



## **Small Group Plan Benefits Proposal**

**Prepared for: Bill's Pest Control**

**Effective Date: 3/15/2015**

3/5/2015

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Thank you for your interest in AvMed. Attached are the preliminary premium rates for the Group coverage you requested, as well as benefit details for each plan option. These rates are based on the information you provided and the effective date indicated above.

Choosing a health benefit plan for your employees is an important decision. With AvMed, you and your employees will receive the support you need to navigate through the health system and to make smart decisions that will help you live better today and feel better tomorrow.

**AvMed Group health plans feature:**

- Affordable, high-quality plans
- Essential health benefits as required by the Affordable Care Act (ACA)
- Extensive local network of doctors and hospitals with the option to have access to a national network, depending on the plan selected
- Emergency worldwide coverage
- No charge for preventative care services
- Fully-integrated Health Savings Account (HSA) administration
- A 45-year tradition of award-winning service
- 24/7 online access for members to manage their accounts

AvMed strives to provide your group with the best experience when choosing health care coverage for your employees and their families. I will be happy to answer any questions you may have after you have had an opportunity to review the enclosed information.

Sincerely,

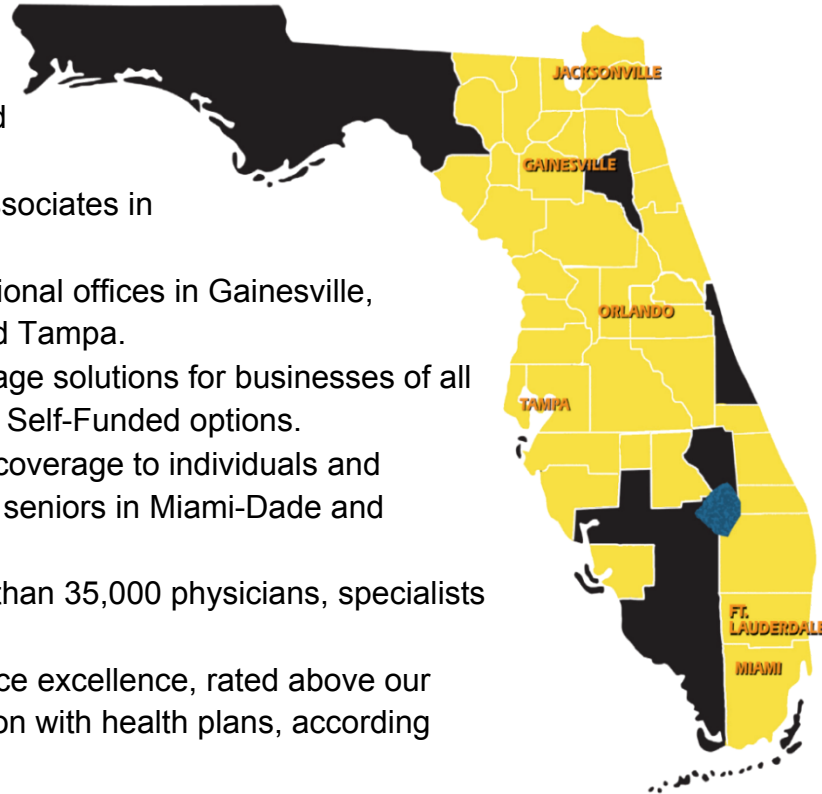
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# Corporate Facts at a Glance



- AvMed has been serving Floridians for more than 45 years.
- Nearly 300,000 Members count on AvMed for their health coverage.
- There are approximately 800 employee Associates in the AvMed family.
- Corporate headquarters in Miami, with regional offices in Gainesville, Fort Lauderdale, Jacksonville, Orlando and Tampa.
- AvMed offers a variety of affordable coverage solutions for businesses of all sizes around the state of Florida, including Self-Funded options.
- Throughout Florida, AvMed also provides coverage to individuals and families as well as Medicare Advantage to seniors in Miami-Dade and Broward counties.
- AvMed's Provider Network includes more than 35,000 physicians, specialists and hospitals across our service areas.
- AvMed is consistently recognized for service excellence, rated above our statewide competitors for overall satisfaction with health plans, according to the NCQA.\*
- AvMed's holding company, Gainesville-based SantaFe HealthCare, Inc., is a family of not-for-profit companies with more than 1,900 employee Associates. In addition to AvMed, SantaFe operates Haven Hospice of North Central Florida and the SantaFe Senior Living campuses located throughout Florida.



For more information, visit AvMed's Web Site at [www.avmed.org](http://www.avmed.org).

\* Highest overall rating of statewide plans reporting Health Maintenance Organization (HMO) and Point of Service (POS) product data to the National Committee for Quality Assurance (NCQA) for the Consumer Assessment of Healthcare Providers and Systems (CAHPS), CAHPS® is a registered trademark of the Agency of Healthcare Research and Quality (AHRQ).

