

UnitedHealthcare
Medical Proposed Rates with Alternate Plan Designs

Customer Name: CAIN & BULTMAN, INC.
Medical Policy: 00759160
Renewal Date: December 1, 2016

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

Renewal Plan

Plan Name	Option 1	NEW	Option 2: Current
	AHRM (Legacy HMO 2016-Renewal Only) Rx Plan: 122		AHGV (Legacy HMO 2016-UHPD) Rx Plan: 122
Product	Choice Legacy HMO *		Choice Legacy HMO *
Option	00759160		
Plan Offering	Single Option		Single Option
Multiple Option with:	Option(s) N/A		Option(s) N/A
HRA or HSA	No		
Benefits*	Network Single/Family		Network Single/Family
Office Copay (PCP/SPC)	PCP \$20, SPC \$40		PCP \$20, SPC \$80/\$20 prem
Hospital Copays	OP N/A, IP N/A		OP \$500/occ, IP \$1,000/occ
UC/ER/Major Diag Copay	UC \$100, ER \$350, Maj Diag N/A		UC \$80, ER \$300, Maj Diag \$300
Other	N/A		N/A
Deductible	\$2,000/\$4,000 (Emb)		\$2,500/\$4,500 (Emb)
Coinsurance	100%		100%
Out-of-Pocket	\$4,000/\$8,000		\$4,500/\$8,500
Pharmacy	\$15/45/75/125 2.5x for MO		\$15/45/75/125 2.5x for MO
	Out of Network Single/Family		Out of Network Single/Family
Deductible	N/A		N/A
Coinsurance	N/A		N/A
Out of Pocket	N/A		N/A
Enrollment			
Employee	24		24
Employee + Spouse	13		13
Employee + Child(ren)	3		3
Employee + Family	9		9
Total	49		49
	Rates (Billed)		Rates (Billed)
Rates	Current	Proposed	Current
Employee	\$527.70	\$627.96	\$596.11
Employee + Spouse	\$1,092.09	\$1,299.58	\$1,233.67
Employee + Child(ren)	\$991.53	\$1,179.92	\$1,120.07
Employee + Family	\$1,674.21	\$1,992.30	\$1,891.25
Monthly Cost	\$44,904	\$53,436	\$50,726
Annual Cost	\$538,853	\$641,232	\$608,710
Change from Current			

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

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

For markets moving to service fees, current rates (applicable 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

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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 12/1/16 through 11/30/17.
- 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
- Employer contributes a minimum of toward the employee only rates and toward the dependent rates.
- Requires a minimum participation level of <Enter>.

- Renewal assumes no out of area or retiree lives.
- Unless otherwise stated, this offer replaces and renders all previous offers null and void.
- Medical plans from the 2001 COC and 2007 COC can NOT be combined for a dual/triple option
- 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.

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.

This quote includes 5.00% commissions in commissionable sites.

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.