



Small Group ACA Plan Overview Exhibit

Preliminary Rates

Mandatory Poster Agency

Group Number: L0001596

Effective December 1, 2019

Account Executive: Jeanette Pung

Producer: Derose, Joseph

Quote ID: 0048193

SW Iteration: 01

Quote Date: 07/23/2019

Region: Rating Area 7

Medical Options:

<u>Renewal Plan</u>	<u>Option 2</u>	<u>Option 3</u>	<u>Option 4</u>
PPO	PPO	PPO	PPO
PHP Gold 1000	PHP Gold 1200	PHP Gold 1400	PHP Gold 2000
PPO	PPO	PPO	PPO
GFH005-2019	GFH014-2019	GFH015-2019	GFH012-2019
RX03F329	RX03F353	RX03F354	RX03F350
Total Mthly Prem	\$11,590.65	\$11,627.76	\$11,156.62

Percent Difference From Renewal Rate:

-6.0%

-5.7%

-9.5%

Total # subscribers 10

Total # members 22

In-Network Coverage (Member Responsibility)

Deductible	\$1,000/\$2,000	\$1,200/\$2,400	\$1,400/\$2,800	\$2,000/\$4,000
Coinurance - Standard	20% after ded	20% after ded	20% after ded	20% after ded
Coinurance Maximum - Standard	NA	\$3,000/\$6,000	\$2,000/\$4,000	NA
Maximum Out of Pocket	\$5,000/\$10,000	\$7,100/\$14,200	\$6,300/\$12,600	\$7,900/\$15,800
Primary Care Physician Office Visit	\$25	\$25	\$25	\$25
Specialist Office Visit	\$50	\$50	\$50	\$50
Urgent Care	\$60	\$60	\$60	\$60
Emergency Room	\$300 after ded	\$300 after ded	\$300 after ded	\$300 after ded
RX Copay (Retail)	\$20/\$50/\$80/\$150	\$20/\$50/\$80/\$150	\$20/\$50/\$80/\$150	\$20/\$50/\$80/\$150

Out-of-Network Coverage (Member Responsibility)

Medical Deductible	\$3,500/\$7,000	\$3,500/\$7,000	\$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

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



Group Name: Mandatory Poster Agency
Group Number: L0001596
Effective Date: 12/1/2019
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: Derosé, Joseph
Quote Date: 7/23/2019
Quote ID: 0048193-01

Renewal Plan

Product: PPO
Medical Plan ID: GFH005-2019 - PHP Gold 1000 PPO
RX Plan ID: RX03F329
Employer Funding: HRA - None

Subgroup: 1000 - Active
Premium For Members In Plan GFH005-2019
 Total \$12,334.56

In Network - Ded: \$1,000/\$2,000; Standard Coins: 20% after ded; Coins Max: NA; OOP Max: \$5,000/\$10,000
 PCP OV Copay: \$25; Spec OV Copay: \$50; UC Copay: \$60; ER Copays: \$300 after ded; Rx Copays: \$20/\$50/\$80/\$150
 Out of Network - Ded: \$3,500/\$7,000; Standard Coins: 30% after ded; Coins Max: NA; OOP Max: \$7,000/\$14,000

Individual Rates by Age

Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium
0-14	4	\$266.37	\$1,065.48	31	1	\$403.56	\$403.56	48	0	\$569.30	
15	0	\$290.05		32	1	\$411.92	\$411.92	49	0	\$594.03	
16	0	\$299.10		33	0	\$417.14		50	0	\$621.88	
17	0	\$308.16		34	0	\$422.71		51	0	\$649.39	
18	0	\$317.91		35	1	\$425.50	\$425.50	52	1	\$679.68	\$679.68
19	0	\$327.65		36	0	\$428.28		53	0	\$710.32	
20	1	\$337.75	\$337.75	37	1	\$431.07	\$431.07	54	1	\$743.40	\$743.40
21	0	\$348.20		38	0	\$433.86		55	0	\$776.48	
22	0	\$348.20		39	1	\$439.43	\$439.43	56	0	\$812.35	
23	0	\$348.20		40	1	\$445.00	\$445.00	57	0	\$848.56	
24	1	\$348.20	\$348.20	41	1	\$453.35	\$453.35	58	1	\$887.21	\$887.21
25	1	\$349.59	\$349.59	42	0	\$461.36		59	1	\$906.36	\$906.36
26	0	\$356.56		43	0	\$472.51		60	0	\$945.01	
27	0	\$364.91		44	0	\$486.43		61	1	\$978.44	\$978.44
28	0	\$378.49		45	0	\$502.80		62	2	\$1,000.37	\$2,000.74
29	0	\$389.63		46	0	\$522.30		63	1	\$1,027.88	\$1,027.88
30	0	\$395.21		47	0	\$544.23		64 & older	0	\$1,044.60	

