




Benefits & Rates Comparison

Test Group

Proposed Effective Date: 8/1/2005

 Saver PPO (PPO)				 Power HealthFund 500 Plan (PPO)				 SignatureValue HMO 35 (HMO)				 SignatureValue HMO 20 (HMO)			
Ded.: \$500/\$5,000 \$500/\$5,000				Ded.: \$1,000 \$1,000				Ded.: None				Ded.: None			
Office \$20 2-AD/4-CH Visit: 50%				Office \$40 Visit: 50%				Office \$35 Visit: 50%				Office \$20/\$40 Visit: 50%			
Hospital 20% Copay: > \$650/day				Hospital 40% Copay: > \$650/day				Hospital \$600/day* Copay: > \$650/day				Hospital \$500/day Copay: > \$650/day			
Emerg.: \$100 + 20% \$100 + 20%				Emerg.: \$100 + 40% \$100 + 40%				Emerg.: \$150*				Emerg.: \$50*			
Copay \$5,000 Limit: \$5,000				Copay \$5,000 Limit: \$10,000(BCL)				Copay \$5,000 Limit: \$10,000(BCL)				Copay \$3,000 Limit: \$3,000			
Lifetime \$5,000,000 Max: \$5,000,000				Lifetime \$5,000,000 Max: \$5,000,000				Lifetime Unlimited Max: Unlimited				Lifetime Unlimited Max: Unlimited			
Rx: \$10G \$25BF \$500 Max 50% (Limited*)				Rx: \$10G (\$35BF + \$350 Ded.) 50% (Limited*)				Rx: \$15G \$35BF \$50NF				Rx: \$15G \$35BF \$50NF			
RAF: 0.90	EE	DEP	TOTAL	RAF: 0.90	EE	DEP	TOTAL	RAF: 0.90	EE	DEP	TOTAL	RAF: 0.90	EE	DEP	TOTAL
emp1	\$107.00	\$0.00	\$107.00	emp1	\$128.00	\$0.00	\$128.00	emp1	\$144.42	\$0.00	\$144.42	emp1	\$150.74	\$0.00	\$150.74
emp2	\$136.00	\$0.00	\$136.00	emp2	\$161.00	\$0.00	\$161.00	emp2	\$164.19	\$0.00	\$164.19	emp2	\$171.36	\$0.00	\$171.36
emp3	\$107.00	\$0.00	\$107.00	emp3	\$128.00	\$0.00	\$128.00	emp3	\$144.42	\$0.00	\$144.42	emp3	\$150.74	\$0.00	\$150.74
emp4	\$107.00	\$0.00	\$107.00	emp4	\$128.00	\$0.00	\$128.00	emp4	\$144.42	\$0.00	\$144.42	emp4	\$150.74	\$0.00	\$150.74
emp5	\$136.00	\$0.00	\$136.00	emp5	\$161.00	\$0.00	\$161.00	emp5	\$164.19	\$0.00	\$164.19	emp5	\$171.36	\$0.00	\$171.36
emp6	\$107.00	\$0.00	\$107.00	emp6	\$128.00	\$0.00	\$128.00	emp6	\$144.42	\$0.00	\$144.42	emp6	\$150.74	\$0.00	\$150.74
emp7	\$136.00	\$0.00	\$136.00	emp7	\$161.00	\$0.00	\$161.00	emp7	\$164.19	\$0.00	\$164.19	emp7	\$171.36	\$0.00	\$171.36
emp8	\$182.00	\$0.00	\$182.00	emp8	\$216.00	\$0.00	\$216.00	emp8	\$195.55	\$0.00	\$195.55	emp8	\$204.10	\$0.00	\$204.10
emp9	\$107.00	\$0.00	\$107.00	emp9	\$128.00	\$0.00	\$128.00	emp9	\$144.42	\$0.00	\$144.42	emp9	\$150.74	\$0.00	\$150.74
emp10	\$182.00	\$0.00	\$182.00	emp10	\$216.00	\$0.00	\$216.00	emp10	\$195.55	\$0.00	\$195.55	emp10	\$204.10	\$0.00	\$204.10
	\$1,307.00	\$0.00	\$1,307.00		\$1,555.00	\$0.00	\$1,555.00		\$1,605.77	\$0.00	\$1,605.77		\$1,675.98	\$0.00	\$1,675.98

