

# 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	
<b>Total Mthly Prem</b>	<b>\$14,710.36</b>	<b>\$14,750.60</b>	<b>\$14,299.82</b>	<b>\$14,102.25</b>

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/max \$300	\$10/\$25/\$60/\$100/20% max \$200/max \$300	\$10/\$25/\$60/\$100/20% max \$200/max \$300	\$0/\$40/\$80/\$100/30% max \$200/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.

- 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.
- 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:
  - 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.
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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

Accepted By: \_\_\_\_\_  
Group Administrator Printed Name

Accepted By: \_\_\_\_\_  
Agent Printed Name

Date: \_\_\_\_\_

Date: \_\_\_\_\_



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**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

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.
- 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.
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Accepted By: \_\_\_\_\_  
Group Administrator Signature

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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 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

### Medical Quote Assumptions

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Group Administrator Signature

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Date: \_\_\_\_\_

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**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

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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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**Effective Date:** 12/1/2023  
**Region:** Rating Area 7  
**Account Manager:** Jeanette Pung  
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**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	GEMRICHDFATA	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	JAMESHOSMER	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	ZACHARYACCONNORS	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	ZIONACCONNORS	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.

- 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.
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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	GEMRICHDFATA	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	JAMESHOSMER	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	ZACHARYACCONNORS	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	IZAIAHACCONNORS	Child	M	1	N	N	N	N	1000	GFH01523	\$267.90
500147872	ZIONACCONNORS	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

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.
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  - 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.

## 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	GEMRICHDFATA	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	JAMESHOSMER	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	ZACHARYACCONNORS	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	IZAIAHACCONNORS	Child	M	1	N	N	N	N	1000	GFH01823	\$259.71
500147872	ZIONACCONNORS	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

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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- 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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- 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.
- 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.

**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	GEMRICHDFATA	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	JAMESHOSMER	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	ZACHARYACCONNORS	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	IZAIAHACCONNORS	Child	M	1	N	N	N	N	1000	GFH08823	\$256.12
500147872	ZIONACCONNORS	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**

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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**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**

<b>Employer Pays:</b>	\$0.00
<b>Subscriber Pays:</b>	\$14,710.36
<b>Total</b>	<b>\$14,710.36</b>

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

### 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	JAMESHOSMER	M	40	EO	N	\$446.33	\$0.00	\$446.33
500146701	ALEXANDERNFATA	M	34	EO	N	\$423.98	\$0.00	\$423.98
500147872	KATHYECCONNORS	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

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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**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: 1000 - Active**

**Premium Summary Based on Selected Benefits**

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

<b>Employer Pays:</b>	\$0.00
<b>Subscriber Pays:</b>	\$14,750.60
<b>Total</b>	\$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	JAMESHOSMER	M	40	EO	N	\$447.55	\$0.00	\$447.55
500146701	ALEXANDERNFATA	M	34	EO	N	\$425.14	\$0.00	\$425.14
500147872	KATHYECCONNORS	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

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.
- 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:
  - 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 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	JAMESHOSMER	M	40	EO	N	\$433.87	\$0.00	\$433.87
500146701	ALEXANDERNFATA	M	34	EO	N	\$412.15	\$0.00	\$412.15
500147872	KATHYECONNORS	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.
- 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:
  - 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 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

<b>Employer Pays:</b>	\$0.00
<b>Subscriber Pays:</b>	\$14,102.25
<b>Total</b>	\$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	JAMESHOSMER	M	40	EO	N	\$427.88	\$0.00	\$427.88
500146701	ALEXANDERNFATA	M	34	EO	N	\$406.45	\$0.00	\$406.45
500147872	KATHYECONNORS	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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- 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
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- 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.