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 12/1/2019 through 11/30/2020.
- 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).
- 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 2019 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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Group Name: Mandatory Poster Agency
Group Number: L0001596
Effective Date: 12/1/2019
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: Derose, Joseph
Quote Date: 7/23/2019
Quote ID: 0048193-01

Option 2

Product: PPO
Medical Plan ID: GFH014-2019 - PHP Gold 1200 PPO
RX Plan ID: RX03F353
Employer Funding: HRA - None

Subgroup: 1000 - Active
Premium For Members In Plan GFH014-2019
 Total \$11,590.65

In Network - Ded: \$1,200/\$2,400; Standard Coins: 20% after ded; Coins Max: \$3,000/\$6,000; OOP Max: \$7,100/\$14,200
 PCP OV Copay: \$25; Spec OV Copay: \$50; UC Copay: \$60; ER Copays: \$300 after ded; Rx Copays: \$20/\$50/\$80/\$150
 Out of Network - Ded: \$3,500/\$7,000; Standard Coins: 30% after ded; Coins Max: NA; OOP Max: \$15,000/\$30,000

Individual Rates by Age

Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium
0-14	4	\$250.31	\$1,001.24	31	1	\$379.22	\$379.22	48	0	\$534.97	
15	0	\$272.56		32	1	\$387.07	\$387.07	49	0	\$558.20	
16	0	\$281.06		33	0	\$391.98		50	0	\$584.37	
17	0	\$289.57		34	0	\$397.22		51	0	\$610.22	
18	0	\$298.73		35	1	\$399.83	\$399.83	52	1	\$638.69	\$638.69
19	0	\$307.89		36	0	\$402.45		53	0	\$667.48	
20	1	\$317.38	\$317.38	37	1	\$405.07	\$405.07	54	1	\$698.57	\$698.57
21	0	\$327.20		38	0	\$407.69		55	0	\$729.65	
22	0	\$327.20		39	1	\$412.92	\$412.92	56	0	\$763.35	
23	0	\$327.20		40	1	\$418.16	\$418.16	57	0	\$797.38	
24	1	\$327.20	\$327.20	41	1	\$426.01	\$426.01	58	1	\$833.70	\$833.70
25	1	\$328.51	\$328.51	42	0	\$433.54		59	1	\$851.69	\$851.69
26	0	\$335.05		43	0	\$444.01		60	0	\$888.01	
27	0	\$342.90		44	0	\$457.09		61	1	\$919.42	\$919.42
28	0	\$355.66		45	0	\$472.47		62	2	\$940.04	\$1,880.08
29	0	\$366.13		46	0	\$490.80		63	1	\$965.89	\$965.89
30	0	\$371.37		47	0	\$511.41		64 & older	0	\$981.59	

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Producer: Derose, Joseph
Quote Date: 7/23/2019
Quote ID: 0048193-01

Option 3

Product: PPO
Medical Plan ID: GFH015-2019 - PHP Gold 1400 PPO
RX Plan ID: RX03F354
Employer Funding: HRA - None

Subgroup: 1000 - Active
Premium For Members In Plan GFH015-2019
 Total \$11,627.76

In Network - Ded: \$1,400/\$2,800; Standard Coins: 20% after ded; Coins Max: \$2,000/\$4,000; OOP Max: \$6,300/\$12,600
 PCP OV Copay: \$25; Spec OV Copay: \$50; UC Copay: \$60; ER Copays: \$300 after ded; Rx Copays: \$20/\$50/\$80/\$150
 Out of Network - Ded: \$4,000/\$8,000; Standard Coins: 30% after ded; Coins Max: NA; OOP Max: \$15,000/\$30,000

