

# Employee Premium Detail

## Test Group

Proposed Effective Date: 8/1/2005

### 1) Blue Cross - Saver PPO

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Out-Patient Prescription Drugs
PPO	\$500/\$5,000	\$20 2-AD/4-CH	20%	\$5,000	\$10G \$25BF \$500 Max
OOB	\$500/\$5,000	50%	> \$650/day	\$5,000	50% (Limited*)

Name	Age	Coverage	Zip Code	Employee	Dependents	Total
emp1	25	Employee Only	92618	107.00	0.00	107.00
emp2	30	Employee Only	92618	136.00	0.00	136.00
emp3	19	Employee Only	92618	107.00	0.00	107.00
emp4	25	Employee Only	92618	107.00	0.00	107.00
emp5	30	Employee Only	92618	136.00	0.00	136.00
emp6	21	Employee Only	92618	107.00	0.00	107.00
emp7	31	Employee Only	92618	136.00	0.00	136.00
emp8	40	Employee Only	92618	182.00	0.00	182.00
emp9	25	Employee Only	92618	107.00	0.00	107.00
emp10	40	Employee Only	92618	182.00	0.00	182.00
RAF: 0.90				<b>\$1,307.00</b>	<b>\$0.00</b>	<b>\$1,307.00</b>

### 2) Blue Cross - Power HealthFund 500 Plan

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Out-Patient Prescription Drugs
PPO	\$1,000	\$40	40%	\$5,000	\$10G (\$35BF + \$350 Ded.)
OOB	\$1,000	50%	> \$650/day	\$10,000(BCL)	50% (Limited*)

Name	Age	Coverage	Zip Code	Employee	Dependents	Total
emp1	25	Employee Only	92618	128.00	0.00	128.00
emp2	30	Employee Only	92618	161.00	0.00	161.00
emp3	19	Employee Only	92618	128.00	0.00	128.00
emp4	25	Employee Only	92618	128.00	0.00	128.00
emp5	30	Employee Only	92618	161.00	0.00	161.00
emp6	21	Employee Only	92618	128.00	0.00	128.00
emp7	31	Employee Only	92618	161.00	0.00	161.00
emp8	40	Employee Only	92618	216.00	0.00	216.00
emp9	25	Employee Only	92618	128.00	0.00	128.00
emp10	40	Employee Only	92618	216.00	0.00	216.00
RAF: 0.90				<b>\$1,555.00</b>	<b>\$0.00</b>	<b>\$1,555.00</b>

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### 3) PacifiCare - SignatureValue HMO 35

<u>Tier</u>	<u>Deductible</u>	<u>Office Visit</u>	<u>Hospital Copay</u>	<u>Copay Limit</u>	<u>Out-Patient Prescription Drugs</u>
HMO	None	\$35	\$600/day*	\$5,000	\$15G \$35BF \$50NF

<u>Name</u>	<u>Age</u>	<u>Coverage</u>	<u>Zip Code</u>	<u>Employee</u>	<u>Dependents</u>	<u>Total</u>	
emp1	25	Employee Only	92618	144.42	0.00	144.42	
emp2	30	Employee Only	92618	164.19	0.00	164.19	
emp3	19	Employee Only	92618	144.42	0.00	144.42	
emp4	25	Employee Only	92618	144.42	0.00	144.42	
emp5	30	Employee Only	92618	164.19	0.00	164.19	
emp6	21	Employee Only	92618	144.42	0.00	144.42	
emp7	31	Employee Only	92618	164.19	0.00	164.19	
emp8	40	Employee Only	92618	195.55	0.00	195.55	
emp9	25	Employee Only	92618	144.42	0.00	144.42	
emp10	40	Employee Only	92618	195.55	0.00	195.55	
				RAF: 0.90	<b>\$1,605.77</b>	<b>\$0.00</b>	<b>\$1,605.77</b>

### 4) PacifiCare - SignatureValue HMO 20

<u>Tier</u>	<u>Deductible</u>	<u>Office Visit</u>	<u>Hospital Copay</u>	<u>Copay Limit</u>	<u>Out-Patient Prescription Drugs</u>
HMO	None	\$20/\$40	\$500/day	\$3,000	\$15G \$35BF \$50NF

