



Group Insurance Analysis

BEN-E-LECT can use a variety of Insurance Companies to meet the needs of our clients.

We quote the carriers that best address those needs.

Group Insurance Proposal For:

Sample Proposal 17 Lives

BEN-E-LECT Plan is available for exclusive benefit of a select group of benefit experts

Proposed By:

Benelect Inc.
Sales Team, Insurance License O708953
PO Box 7809
Visalia, ca
Phone: 559-733-1240
Fax: 559-635-6527

And Provided by:

BEN-E-LECT

Insurance License 0708953

Visalia, California
PH: (559) 733-1240
FAX: (559) 733-2325

Medical benefits were not designed as part of this Proposal.

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**The American Series™ of Dental Plans from BEN-E-LECT
FREEDOM Dental Plans Comparison for Sample Proposal 17 Lives**

**Employer Paid (Contributory)
Out Of Network Benefits Paid at the 80th Percentile of UCR**

Base Plan for Contribution	FREEDOM 4									
Employer Contribution for Employee	100%									
Employer Contribution for Dependents	0%									
Dental Census: 17	EE (8)	ES (4)	EC (4)	EF (1)						

PLANS	Freedom 1	Freedom 2	Freedom 3	Freedom 4	Freedom 5	Freedom 6	Freedom 7	Freedom 8	Freedom 9	Freedom 10
BENEFITS										
Calendar Year Max.	\$750	\$1000	\$1250	\$1500	\$2000	\$2500	None	\$1000	\$1500	\$1500
Calendar Year Deduct.	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$0	\$0	\$0
Preventative	80%	100%	100%	100%	100%	100%	100%	100% first \$100	100% first \$100	100% first \$200
Basic	80%	50%	90%	90%	90%	80%	80%	80% next \$500	80% next \$1000	80% next \$1000
Endo/Perio	50%	50%	50%	90%	90%	50%	80%	50% next \$1000	50% next \$1200	50% next \$1000
Major	50%	50%	50%	50%	50%	50%				
Orthodontia				50%	50%					50%
				\$350 annual \$1000 lifetime	\$500 annual \$1500 lifetime					\$350 annual \$1000 lifetime
PREMIUMS										
Employee only	\$28.88	\$34.24	\$36.50	\$37.66	\$43.21	\$43.65	\$31.18	\$43.45	\$47.38	\$51.69
Employee & Spouse	\$53.54	\$64.26	\$68.80	\$71.13	\$82.23	\$83.09	\$58.14	\$82.70	\$90.55	\$99.18
Employee & Child(ren)	\$55.06	\$66.13	\$70.80	\$73.20	\$84.65	\$85.53	\$59.81	\$85.13	\$93.21	\$102.11
Employee & Family	\$87.55	\$105.68	\$113.34	\$117.28	\$136.03	\$137.48	\$95.34	\$136.81	\$150.08	\$164.66
EMPLOYEE COST										
Employee only	\$0.00	\$0.00	\$0.00	\$0.00	\$5.55	\$5.99	\$0.00	\$5.79	\$9.72	\$14.03
Employee & Spouse	\$15.88	\$26.60	\$31.14	\$33.47	\$44.57	\$45.43	\$20.48	\$45.04	\$52.89	\$61.52
Employee & Child(ren)	\$17.40	\$28.47	\$33.14	\$35.54	\$46.99	\$47.87	\$22.15	\$47.47	\$55.55	\$64.45
Employee & Family	\$49.89	\$68.02	\$75.68	\$79.62	\$98.37	\$99.82	\$57.68	\$99.15	\$112.42	\$127.00
MONTHLY TOTALS										
Employer Cost	\$640.22	\$640.22	\$640.22	\$640.22	\$640.22	\$640.22	\$640.22	\$640.22	\$640.22	\$640.22
Employees Cost	\$183.01	\$288.30	\$332.80	\$355.66	\$509.01	\$520.94	\$228.20	\$515.51	\$623.94	\$743.12
Total Premium	\$823.23	\$928.52	\$973.02	\$995.88	\$1,149.23	\$1,161.16	\$868.42	\$1,155.73	\$1,264.16	\$1,383.34

FREEDOM Dental Plan benefits & premiums effective 6/1/2008. Member will have multiple PPO Networks from which to choose. SHADED column above indicates the FREEDOM Dental Plan selected by the Employer as the base plan for contribution.

