



# Early Learning Coalition

OF INDIAN RIVER, MARTIN & OKEECHOBEE COUNTIES, Inc.

## Small Group Health Plan Rating

Early Learning Coalition's medical plan is fully compliant with the **Patient Protection and Affordable Care Act (ACA)**.

*President Obama signed HR 3590, the Patient Protection and Affordable Care Act into law on March 23, 2010. The President also signed HR 4872, the Health Care and Education Reconciliation Act, into law on March 30, 2010. The two Acts combined are collectively referred to as the Affordable Care Act (ACA) or federal health care reform.*

*The law puts in place a significant number of health insurance reforms that have rolled out since 2010. Some of the final and most notable changes of the law took effect on January 1, 2014.*

### Rate Factors

The only factors that can be used to vary premium rates for a plan in the small group market are:

Age  
Family or Individual  
Geographic location  
Tobacco Use

### Rate Protections & Reforms

The Patient Protection and Affordable Care Act requires that all weighted average rate increases in the small group markets that exceed a 10% threshold must be assessed to determine if they are "reasonable."

Currently, all Florida Blue small group plan rate increases either do not exceed the 10% or have been determined to be reasonable.

All insurance carriers must have their rates approved by the Office of Insurance Regulation (OIR).

Health History is not allowed to be used in determining premium.

Gender is not allowed to be used in determining premium.



# Early Learning Coalition

OF INDIAN RIVER, MARTIN & OKEECHOBEE COUNTIES, Inc.

## Small Group Health Plan Rating

### Rate Protections & Reforms - Continued

**Medical Loss Ratio:** The percentage of health insurance premiums that are spent by an insurer on health care services. The ACA requires small group and individual market plans to devote 80% of its premiums to these purposes. Amounts not within the medical loss ratio requirements must be returned to the policyholder in the form of a rebate.

**Early Learning Coalition has received premium rebates during the past several years from Florida Blue.**

**Guaranteed Issue:** A requirement that health insurers sell a health insurance policy to any person who requests coverage, regardless of health history. The ACA requires that all health insurance be sold on a guaranteed-issue basis beginning in 2014.

**Preventive Benefits:** Covered services that are intended to prevent disease or to identify disease while it is more easily treatable. The ACA requires insurers to provide coverage for defined preventive benefits without deductibles, co-payments or coinsurance.

**Rate Review:** Review by insurance regulators of proposed premiums and premium increases. During the rate review process, regulators will examine proposed premiums to ensure that they are sufficient to pay all claims, that they are not unreasonably high in relation to the benefits being provided, and that they are not unfairly discriminatory to any individual or group of individuals.

Sources: Department of Health & Human Services, Florida Office of Insurance Regulation, Department of Financial Services & BlueCross BlueShield of Florida.





# Early Learning Coalition

OF INDIAN RIVER, MARTIN & OKEECHOBEE COUNTIES, Inc.

## Confidential Employee Benefits Survey Plan Year 2018-2019

*We want your input! As we evaluate the benefits market this year we want to know how your experience has been with the current programs and consider all physicians & facilities being utilized, so please take a moment to complete and return sealed in the envelope provided:*

1. Are you currently participating in the Florida Blue medical insurance plan?
  - Yes **100%**
  - No **0%**
  
2. If so, what type of experience did you have using it?
  - Positive **70%**
  - Fair **25%**
  - Negative **5%**
  
3. Do you have dependent medical coverage?
  - Yes **0%**
  - No **100%**
  
4. Is your primary care physician currently participating in the Florida Blue medical plan?
  - Yes **100%**
  - No **0%**
  
5. Have you incurred any claims under the Florida Blue medical plan?
  - Yes **30%**
  - No **70%**
  
6. If you have incurred claims under Florida Blue, select the time frame in which the claim was paid and resolved:
  - Less than 1 month **10%**
  - 1-2 months **10%**
  - 3-6 months **10%**
  - More than 6 months **0%**
  - Not Applicable **70%**

7. How would you rate the current Florida Blue medical plan benefits and overall program?

- Excellent **35%**
- Very good **20%**
- Good **25%**
- Fair **10%**
- Poor **5%**
- Not Used **5%**

8. How would you rate the Florida Blue Customer Service line?

- Excellent **25%**
- Very good **20%**
- Good **15%**
- Fair **10%**
- Poor **0%**
- Not Used **30%**

9. If you had a question regarding a claim or physician, how would you rate the manner in which the issue was resolved by Florida Blue?

- Excellent **20%**
- Very good **10%**
- Good **45%**
- Fair **5%**
- Poor **0%**
- Not Applicable **20%**

10. How would you rate the current Florida Combined Life dental plan benefits and overall program?

- Excellent **25%**
- Very good **20%**
- Good **10%**
- Fair **25%**
- Poor **10%**
- Not Used **10%**

11. Is your dentist currently participating in the Florida Combined Life program?

- Yes **85%**
- No **15%**

12. If you had a claim/service issue, how would you rate the response of Florida Combined Life?

- Excellent **25%**
- Very good **10%**
- Good **10%**
- Fair **5%**
- Poor **5%**
- Not Applicable **45%**

13. How would you rate the current Florida Combined Life vision plan benefits and overall program?

- Excellent **10%**
- Very Good **20%**
- Good **15%**
- Fair **10%**
- Poor **5%**
- Not Used **40%**

14. Is your vision provider currently participating in the Florida Combined Life program?

- Yes **100% (of those participating)**
- No **0%**

15. If you had a claim/service issue, how would you rate the response of the Florida Combined Life vision plan?

- Excellent **10%**
- Very Good **20%**
- Good **5%**
- Fair **5%**
- Poor **0%**
- Not Used **60%**

## Loretta Toth

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**From:** Samantha Ricchini <samantha@gehringinsurance.com>  
**Sent:** Thursday, January 31, 2019 12:31 PM  
**To:** Loretta Toth  
**Cc:** Marsha Powers; Klif Gehring  
**Subject:** Committee Meeting Documents  
**Attachments:** Early Learning Coalition United Healthcare Stuart Chamber Quote - NHP Plans.xlsx; Early Learning Coalition United Healthcare Stuart Chamber Quote - UHC Plans.xlsx; ELC Benefits Survey Results '19.pdf; Small Group Rating.pdf

Good afternoon,

Attached please find our documents for the committee meeting on Monday. We have also been reaching out to neighboring Early Learning Coalitions to survey their employer contribution amounts. The results we have obtained so far can be found below:

**ELC of Broward:** 100% of employee coverage, 50% of spouse coverage (pro-rated), 90% of child coverage (pro-rated)

**ELC of Florida's Heartland:** 100% of employee coverage, 0% of dependent coverage

**ELC of Hillsborough:** Approximately 80-85% of employee and dependent coverage, depending on plan choice

**ELC of Osceola:** 83% of EE only, 65% of dependent coverage

**ELC of Polk:** 84% of employee coverage, 0% of dependent coverage

Have a great day – we look forward to seeing you on Monday!

Samantha Ricchini  
**Account Manager**



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# Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc

Medical Proposed Rates and Alternate Plans

## UnitedHealthcare

Preliminary Rates

### Medical Proposed Rates and Alternate Plan Designs

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

• The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.

	Option 1	Option 2	Option 3	Option 4
	AXY2 (NHP Network Flex 2018 (OA POS)-HSA) Rx Plan: NH15	F0RH (NHP HMO 2018 (GK)-Traditional) Rx Plan: NH7	F0RH (NHP HMO 2018 (GK)-Traditional) Rx Plan: DZ	BA1X (NHP POS 2018 (OA)-Copay First) Rx Plan: NH7
<b>Plan Name</b>	Choice +NHP NHP *	Choice NHP NHP *	Choice NHP NHP *	Choice +NHP NHP *
Product	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Option	0	0	0	0
Plan Offering	Option(s) <Enter #(s)>	Option(s) <Enter #(s)>	Option(s) <Enter #(s)>	Option(s) <Enter #(s)>
Multiple Option with:	HSA	No	No	No
HRA or HSA				
<b>Benefits*</b>	<b>Network Single/Family</b>	<b>Network Single/Family</b>	<b>Network Single/Family</b>	<b>Network Single/Family</b>
Office Copay (PCP/SPC)	PCP NA, SPC NA	PCP \$25, SPC \$50	PCP \$25, SPC \$50	PCP \$30 (Ltd 4), SPC \$60 (Ltd 4)
Hospital Copays	OP NA, IP NA	OP NA, IP NA	OP NA, IP NA	OP NA, IP NA
UC/ER/Major Diag Copay	UC NA, ER NA, MD NA	UC \$50, ER \$300, MD NA	UC \$50, ER \$300, MD NA	UC \$50 (Ltd 4), ER \$350 (Ltd 1), MD \$250
Other	N/A	N/A	N/A	N/A
Deductible	\$1,500/\$3,000 (NonEmb)	\$2,000/\$4,000 (Emb)	\$2,000/\$4,000 (Emb)	\$2,500/\$5,000 (Emb)
Coinsurance	80%	70%	70%	50%
Out-of-Pocket	\$4,500/\$6,850	\$6,000/\$12,000	\$6,000/\$12,000	\$4,000/\$8,000
Pharmacy	NHP \$15/75/175/350; 2.5 MO (Adv PDL)	NHP \$5/50/150/300; 2.5 MO (Ess PDL)	UHC Generic Only \$10/45/85 3.0 MO (Trad PDL; PRIME only)	NHP \$5/50/150/300; 2.5 MO (Ess PDL)
	<b>Out of Network Single/Family</b>	<b>Out of Network Single/Family</b>	<b>Out of Network Single/Family</b>	<b>Out of Network Single/Family</b>
Deductible	\$5,000/\$10,000 (NonEmb)	NA (Emb)	NA (Emb)	\$4,000/\$8,000 (Emb)
Coinsurance	50%	NA	NA	50%
Out of Pocket	\$10,000/\$20,000	NA	NA	\$8,000/\$16,000
<b>Enrollment</b>				
Employee	18	18	18	18
Employee + Spouse	0	0	0	0
Employee + Child(ren)	0	0	0	0
Employee + Family	0	0	0	0
Total	18	18	18	18
	<b>Premium Rates</b>	<b>Premium Rates</b>	<b>Premium Rates</b>	<b>Premium Rates</b>
<b>Rates</b>				
Employee	\$883.69	\$744.56	\$691.48	\$795.74
Employee + Spouse	\$1,891.10	\$1,593.36	\$1,479.77	\$1,702.88
Employee + Child(ren)	\$1,670.17	\$1,407.22	\$1,306.90	\$1,503.95
Employee + Family	\$2,810.13	\$2,367.70	\$2,198.91	\$2,530.45
<b>Billed Rates</b>	<b>\$15,906</b>	<b>\$13,402</b>	<b>\$12,447</b>	<b>\$14,323</b>