Individual Rates by Age

Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium
0-14	4	\$251.11	\$1,004.44	31	1	\$380.44	\$380.44	48	0	\$536.68	
15	0	\$273.43		32	1	\$388.31	\$388.31	49	0	\$559.99	
16	0	\$281.96		33	0	\$393.24		50	0	\$586.24	
17	0	\$290.50		34	0	\$398.49		51	0	\$612.18	
18	0	\$299.69		35	1	\$401.11	\$401.11	52	1	\$640.73	\$640.73
19	0	\$308.88		36	0	\$403.74		53	0	\$669.62	
20	1	\$318.40	\$318.40	37	1	\$406.37	\$406.37	54	1	\$700.80	\$700.80
21	0	\$328.25		38	0	\$408.99		55	0	\$731.99	
22	0	\$328.25		39	1	\$414.24	\$414.24	56	0	\$765.79	
23	0	\$328.25		40	1	\$419.50	\$419.50	57	0	\$799.93	
24	1	\$328.25	\$328.25	41	1	\$427.37	\$427.37	58	1	\$836.37	\$836.37
25	1	\$329.56	\$329.56	42	0	\$434.92		59	1	\$854.42	\$854.42
26	0	\$336.12		43	0	\$445.43		60	0	\$890.86	
27	0	\$344.00		44	0	\$458.56		61	1	\$922.37	\$922.37
28	0	\$356.80		45	0	\$473.99		62	2	\$943.05	\$1,886.10
29	0	\$367.31		46	0	\$492.37		63	1	\$968.98	\$968.98
30	0	\$372.56		47	0	\$513.05		64 & older	0	\$984.73	

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Account Manager: Jeanette Pung
Producer: Derose, Joseph
Quote Date: 7/23/2019
Quote ID: 0048193-01

Option 4

Product: PPO
Medical Plan ID: GFH012-2019 - PHP Gold 2000 PPO
RX Plan ID: RX03F350
Employer Funding: HRA - None

Subgroup: 1000 - Active
Premium For Members In Plan GFH012-2019
 Total \$11,156.62

In Network - Ded: \$2,000/\$4,000; Standard Coins: 20% after ded; Coins Max: NA; OOP Max: \$7,900/\$15,800
 PCP OV Copay: \$25; Spec OV Copay: \$50; UC Copay: \$60; ER Copays: \$300 after ded; Rx Copays: \$20/\$50/\$80/\$150
 Out of Network - Ded: \$5,000/\$10,000; Standard Coins: 40% after ded; Coins Max: NA; OOP Max: \$15,000/\$30,000

Individual Rates by Age

Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium	Age	Enroll	Rate	Premium
0-14	4	\$240.93	\$963.72	31	1	\$365.02	\$365.02	48	0	\$514.94	
15	0	\$262.35		32	1	\$372.58	\$372.58	49	0	\$537.30	
16	0	\$270.54		33	0	\$377.30		50	0	\$562.49	
17	0	\$278.73		34	0	\$382.34		51	0	\$587.37	
18	0	\$287.55		35	1	\$384.86	\$384.86	52	1	\$614.77	\$614.77
19	0	\$296.36		36	0	\$387.38		53	0	\$642.49	
20	1	\$305.50	\$305.50	37	1	\$389.90	\$389.90	54	1	\$672.41	\$672.41
21	0	\$314.95		38	0	\$392.42		55	0	\$702.33	
22	0	\$314.95		39	1	\$397.46	\$397.46	56	0	\$734.77	
23	0	\$314.95		40	1	\$402.50	\$402.50	57	0	\$767.52	
24	1	\$314.95	\$314.95	41	1	\$410.06	\$410.06	58	1	\$802.48	\$802.48
25	1	\$316.21	\$316.21	42	0	\$417.30		59	1	\$819.80	\$819.80
26	0	\$322.50		43	0	\$427.38		60	0	\$854.76	
27	0	\$330.06		44	0	\$439.98		61	1	\$885.00	\$885.00
28	0	\$342.35		45	0	\$454.78		62	2	\$904.84	\$1,809.68
29	0	\$352.42		46	0	\$472.42		63	1	\$929.72	\$929.72
30	0	\$357.46		47	0	\$492.26		64 & older	0	\$944.84	

