

# Ben-e-lect Group Medical Proposal/Comparison for Sample Proposal 15 Lives

(1)						
Carrier	Aetna 2006	Allied National Interplan	Blue Shield	Blue Cross	Pacificare 2006	
Rates Effective as of:	03/01/07	01/01/2007	01/01/2007	5/1/2006	10/1/2006	
Plan Name	MC HRA 3000	3000 80/50	Shield Spectrum 2250	EPO 2000	Signature Option 2000	
Risk Adjustment Factor	1.00	1.00	1.00	1.00	1.00	
Carrier Deductible	\$3000	\$3000	\$2250	\$2000	\$2000	
Prescription Deductible	\$0	\$0	\$0	\$0	\$0	
Current Annual Premium	\$126,000.00	\$126,000.00	\$126,000.00	\$126,000.00	\$126,000.00	
Proposed Annual Carrier Premium	\$57,167.88	\$47,856.00	\$56,796.00	\$58,140.00	\$66,906.24	
PPO Access Fee*	N/A	\$1,080.00	N/A	N/A	N/A	
Carrier Billing Fee*	N/A	\$960.00	N/A	N/A	N/A	
Instant Savings	\$68,832.12	\$76,104.00	\$69,204.00	\$67,860.00	\$59,093.76	
(2)						
Proposed Shared Funded Plan (Per Deductible Unit)						
Individual Deductible	\$250	\$250	\$250	\$250	\$250	
Employer Coinsurance %	80%	80%	80%	80%	80%	
Office Visit	\$20	\$20	\$20	\$20	\$20	
Prescription	\$10/25	\$10/25	\$10/25	\$10/25	\$10/35/50 (After \$250 Ded.)	
Employer Out-of-pocket	\$2,200.00	\$2,200.00	\$1,600.00	\$1,400.00	\$1,400.00	
(3)						
Deductible Units						
Employee	11	11	11	11	11	
Employees with Dependents	4	4	4	4	4	
Medical Risk Unit Total	21	19	19	19	19	
(4)						
Expected Medical Claims Amount (Per Deductible Unit)						
Claimants % of Max						
5%	100%	\$2200 (1)	\$2200 (1)	\$1600 (1)	\$1400 (1)	\$1400 (1)
20%	\$800	\$3200 (4)	\$3200 (4)	\$3200 (4)	\$3200 (4)	\$3200 (4)
30%	\$400	\$2400 (6)	\$2400 (6)	\$2400 (6)	\$2400 (6)	\$2400 (6)
	Total	\$7800	\$7800	\$7200	\$7000	\$7000
(5)						
Monthly Medical Admin Fee per Employee	\$30	\$30	\$30	\$30	\$30	
Annual Total	\$5400	\$5400	\$5400	\$5400	\$5400	
(6)						
Worst Case Gain/Loss:	\$17,232.12	\$28,904.00	\$33,404.00	\$35,860.00	\$27,093.76	
Expected Gain/Loss:	\$55,632.12	\$62,904.00	\$56,604.00	\$55,460.00	\$46,693.76	
Projected Monthly Cost	\$5,863.99	\$5,088.00	\$5,783.00	\$5,878.33	\$6,608.85	

\* Fees specific to Allied National only.

This proposal is for illustration purposes only. Results may vary based on utilization.  
 Administrative fees will apply: One Time Medical Startup Fee: \$500, One Time Dental Startup Fee: \$250 (waived if written with medical), Annual Renewal Fee: \$100.  
 Plan administered by Ben-e-lect Employee Benefit Plans

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by the carrier. Final rates are determined by the carrier's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this website or printed output, will form the contract between the insured and the carrier.