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

POD = Benefit paid as follows: Per Occurrence Deductible, then plan deductible and coinsurance.

LTD # = the number of services covered at that copay, after the limit plan deductible and coinsurance will apply, note PCP and SPC may be combined (see benefit summary)

Day x# = the max number of days the copay will apply

For markets moving to service fees, current rates (for renewals only) include commission expenses. Proposed rates, for your convenience, include any applicable producer service fees. Producer service fees are not a contingency of obtaining insurance coverage but are fees agreed to between you (client) and your producer/service provider for service rendered on behalf of client.

For markets continuing to pay commissions, both the current (applicable for renewals only) and proposed rates include commissions.



# Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc

Medical Proposed Rates and  
Alternate Plans  
Preliminary Rates

## UnitedHealthcare Medical Proposed Rates and Alternate Plan Designs

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

• The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.

	Option 5 F0PB (NHP POS 2018 (OA)-HSA) Rx Plan: NH15-int	Option 6 BJ7G (NHP HMP 2018 (OA)-Traditional) Rx Plan: DZ	Option 7 BAXM (NHP HMO 2018 (OA)-Copay Only) Rx Plan: NH15	Option 8 AXYT (NHP Network Flex 2018 (OA POS)) Rx Plan: NH15
<b>Plan Name</b>	Choice +NHP NHP *	Choice +NHP NHP *	Choice NHP NHP *	Choice +NHP NHP *
Product	OPTION 5	OPTION 6	OPTION 7	OPTION 8
Option	0	0	0	0
Plan Offering	Option(s) <Enter #(s)>	Option(s) <Enter #(s)>	Option(s) <Enter #(s)>	Option(s) <Enter #(s)>
Multiple Option with:	HSA	No	No	No
HRA or HSA				
<b>Benefits*</b>	<b>Network Single/Family</b>	<b>Network Single/Family</b>	<b>Network Single/Family</b>	<b>Network Single/Family</b>
Office Copay (PCP/SPC)	PCP NA, SPC NA	PCP \$45, SPC NA	PCP \$30, SPC \$70	PCP \$25, SPC \$25
Hospital Copays	OP NA, IP NA	OP NA, IP NA	OP \$1250, IP \$1,250/day x3	OP NA, IP NA
UC/ER/Major Diag Copay	UC NA, ER NA, MD NA	UC NA, ER NA, MD \$250	UC \$100, ER \$400, MD \$400	UC \$50, ER \$100, MD NA
Other	N/A	N/A	N/A	N/A
Deductible	\$2,500/\$5,000 (NonEmb)	\$1,500/\$4,500 (Emb)	NA (Emb)	\$500/\$1,000 (Emb)
Coinsurance	90%	50%	100%	100%
Out-of-Pocket	\$5,000/\$6,850	\$7,350/\$14,700	\$7,150/\$14,300	\$1,500/\$3,000
Pharmacy	NHP \$15/75/175/350; 2.5 MO (Adv PDL)	UHC Generic Only \$10/45/85 3.0 MO (Trad PDL; PRIME only)	NHP \$15/75/175/350; 2.5 MO (Adv PDL)	NHP \$15/75/175/350; 2.5 MO (Adv PDL)
	<b>Out of Network Single/Family</b>	<b>Out of Network Single/Family</b>	<b>Out of Network Single/Family</b>	<b>Out of Network Single/Family</b>
Deductible	\$5,000/\$10,000 (NonEmb)	\$6,000/\$12,000 (Emb)	NA (Emb)	\$1,000/\$2,000 (Emb)
Coinsurance	50%	50%	NA	70%
Out of Pocket	\$10,000/\$20,000	\$30,000/\$30,000	NA	\$6,250/\$12,500
<b>Enrollment</b>				
Employee	18	18	18	18
Employee + Spouse	0	0	0	0
Employee + Child(ren)	0	0	0	0
Employee + Family	0	0	0	0
Total	18	18	18	18
	<b>Premium Rates</b>	<b>Premium Rates</b>	<b>Premium Rates</b>	<b>Premium Rates</b>
<b>Rates</b>				
Employee	\$742.10	\$542.88	\$908.33	\$1,114.10
Employee + Spouse	\$1,588.09	\$1,161.76	\$1,943.83	\$2,384.17
Employee + Child(ren)	\$1,402.57	\$1,026.04	\$1,716.74	\$2,105.65
Employee + Family	\$2,359.88	\$1,726.36	\$2,888.49	\$3,542.84
<b>Billed Rates</b>	<b>\$13,358</b>	<b>\$9,772</b>	<b>\$16,350</b>	<b>\$20,054</b>

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

POD = Benefit paid as follows: Per Occurrence Deductible, then plan deductible and coinsurance.

LTD # = the number of services covered at that copay, after the limit plan deductible and coinsurance will apply, note PCP and SPC may be combined (see benefit summary)

Day x# = the max number of days the copay will apply

For markets moving to service fees, current rates (for renewals only) include commission expenses. Proposed rates, for your convenience, include any applicable producer service fees. Producer service fees are not a contingency of obtaining insurance coverage but are fees agreed to between you (client) and your producer/service provider for service rendered on behalf of client.

For markets continuing to pay commissions, both the current (applicable for renewals only) and proposed rates include commissions.

**UnitedHealthcare**  
**Medical Quote Assumptions**

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

*The rates quoted here are based on the following assumptions. Changes to these assumptions may result in an adjustment to rates.*

**Medical Quote Assumptions**

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Area Factor +/- 7.5%
  - Any Material Changes
  - Average Contract Size +/- 10%
  - Age/Sex Factor +/- 10%
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 90% of all benefit eligible employees (including spousal waivers) will enroll with United Healthcare. If this assumption is not accurate, we reserve the right to requote back to original effective date.
- Quote assumes no out of area or retiree lives.
- Unless otherwise stated, this offer replaces and renders all previous offers null and void.
- Includes Deductible rollover from previous carrier, if applicable.
- Current and renewal rates are required for underwriting review.
- This proposed quote applies only to fully insured customers that are not eligible for community rated rates under PPACA
- Your broker must request and provide the SBCs to you, the employer, for final plans selected; SBCs must be delivered by the employer to the members as required by reform law.
- INS-Choice plans are not available for subscribers in AL, AR, AZ, HI, LA, MN, MS, MT, NC, NM, or OK.
- NHP Network is only available in select counties in Florida. Network Flex is only available to employees residing in the NHP service area and cannot be sold with a matching Non-Flex NHP plan.
- Must live and work in Florida to enroll on an HMO license product.
  
- UnitedHealthcare reserves the right to adjust the rates and/or fees (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable regulatory authority (i.e. mandated benefits) or by the Plan Sponsor; and (iii) as otherwise permitted in our policy.
- This premium may include state and federal taxes and fees.
- Premium rates and/or product forms included herein are subject to approval by regulators. If rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings.
- Plan design and corresponding premium rates offered herein represent a coverage option that is consistent with your current group size (based on most recent census or survey information) and closely matches your current coverage. Additional coverage options may be available to you.
  
- At your request, a service fee to be paid to your producer/service agent of \$35.00 PEPM has been added as an expense item where service fees apply.
  
- Agents may receive commissions and other compensation from us and these costs may be reflected in your premium or fee. Separately, you may have contracted with producers to provide services directly for your group and have agreed to pay them a 'service fee'. Since 'service fees' are not a contingency of the purchase of health insurance such fees are not part of your premium but may be included in your bill under total amount due.
- The costs of coverage described herein is contingent on, among other things, The Employer Participant meeting all eligibility criteria of The Association Health Plan (AHP), being a member in good standing with The AHP, and executing all documents required by The AHP
  
- Customer must choose UHC or NHP plans as a single offering. They are not available to be selected together as a multiple plan / joint offering.