This Proposal is for illustration purposes only. Results may vary based on utilization. Plan administered by BEN-E-LECT Employer Driven Benefits. 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.

**The American Series™ of Dental Plans from BEN-E-LECT
FREEDOM Dental Plans Comparison for Sample Proposal 17 Lives**

**100% Voluntary (Non-contributory)
Out Of Network Benefits Paid at the 80th Percentile of UCR**

Base Plan for Contribution	FREEDOM 4
Employer Contribution for Employee	0%
Employer Contribution for Dependents	0%
Dental Census: 17	EE (8) ES (4) EC (4) EF (1)

PLANS	Freedom 1	Freedom 2	Freedom 3	Freedom 4	Freedom 5	Freedom 6	Freedom 7	Freedom 8	Freedom 9	Freedom 10
BENEFITS										
Calendar Year Max.	\$750	\$1000	\$1250	\$1500	\$2000	\$2500	None	\$1000	\$1500	\$1500
Calendar Year Deduct.	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$0	\$0	\$0
Preventative	80%	100%	100%	100%	100%	100%	100%	100% first \$100	100% first \$100	100% first \$200
Basic	80%	50%	90%	90%	90%	80%	80%	80% next \$500	80% next \$1000	80% next \$1000
Endo/Perio	50%	50%	50%	90%	90%	50%	80%	50% next \$1000	50% next \$1200	50% next \$1000
Major	50%	50%	50%	50%	50%	50%				
Orthodontia				50%	50%					50%
				\$350 annual \$1000 lifetime	\$500 annual \$1500 lifetime					\$350 annual \$1000 lifetime
PREMIUMS										
Employee only	\$31.76	\$37.66	\$40.15	\$41.43	\$47.53	\$48.02	\$34.29	\$47.80	\$52.11	\$56.86
Employee & Spouse	\$58.89	\$70.69	\$75.68	\$78.24	\$90.45	\$91.40	\$63.95	\$90.97	\$99.61	\$109.09
Employee & Child(ren)	\$60.57	\$72.74	\$77.88	\$80.52	\$93.12	\$94.08	\$65.79	\$93.64	\$102.53	\$112.32
Employee & Family	\$96.31	\$116.24	\$124.67	\$129.00	\$149.63	\$151.22	\$104.87	\$150.49	\$165.08	\$181.13
EMPLOYEE COST										
Employee only	\$31.76	\$37.66	\$40.15	\$41.43	\$47.53	\$48.02	\$34.29	\$47.80	\$52.11	\$56.86
Employee & Spouse	\$58.89	\$70.69	\$75.68	\$78.24	\$90.45	\$91.40	\$63.95	\$90.97	\$99.61	\$109.09
Employee & Child(ren)	\$60.57	\$72.74	\$77.88	\$80.52	\$93.12	\$94.08	\$65.79	\$93.64	\$102.53	\$112.32
Employee & Family	\$96.31	\$116.24	\$124.67	\$129.00	\$149.63	\$151.22	\$104.87	\$150.49	\$165.08	\$181.13
MONTHLY TOTALS										
Employer Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employees Cost	\$828.23	\$991.24	\$1,060.11	\$1,095.48	\$1,264.15	\$1,277.30	\$898.15	\$1,271.33	\$1,390.52	\$1,521.65
Total Premium	\$828.23	\$991.24	\$1,060.11	\$1,095.48	\$1,264.15	\$1,277.30	\$898.15	\$1,271.33	\$1,390.52	\$1,521.65

FREEDOM Dental Plan benefits & premiums effective 6/1/2008. Member will have multiple PPO Networks from which to choose. SHADED column above indicates the FREEDOM Dental Plan selected by the Employer as the base plan for contribution.