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Renewal Plan

Selected Plan - GFH005-2019

Premium Summary Based on Selected Benefits

Total \$12,334.56

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	63	N	N	N	N	1000	GFH005-2019	\$1,027.88
500068266	Lorraine Fata	Spouse	F	62	N	N	N	N	1000	GFH005-2019	\$1,000.37
500068267	Carli Fata	Child	F	24	N	N	N	N	1000	GFH005-2019	\$348.20
500068267	Thomas A Fata	Subscriber	M	61	N	N	N	N	1000	GFH005-2019	\$978.44
500068267	Gino Fata	Child	M	20	N	N	N	N	1000	GFH005-2019	\$337.75
500068269	Anthony F Fata	Subscriber	M	59	N	N	N	N	1000	GFH005-2019	\$906.36
500068269	Liana Fata	Spouse	F	58	N	N	N	N	1000	GFH005-2019	\$887.21
500068271	Marisa Bishop	Child	F	25	N	N	N	N	1000	GFH005-2019	\$349.59
500068271	Michael A Bishop	Subscriber	M	54	N	N	N	N	1000	GFH005-2019	\$743.40
500068271	Celeste Bishop	Spouse	F	52	N	N	N	N	1000	GFH005-2019	\$679.68
500069113	Joseph Fata	Subscriber	M	62	N	N	N	N	1000	GFH005-2019	\$1,000.37
500069113	Gemrich D Cuyoca	Child	M	7	N	N	N	N	1000	GFH005-2019	\$266.37
500069113	Michelle Y Del Fierro	Spouse	F	41	N	N	N	N	1000	GFH005-2019	\$453.35
500069280	Scott P Fata	Subscriber	M	35	N	N	N	N	1000	GFH005-2019	\$425.50
500081221	AMBER N BLAIS	Subscriber	F	37	N	N	N	N	1000	GFH005-2019	\$431.07
500121874	Rebecca F Shoemaker	Subscriber	F	39	N	N	N	N	1000	GFH005-2019	\$439.43
500130200	Josephine F Fata	Child	F	5	N	N	N	N	1000	GFH005-2019	\$266.37
500130200	Layla J Corbit-Fata	Child	F	11	N	N	N	N	1000	GFH005-2019	\$266.37
500130200	Justin M Fata	Subscriber	M	32	N	N	N	N	1000	GFH005-2019	\$411.92
500130200	Justin E Fata	Child	M	1	N	N	N	N	1000	GFH005-2019	\$266.37
500130200	Amanda J Fata	Spouse	F	31	N	N	N	N	1000	GFH005-2019	\$403.56
500140839	TODD M LIST	Subscriber	M	40	N	N	N	N	1000	GFH005-2019	\$445.00

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Option 2

Selected Plan - GFH014-2019

Premium Summary Based on Selected Benefits

Total \$11,590.65

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	63	N	N	N	N	1000	GFH014-2019	\$965.89
500068266	Lorraine Fata	Spouse	F	62	N	N	N	N	1000	GFH014-2019	\$940.04
500068267	Carli Fata	Child	F	24	N	N	N	N	1000	GFH014-2019	\$327.20
500068267	Thomas A Fata	Subscriber	M	61	N	N	N	N	1000	GFH014-2019	\$919.42
500068267	Gino Fata	Child	M	20	N	N	N	N	1000	GFH014-2019	\$317.38
500068269	Anthony F Fata	Subscriber	M	59	N	N	N	N	1000	GFH014-2019	\$851.69
500068269	Liana Fata	Spouse	F	58	N	N	N	N	1000	GFH014-2019	\$833.70
500068271	Marisa Bishop	Child	F	25	N	N	N	N	1000	GFH014-2019	\$328.51
500068271	Michael A Bishop	Subscriber	M	54	N	N	N	N	1000	GFH014-2019	\$698.57
500068271	Celeste Bishop	Spouse	F	52	N	N	N	N	1000	GFH014-2019	\$638.69
500069113	Joseph Fata	Subscriber	M	62	N	N	N	N	1000	GFH014-2019	\$940.04
500069113	Gemrich D Cuyoca	Child	M	7	N	N	N	N	1000	GFH014-2019	\$250.31
500069113	Michelle Y Del Fierro	Spouse	F	41	N	N	N	N	1000	GFH014-2019	\$426.01
500069280	Scott P Fata	Subscriber	M	35	N	N	N	N	1000	GFH014-2019	\$399.83
500081221	AMBER N BLAIS	Subscriber	F	37	N	N	N	N	1000	GFH014-2019	\$405.07
500121874	Rebecca F Shoemaker	Subscriber	F	39	N	N	N	N	1000	GFH014-2019	\$412.92
500130200	Josephine F Fata	Child	F	5	N	N	N	N	1000	GFH014-2019	\$250.31
500130200	Layla J Corbit-Fata	Child	F	11	N	N	N	N	1000	GFH014-2019	\$250.31
500130200	Justin M Fata	Subscriber	M	32	N	N	N	N	1000	GFH014-2019	\$387.07
500130200	Justin E Fata	Child	M	1	N	N	N	N	1000	GFH014-2019	\$250.31
500130200	Amanda J Fata	Spouse	F	31	N	N	N	N	1000	GFH014-2019	\$379.22
500140839	TODD M LIST	Subscriber	M	40	N	N	N	N	1000	GFH014-2019	\$418.16

