



Option 4

Product: PPO
Medical Plan ID: GFH08824 - Physicians Health Plan PPO Gold Select Plus
RX Plan ID: RX0PF003
Employer Funding: HRA-None

Group Name: LLPS, Inc.
Group Number: L0001596
Effective Date: 12/1/2024
Region: Rating Area 7
Account Manager: Jess Hoy
Producer: DeRose, Joseph
Quote Date: 7/25/2024
Quote ID: 0056186-01

Subgroup: 1000 - PPO PHP Gold 1000 Active
Premium For Members In Plan GFH08824
Total \$16,370.06

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: \$0; 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	\$286.67	\$1,433.35	31	1	\$434.31	\$434.31	48	0	\$612.68	
15	0	\$312.15		32	1	\$443.30	\$443.30	49	0	\$639.29	
16	1	\$321.89	\$321.89	33	0	\$448.93		50	0	\$669.27	
17	0	\$331.64		34	0	\$454.92		51	0	\$698.87	
18	0	\$342.13		35	1	\$457.92	\$457.92	52	0	\$731.47	
19	1	\$352.62	\$352.62	36	1	\$460.92	\$460.92	53	0	\$764.45	
20	0	\$363.49		37	1	\$463.91	\$463.91	54	0	\$800.05	
21	2	\$374.73	\$749.46	38	1	\$466.91	\$466.91	55	0	\$835.65	
22	0	\$374.73		39	1	\$472.91	\$472.91	56	0	\$874.24	
23	0	\$374.73		40	2	\$478.90	\$957.80	57	1	\$913.22	\$913.22
24	0	\$374.73		41	1	\$487.90	\$487.90	58	0	\$954.81	
25	1	\$376.23	\$376.23	42	1	\$496.52	\$496.52	59	1	\$975.42	\$975.42
26	0	\$383.72		43	0	\$508.51		60	0	\$1,017.02	
27	0	\$392.72		44	1	\$523.50	\$523.50	61	0	\$1,052.99	
28	0	\$407.33		45	1	\$541.11	\$541.11	62	0	\$1,076.60	
29	0	\$419.32		46	1	\$562.09	\$562.09	63	1	\$1,106.20	\$1,106.20
30	0	\$425.32		47	0	\$585.70		64 & older	3	\$1,124.19	\$3,372.57

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 12/1/2024 through 11/30/2025.
- 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 2024 group Rate Filing and Addendum by the Department of Insurance and Financial Services.
- Rates include state and ACA related taxes and fees.
- Minimum participation requirements:
 - Groups with 2-10 eligible employees=100% of those seeking health care coverage
 - Groups with 11-25 eligible employees=75% of those seeking health care coverage
 - Groups with 26-50 eligible employees=50% of those seeking health care coverage
- The benefit description above is intended to highlight your benefits. They are not a binding contract and are not a substitute for the Certificate of Coverage.
- The plan id above is an internal code. Any change to this code will not impact your actual benefits.
- Federal and state law provide that you are only eligible to purchase this group health benefit plan if you also purchase group pediatric dental coverage offered by an Exchange-certified standalone dental plan.

Accepted By: Michael Bishop
Group Administrator Signature

Accepted By: _____
Agent Signature

Accepted By: Michael Bishop
Group Administrator Printed Name

Accepted By: _____
Agent Printed Name

Date: 10/31/24

Date: _____