**HRA/HSA Assumptions (If Applicable)**

- Please refer to the vendor bank collateral for HRA/HSA account fee information.
- HRA and HSA plans may include a non-embedded deductible and out of pocket. In that instance, no individual family member's deductible or out of pocket is considered satisfied until the full family deductible or out of pocket amount has been met. Pharmacy copays will only apply after the deductible has been satisfied on HRA/HSA plans with integrated medical/pharmacy deductibles.
- Rates assume the Employer funds no more than 50% of the HSA/HRA deductible. UnitedHealthcare reserved the right to adjust rates if this assumption changes.
- HSA accounts must be paired with qualified HDHPs as determined under section 223 of the Internal Revenue Code
- For 2018 and 2019, the HDHP annual deductible cannot be less than \$1,350 for individual or \$2,700 for family coverage.
- Medical and pharmacy expenses covered under an HSA program are not eligible for reimbursement under an FSA program
- Funds in the HSA account continue to accumulate and are fully portable to another HSA account.
- Any unused HRA funds can be rolled over to next year's HRA, but are not portable as a cash out option.
- Only medical expenses covered under the medical plan are reimbursable from the HRA.

**UnitedHealthcare**

**Medical Plan Alternates for HMO Choice NHP \* F0RH, NH7 Rx**

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

	PCP OV	SPC OV	OP	IP	UC	In Network*						Out Of Network*			Employee + Spouse	Employee + Child(ren)	Employee + Family	Pricing Variance		
						ER	MAJ	DIAG	DED	COINS	OOP	DED	COINS	OOP						
F0RH HMO 2018 (GK)-Tra	\$25	\$50	NA	NA	\$50	\$300	NA	\$2,000/\$4,000 (Emb)	70%	\$6,000/\$12,000	NA	NA	NA	\$744.56	\$1,593.36	\$1,407.22	\$2,367.70	0.0%		
F0PV HMO 2018 (OA)-Tra	\$25	\$50	\$300	POD	\$500	POD	\$75	NA	NA	\$5,000/\$10,000 (Emb)	100%	\$6,850/\$13,700	NA	NA	NA	\$675.37	\$1,445.29	\$1,276.45	\$2,147.68	-9.3%

**Notes:**

- All benefits include the following pharmacy plan: NHP \$5/50/150/300; 2.5 MO (Ess PDL)
- If the initial quote is single option and two or more plans are sold as a multiple option arrangement, an adjustment to the rates may be necessary.
- If the initial plan is an HRA, all alternates are also assumed to be the same type of HRA.

**Quote Assumptions:**

The rates quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote.

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
  - Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 90% of all benefit eligible employees (including spousal waivers) will enroll with United Healthcare. If this assumption is not accurate, we reserve the right to requote back to original effective date.
- Quote assumes no out of area or retiree lives.
- Unless otherwise stated, this offer replaces and renders all previous offers null and void.
- Includes Deductible rollover from previous carrier, if applicable.
- Current and renewal rates are required for underwriting review.
- This proposed quote applies only to fully insured customers that are not eligible for community rated rates under PPACA
- Your broker must request and provide the SBCs to you, the employer, for final plans selected; SBCs must be delivered by the employer to the members as required by reform law.
- INS-Choice plans are not available for subscribers in AL, AR, AZ, HI, LA, MN, MS, MT, NC, NM, or OK.
- NHP Network is only available in select counties in Florida. Network Flex is only available to employees residing in the NHP service area and cannot be sold with a matching Non-Flex NHP plan.
- Must live and work in Florida to enroll on an HMO license product.

- This premium may include state and federal taxes and fees.

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

UnitedHealthcare

Medical Plan Alternates for HMO Choice NHP \* F0RH, DZ Rx

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

	PCP OV	SPC OV	OP	IP	UC	In Network*						Out Of Network*			Employee + Spouse	Employee + Child(ren)	Employee + Family	Pricing Variance
						ER	MAJ DIAG	DED	COINS	OOP	DED	COINS	OOP					
F0RH IMO 2018 (GK)-Tra	\$25	\$50	NA	NA	\$50	\$300	NA	\$2,000/\$4,000 (Emb)	70%	\$6,000/\$12,000	NA	NA	NA	\$691.48	\$1,479.77	\$1,306.90	\$2,198.91	0.0%
F0PV IMO 2018 (OA)-Tra	\$25	\$50	\$300 POD	\$500 POD	\$75	NA	NA	\$5,000/\$10,000 (Emb)	100%	\$6,850/\$13,700	NA	NA	NA	\$622.29	\$1,331.70	\$1,176.13	\$1,978.88	-10.0%

Notes:

- All benefits include the following pharmacy plan: UHC Generic Only \$10/45/85 3.0 MO (Trad PDL; PRIME only)
- If the initial quote is single option and two or more plans are sold as a multiple option arrangement, an adjustment to the rates may be necessary.
- If the initial plan is an HRA, all alternates are also assumed to be the same type of HRA.

Quote Assumptions:

The rates quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote.

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
  - Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 90% of all benefit eligible employees (including spousal waivers) will enroll with United Healthcare. If this assumption is not accurate, we reserve the right to requote back to original effective date.
- Quote assumes no out of area or retiree lives.
- Unless otherwise stated, this offer replaces and renders all previous offers null and void.
- Includes Deductible rollover from previous carrier, if applicable.
- Current and renewal rates are required for underwriting review.
- This proposed quote applies only to fully insured customers that are not eligible for community rated rates under PPACA
- Your broker must request and provide the SBCs to you, the employer, for final plans selected; SBCs must be delivered by the employer to the members as required by reform law.
- INS-Choice plans are not available for subscribers in AL, AR, AZ, HI, LA, MN, MS, MT, NC, NM, or OK.
- NHP Network is only available in select counties in Florida. Network Flex is only available to employees residing in the NHP service area and cannot be sold with a matching Non-Flex NHP plan.
- Must live and work in Florida to enroll on an HMO license product.

- This premium may include state and federal taxes and fees.

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

UnitedHealthcare

Medical Plan Alternates for HMO Choice +NHP \* BA1X, NH7 Rx

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

		In Network*										Out Of Network*			Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family	Pricing Variance
		PCP OV	SPC OV	OP	IP	UC	ER	MAJ DIAG	DED	COINS	OOP	DED	COINS	OOP					
BA1X	OS 2018 (OA)-Cope	\$30 (Ltd 4)	\$60 (Ltd 4)	NA	NA	\$50 (Ltd 4)	\$350 (Ltd 1)	\$250	\$2,500/\$5,000 (Emb)	50%	\$4,000/\$8,000	\$4,000/\$8,000	50%	\$8,000/\$16,000	\$795.74	\$1,702.88	\$1,503.95	\$2,530.45	0.0%
F1AS	OS 2018 (OA)-Trad	\$30	\$60	NA	NA	\$75	\$350	\$200	\$3,000/\$6,000 (Emb)	70%	\$6,000/\$12,000	\$5,500/\$11,000	60%	\$12,000/\$24,000	\$784.38	\$1,678.57	\$1,482.48	\$2,494.33	-1.4%
BA1Y	OS 2018 (OA)-Cope	\$30 (Ltd 4)	\$60 (Ltd 4)	NA	NA	\$50 (Ltd 4)	\$350 (Ltd 1)	\$250	\$5,000/\$10,000 (Emb)	50%	\$7,000/\$14,000	\$7,000/\$14,000	50%	\$14,000/\$28,000	\$658.76	\$1,409.75	\$1,245.06	\$2,094.86	-17.2%
BJ7F	HMP 2018 (OA)-Trad	\$35	\$50	NA	Ded+\$1500	NA	NA	\$250	\$1,500/\$4,500 (Emb)	50%	\$7,350/\$14,700	\$6,000/\$12,000	50%	\$30,000/\$30,000	\$650.32	\$1,391.68	\$1,229.10	\$2,068.02	-18.3%

Notes:

- All benefits include the following pharmacy plan: NHP \$5/50/150/300; 2.5 MO (Ess PDL)
- If the initial quote is single option and two or more plans are sold as a multiple option arrangement, an adjustment to the rates may be necessary.
- If the initial plan is an HRA, all alternates are also assumed to be the same type of HRA.

Quote Assumptions:

The rates quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote.

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
  - Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 90% of all benefit eligible employees (including spousal waivers) will enroll with United Healthcare. If this assumption is not accurate, we reserve the right to requote back to original effective date.
- Quote assumes no out of area or retiree lives.
- Unless otherwise stated, this offer replaces and renders all previous offers null and void.
- Includes Deductible rollover from previous carrier, if applicable.
- Current and renewal rates are required for underwriting review.
- This proposed quote applies only to fully insured customers that are not eligible for community rated rates under PPACA
- Your broker must request and provide the SBCs to you, the employer, for final plans selected; SBCs must be delivered by the employer to the members as required by reform law.
- INS-Choice plans are not available for subscribers in AL, AR, AZ, HI, LA, MN, MS, MT, NC, NM, or OK.
- NHP Network is only available in select counties in Florida. Network Flex is only available to employees residing in the NHP service area and cannot be sold with a matching Non-Flex NHP plan.
- Must live and work in Florida to enroll on an HMO license product.

- This premium may include state and federal taxes and fees.

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

**UnitedHealthcare**

**Medical Plan Alternates for HMO Choice +NHP \* BJ7G, DZ Rx**

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

	PCP OV	SPC OV	OP	IP	UC	In Network*				Out Of Network*				Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family	Pricing Variance
						ER	MAJ	DIAG	DED	COINS	OOP	DED	COINS					
BJ7G HMP 2018 (OA)-Trad	\$45	NA	NA	NA	NA	NA	\$250	\$1,500/\$4,500 (Emb)	50%	\$7,350/\$14,700	\$6,000/\$12,000	50%	\$30,000/\$30,000	\$542.88	\$1,161.76	\$1,026.04	\$1,726.36	0.0%

**Notes:**

- All benefits include the following pharmacy plan: UHC Generic Only \$10/45/85 3.0 MO (Trad PDL; PRIME only)
- If the initial quote is single option and two or more plans are sold as a multiple option arrangement, an adjustment to the rates may be necessary.
- If the initial plan is an HRA, all alternates are also assumed to be the same type of HRA.