Prepared For: Bill's Pest Control  
 Quote ID: 204010  
 ZIP Code/Rating Region: 33319/Broward  
 Effective Date: 3/15/2015

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Quote Prepared On: 3/5/2015

### Key Benefits for your Plan: [Empower MS 500]

Benefit	Your cost if you use an		
	In-Network Tier A	In-Network Tier B	Out-of-network
Coinsurance	0%	50%	50%
Deductible	\$3,000 individual/ \$6,000 family	\$3,000 individual/ \$6,000 family	\$9,000 individual/ \$18,000 family
Out of Pocket Max (Includes Deductible)	\$6,250 individual/ \$12,500 family	\$6,250 individual/ \$12,500 family	\$18,750 individual/ \$37,500 family
PCP Cost Share	No charge for first visit; \$30 copay/ visit thereafter	No charge for first visit; \$60 copay/ visit thereafter	50% coinsurance after deductible
Specialist Cost Share (No Referral Needed)	\$60 copay/ visit	\$140 copay/ visit	50% coinsurance after deductible
Inpatient Hospital Cost Share	\$1000 copay/ day for the first 3 days per admission	50% coinsurance after deductible	50% coinsurance after deductible
E.R. Cost Share	\$500 copay/ visit	Same as In-Network Tier A	Same as In-Network Tier A
Urgent Care Cost Share	\$75 copay/ visit at urgent care facility; \$30 copay/ visit at retail clinic	Same as In-Network Tier A	Same as In-Network Tier A
Outpatient Surgery Cost Share	\$750 copay/ visit	50% coinsurance after deductible	50% coinsurance after deductible
Imaging Tests (CT / PET scans / MRI's) Cost Share	\$500 copay/ visit	50% coinsurance after deductible	50% coinsurance after deductible
Drug Cost Share	<b>Value Generic</b> - \$3 copay (retail)/ \$7.50 copay (mail order)  <b>Generic</b> - \$9 copay (retail)/ \$22.50 copay (mail order)  <b>Preferred Brand</b> - \$30 copay (retail)/ \$75 copay (mail order)  <b>Non-Preferred Brand</b> - \$60 copay (retail)/ \$150 copay (mail order)  <b>Specialty</b> - 50% coinsurance after deductible (retail only)	<b>Value Generic</b> - \$3 copay (retail)/ \$7.50 copay (mail order)  <b>Generic</b> - \$9 copay (retail)/ \$22.50 copay (mail order)  <b>Preferred Brand</b> - \$30 copay (retail)/ \$75 copay (mail order)  <b>Non-Preferred Brand</b> - \$60 copay (retail)/ \$150 copay (mail order)  <b>Specialty</b> - 50% coinsurance after deductible (retail only)	Not covered

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Employee Name	Employee Number	Date of Birth	# of Dependents	Rate	Total Rate
Farmer Fred	A004	5/1/1980	0	\$331.01	\$331.01
Fraser Judy	A006	2/26/1965	0	\$486.97	\$486.97
Green Betty	A003	11/2/1975	2	\$344.10	\$856.97
Harris Harry	A005	5/2/1980	0	\$331.01	\$331.01
Jones Bill	A001	1/20/1960	1	\$608.03	\$1,095.00
King Martin	A011	3/3/1965	0	\$486.97	\$486.97
Sanders Dan	A002	2/3/1995	1	\$173.14	\$346.28

Rating Method =

**Monthly Premium Rate: \$3,934.21\***

\*Pediatric dental coverage is a required Essential Health Benefit under the Affordable Care Act. AvMed has entered into an alliance with Delta Dental Insurance Company to provide the required coverage under the Delta Dental PPO<sup>SM</sup> Plan 70 for children. There is an additional monthly premium of \$24.62 per child for any employees with enrolled dependent children up to age 19. The premium will only be charged for the first three enrolled children of each employee. Unless you have already purchased a stand-alone pediatric dental policy that meets ACA requirements and opt-out, you will be billed separately by Delta Dental monthly.

**NOTE:** The Engage and Empower plans include pediatric dental benefits through the Delta Dental PPO plan. If you are electing an Engage or Empower plan, pediatric dental benefits are included in your monthly premium and cannot be waived or omitted from your policy.

For specific plan details, please refer to the Summary of Benefits and Coverage (SBC) of each plan design at [www.avmed.org](http://www.avmed.org). For questions, please contact your independent agent or AvMed at 1-800-835-6131.