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PPO \$40 Copay (PPO)		SignatureValue HMO 10/500d (HMO)		Classic HMO (HMO)		HMO \$30/\$40 (HMO)	
Ded.:	\$500 \$500	Ded.:	None	Ded.:	None	Ded.:	None
Office Visit:	\$40*(x12) 50%	Office Visit:	\$10	Office Visit:	\$20	Office Visit:	\$30/\$40
Hospital Copay:	40% > \$650/day	Hospital Copay:	\$500 per day*	Hospital Copay:	\$250/admit	Hospital Copay:	\$300/day(7 day max)
Emerg.:	\$100 + 40% \$100 + 40%	Emerg.:	\$50*	Emerg.:	\$100	Emerg.:	\$100*
Copay Limit:	\$4,500 \$10,000(BCL)	Copay Limit:	\$2,000	Copay Limit:	\$1,750	Copay Limit:	\$3,000
Lifetime Max:	\$5,000,000 \$5,000,000	Lifetime Max:	Unlimited	Lifetime Max:	Unlimited	Lifetime Max:	Unlimited
Rx:	\$15G (\$25BF + \$150 Ded.) 50% (Limited*)	Rx:	\$15G \$35BF \$50NF	Rx:	\$10G (\$25BF + \$150 Ded.) 50% Limited*	Rx:	\$15G \$35BF \$50NF*

RAF: 0.90	EE	DEP	TOTAL	RAF: 0.90	EE	DEP	TOTAL	RAF: 0.90	EE	DEP	TOTAL	RAF: 0.90	EE	DEP	TOTAL
emp1	\$145.00	\$0.00	\$145.00	emp1	\$157.97	\$0.00	\$157.97	emp1	\$162.00	\$0.00	\$162.00	emp1	\$183.61	\$0.00	\$183.61
emp2	\$181.00	\$0.00	\$181.00	emp2	\$179.58	\$0.00	\$179.58	emp2	\$207.00	\$0.00	\$207.00	emp2	\$210.80	\$0.00	\$210.80
emp3	\$145.00	\$0.00	\$145.00	emp3	\$157.97	\$0.00	\$157.97	emp3	\$162.00	\$0.00	\$162.00	emp3	\$183.61	\$0.00	\$183.61
emp4	\$145.00	\$0.00	\$145.00	emp4	\$157.97	\$0.00	\$157.97	emp4	\$162.00	\$0.00	\$162.00	emp4	\$183.61	\$0.00	\$183.61
emp5	\$181.00	\$0.00	\$181.00	emp5	\$179.58	\$0.00	\$179.58	emp5	\$207.00	\$0.00	\$207.00	emp5	\$210.80	\$0.00	\$210.80
emp6	\$145.00	\$0.00	\$145.00	emp6	\$157.97	\$0.00	\$157.97	emp6	\$162.00	\$0.00	\$162.00	emp6	\$183.61	\$0.00	\$183.61
emp7	\$181.00	\$0.00	\$181.00	emp7	\$179.58	\$0.00	\$179.58	emp7	\$207.00	\$0.00	\$207.00	emp7	\$210.80	\$0.00	\$210.80
emp8	\$243.00	\$0.00	\$243.00	emp8	\$213.89	\$0.00	\$213.89	emp8	\$228.00	\$0.00	\$228.00	emp8	\$242.92	\$0.00	\$242.92
emp9	\$145.00	\$0.00	\$145.00	emp9	\$157.97	\$0.00	\$157.97	emp9	\$162.00	\$0.00	\$162.00	emp9	\$183.61	\$0.00	\$183.61
emp10	\$243.00	\$0.00	\$243.00	emp10	\$213.89	\$0.00	\$213.89	emp10	\$228.00	\$0.00	\$228.00	emp10	\$242.92	\$0.00	\$242.92
	\$1,754.00	\$0.00	\$1,754.00		\$1,756.37	\$0.00	\$1,756.37		\$1,887.00	\$0.00	\$1,887.00		\$2,036.29	\$0.00	\$2,036.29

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HMO \$20/\$40 (HMO)

HMO 100% (HMO)

Ded.: None

Ded.: None

Office \$20/\$40

Office \$10

Visit:

Visit:

Hospital \$300/day(5 day max)

Hospital No Charge

Copay:

Copay:

Emerg.: \$100*

Emerg.: \$100

Copay \$2,000

Copay \$1,750

Limit:

Limit:

Lifetime Unlimited

Lifetime Unlimited

Max:

Max:

Rx: \$15G \$35BF \$50NF

Rx: \$10G (\$20BF + \$150 Ded.)
50% (Limited*)

RAF: 0.90	EE	DEP	TOTAL
emp1	\$188.89	\$0.00	\$188.89
emp2	\$216.86	\$0.00	\$216.86
emp3	\$188.89	\$0.00	\$188.89
emp4	\$188.89	\$0.00	\$188.89
emp5	\$216.86	\$0.00	\$216.86
emp6	\$188.89	\$0.00	\$188.89
emp7	\$216.86	\$0.00	\$216.86
emp8	\$249.91	\$0.00	\$249.91
emp9	\$188.89	\$0.00	\$188.89
emp10	\$249.91	\$0.00	\$249.91
	\$2,094.85	\$0.00	\$2,094.85

RAF: 0.90	EE	DEP	TOTAL
emp1	\$189.00	\$0.00	\$189.00
emp2	\$241.00	\$0.00	\$241.00
emp3	\$189.00	\$0.00	\$189.00
emp4	\$189.00	\$0.00	\$189.00
emp5	\$241.00	\$0.00	\$241.00
emp6	\$189.00	\$0.00	\$189.00
emp7	\$241.00	\$0.00	\$241.00
emp8	\$265.00	\$0.00	\$265.00
emp9	\$189.00	\$0.00	\$189.00
emp10	\$265.00	\$0.00	\$265.00
	\$2,198.00	\$0.00	\$2,198.00

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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

Participation:	Groups with less than 4 lives - 100%; Groups with 4-50 lives - 75%
Employer Contribution:	The employer must contribute at least 50% of employee only cost.
Kaiser Split Carrier Participation:	Standard participation of 75% must be met in order for a group to qualify for coverage.
Participation with Carriers Other Than Kaiser:	Standard participation of 75% must be met in order for a group to qualify for coverage.
Cal-COBRA/COBRA Max:	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.
Out-Of-Area/State Max:	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.
NCQA:	Excellent
Domestic Partners:	Yes (California only). Other states must be reviewed by Aetna.
Administrative Fees:	No
Carve-Outs:	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.
Product Combinations:	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.
1099 Contractors:	May be considered under certain conditions.
Waiting Periods:	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.
Simplified Underwriting:	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

Participation:	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. Benefits Portfolio: A minimum of 60% of the eligible employees are required to enroll in the employer's Blue Cross Small Group plan.
Employer Contribution:	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.
Kaiser Split Carrier Participation:	No longer available as of 7/1/05 effective dates.
Participation with Carriers Other Than Kaiser:	75% of eligible employees
Cal-COBRA/COBRA Max:	No maximum. 10% premium load for CAL-COBRA employees. Groups may charge a 2% administration fee for Federal COBRA.
Out-Of-Area/State Max:	49% Maximum
NCQA:	Excellent
Domestic Partners:	Affidavit or equivalent document required for opposite sex domestic partners under 62 years of age.
Administrative Fees:	No
Carve-Outs:	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).
Product Combinations:	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).
1099 Contractors:	No
Waiting Periods:	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.
Simplified Underwriting:	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

Participation:	<p>For all small groups: At least one active eligible employee must be enrolled in the Health Plan.</p> <p>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.</p> <p>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.</p>
Employer Contribution:	<p>The employer must contribute at least 50% toward the average employee only premium.</p>
Kaiser Split Carrier Participation:	<p>Groups with 10-15 eligible employees, 10 eligible employees must enroll with PacifiCare, excluding COBRA participants.</p> <p>Groups 16-50 eligible employees, at least 60% of the eligible employee must enroll with PacifiCare.</p>
Participation with Carriers Other Than Kaiser:	<p>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.</p>
Cal-COBRA/COBRA Max:	<p>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.</p>
Out-Of-Area/State Max:	<p>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.</p>
NCQA:	<p>Excellent</p>
Domestic Partners:	<p>Yes - Domestic partners dependants are eligible.</p>
Administrative Fees:	<p>None</p>
Carve-Outs:	<p>Union / non union only total employee population < 51. No other carve outs allowed.</p>
Product Combinations:	<p>Dual Option: Groups must have a minimum of 5 Eligible Employees. Choice Series: Groups must have a minimum of 10 Eligible Employees.</p>
1099 Contractors:	<p>May be considered under certain conditions.</p>
Waiting Periods:	<p>Maximum 6 months</p>
Simplified Underwriting:	<p>16 and above</p>