**Quote Assumptions:**

*The rates quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote.*

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
  - Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 90% of all benefit eligible employees (including spousal waivers) will enroll with United Healthcare. If this assumption is not accurate, we reserve the right to requote back to original effective date.
- Quote assumes no out of area or retiree lives.
- Unless otherwise stated, this offer replaces and renders all previous offers null and void.
- Includes Deductible rollover from previous carrier, if applicable.
- Current and renewal rates are required for underwriting review.
- This proposed quote applies only to fully insured customers that are not eligible for community rated rates under PPACA
- Your broker must request and provide the SBCs to you, the employer, for final plans selected; SBCs must be delivered by the employer to the members as required by reform law.
- INS-Choice plans are not available for subscribers in AL, AR, AZ, HI, LA, MN, MS, MT, NC, NM, or OK.
- NHP Network is only available in select counties in Florida. Network Flex is only available to employees residing in the NHP service area and cannot be sold with a matching Non-Flex NHP plan.
- Must live and work in Florida to enroll on an HMO license product.

- This premium may include state and federal taxes and fees.

*\*High level benefit summary. Please see your plan summary for more detailed benefit description.*

**UnitedHealthcare**

**Medical Plan Alternates for HMO Choice NHP \* BAXM, NH15 Rx**

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

	In Network*											Out Of Network*			Employee + Spouse	Employee + Child(ren)	Employee + Family	Pricing Variance
	PCP OV	SPC OV	OP	IP	UC	ER	MAJ DIAG	DED	COINS	OOP	DED COINS	OOP						
BAXM MO 2018 (OA)-Cop	\$30	\$70	\$1,250	\$1,250/day x3	\$100	\$400	\$400	NA (Emb)	100%	\$7,150/\$14,300	NA	NA	NA	\$908.33	\$1,943.83	\$1,716.74	\$2,888.49	0.0%
BAXO MO 2018 (OA)-Cop	\$45	\$100	\$2,250	\$2,250/day x3	\$125	\$750	\$750	NA (Emb)	100%	\$7,150/\$14,300	NA	NA	NA	\$802.74	\$1,717.86	\$1,517.18	\$2,552.71	-11.6%
AO6W HMO 2018 (OA)-Zer	\$0	Ded+\$100	\$250 POD	\$250 POD	\$75	\$250 POD	NA	\$5,000/\$10,000 (Emb)	80%	\$7,150/\$14,300	NA	NA	NA	\$570.07	\$1,219.95	\$1,077.43	\$1,812.82	-37.2%

**Notes:**

- All benefits include the following pharmacy plan: NHP \$15/75/175/350; 2.5 MO (Adv PDL)
- If the initial quote is single option and two or more plans are sold as a multiple option arrangement, an adjustment to the rates may be necessary.
- If the initial plan is an HRA, all alternates are also assumed to be the same type of HRA.

**Quote Assumptions:**

The rates quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote.

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
  - Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
    - Enrollment +/- 10%
    - Average Contract Size +/- 10%
    - Area Factor +/- 7.5%
    - Age/Sex Factor +/- 10%
    - Any Material Changes
    - Cobra enrollees are more than 10% of enrollment
  - This proposal assumes at least 90% of all benefit eligible employees (including spousal waivers) will enroll with United Healthcare. If this assumption is not accurate, we reserve the right to requote back to original effective date.
  - Quote assumes no out of area or retiree lives.
  - Unless otherwise stated, this offer replaces and renders all previous offers null and void.
  - Includes Deductible rollover from previous carrier, if applicable.
  - Current and renewal rates are required for underwriting review.
  - This proposed quote applies only to fully insured customers that are not eligible for community rated rates under PPACA
  - Your broker must request and provide the SBCs to you, the employer, for final plans selected; SBCs must be delivered by the employer to the members as required by reform law.
  - INS-Choice plans are not available for subscribers in AL, AR, AZ, HI, LA, MN, MS, MT, NC, NM, or OK.
  - NHP Network is only available in select counties in Florida. Network Flex is only available to employees residing in the NHP service area and cannot be sold with a matching Non-Flex NHP plan.
  - Must live and work in Florida to enroll on an HMO license product.
- This premium may include state and federal taxes and fees.

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

**UnitedHealthcare**

**Medical Plan Alternates for HMO Choice +NHP \* AXYT, NH15 Rx**

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

	In Network*										Out Of Network*				Employee + Spouse	Employee + Child(ren)	Employee + Family	Pricing Variance
	PCP OV	SPC OV	OP	IP	UC	ER	MAJ DIAG	DED	COINS	OOP	DED	COINS	OOP					
AXYT atwork Flex 2018 (O	\$25	\$25	NA	NA	\$50	\$100	NA	\$500/\$1,000 (Emb)	100%	\$1,500/\$3,000	\$1,000/\$2,000	70%	\$6,250/\$12,500	\$1,114.10	\$2,384.17	\$2,105.65	\$3,542.84	0.0%
BAY3 OS 2018 (OA)-Trad	\$20	\$20	NA	NA	\$50	\$250	NA	\$500/\$1,000 (Emb)	80%	\$2,500/\$5,000	\$1,000/\$2,000	60%	\$5,000/\$10,000	\$1,005.52	\$2,151.81	\$1,900.43	\$3,197.55	-9.7%
F0RO OS 2018 (OA)-Trad	\$25	\$50	NA	NA	\$75	\$350	\$200	\$2,500/\$5,000 (Emb)	100%	\$4,000/\$8,000	\$5,000/\$10,000	70%	\$6,250/\$12,500	\$891.68	\$1,908.20	\$1,685.28	\$2,835.54	-20.0%
F0WY P POS 2018 (OA)-H	Ded+\$30	Ded+\$60	Ded+\$300	Ded+\$500	Ded+\$75	Ded+\$350	Ded+\$300	\$4,000/\$6,850 (NonEmb)	100%	\$6,250/\$6,850	\$5,000/\$10,000	50%	\$10,000/\$20,000	\$740.55	\$1,584.78	\$1,399.64	\$2,354.95	-33.5%

**Notes:**

- All benefits include the following pharmacy plan: NHP \$15/75/175/350; 2.5 MO (Adv PDL)
- If the initial quote is single option and two or more plans are sold as a multiple option arrangement, an adjustment to the rates may be necessary.
- If the initial plan is an HRA, all alternates are also assumed to be the same type of HRA.

**Quote Assumptions:**

The rates quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote.

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
  - Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 90% of all benefit eligible employees (including spousal waivers) will enroll with United Healthcare. If this assumption is not accurate, we reserve the right to requote back to original effective date.
- Quote assumes no out of area or retiree lives.
- Unless otherwise stated, this offer replaces and renders all previous offers null and void.
- Includes Deductible rollover from previous carrier, if applicable.
- Current and renewal rates are required for underwriting review.
- This proposed quote applies only to fully insured customers that are not eligible for community rated rates under PPACA
- Your broker must request and provide the SBCs to you, the employer, for final plans selected; SBCs must be delivered by the employer to the members as required by reform law.
- INS-Choice plans are not available for subscribers in AL, AR, AZ, HI, LA, MN, MS, MT, NC, NM, or OK.
- NHP Network is only available in select counties in Florida. Network Flex is only available to employees residing in the NHP service area and cannot be sold with a matching Non-Flex NHP plan.
- Must live and work in Florida to enroll on an HMO license product.

- This premium may include state and federal taxes and fees.

\*High level benefit summary. Please see your plan summary for more detailed benefit description.



UnitedHealthcare

HSA Plan Alternates for HMO Choice +NHP \* AXY2, NH15 Rx

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

	PCP OV	SPC OV	OP	IP	UC	In Network*			DED	COINS	OOP	Out Of Network*			Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family	Pricing Variance
						ER	MAJ	DIAG				DED	COINS	OOP					
AXY2 ork Flex 2018 (OA)	NA	NA	NA	NA	NA	NA	NA	NA	\$1,500/\$3,000 (NonEmb)	80%	\$4,500/\$6,850	\$5,000/\$10,000	50%	\$10,000/\$20,000	\$883.69	\$1,891.10	\$1,670.17	\$2,810.13	0.0%
FOPB P POS 2018 (OA)-H	NA	NA	NA	NA	NA	NA	NA	NA	\$2,500/\$5,000 (NonEmb)	90%	\$5,000/\$6,850	\$5,000/\$10,000	50%	\$10,000/\$20,000	\$841.02	\$1,799.78	\$1,589.53	\$2,674.44	-4.8%

HSA Plan Assumptions:

- Please refer to the vendor bank collateral for HRA/HSA account fee information.
- HSA plans may include a non-embedded deductible and out of pocket. In that instance, no individual family member's deductible or out of pocket is considered satisfied until the family deductible or out of pocket amount has been met. Pharmacy copays will only apply after the deductible has been satisfied.
- Rates assume the Employer funds no more than 50% of the HSA/HRA deductible. UnitedHealthcare reserved the right to adjust rates if this assumption changes.
- HSA accounts must be paired with qualified HDHPs as determined under section 223 of the Internal Revenue Code
- For 2018 and 2019, the HDHP annual deductible cannot be less than \$1,350 for individual or \$2,700 for family coverage.
- Medical and pharmacy expenses covered under an HSA program are not eligible for reimbursement under an FSA program
- Funds in the HSA account continue to accumulate and are fully portable to another HSA account.