Medical Quote Assumptions

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 - Groups with 26-50 eligible employees=50% of those seeking health care coverage
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Group Name: Mandatory Poster Agency
Effective Date: 12/1/2019
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: Derose, Joseph
Quote Date: 7/23/2019
Quote ID: 0048193-01

Option 3

Selected Plan - GFH015-2019

Premium Summary Based on Selected Benefits

Total \$11,627.76

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	63	N	N	N	N	1000	GFH015-2019	\$968.98
500068266	Lorraine Fata	Spouse	F	62	N	N	N	N	1000	GFH015-2019	\$943.05
500068267	Carli Fata	Child	F	24	N	N	N	N	1000	GFH015-2019	\$328.25
500068267	Thomas A Fata	Subscriber	M	61	N	N	N	N	1000	GFH015-2019	\$922.37
500068267	Gino Fata	Child	M	20	N	N	N	N	1000	GFH015-2019	\$318.40
500068269	Anthony F Fata	Subscriber	M	59	N	N	N	N	1000	GFH015-2019	\$854.42
500068269	Liana Fata	Spouse	F	58	N	N	N	N	1000	GFH015-2019	\$836.37
500068271	Marisa Bishop	Child	F	25	N	N	N	N	1000	GFH015-2019	\$329.56
500068271	Michael A Bishop	Subscriber	M	54	N	N	N	N	1000	GFH015-2019	\$700.80
500068271	Celeste Bishop	Spouse	F	52	N	N	N	N	1000	GFH015-2019	\$640.73
500069113	Joseph Fata	Subscriber	M	62	N	N	N	N	1000	GFH015-2019	\$943.05
500069113	Gemrich D Cuyoca	Child	M	7	N	N	N	N	1000	GFH015-2019	\$251.11
500069113	Michelle Y Del Fierro	Spouse	F	41	N	N	N	N	1000	GFH015-2019	\$427.37
500069280	Scott P Fata	Subscriber	M	35	N	N	N	N	1000	GFH015-2019	\$401.11
500081221	AMBER N BLAIS	Subscriber	F	37	N	N	N	N	1000	GFH015-2019	\$406.37
500121874	Rebecca F Shoemaker	Subscriber	F	39	N	N	N	N	1000	GFH015-2019	\$414.24
500130200	Josephine F Fata	Child	F	5	N	N	N	N	1000	GFH015-2019	\$251.11
500130200	Layla J Corbit-Fata	Child	F	11	N	N	N	N	1000	GFH015-2019	\$251.11
500130200	Justin M Fata	Subscriber	M	32	N	N	N	N	1000	GFH015-2019	\$388.31
500130200	Justin E Fata	Child	M	1	N	N	N	N	1000	GFH015-2019	\$251.11
500130200	Amanda J Fata	Spouse	F	31	N	N	N	N	1000	GFH015-2019	\$380.44
500140839	TODD M LIST	Subscriber	M	40	N	N	N	N	1000	GFH015-2019	\$419.50

Medical Quote Assumptions

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Group Name: Mandatory Poster Agency
Effective Date: 12/1/2019
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: Derose, Joseph
Quote Date: 7/23/2019
Quote ID: 0048193-01