<u>Name</u>	<u>Age</u>	<u>Coverage</u>	<u>Zip Code</u>	<u>Employee</u>	<u>Dependents</u>	<u>Total</u>	
emp1	25	Employee Only	92618	150.74	0.00	150.74	
emp2	30	Employee Only	92618	171.36	0.00	171.36	
emp3	19	Employee Only	92618	150.74	0.00	150.74	
emp4	25	Employee Only	92618	150.74	0.00	150.74	
emp5	30	Employee Only	92618	171.36	0.00	171.36	
emp6	21	Employee Only	92618	150.74	0.00	150.74	
emp7	31	Employee Only	92618	171.36	0.00	171.36	
emp8	40	Employee Only	92618	204.10	0.00	204.10	
emp9	25	Employee Only	92618	150.74	0.00	150.74	
emp10	40	Employee Only	92618	204.10	0.00	204.10	
				RAF: 0.90	<b>\$1,675.98</b>	<b>\$0.00</b>	<b>\$1,675.98</b>

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### 5) Blue Cross - PPO \$40 Copay

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Out-Patient Prescription Drugs
PPO	\$500	\$40*(x12)	40%	\$4,500	\$15G (\$25BF + \$150 Ded.)
OON	\$500	50%	> \$650/day	\$10,000(BCL)	50% (Limited*)

Name	Age	Coverage	Zip Code	Employee	Dependents	Total
emp1	25	Employee Only	92618	145.00	0.00	145.00
emp2	30	Employee Only	92618	181.00	0.00	181.00
emp3	19	Employee Only	92618	145.00	0.00	145.00
emp4	25	Employee Only	92618	145.00	0.00	145.00
emp5	30	Employee Only	92618	181.00	0.00	181.00
emp6	21	Employee Only	92618	145.00	0.00	145.00
emp7	31	Employee Only	92618	181.00	0.00	181.00
emp8	40	Employee Only	92618	243.00	0.00	243.00
emp9	25	Employee Only	92618	145.00	0.00	145.00
emp10	40	Employee Only	92618	243.00	0.00	243.00
RAF: 0.90				<b>\$1,754.00</b>	<b>\$0.00</b>	<b>\$1,754.00</b>

### 6) PacifiCare - SignatureValue HMO 10/500d

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Out-Patient Prescription Drugs
HMO	None	\$10	\$500 per day*	\$2,000	\$15G \$35BF \$50NF

Name	Age	Coverage	Zip Code	Employee	Dependents	Total
emp1	25	Employee Only	92618	157.97	0.00	157.97
emp2	30	Employee Only	92618	179.58	0.00	179.58
emp3	19	Employee Only	92618	157.97	0.00	157.97
emp4	25	Employee Only	92618	157.97	0.00	157.97
emp5	30	Employee Only	92618	179.58	0.00	179.58
emp6	21	Employee Only	92618	157.97	0.00	157.97
emp7	31	Employee Only	92618	179.58	0.00	179.58
emp8	40	Employee Only	92618	213.89	0.00	213.89
emp9	25	Employee Only	92618	157.97	0.00	157.97
emp10	40	Employee Only	92618	213.89	0.00	213.89
RAF: 0.90				<b>\$1,756.37</b>	<b>\$0.00</b>	<b>\$1,756.37</b>

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### 7) Blue Cross - Classic HMO

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Out-Patient Prescription Drugs
HMO	None	\$20	\$250/admit	\$1,750	\$10G (\$25BF + \$150 Ded.) 50% Limited*

Name	Age	Coverage	Zip Code	Employee	Dependents	Total	
emp1	25	Employee Only	92618	162.00	0.00	162.00	
emp2	30	Employee Only	92618	207.00	0.00	207.00	
emp3	19	Employee Only	92618	162.00	0.00	162.00	
emp4	25	Employee Only	92618	162.00	0.00	162.00	
emp5	30	Employee Only	92618	207.00	0.00	207.00	
emp6	21	Employee Only	92618	162.00	0.00	162.00	
emp7	31	Employee Only	92618	207.00	0.00	207.00	
emp8	40	Employee Only	92618	228.00	0.00	228.00	
emp9	25	Employee Only	92618	162.00	0.00	162.00	
emp10	40	Employee Only	92618	228.00	0.00	228.00	
				RAF: 0.90	<b>\$1,887.00</b>	<b>\$0.00</b>	<b>\$1,887.00</b>

### 8) Aetna - HMO \$30/\$40

Tier	Deductible	Office Visit	Hospital Copay	Copay Limit	Out-Patient Prescription Drugs
HMO	None	\$30/\$40	\$300/day(7 day max)	\$3,000	\$15G \$35BF \$50NF*