This Proposal is for illustration purposes only. Results may vary based on utilization.
Plan administered by BEN-E-LECT Employer Driven Benefits. 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.

**The American Series™ of Dental Plans from BEN-E-LECT
FREEDOM Dental Plans Employee Enrollment Worksheet for Sample Proposal 17 Lives**

**Employer Paid (Contributory)
Out Of Network Benefits Paid at the PPO Network Allowance**

Instructions: 1 - Make an "X" below to indicate which FREEDOM Dental Plan you wish to enroll.
2 - At the bottom, indicate your PPO network (if known), current dentist (if any), print your name, and your signature.

PLANS	Freedom 1	Freedom 2	Freedom 3	Freedom 4	Freedom 5	Freedom 6	Freedom 7	Freedom 8	Freedom 9	Freedom 10
BENEFITS										
Calendar Year Max.	\$750	\$1000	\$1250	\$1500	\$2000	\$2500	None	\$1000	\$1500	\$1500
Calendar Year Deduct.	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$0	\$0	\$0
Preventative <small>Prophylaxis, oral exam, and bitewing X-rays (limited to 2 of each service per calendar year); fluoride treatment (dependent children to age 16, limited to 1 application per year); full mouth X-rays and/or panograph (limited to 1 every 36 months); emergency visit; other diagnostic X-rays; sealants (dependent children to age 14, limited to 1 tooth or quadrant every 36 months); space maintainers (dependent children to age 13)</small>	80%	100%	100%	100%	100%	100%	100%	100% first \$100	100% first \$100	100% first \$200
Basic <small>Amalgam, silicate, acrylic, and composite fillings; simple oral extractions; denture relining/rebasing (limited to 1 every 24 months)</small>	80%	50%	90%	90%	90%	80%	80%	80% next \$500	80% next \$1000	80% next \$1000
Endo/Perio <small>Endodontic treatment and related surgery; periodontal treatment</small>	50%	50%	50%	90%	90%	50%	80%	50% next \$1000	50% next \$1200	50% next \$1000
Major <small>Oral surgery including anesthesia or IV sedation; inlays, onlays & crowns; installation of bridges, dentures, adjustments within 6 months</small>	50%	50%	50%	50%	50%	50%				
Orthodontia				50% \$350 annual \$1000 lifetime	50% \$500 annual \$1500 lifetime					50% \$350 annual \$1000 lifetime
PREMIUMS										
Employee only	\$23.10	\$27.39	\$29.20	\$30.13	\$34.57	\$34.92	\$24.94	\$34.76	\$37.90	\$41.35
Employee & Spouse	\$42.83	\$51.41	\$55.04	\$56.90	\$65.78	\$66.47	\$46.51	\$66.16	\$72.44	\$79.34
Employee & Child(ren)	\$44.05	\$52.90	\$56.64	\$58.56	\$67.72	\$68.42	\$47.85	\$68.10	\$74.57	\$81.69
Employee & Family	\$70.04	\$84.54	\$90.67	\$93.82	\$108.82	\$109.98	\$76.27	\$109.45	\$120.06	\$131.73
YOUR MONTHLY COST										
Employee only	\$0.00	\$0.00	\$0.00	\$0.00	\$4.44	\$4.79	\$0.00	\$4.63	\$7.77	\$11.22
Employee & Spouse	\$12.70	\$21.28	\$24.91	\$26.77	\$35.65	\$36.34	\$16.38	\$36.03	\$42.31	\$49.21
Employee & Child(ren)	\$13.92	\$22.77	\$26.51	\$28.43	\$37.59	\$38.29	\$17.72	\$37.97	\$44.44	\$51.56
Employee & Family	\$39.91	\$54.41	\$60.54	\$63.69	\$78.69	\$79.85	\$46.14	\$79.32	\$89.93	\$101.60

PPO Network _____ Your current dentist (Name/Phone/Address) _____

Print Name _____ Signature _____

**The American Series™ of Dental Plans from BEN-E-LECT
FREEDOM Dental Plans Employee Enrollment Worksheet for Sample Proposal 17 Lives**

**Employer Paid (Contributory)
Out Of Network Benefits Paid at the 80th Percentile of UCR**

Instructions: 1 - Make an "X" below to indicate which FREEDOM Dental Plan you wish to enroll.
2 - At the bottom, indicate your PPO network (if known), current dentist (if any), print your name, and your signature.