Notes:

- All benefits include the following pharmacy plan: NHP \$15/75/175/350; 2.5 MO (Adv PDL)
- If the initial quote is single option and two or more plans are sold as a multiple option arrangement, an adjustment to the rates may be necessary.

Quote Assumptions:

The rates quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote.

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
  - Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 90% of all benefit eligible employees (including spousal waivers) will enroll with United Healthcare. If this assumption is not accurate, we reserve the right to requote back to original effective date.
- Quote assumes no out of area or retiree lives.
- Unless otherwise stated, this offer replaces and renders all previous offers null and void.
- Includes Deductible rollover from previous carrier, if applicable.
- Current and renewal rates are required for underwriting review.
- This proposed quote applies only to fully insured customers that are not eligible for community rated rates under PPACA
- Your broker must request and provide the SBCs to you, the employer, for final plans selected; SBCs must be delivered by the employer to the members as required by reform law.
- INS-Choice plans are not available for subscribers in AL, AR, AZ, HI, LA, MN, MS, MT, NC, NM, or OK.
- NHP Network is only available in select counties in Florida. Network Flex is only available to employees residing in the NHP service area and cannot be sold with a matching Non-Flex NHP plan.
- Must live and work in Florida to enroll on an HMO license product.

- This premium may include state and federal taxes and fees.

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

**UnitedHealthcare**

**HSA Plan Alternates for HMO Choice +NHP \* F0PB, NH15-int Rx**

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

F0PB	P POS 2018 (OA)-H	In Network*						Out Of Network*			Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family	Pricing Variance				
		PCP OV	SPC OV	OP	IP	UC	ER MAJ DIAG	DED	COINS	OOP						DED:OINS	OOP		
		NA	NA	NA	NA	NA	NA	NA	\$2,500/\$5,000 (NonEmb)	90%	\$5,000/\$6,850	\$5,000/\$10,000	50%	\$10,000/\$20,000	\$742.10	\$1,588.09	\$1,402.57	\$2,359.88	0.0%

**HSA Plan Assumptions:**

- Please refer to the vendor bank collateral for HRA/HSA account fee information.
- HSA plans may include a non-embedded deductible and out of pocket. In that instance, no individual family member's deductible or out of pocket is considered satisfied until the family deductible or out of pocket amount has been met. Pharmacy copays will only apply after the deductible has been satisfied.
- Rates assume the Employer funds no more than 50% of the HSA/HRA deductible. UnitedHealthcare reserved the right to adjust rates if this assumption changes.
- HSA accounts must be paired with qualified HDHPs as determined under section 223 of the Internal Revenue Code
- For 2018 and 2019, the HDHP annual deductible cannot be less than \$1,350 for individual or \$2,700 for family coverage.
- Medical and pharmacy expenses covered under an HSA program are not eligible for reimbursement under an FSA program
- Funds in the HSA account continue to accumulate and are fully portable to another HSA account.

**Notes:**

- All benefits include the following pharmacy plan: NHP \$15/75/175/350; 2.5 MO (Adv PDL)
- If the initial quote is single option and two or more plans are sold as a multiple option arrangement, an adjustment to the rates may be necessary.

**Quote Assumptions:**

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Area Factor +/- 7.5%
  - Any Material Changes
  - Average Contract Size +/- 10%
  - Age/Sex Factor +/- 10%
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 90% of all benefit eligible employees (including spousal waivers) will enroll with United Healthcare. If this assumption is not accurate, we reserve the right to requote back to original effective date.
- Quote assumes no out of area or retiree lives.
- Unless otherwise stated, this offer replaces and renders all previous offers null and void.
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- NHP Network is only available in select counties in Florida. Network Flex is only available to employees residing in the NHP service area and cannot be sold with a matching Non-Flex NHP plan.
- Must live and work in Florida to enroll on an HMO license product.

- This premium may include state and federal taxes and fees.

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

# Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc

Medical Proposed Rates and Alternate Plans  
Preliminary Rates

## UnitedHealthcare Medical Proposed Rates and Alternate Plan Designs

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

• The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.

	Option 1 AQOW (Legacy INS 2018-Traditional) Rx Plan: 776	Option 2 AQOW (Legacy INS 2018-Traditional) Rx Plan: 124	Option 3 AHM8 (Legacy INS 2018-HSA) Rx Plan: 124	Option 4 BA3N (Legacy INS 2018-Traditional) Rx Plan: 776
<b>Plan Name</b>	Choice + Insurance *	Choice + Insurance *	Choice + Insurance *	Choice Insurance *
Product	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Option	0	0	0	0
Plan Offering	Option(s) <Enter #(s)>	Option(s) <Enter #(s)>	Option(s) <Enter #(s)>	Option(s) <Enter #(s)>
Multiple Option with:	No	No	HSA	No
HRA or HSA				
<b>Benefits*</b>	<b>Network Single/Family</b>	<b>Network Single/Family</b>	<b>Network Single/Family</b>	<b>Network Single/Family</b>
Office Copay (PCP/SPC)	PCP \$30, SPC \$60	PCP \$30, SPC \$60	PCP NA, SPC NA	PCP \$30, SPC \$60
Hospital Copays	OP NA, IP NA	OP NA, IP NA	OP NA, IP NA	OP NA, IP NA
UC/ER/Major Diag Copay	UC \$75, ER \$250, MD NA	UC \$75, ER \$250, MD NA	UC NA, ER NA, MD NA	UC \$50, ER \$400, MD \$250
Other	N/A	N/A	N/A	N/A
Deductible	\$1,500/\$3,000 (Emb)	\$1,500/\$3,000 (Emb)	\$1,500/\$3,000 (NonEmb)	\$1,500/\$4,000 (Emb)
Coinsurance	80%	80%	90%	80%
Out-of-Pocket	\$5,000/\$10,000	\$5,000/\$10,000	\$4,000/\$6,000	\$6,350/\$12,700
Pharmacy	UHC \$15/45/80/130 2.5 MO (Adv PDL)	UHC \$10/35/70; 2.5 MO (Adv PDL; UNET only)	UHC \$10/35/70; 2.5 MO (Adv PDL; UNET only)	UHC \$15/45/80/130 2.5 MO (Adv PDL)
	<b>Out of Network Single/Family</b>	<b>Out of Network Single/Family</b>	<b>Out of Network Single/Family</b>	<b>Out of Network Single/Family</b>
Deductible	\$3,000/\$6,000 (Emb)	\$3,000/\$6,000 (Emb)	\$5,000/\$10,000 (NonEmb)	NA (Emb)
Coinsurance	60%	60%	50%	NA
Out of Pocket	\$6,250/\$12,500	\$6,250/\$12,500	\$10,000/\$20,000	NA
<b>Enrollment</b>				
Employee	18	18	18	18
Employee + Spouse	0	0	0	0
Employee + Child(ren)	0	0	0	0
Employee + Family	0	0	0	0
Total	18	18	18	18
	<b>Premium Rates</b>	<b>Premium Rates</b>	<b>Premium Rates</b>	<b>Premium Rates</b>
<b>Rates</b>				
Employee	\$1,021.77	\$1,047.10	\$1,204.59	\$973.85
Employee + Spouse	\$2,186.59	\$2,240.79	\$2,577.82	\$2,084.04
Employee + Child(ren)	\$1,931.15	\$1,979.02	\$2,276.68	\$1,840.58
Employee + Family	\$3,249.23	\$3,329.78	\$3,830.60	\$3,096.84
<b>Billed Rates</b>	<b>\$18,392</b>	<b>\$18,848</b>	<b>\$21,683</b>	<b>\$17,529</b>

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

POD = Benefit paid as follows: Per Occurrence Deductible, then plan deductible and coinsurance.

LTD # = the number of services covered at that copay, after the limit plan deductible and coinsurance will apply, note PCP and SPC may be combined (see benefit summary)

Day x# = the max number of days the copay will apply

For markets moving to service fees, current rates (for renewals only) include commission expenses. Proposed rates, for your convenience, include any applicable producer service fees. Producer service fees are not a contingency of obtaining insurance coverage but are fees agreed to between you (client) and your producer/service provider for service rendered on behalf of client.

For markets continuing to pay commissions, both the current (applicable for renewals only) and proposed rates include commissions.

# Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc

Medical Proposed Rates and Alternate Plans

## UnitedHealthcare

Preliminary Rates

### Medical Proposed Rates and Alternate Plan Designs

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

\* The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.