Option 4

Selected Plan - GFH012-2019

Premium Summary Based on Selected Benefits

Total \$11,156.62

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	63	N	N	N	N	1000	GFH012-2019	\$929.72
500068266	Lorraine Fata	Spouse	F	62	N	N	N	N	1000	GFH012-2019	\$904.84
500068267	Carli Fata	Child	F	24	N	N	N	N	1000	GFH012-2019	\$314.95
500068267	Thomas A Fata	Subscriber	M	61	N	N	N	N	1000	GFH012-2019	\$885.00
500068267	Gino Fata	Child	M	20	N	N	N	N	1000	GFH012-2019	\$305.50
500068269	Anthony F Fata	Subscriber	M	59	N	N	N	N	1000	GFH012-2019	\$819.80
500068269	Liana Fata	Spouse	F	58	N	N	N	N	1000	GFH012-2019	\$802.48
500068271	Marisa Bishop	Child	F	25	N	N	N	N	1000	GFH012-2019	\$316.21
500068271	Michael A Bishop	Subscriber	M	54	N	N	N	N	1000	GFH012-2019	\$672.41
500068271	Celeste Bishop	Spouse	F	52	N	N	N	N	1000	GFH012-2019	\$614.77
500069113	Joseph Fata	Subscriber	M	62	N	N	N	N	1000	GFH012-2019	\$904.84
500069113	Gemrich D Cuyoca	Child	M	7	N	N	N	N	1000	GFH012-2019	\$240.93
500069113	Michelle Y Del Fierro	Spouse	F	41	N	N	N	N	1000	GFH012-2019	\$410.06
500069280	Scott P Fata	Subscriber	M	35	N	N	N	N	1000	GFH012-2019	\$384.86
500081221	AMBER N BLAIS	Subscriber	F	37	N	N	N	N	1000	GFH012-2019	\$389.90
500121874	Rebecca F Shoemaker	Subscriber	F	39	N	N	N	N	1000	GFH012-2019	\$397.46
500130200	Josephine F Fata	Child	F	5	N	N	N	N	1000	GFH012-2019	\$240.93
500130200	Layla J Corbit-Fata	Child	F	11	N	N	N	N	1000	GFH012-2019	\$240.93
500130200	Justin M Fata	Subscriber	M	32	N	N	N	N	1000	GFH012-2019	\$372.58
500130200	Justin E Fata	Child	M	1	N	N	N	N	1000	GFH012-2019	\$240.93
500130200	Amanda J Fata	Spouse	F	31	N	N	N	N	1000	GFH012-2019	\$365.02
500140839	TODD M LIST	Subscriber	M	40	N	N	N	N	1000	GFH012-2019	\$402.50

Medical Quote Assumptions

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Group Name: Mandatory Poster Agency
Effective Date: 12/1/2019
Region: Rating Area 7
Account Manager: Jeanette Pung
Producer: Derose, Joseph
Quote Date: 7/23/2019
Quote ID: 0048193-01

Renewal Plan

Selected Plan - GFH005-2019

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

Premium Summary Based on Selected Benefits

Employer Pays:	\$0.00
Subscriber Pays:	\$12,334.56
Total	\$12,334.56

Quoted Subscriber Premium

Contract Number	Name	Gender	Age	Covg. Type	Waive Covg?	Total Contract Premium	Employer Pays	Subscriber Pays
500068266	Paul Fata	M	63	ES	N	\$2,028.25	\$0.00	\$2,028.25
500068267	Thomas A Fata	M	61	EC	N	\$1,664.39	\$0.00	\$1,664.39
500068269	Anthony F Fata	M	59	ES	N	\$1,793.57	\$0.00	\$1,793.57
500068271	Michael A Bishop	M	54	EF	N	\$1,772.67	\$0.00	\$1,772.67
500069113	Joseph Fata	M	62	EF	N	\$1,720.09	\$0.00	\$1,720.09
500069280	Scott P Fata	M	35	EO	N	\$425.50	\$0.00	\$425.50
500081221	AMBER N BLAIS	F	37	EO	N	\$431.07	\$0.00	\$431.07
500121874	Rebecca F Shoemaker	F	39	EO	N	\$439.43	\$0.00	\$439.43
500130200	Justin M Fata	M	32	EF	N	\$1,614.59	\$0.00	\$1,614.59
500140839	TODD M LIST	M	40	EO	N	\$445.00	\$0.00	\$445.00

Medical Quote Assumptions

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Account Manager: Jeanette Pung
Producer: Derose, Joseph
Quote Date: 7/23/2019
Quote ID: 0048193-01