Name	Age	Coverage	Zip Code	Employee	Dependents	Total	
emp1	25	Employee Only	92618	183.61	0.00	183.61	
emp2	30	Employee Only	92618	210.80	0.00	210.80	
emp3	19	Employee Only	92618	183.61	0.00	183.61	
emp4	25	Employee Only	92618	183.61	0.00	183.61	
emp5	30	Employee Only	92618	210.80	0.00	210.80	
emp6	21	Employee Only	92618	183.61	0.00	183.61	
emp7	31	Employee Only	92618	210.80	0.00	210.80	
emp8	40	Employee Only	92618	242.92	0.00	242.92	
emp9	25	Employee Only	92618	183.61	0.00	183.61	
emp10	40	Employee Only	92618	242.92	0.00	242.92	
				RAF: 0.90	<b>\$2,036.29</b>	<b>\$0.00</b>	<b>\$2,036.29</b>

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### 9) Aetna - HMO \$20/\$40

<u>Tier</u>	<u>Deductible</u>	<u>Office Visit</u>	<u>Hospital Copay</u>	<u>Copay Limit</u>	<u>Out-Patient Prescription Drugs</u>
HMO	None	\$20/\$40	\$300/day(5 day max)	\$2,000	\$15G \$35BF \$50NF

<u>Name</u>	<u>Age</u>	<u>Coverage</u>	<u>Zip Code</u>	<u>Employee</u>	<u>Dependents</u>	<u>Total</u>	
emp1	25	Employee Only	92618	188.89	0.00	188.89	
emp2	30	Employee Only	92618	216.86	0.00	216.86	
emp3	19	Employee Only	92618	188.89	0.00	188.89	
emp4	25	Employee Only	92618	188.89	0.00	188.89	
emp5	30	Employee Only	92618	216.86	0.00	216.86	
emp6	21	Employee Only	92618	188.89	0.00	188.89	
emp7	31	Employee Only	92618	216.86	0.00	216.86	
emp8	40	Employee Only	92618	249.91	0.00	249.91	
emp9	25	Employee Only	92618	188.89	0.00	188.89	
emp10	40	Employee Only	92618	249.91	0.00	249.91	
				RAF: 0.90	<b>\$2,094.85</b>	<b>\$0.00</b>	<b>\$2,094.85</b>

### 10) Blue Cross - HMO 100%

<u>Tier</u>	<u>Deductible</u>	<u>Office Visit</u>	<u>Hospital Copay</u>	<u>Copay Limit</u>	<u>Out-Patient Prescription Drugs</u>
HMO	None	\$10	No Charge	\$1,750	\$10G (\$20BF + \$150 Ded.) 50% (Limited*)

<u>Name</u>	<u>Age</u>	<u>Coverage</u>	<u>Zip Code</u>	<u>Employee</u>	<u>Dependents</u>	<u>Total</u>	
emp1	25	Employee Only	92618	189.00	0.00	189.00	
emp2	30	Employee Only	92618	241.00	0.00	241.00	
emp3	19	Employee Only	92618	189.00	0.00	189.00	
emp4	25	Employee Only	92618	189.00	0.00	189.00	
emp5	30	Employee Only	92618	241.00	0.00	241.00	
emp6	21	Employee Only	92618	189.00	0.00	189.00	
emp7	31	Employee Only	92618	241.00	0.00	241.00	
emp8	40	Employee Only	92618	265.00	0.00	265.00	
emp9	25	Employee Only	92618	189.00	0.00	189.00	
emp10	40	Employee Only	92618	265.00	0.00	265.00	
				RAF: 0.90	<b>\$2,198.00</b>	<b>\$0.00</b>	<b>\$2,198.00</b>

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**Test Group**

Proposed Effective Date: 8/1/2005

## Important Rate Information

It is our goal to provide you with an accurate report based on the information provided. Although we believe the rate and benefit information to be current and correct, keep in mind that final rates and benefits are based upon actual enrollment. We assume no liability for rate or benefit level differences and ask that you not cancel your current group insurance policy until a new policy is approved and you have confirmed the rates and benefits to your satisfaction. This is a summary of plan rates and benefits. For comprehensive details refer to the Master Contract or Benefits Booklet.

Carriers participation guidelines will determine plan eligibility. Rates illustrated on this report are reflective of the carriers "Standard Risk Rates" plus or minus any risk adjustment factor applied to the final rates. Keep in mind that final rates and benefits are based on actual plan selection (including plan riders you may request), the Employee's zip code of residence, the Employer's SIC code, and the assignment of any rate adjustment factors due to the health plan's underwriting guidelines.

