102.25
Total	\$14,102.25

Quoted Subscriber Premium

Contract Number	Name	Gender	Age	Covg. Type	Waive Covg?	Total Contract Premium	Employer Pays	Subscriber Pays
500068267	ThomasAFata	M	65	EF	N	\$2,131.70	\$0.00	\$2,131.70
500068269	AnthonyFFata	M	63	ES	N	\$1,950.23	\$0.00	\$1,950.23
500068271	MichaelABishop	M	58	ES	N	\$1,634.18	\$0.00	\$1,634.18
500069113	JOSEPHFATA	M	66	EF	N	\$1,743.99	\$0.00	\$1,743.99
500069280	ScottPFata	M	39	EO	N	\$422.52	\$0.00	\$422.52
500081221	AMBERNBLAIS	F	41	EC	N	\$760.67	\$0.00	\$760.67
500121874	RebeccaFShoemaker	F	43	EO	N	\$454.33	\$0.00	\$454.33
500130200	JustinMFata	M	36	EF	N	\$1,612.07	\$0.00	\$1,612.07
500146094	JAMESSHOSMER	M	40	EO	N	\$427.88	\$0.00	\$427.88
500146701	ALEXANDERNFATA	M	34	EO	N	\$406.45	\$0.00	\$406.45
500147872	KATHYECNNORS	F	30	EF	N	\$1,304.05	\$0.00	\$1,304.05
500157382	JOSEPHLSTENZEL	M	37	EO	N	\$414.49	\$0.00	\$414.49
500159314	JENNIFERJCHRISTENSEN	F	38	EO	N	\$417.17	\$0.00	\$417.17
500167917	DANIELDAUSTIN	M	39	EO	N	\$422.52	\$0.00	\$422.52

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 12/1/2023 through 11/30/2024.
- 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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- 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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