Option 2

Selected Plan - GFH014-2019

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

Premium Summary Based on Selected Benefits

Employer Pays:	\$0.00
Subscriber Pays:	\$11,590.65
Total	\$11,590.65

Quoted Subscriber Premium

Contract Number	Name	Gender	Age	Covg. Type	Waive Covg?	Total Contract Premium	Employer Pays	Subscriber Pays
500068266	Paul Fata	M	63	ES	N	\$1,905.93	\$0.00	\$1,905.93
500068267	Thomas A Fata	M	61	EC	N	\$1,564.00	\$0.00	\$1,564.00
500068269	Anthony F Fata	M	59	ES	N	\$1,685.39	\$0.00	\$1,685.39
500068271	Michael A Bishop	M	54	EF	N	\$1,665.77	\$0.00	\$1,665.77
500069113	Joseph Fata	M	62	EF	N	\$1,616.36	\$0.00	\$1,616.36
500069280	Scott P Fata	M	35	EO	N	\$399.83	\$0.00	\$399.83
500081221	AMBER N BLAIS	F	37	EO	N	\$405.07	\$0.00	\$405.07
500121874	Rebecca F Shoemaker	F	39	EO	N	\$412.92	\$0.00	\$412.92
500130200	Justin M Fata	M	32	EF	N	\$1,517.22	\$0.00	\$1,517.22
500140839	TODD M LIST	M	40	EO	N	\$418.16	\$0.00	\$418.16

Medical Quote Assumptions

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Quote Date: 7/23/2019
Quote ID: 0048193-01

Option 3

Selected Plan - GFH015-2019

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

Premium Summary Based on Selected Benefits

Employer Pays:	\$0.00
Subscriber Pays:	\$11,627.76
Total	\$11,627.76

Quoted Subscriber Premium

Contract Number	Name	Gender	Age	Covg. Type	Waive Covg?	Total Contract Premium	Employer Pays	Subscriber Pays
500068266	Paul Fata	M	63	ES	N	\$1,912.03	\$0.00	\$1,912.03
500068267	Thomas A Fata	M	61	EC	N	\$1,569.02	\$0.00	\$1,569.02
500068269	Anthony F Fata	M	59	ES	N	\$1,690.79	\$0.00	\$1,690.79
500068271	Michael A Bishop	M	54	EF	N	\$1,671.09	\$0.00	\$1,671.09
500069113	Joseph Fata	M	62	EF	N	\$1,621.53	\$0.00	\$1,621.53
500069280	Scott P Fata	M	35	EO	N	\$401.11	\$0.00	\$401.11
500081221	AMBER N BLAIS	F	37	EO	N	\$406.37	\$0.00	\$406.37
500121874	Rebecca F Shoemaker	F	39	EO	N	\$414.24	\$0.00	\$414.24
500130200	Justin M Fata	M	32	EF	N	\$1,522.08	\$0.00	\$1,522.08
500140839	TODD M LIST	M	40	EO	N	\$419.50	\$0.00	\$419.50

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Account Manager: Jeanette Pung
Producer: Derose, Joseph
Quote Date: 7/23/2019
Quote ID: 0048193-01

Option 4

Selected Plan - GFH012-2019

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

Premium Summary Based on Selected Benefits

Employer Pays:	\$0.00
Subscriber Pays:	\$11,156.62
Total	\$11,156.62

Quoted Subscriber Premium

Contract Number	Name	Gender	Age	Covg. Type	Waive Covg?	Total Contract Premium	Employer Pays	Subscriber Pays
500068266	Paul Fata	M	63	ES	N	\$1,834.56	\$0.00	\$1,834.56
500068267	Thomas A Fata	M	61	EC	N	\$1,505.45	\$0.00	\$1,505.45
500068269	Anthony F Fata	M	59	ES	N	\$1,622.28	\$0.00	\$1,622.28
500068271	Michael A Bishop	M	54	EF	N	\$1,603.39	\$0.00	\$1,603.39
500069113	Joseph Fata	M	62	EF	N	\$1,555.83	\$0.00	\$1,555.83
500069280	Scott P Fata	M	35	EO	N	\$384.86	\$0.00	\$384.86
500081221	AMBER N BLAIS	F	37	EO	N	\$389.90	\$0.00	\$389.90
500121874	Rebecca F Shoemaker	F	39	EO	N	\$397.46	\$0.00	\$397.46
500130200	Justin M Fata	M	32	EF	N	\$1,460.39	\$0.00	\$1,460.39
500140839	TODD M LIST	M	40	EO	N	\$402.50	\$0.00	\$402.50

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