	Option 5 BA3N (Legacy INS 2018-Traditional) Rx Plan: 132	Option 6 AQSN (Legacy INS 2018-HSA) Rx Plan: 125	Option 7 BA2P (Legacy INS 2018-Copay Only) Rx Plan: 776	Option 8 BJ7E (Legacy INS 2018-Traditional) Rx Plan: 132
<b>Plan Name</b>	Choice Insurance *	Choice Insurance *	Choice Insurance *	Choice + Insurance *
Product	OPTION 5	OPTION 6	OPTION 7	OPTION 8
Option	0	0	0	0
Plan Offering	Option(s) <Enter #(s)>	Option(s) <Enter #(s)>	Option(s) <Enter #(s)>	Option(s) <Enter #(s)>
Multiple Option with:	No	HSA	No	No
HRA or HSA				
<b>Benefits*</b>	<b>Network Single/Family</b>	<b>Network Single/Family</b>	<b>Network Single/Family</b>	<b>Network Single/Family</b>
Office Copay (PCP/SPC)	PCP \$30, SPC \$60	PCP Ded+\$35, SPC Ded+\$70	PCP \$30, SPC \$70	PCP \$45, SPC NA
Hospital Copays	OP NA, IP NA	OP Ded+\$750, IP Ded+\$1500	OP \$1250, IP \$1,250/day x3	OP NA, IP NA
UC/ER/Major Diag Copay	UC \$50, ER \$400, MD \$250	C Ded+\$150, ER Ded+\$400, MD Ded+\$500	UC \$100, ER \$400, MD \$400	UC NA, ER NA, MD \$250
Other	N/A	N/A	N/A	N/A
Deductible	\$1,500/\$4,000 (Emb)	\$3,000/\$6,000 (Emb)	NA (Emb)	\$1,500/\$4,500 (Emb)
Coinsurance	80%	50%	100%	50%
Out-of-Pocket	\$6,350/\$12,700	\$6,550/\$13,100	\$7,150/\$14,300	\$7,350/\$14,700
Pharmacy	UHC Generic Only \$10/45/85 3.0 MO (Trad PDL; PRIME only)	UHC \$10/35/60; 2.5 MO (Adv PDL)	UHC \$15/45/80/130 2.5 MO (Adv PDL)	UHC Generic Only \$10/45/85 3.0 MO (Trad PDL; PRIME only)
	<b>Out of Network Single/Family</b>	<b>Out of Network Single/Family</b>	<b>Out of Network Single/Family</b>	<b>Out of Network Single/Family</b>
Deductible	NA (Emb)	NA (Emb)	NA (Emb)	\$6,000/\$12,000 (Emb)
Coinsurance	NA	NA	NA	50%
Out of Pocket	NA	NA	NA	\$30,000/\$30,000
<b>Enrollment</b>				
Employee	18	18	18	18
Employee + Spouse	0	0	0	0
Employee + Child(ren)	0	0	0	0
Employee + Family	0	0	0	0
Total	18	18	18	18
	<b>Premium Rates</b>	<b>Premium Rates</b>	<b>Premium Rates</b>	<b>Premium Rates</b>
<b>Rates</b>				
Employee	\$890.40	\$727.62	\$1,096.56	\$641.58
Employee + Spouse	\$1,905.46	\$1,557.11	\$2,346.64	\$1,372.98
Employee + Child(ren)	\$1,682.86	\$1,375.20	\$2,072.50	\$1,212.59
Employee + Family	\$2,831.47	\$2,313.83	\$3,487.06	\$2,040.22
<b>Billed Rates</b>	<b>\$16,027</b>	<b>\$13,097</b>	<b>\$19,738</b>	<b>\$11,548</b>

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

POD = Benefit paid as follows: Per Occurrence Deductible, then plan deductible and coinsurance.

LTD # = the number of services covered at that copay, after the limit plan deductible and coinsurance will apply, note PCP and SPC may be combined (see benefit summary)

Day x# = the max number of days the copay will apply

For markets moving to service fees, current rates (for renewals only) include commission expenses. Proposed rates, for your convenience, include any applicable producer service fees. Producer service fees are not a contingency of obtaining insurance coverage but are fees agreed to between you (client) and your producer/service provider for service rendered on behalf of client.

For markets continuing to pay commissions, both the current (applicable for renewals only) and proposed rates include commissions.

## UnitedHealthcare Medical Quote Assumptions

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

*The rates quoted here are based on the following assumptions. Changes to these assumptions may result in an adjustment to rates.*

### Medical Quote Assumptions

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
  - Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
    - Enrollment +/- 10%
    - Area Factor +/- 7.5%
    - Any Material Changes
    - Average Contract Size +/- 10%
    - Age/Sex Factor +/- 10%
    - Cobra enrollees are more than 10% of enrollment
  - This proposal assumes at least 90% of all benefit eligible employees (including spousal waivers) will enroll with United Healthcare. If this assumption is not accurate, we reserve the right to requote back to original effective date.
  - Quote assumes no out of area or retiree lives.
  - Unless otherwise stated, this offer replaces and renders all previous offers null and void.
  - Includes Deductible rollover from previous carrier, if applicable.
  - Current and renewal rates are required for underwriting review.
  - This proposed quote applies only to fully insured customers that are not eligible for community rated rates under PPACA
  - Your broker must request and provide the SBCs to you, the employer, for final plans selected; SBCs must be delivered by the employer to the members as required by reform law.
  - INS-Choice plans are not available for subscribers in AL, AR, AZ, HI, LA, MN, MS, MT, NC, NM, or OK.
  - NHP Network is only available in select counties in Florida. Network Flex is only available to employees residing in the NHP service area and cannot be sold with a matching Non-Flex NHP plan.
  - Must live and work in Florida to enroll on an HMO license product.
- 
- UnitedHealthcare reserves the right to adjust the rates and/or fees (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable regulatory authority (i.e. mandated benefits) or by the Plan Sponsor; and (iii) as otherwise permitted in our policy.
  - This premium may include state and federal taxes and fees.
  - Premium rates and/or product forms included herein are subject to approval by regulators. If rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings.
  - Plan design and corresponding premium rates offered herein represent a coverage option that is consistent with your current group size (based on most recent census or survey information) and closely matches your current coverage. Additional coverage options may be available to you.
  - At your request, a service fee to be paid to your producer/service agent of \$35.00 PEPM has been added as an expense item where service fees apply.
  - Agents may receive commissions and other compensation from us and these costs may be reflected in your premium or fee. Separately, you may have contracted with producers to provide services directly for your group and have agreed to pay them a 'service fee'. Since 'service fees' are not a contingency of the purchase of health insurance such fees are not part of your premium but may be included in your bill under total amount due.
  - The costs of coverage described herein is contingent on, among other things, The Employer Participant meeting all eligibility criteria of The Association Health Plan (AHP), being a member in good standing with The AHP, and executing all documents required by The AHP
  - Customer must choose UHC or NHP plans as a single offering. They are not available to be selected together as a multiple plan / joint offering.

### HRA/HSA Assumptions (If Applicable)

- Please refer to the vendor bank collateral for HRA/HSA account fee information.
- HRA and HSA plans may include a non-embedded deductible and out of pocket. In that instance, no individual family member's deductible or out of pocket is considered satisfied until the full family deductible or out of pocket amount has been met. Pharmacy copays will only apply after the deductible has been satisfied on HRA/HSA plans with integrated medical/pharmacy deductibles.
- Rates assume the Employer funds no more than 50% of the HSA/HRA deductible. UnitedHealthcare reserved the right to adjust rates if this assumption changes.
- HSA accounts must be paired with qualified HDHPs as determined under section 223 of the Internal Revenue Code
- For 2018 and 2019, the HDHP annual deductible cannot be less than \$1,350 for individual or \$2,700 for family coverage.
- Medical and pharmacy expenses covered under an HSA program are not eligible for reimbursement under an FSA program
- Funds in the HSA account continue to accumulate and are fully portable to another HSA account.
- Any unused HRA funds can be rolled over to next year's HRA, but are not portable as a cash out option.
- Only medical expenses covered under the medical plan are reimbursable from the HRA.

**UnitedHealthcare**

**Medical Plan Alternates for Insurance Choice + \* AQOW, 776 Rx**

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

	In Network*										Out Of Network*			Employee	Employee	Employee	Pricing	
	PCP OV	SPC OV	OP	IP	UC	ER	MAJ DIAG	DED	COINS	OOP	DED COINS	OOP	Employee	+ Spouse	+ Child(ren)	+ Family	Variance	
AQOW acy INS 2018-Tradit	\$30	\$60	NA	NA	\$75	\$250	NA	\$1,500/\$3,000 (Emb)	80%	\$5,000/\$10,000	\$3,000/\$6,000	60%	\$6,250/\$12,500	\$1,021.77	\$2,186.59	\$1,931.15	\$3,249.23	0.0%
AQPE acy INS 2018-Tradit	\$25	\$50	NA	NA	\$75	\$300	NA	\$2,000/\$4,000 (Emb)	70%	\$6,000/\$12,000	\$6,000/\$12,000	50%	\$10,000/\$20,000	\$962.46	\$2,059.66	\$1,819.05	\$3,060.62	-5.8%

**Notes:**

- All benefits include the following pharmacy plan: UHC \$15/45/80/130 2.5 MO (Adv PDL)
- If the initial quote is single option and two or more plans are sold as a multiple option arrangement, an adjustment to the rates may be necessary.
- If the initial plan is an HRA, all alternates are also assumed to be the same type of HRA.

**Quote Assumptions:**

The rates quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote.

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
  - Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 90% of all benefit eligible employees (including spousal waivers) will enroll with United Healthcare. If this assumption is not accurate, we reserve the right to requote back to original effective date.
- Quote assumes no out of area or retiree lives.
- Unless otherwise stated, this offer replaces and renders all previous offers null and void.
- Includes Deductible rollover from previous carrier, if applicable.
- Current and renewal rates are required for underwriting review.
- This proposed quote applies only to fully insured customers that are not eligible for community rated rates under PPACA
- Your broker must request and provide the SBCs to you, the employer, for final plans selected; SBCs must be delivered by the employer to the members as required by reform law.
- INS-Choice plans are not available for subscribers in AL, AR, AZ, HI, LA, MN, MS, MT, NC, NM, or OK.
- NHP Network is only available in select counties in Florida. Network Flex is only available to employees residing in the NHP service area and cannot be sold with a matching Non-Flex NHP plan.
- Must live and work in Florida to enroll on an HMO license product.