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<b>Empower MS 500</b>
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Age Group	Rate	Age Group	Rate	Age Group	Rate
0-20	\$173.14	38	\$339.73	53	\$556.23
21-24	\$272.66	39	\$344.10	54	\$582.13
25	\$273.75	40	\$348.46	55	\$608.03
26	\$279.20	41	\$355.00	56	\$636.12
27	\$285.75	42	\$361.27	57	\$664.47
28	\$296.38	43	\$370.00	58	\$694.74
29	\$305.11	44	\$380.91	59	\$709.73
30	\$309.47	45	\$393.72	60	\$740.00
31	\$316.01	46	\$408.99	61	\$766.17
32	\$322.56	47	\$426.17	62	\$783.35
33	\$326.65	48	\$445.80	63	\$804.89
34	\$331.01	49	\$465.16	64+	\$817.98
35	\$333.19	50	\$486.97		
36	\$335.37	51	\$508.51		
37	\$337.55	52	\$532.23		

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### Underwriting Assumptions & Caveats

- To be eligible for these rates and benefits all employers must: 1) have its principal place of business in AvMed's Service Area 2) have employed an average of at least 1 but not more than 50 employees on business days during the preceding calendar year, and 3) employ at least 1 employee on the first day of the plan year. For details on AvMed's service area, visit [www.avmed.org](http://www.avmed.org). **NOTE:** The Engage and Empower product are only available in select counties within our service area. Please contact your service representative for details.
- These rates are valid for total replacement coverage and include a standard commission schedule. Rates based on an Average
- Enrollee Amount rates require 10 or more Subscribers (excluding Cobra qualified beneficiaries) to enroll; otherwise, Per-Member rates will be issued.
- Eligible employers must have, and be willing to prove, the existence of an employer/employee relationship. Companies that consist of only a sole owner, or a sole owner and his/her spouse, do not meet the definition of employer or employee under ERISA, and are therefore ineligible for group coverage.
- Eligible employees are those employees that are permanent and work on a full-time basis with a normal workweek of at least 25 hours, that live or work in AvMed's Service Area, and that have met any authorized waiting period requirements. Part-time, temporary or substitute employees are not eligible for coverage under this plan. Coverage must be extended to all employees meeting the underlying conditions. Management carve-outs are not permitted.
- The employer must contribute a minimum of 50% toward the single premium rate.
- If the employer pays 100% of the single premium rate, 100% of all eligible employees must have coverage through AvMed or through qualifying existing coverage. Otherwise, at least 70% of all eligible employees (less those with qualifying other coverage) must enroll in an AvMed product offering. Qualifying other coverage is defined as: Coverage through a spouse's employer based group insurance plan or an ERISA qualified self-insurance plan, Medicare, Medicaid, Individual coverage, CHAMPUS or CHAMPVA.
- Groups that are not able to meet the minimum participation or employer contribution requirement may apply for coverage during an annual enrollment period from November 15 through December 15 of the preceding year for a January 1 Effective Date.
- 1099 eligibility will be limited to those groups where the number of 1099 eligible employees does not exceed 25% of the total eligible population (i.e. W-2 and 1099 combined).
- COBRA qualified beneficiaries are not included when determining group size, group participation, or whether the group meets the minimum size requirements for Average-Enrollee amount rating.
- This proposal assumes a waiting period of no longer than the first of the month following 60 days from date of hire. In addition, the group's waiting period must be applied uniformly to all employees.
- Final rates and benefits are guaranteed for 12 months from the proposed effective date. However, AvMed reserves the right to adjust (re-rate) the Premium Rates during the Contract Year to account for material changes in group size or in the data supplied by the Subscribing Group to AvMed.
- Additional documentation may be required to verify compliance with AvMed's underwriting requirements.
- Current group coverage should not be cancelled until written confirmation of acceptance of coverage by AvMed is received. Renewal rates will be provided to the Subscribing Group, or their appointed representative, at least 30 days in advance of the Subscribing Group's anniversary date, unless there is a reduction in benefits. In instances where there is an increase in a copayment, deletion, amendment, or limitation of any of the Subscribing Group's contracted benefits, at least a 45 day advance notice will be provided. This notification requirement does not apply in instances where an increase in benefits occurs. Additionally, the 45-day notice requirement shall not apply if benefits are amended, deleted, or limited at the request of the contract holder. The Subscribing Group will in turn notify the individual members of the group, and AvMed will be deemed to have complied with its notification requirements by providing such notice to the Subscribing Group, or their appointed representative.
- AvMed has made every effort to ensure the accuracy of the information provided, but given the continuous improvements and ongoing development of our products and services, no warranty is made that the information provided is error-free. In addition, the information provided is limited in nature and may not contain all applicable terms, conditions, limitations, or exclusions of the products and services referenced.
- Multi-Option Guidelines:
  - Multi-Option Coverage is only available on an exclusive, total-replacement basis.
  - All plan option offerings must be made available to ALL eligible employees.
  - At least one "Active" employee must enroll in each plan offering (plans with COBRA-only enrollment are prohibited), and at least one Subscriber must be maintained in each plan in order for the group to renew under a multi-option offering.
  - Dual-Option is only available to groups with four or more enrolled Active employees.
  - Triple-Option is only available to groups with fifteen or more enrolled Active employees.