Do not cancel your current coverage until a new policy is approved and you have received written confirmation of the policy's rates and benefits by the insurance companies underwriting department. Rates in this report are subject to change without notice.

**Important California Disclosure Advisement and Notification:** As provided in the California HealthCare reform bill "AB1672", all insurance carriers are obligated to sell any small group employer any health plan offered to any other small group. You may request the actual rates that would be charged for any given small group plan design by the carrier, or by your broker representative. You may also request a Summary Brochure for each plan offered to you in this report.

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### Underwriting Guidelines for **Aetna**

<b>Participation:</b>	Groups with less than 4 lives - 100%; Groups with 4-50 lives - 75%
<b>Employer Contribution:</b>	The employer must contribute at least 50% of employee only cost.
<b>Kaiser Split Carrier Participation:</b>	Standard participation of 75% must be met in order for a group to qualify for coverage.
<b>Participation with Carriers Other Than Kaiser:</b>	Standard participation of 75% must be met in order for a group to qualify for coverage.
<b>Cal-COBRA/COBRA Max:</b>	All eligible employees and COBRA/CAL-COBRA enrollees applying for Medical coverage are required to complete the individual health questionnaire section of the Employee Enrollment/Change Form. Failure to do so may result in a maximum 1.10 RAF determination.
<b>Out-Of-Area/State Max:</b>	Once a CA employer has more than 50% of its employee's located outside of CA the group becomes non GI. Aetna will still consider underwriting the case regardless of the % of employees located outside of CA, however once over 50% Aetna can decline the case. If a group has 50% or more of its employees in ONE non-CA location, the group may be rated as a different state entirely. All non-CA employees must enroll on one of the three PPO plans or the Aetna Indemnity plan if a PPO is not available. HMO and POS cannot be offered to non-CA employees.
<b>NCQA:</b>	Excellent
<b>Domestic Partners:</b>	Yes (California only). Other states must be reviewed by Aetna.
<b>Administrative Fees:</b>	No
<b>Carve-Outs:</b>	California Branch Location, Management/Non-Management, Salary/Hourly, and Union vs. Non-Union are the general types of carve outs that could be considered by Aetna. Aetna must enroll a minimum of 5 employees who reside within Aetna's California Network Service area. All requests to Carve Out a specific class of employees for coverage are subject to Underwriting approval and could be declined, unless standard participation requirement is met. Employer must provide all employee class definitions in writing on company letter head prior to final approval. The following plans are not available to Carve Outs: MC \$0 90/70, MC \$250 80/60; PPO \$250 90/70; PPO \$500 80/60, Indemnity plans and Out-of-State plans.
<b>Product Combinations:</b>	Pick-A-Plan: Employers have the option of selecting "all plans" for their employees, or designing specific plan options. Only available to groups enrolling at least 4 eligible employees.
<b>1099 Contractors:</b>	May be considered under certain conditions.
<b>Waiting Periods:</b>	Benefit-waiting periods must be consistently applied for all employees, including newly hired key employees. At initial Underwriting, the benefit-waiting period may be waived upon the employer's request. Employer may select a benefit-waiting period of: First day of the billing cycle following 0, 30, 60, 90, 120, 150, or 180 days.
<b>Simplified Underwriting:</b>	2-10 Eligible Employees: Employee Questionnaire (section G on Application). 11-50 Eligible Employees: Simplified Employee Questionnaire (section H on application).

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### Underwriting Guidelines for Blue Cross