- This premium may include state and federal taxes and fees.

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

**UnitedHealthcare**

**Medical Plan Alternates for Insurance Choice + \* AQOW, 124 Rx**

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

	PCP OV	SPC OV	OP	IP	UC	In Network*					Out Of Network*			Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family	Pricing Variance
						ER	MAJ	DIAG	DED	COINS	OOP	DED	COINS					
AQOW acy INS 2018-Tradit	\$30	\$60	NA	NA	\$75	\$250	NA	\$1,500/\$3,000 (Emb)	80%	\$5,000/\$10,000	\$3,000/\$6,000	60%	\$6,250/\$12,500	\$1,047.10	\$2,240.79	\$1,979.02	\$3,329.78	0.0%
AQPE acy INS 2018-Tradit	\$25	\$50	NA	NA	\$75	\$300	NA	\$2,000/\$4,000 (Emb)	70%	\$6,000/\$12,000	\$6,000/\$12,000	50%	\$10,000/\$20,000	\$987.78	\$2,113.85	\$1,866.90	\$3,141.14	-5.7%

**Notes:**

- All benefits include the following pharmacy plan: UHC \$10/35/70; 2.5 MO (Adv PDL; UNET only)
- If the initial quote is single option and two or more plans are sold as a multiple option arrangement, an adjustment to the rates may be necessary.
- If the initial plan is an HRA, all alternates are also assumed to be the same type of HRA.

**Quote Assumptions:**

The rates quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote.

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
  - Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 90% of all benefit eligible employees (including spousal waivers) will enroll with United Healthcare. If this assumption is not accurate, we reserve the right to requote back to original effective date.
- Quote assumes no out of area or retiree lives.
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- INS-Choice plans are not available for subscribers in AL, AR, AZ, HI, LA, MN, MS, MT, NC, NM, or OK.
- NHP Network is only available in select counties in Florida. Network Flex is only available to employees residing in the NHP service area and cannot be sold with a matching Non-Flex NHP plan.
- Must live and work in Florida to enroll on an HMO license product.

- This premium may include state and federal taxes and fees.

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

UnitedHealthcare

Medical Plan Alternates for Insurance Choice \* BA3N, 776 Rx

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

		In Network*										Out Of Network*			Employee + Spouse	Employee + Child(ren)	Employee + Family	Pricing Variance	
		PCP OV	SPC OV	OP	IP	UC	ER	MAJ DIAG	DED	COINS	OOP	DED	COINS	OOP					
BA3N	acy INS 2018-Tradit	\$30	\$60	NA	NA	\$50	\$400	\$250	\$1,500/\$4,000 (Emb)	80%	\$6,350/\$12,700	NA	NA	NA	\$973.85	\$2,084.04	\$1,840.58	\$3,096.84	0.0%
AQP1	acy INS 2018-Tradit	\$40	\$80	NA	NA	\$100	\$500	\$200	\$4,000/\$8,000 (Emb)	70%	\$6,600/\$13,200	NA	NA	NA	\$865.75	\$1,852.71	\$1,636.27	\$2,753.09	-11.1%
AQP2	acy INS 2018-Tradit	\$40	\$80	NA	NA	\$100	\$500	\$200	\$5,000/\$10,000 (Emb)	70%	\$6,600/\$13,200	NA	NA	NA	\$863.20	\$1,847.25	\$1,631.45	\$2,744.98	-11.4%

Notes:

- All benefits include the following pharmacy plan: UHC \$15/45/80/130 2.5 MO (Adv PDL)
- If the initial quote is single option and two or more plans are sold as a multiple option arrangement, an adjustment to the rates may be necessary.
- If the initial plan is an HRA, all alternates are also assumed to be the same type of HRA.

Quote Assumptions:

The rates quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote.

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
  - Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 90% of all benefit eligible employees (including spousal waivers) will enroll with United Healthcare. If this assumption is not accurate, we reserve the right to requote back to original effective date.
- Quote assumes no out of area or retiree lives.
- Unless otherwise stated, this offer replaces and renders all previous offers null and void.
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- Current and renewal rates are required for underwriting review.
- This proposed quote applies only to fully insured customers that are not eligible for community rated rates under PPACA
- Your broker must request and provide the SBCs to you, the employer, for final plans selected; SBCs must be delivered by the employer to the members as required by reform law.
- INS-Choice plans are not available for subscribers in AL, AR, AZ, HI, LA, MN, MS, MT, NC, NM, or OK.
- NHP Network is only available in select counties in Florida. Network Flex is only available to employees residing in the NHP service area and cannot be sold with a matching Non-Flex NHP plan.
- Must live and work in Florida to enroll on an HMO license product.

- This premium may include state and federal taxes and fees.

\*High level benefit summary. Please see your plan summary for more detailed benefit description.



**UnitedHealthcare**

**Medical Plan Alternates for Insurance Choice \* BA3N, 132 Rx**

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

		In Network*										Out Of Network*			Employee + Spouse	Employee + Child(ren)	Employee + Family	Pricing Variance	
		PCP OV	SPC OV	OP	IP	UC	ER	MAJ DIAG	DED	COINS	OOP	DED	COINS	OOP					
BA3N	acy INS 2018-Tradit	\$30	\$60	NA	NA	\$50	\$400	\$250	\$1,500/\$4,000 (Emb)	80%	\$6,350/\$12,700	NA	NA	NA	\$890.40	\$1,905.46	\$1,682.86	\$2,831.47	0.0%
AQP1	acy INS 2018-Tradit	\$40	\$80	NA	NA	\$100	\$500	\$200	\$4,000/\$8,000 (Emb)	70%	\$6,600/\$13,200	NA	NA	NA	\$782.30	\$1,674.12	\$1,478.55	\$2,487.71	-12.1%
AQP2	acy INS 2018-Tradit	\$40	\$80	NA	NA	\$100	\$500	\$200	\$5,000/\$10,000 (Emb)	70%	\$6,600/\$13,200	NA	NA	NA	\$779.75	\$1,668.67	\$1,473.73	\$2,479.61	-12.4%

**Notes:**

- All benefits include the following pharmacy plan: UHC Generic Only \$10/45/85 3.0 MO (Trad PDL; PRIME only)
- If the initial quote is single option and two or more plans are sold as a multiple option arrangement, an adjustment to the rates may be necessary.
- If the initial plan is an HRA, all alternates are also assumed to be the same type of HRA.

**Quote Assumptions:**

The rates quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote.

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
  - Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 90% of all benefit eligible employees (including spousal waivers) will enroll with United Healthcare. If this assumption is not accurate, we reserve the right to requote back to original effective date.
- Quote assumes no out of area or retiree lives.
- Unless otherwise stated, this offer replaces and renders all previous offers null and void.
- Includes Deductible rollover from previous carrier, if applicable.
- Current and renewal rates are required for underwriting review.
- This proposed quote applies only to fully insured customers that are not eligible for community rated rates under PPACA
- Your broker must request and provide the SBCs to you, the employer, for final plans selected; SBCs must be delivered by the employer to the members as required by reform law.
- INS-Choice plans are not available for subscribers in AL, AR, AZ, HI, LA, MN, MS, MT, NC, NM, or OK.
- NHP Network is only available in select counties in Florida. Network Flex is only available to employees residing in the NHP service area and cannot be sold with a matching Non-Flex NHP plan.
- Must live and work in Florida to enroll on an HMO license product.

- This premium may include state and federal taxes and fees.

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

**UnitedHealthcare**

**Medical Plan Alternates for Insurance Choice \* BA2P, 776 Rx**

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

	PCP OV	SPC OV	OP	IP	UC	In Network*				COINS	OOP	Out Of Network*			Employee + Spouse	Employee + Child(ren)	Employee + Family	Pricing Variance			
						ER	MAJ	DIAG	DED			DED	COINS	OOP							
BA2P cy INS 2018-Copay	\$30	\$70	\$1,250	\$1,250/day x3	\$100	\$400	\$400			100%	\$7,150/\$14,300	NA	NA	NA	\$1,096.56	\$2,346.64	\$2,072.50	\$3,487.06	0.0%		
AQTB acy INS 2018-Zero	\$0	Ded+\$100	\$250	POD	\$250	POD	\$75	\$250	POD	NA	\$5,000/\$10,000 (Emb)	80%	\$7,150/\$14,300	NA	NA	NA	\$674.72	\$1,443.90	\$1,275.22	\$2,145.61	-38.5%

**Notes:**

- All benefits include the following pharmacy plan: UHC \$15/45/80/130 2.5 MO (Adv PDL)
- If the initial quote is single option and two or more plans are sold as a multiple option arrangement, an adjustment to the rates may be necessary.
- If the initial plan is an HRA, all alternates are also assumed to be the same type of HRA.

**Quote Assumptions:**

The rates quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote.

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
  - Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 90% of all benefit eligible employees (including spousal waivers) will enroll with United Healthcare. If this assumption is not accurate, we reserve the right to requote back to original effective date.
- Quote assumes no out of area or retiree lives.
- Unless otherwise stated, this offer replaces and renders all previous offers null and void.
- Includes Deductible rollover from previous carrier, if applicable.
- Current and renewal rates are required for underwriting review.
- This proposed quote applies only to fully insured customers that are not eligible for community rated rates under PPACA
- Your broker must request and provide the SBCs to you, the employer, for final plans selected; SBCs must be delivered by the employer to the members as required by reform law.
- INS-Choice plans are not available for subscribers in AL, AR, AZ, HI, LA, MN, MS, MT, NC, NM, or OK.
- NHP Network is only available in select counties in Florida. Network Flex is only available to employees residing in the NHP service area and cannot be sold with a matching Non-Flex NHP plan.
- Must live and work in Florida to enroll on an HMO license product.

- This premium may include state and federal taxes and fees.

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

**UnitedHealthcare**

**Medical Plan Alternates for Insurance Choice + \* BJ7E, 132 Rx**

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

	PCP OV	SPC OV	OP	IP	UC	In Network*				Out Of Network*				Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family	Pricing Variance
						ER	MAJ	DIAG	DED	COINS	OOP	DED	COINS					
BJ7E acy INS 2018-Tradit	\$45	NA	NA	NA	NA	NA	\$250	\$1,500/\$4,500 (Emb)	50%	\$7,350/\$14,700	\$6,000/\$12,000	50%	\$30,000/\$30,000	\$641.58	\$1,372.98	\$1,212.59	\$2,040.22	0.0%

**Notes:**

- All benefits include the following pharmacy plan: UHC Generic Only \$10/45/85 3.0 MO (Trad PDL; PRIME only)
- If the initial quote is single option and two or more plans are sold as a multiple option arrangement, an adjustment to the rates may be necessary.
- If the initial plan is an HRA, all alternates are also assumed to be the same type of HRA.

**Quote Assumptions:**

*The rates quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote.*

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
  - Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 90% of all benefit eligible employees (including spousal waivers) will enroll with United Healthcare. If this assumption is not accurate, we reserve the right to requote back to original effective date.
- Quote assumes no out of area or retiree lives.
- Unless otherwise stated, this offer replaces and renders all previous offers null and void.
- Includes Deductible rollover from previous carrier, if applicable.
- Current and renewal rates are required for underwriting review.
- This proposed quote applies only to fully insured customers that are not eligible for community rated rates under PPACA
- Your broker must request and provide the SBCs to you, the employer, for final plans selected; SBCs must be delivered by the employer to the members as required by reform law.
- INS-Choice plans are not available for subscribers in AL, AR, AZ, HI, LA, MN, MS, MT, NC, NM, or OK.
- NHP Network is only available in select counties in Florida. Network Flex is only available to employees residing in the NHP service area and cannot be sold with a matching Non-Flex NHP plan.
- Must live and work in Florida to enroll on an HMO license product.

- This premium may include state and federal taxes and fees.

*\*High level benefit summary. Please see your plan summary for more detailed benefit description.*

**UnitedHealthcare**

**HSA Plan Alternates for Insurance Choice + \* AHM8, 124 Rx**

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

	In Network*								Out Of Network*			Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family	Pricing Variance		
	PCP OV	SPC OV	OP	IP	UC	ER	MAJ DIAG	DED	COINS	OOP	DED>OINS						OOP	
AHM8 egacy INS 2018-HS	NA	NA	NA	NA	NA	NA	NA	NA \$1,500/\$3,000 (NonEmb)	90%	\$4,000/\$6,000	\$5,000/\$10,000	50%	\$10,000/\$20,000	\$1,204.59	\$2,577.82	\$2,276.68	\$3,830.60	0.0%
AQSL egacy INS 2018-HS	NA	NA	NA	NA	NA	NA	NA	NA \$2,500/\$5,000 (NonEmb)	80%	\$5,000/\$6,850	\$5,000/\$10,000	50%	\$10,000/\$20,000	\$1,005.65	\$2,152.09	\$1,900.68	\$3,197.97	-16.5%
BA2A egacy INS 2018-HS	Ded+\$30	Ded+\$60	Ded+\$300	Ded+\$500	Ded+\$75	Ded+\$350	Ded+\$300	\$5,500/\$11,000 (Emb)	100%	\$6,250/\$12,500	\$7,500/\$15,000	50%	\$10,000/\$20,000	\$810.80	\$1,735.11	\$1,532.41	\$2,578.34	-32.7%

**HSA Plan Assumptions:**

- Please refer to the vendor bank collateral for HRA/HSA account fee information.
- HSA plans may include a non-embedded deductible and out of pocket. In that instance, no individual family member's deductible or out of pocket is considered satisfied until the family deductible or out of pocket amount has been met. Pharmacy copays will only apply after the deductible has been satisfied.
- Rates assume the Employer funds no more than 50% of the HSA/HRA deductible. UnitedHealthcare reserved the right to adjust rates if this assumption changes.
- HSA accounts must be paired with qualified HDHPs as determined under section 223 of the Internal Revenue Code
- For 2018 and 2019, the HDHP annual deductible cannot be less than \$1,350 for individual or \$2,700 for family coverage.
- Medical and pharmacy expenses covered under an HSA program are not eligible for reimbursement under an FSA program
- Funds in the HSA account continue to accumulate and are fully portable to another HSA account.

**Notes:**

- All benefits include the following pharmacy plan: UHC \$10/35/70; 2.5 MO (Adv PDL; UNET only)
- If the initial quote is single option and two or more plans are sold as a multiple option arrangement, an adjustment to the rates may be necessary.

**Quote Assumptions:**

The rates quoted are based on the following assumptions. Changes to these assumptions may result in an adjustment to the rates or revocation of the quote.

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Average Contract Size +/- 10%
  - Area Factor +/- 7.5%
  - Age/Sex Factor +/- 10%
  - Any Material Changes
  - Cobra enrollees are more than 10% of enrollment
- This proposal assumes at least 90% of all benefit eligible employees (including spousal waivers) will enroll with United Healthcare. If this assumption is not accurate, we reserve the right to requote back to original effective date.
- Quote assumes no out of area or retiree lives.
- Unless otherwise stated, this offer replaces and renders all previous offers null and void.
- Includes Deductible rollover from previous carrier, if applicable.
- Current and renewal rates are required for underwriting review.
- This proposed quote applies only to fully insured customers that are not eligible for community rated rates under PPACA
- Your broker must request and provide the SBCs to you, the employer, for final plans selected; SBCs must be delivered by the employer to the members as required by reform law.
- INS-Choice plans are not available for subscribers in AL, AR, AZ, HI, LA, MN, MS, MT, NC, NM, or OK.
- NHP Network is only available in select counties in Florida. Network Flex is only available to employees residing in the NHP service area and cannot be sold with a matching Non-Flex NHP plan.
- Must live and work in Florida to enroll on an HMO license product.

- This premium may include state and federal taxes and fees.

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

**UnitedHealthcare**

**HSA Plan Alternates for Insurance Choice \* AQSN, 125 Rx**

**Customer Name:** Early Learning Coalition of Indian River Martin and Okeechobee Counties Inc  
**Effective Date:** January 1, 2019

	In Network*										Out Of Network*			Employee + Spouse	Employee + Child(ren)	Employee + Family	Pricing Variance	
	PCP OV	SPC OV	OP	IP	UC	ER	MAJ DIAG	DED	COINS	OOP	DED	COINS	OOP					
AQSN_egacy_INS_2018-HS	Ded+\$35	Ded+\$70	Ded+\$750	Ded+\$1500	Ded+\$150	Ded+\$400	Ded+\$500	\$3,000/\$6,000 (Emb)	50%	\$6,550/\$13,100	NA	NA	NA	\$727.62	\$1,557.11	\$1,375.20	\$2,313.83	0.0%

**HSA Plan Assumptions:**

- Please refer to the vendor bank collateral for HRA/HSA account fee information.
- HSA plans may include a non-embedded deductible and out of pocket. In that instance, no individual family member's deductible or out of pocket is considered satisfied until the family deductible or out of pocket amount has been met. Pharmacy copays will only apply after the deductible has been satisfied.
- Rates assume the Employer funds no more than 50% of the HSA/HRA deductible. UnitedHealthcare reserved the right to adjust rates if this assumption changes.
- HSA accounts must be paired with qualified HDHPs as determined under section 223 of the Internal Revenue Code
- For 2018 and 2019, the HDHP annual deductible cannot be less than \$1,350 for individual or \$2,700 for family coverage.
- Medical and pharmacy expenses covered under an HSA program are not eligible for reimbursement under an FSA program
- Funds in the HSA account continue to accumulate and are fully portable to another HSA account.

**Notes:**

- All benefits include the following pharmacy plan: UHC \$10/35/60; 2.5 MO (Adv PDL)
- If the initial quote is single option and two or more plans are sold as a multiple option arrangement, an adjustment to the rates may be necessary.

**Quote Assumptions:**

\*High level benefit summary. Please see your plan summary for more detailed benefit description.

- Rates are guaranteed for the contract period of 1/1/19 through 12/31/19.
- Rates are based on your submitted census. UnitedHealthcare reserves the right to adjust the rates from audit date back to effective date if any of the following changes:
  - Enrollment +/- 10%
  - Area Factor +/- 7.5%
  - Any Material Changes
  - Average Contract Size +/- 10%
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- Current and renewal rates are required for underwriting review.
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\*High level benefit summary. Please see your plan summary for more detailed benefit description.