<b>Participation:</b>	EmployeeElect Portfolio: The standard group participation requirement in the employer's Blue Cross Small Group Health Plan is a minimum of 75% of the eligible employees.
<b>Employer Contribution:</b>	BeneFits Portfolio: A minimum of 60% of the eligible employees are required to enroll in the employer's Blue Cross Small Group plan. Employers must contribute either: Traditional Option – A minimum of 50% of the employee's monthly health premium or Fixed Dollar Option – Any fixed dollar amount \$100 or greater (in \$5 increments) per employee per month for employee's health premium or Percentage & Plan Option – A minimum of 50% toward a specific plan, chosen by the employer. It is NOT available for the Basic PPO Plan.
<b>Kaiser Split Carrier Participation:</b>	No longer available as of 7/1/05 effective dates.
<b>Participation with Carriers Other Than Kaiser:</b>	75% of eligible employees
<b>Cal-COBRA/COBRA Max:</b>	No maximum. 10% premium load for CAL-COBRA employees. Groups may charge a 2% administration fee for Federal COBRA.
<b>Out-Of-Area/State Max:</b>	49% Maximum
<b>NCQA:</b>	Excellent
<b>Domestic Partners:</b>	Affidavit or equivalent document required for opposite sex domestic partners under 62 years of age.
<b>Administrative Fees:</b>	No
<b>Carve-Outs:</b>	Class carve-outs such as management only, union vs. non-union, or salary vs. non-salary may be considered with underwriting approval (minimum eight enrolling employees).
<b>Product Combinations:</b>	EmployeeElect Portfolio: Employers have the option of selecting "all plans" for their employees, or designating specific plan options. (Note: Power SelectHMO Plan cannot be offered along with any other HMO plan.)  BeneFits Portfolio: Employers may offer a package consisting of 5 plans (Hospital BeneFits, Hospital BeneFits Plus, Hospital BeneFits Preferred, PPO \$35 Copay GenRx and Power SelectHMO).
<b>1099 Contractors:</b>	No
<b>Waiting Periods:</b>	The employer has the option of choosing a first-of-the-month following hire date or 1-, 2-, 3-, 4-, 5- or 6-month waiting period for all future employees. The eligibility date for coverage for future employees is always the first day of the month following completion of the waiting period. THERE WILL BE NO EXCEPTIONS MADE TO WAIVE THE WAITING PERIOD FOR ANY FUTURE EMPLOYEES.
<b>Simplified Underwriting:</b>	Employer groups with 2–10 eligible enrolling employees must complete long-form health evidence (Section 5) of the current 2–50 Small Group Employee Application. Employer groups with 11–50 eligible enrolling employees must complete Section 5A of the short form health evidence of the current 2–50 Small Group Employee Application.

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### Underwriting Guidelines for PacifiCare Health Systems

<b>Participation:</b>	For all small groups: At least one active eligible employee must be enrolled in the Health Plan. Groups of 2-15 eligible employees: If Contributory (the employee pays a percentage of his health care premium, limited to a maximum of 50%), a minimum of 75% of the permanent, active, full-time employees must enroll. If Non-Contributory (the employer contributes 100% toward the employee only premium), a 100% of the permanent, active, full-time employees must enroll. Groups of 16-50 eligible employees: If Contributory (the employee pays a percentage of his health care premium, limited to a maximum of 50%), a minimum of 60% of the permanent, active, full-time employees must enroll. If Non-Contributory (the employer contributes 100% toward the employee only premium), a 100% of the permanent, active, full-time employees must enroll.
<b>Employer Contribution:</b>	The employer must contribute at least 50% toward the average employee only premium.
<b>Kaiser Split Carrier Participation:</b>	Groups with 10-15 eligible employees, 10 eligible employees must enroll with PacifiCare, excluding COBRA participants. Groups 16-50 eligible employees, at least 60% of the eligible employee must enroll with PacifiCare.
<b>Participation with Carriers Other Than Kaiser:</b>	Groups of 2-9 permanent, active, employees: No other carrier may be offered alongside PacifiCare. Groups of 10-15 permanent, active, employees: Only a Staff Model carrier may be offered alongside PacifiCare with at least 10 eligible employees enrolled with PacifiCare, excluding COBRA participants. Groups of 16-50 eligible employees, at least 60% of the eligible employee must enroll with PacifiCare.
<b>Cal-COBRA/COBRA Max:</b>	Groups with individuals participating in COBRA will be risk adjusted according to COBRA content (in addition to any medical conditions), if the number of COBRA participants exceeds 8% of the enrolling population.
<b>Out-Of-Area/State Max:</b>	No more than 25% of the enrolling employees may be located outside the states of Arizona, California, Colorado, Nevada, Oklahoma, Oregon, Texas, and Washington. No more than 10% of the enrolling employees may be located in the states of Vermont and New Hampshire. AB1672 requires 51% of the group to be located in California and the group must be a California based business.
<b>NCQA:</b>	Excellent
<b>Domestic Partners:</b>	Yes - Domestic partners dependants are eligible.
<b>Administrative Fees:</b>	None
<b>Carve-Outs:</b>	Union / non union only total employee population < 51. No other carve outs allowed.
<b>Product Combinations:</b>	Dual Option: Groups must have a minimum of 5 Eligible Employees. Choice Series: Groups must have a minimum of 10 Eligible Employees.
<b>1099 Contractors:</b>	May be considered under certain conditions.
<b>Waiting Periods:</b>	Maximum 6 months
<b>Simplified Underwriting:</b>	16 and above