PLANS	Freedom 1	Freedom 2	Freedom 3	Freedom 4	Freedom 5	Freedom 6	Freedom 7	Freedom 8	Freedom 9	Freedom 10
BENEFITS										
Calendar Year Max.	\$750	\$1000	\$1250	\$1500	\$2000	\$2500	None	\$1000	\$1500	\$1500
Calendar Year Deduct.	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$0	\$0	\$0
Preventative <small>Prophylaxis, oral exam, and bitewing X-rays (limited to 2 of each service per calendar year); fluoride treatment (dependent children to age 16, limited to 1 application per year); full mouth X-rays and/or panograph (limited to 1 every 36 months); emergency visit; other diagnostic X-rays; sealants (dependent children to age 14, limited to 1 tooth or quadrant every 36 months); space maintainers (dependent children to age 13)</small>	80%	100%	100%	100%	100%	100%	100%	100% first \$100	100% first \$100	100% first \$200
Basic <small>Amalgam, silicate, acrylic, and composite fillings; simple oral extractions; denture relining/rebasing (limited to 1 every 24 months)</small>	80%	50%	90%	90%	90%	80%	80%	80% next \$500	80% next \$1000	80% next \$1000
Endo/Perio <small>Endodontic treatment and related surgery; periodontal treatment</small>	50%	50%	50%	90%	90%	50%	80%	50% next \$1000	50% next \$1200	50% next \$1000
Major <small>Oral surgery including anesthesia or IV sedation; inlays, onlays & crowns; installation of bridges, dentures, adjustments within 6 months</small>	50%	50%	50%	50%	50%	50%				
Orthodontia				50% \$350 annual \$1000 lifetime	50% \$500 annual \$1500 lifetime					50% \$350 annual \$1000 lifetime
PREMIUMS										
Employee only	\$28.88	\$34.24	\$36.50	\$37.66	\$43.21	\$43.65	\$31.18	\$43.45	\$47.38	\$51.69
Employee & Spouse	\$53.54	\$64.26	\$68.80	\$71.13	\$82.23	\$83.09	\$58.14	\$82.70	\$90.55	\$99.18
Employee & Child(ren)	\$55.06	\$66.13	\$70.80	\$73.20	\$84.65	\$85.53	\$59.81	\$85.13	\$93.21	\$102.11
Employee & Family	\$87.55	\$105.68	\$113.34	\$117.28	\$136.03	\$137.48	\$95.34	\$136.81	\$150.08	\$164.66
YOUR MONTHLY COST										
Employee only	\$0.00	\$0.00	\$0.00	\$0.00	\$5.55	\$5.99	\$0.00	\$5.79	\$9.72	\$14.03
Employee & Spouse	\$15.88	\$26.60	\$31.14	\$33.47	\$44.57	\$45.43	\$20.48	\$45.04	\$52.89	\$61.52
Employee & Child(ren)	\$17.40	\$28.47	\$33.14	\$35.54	\$46.99	\$47.87	\$22.15	\$47.47	\$55.55	\$64.45
Employee & Family	\$49.89	\$68.02	\$75.68	\$79.62	\$98.37	\$99.82	\$57.68	\$99.15	\$112.42	\$127.00

PPO Network _____ Your current dentist (Name/Phone/Address) _____

Print Name _____ Signature _____

**The American Series™ of Dental Plans from BEN-E-LECT
FREEDOM Dental Plans Employee Enrollment Worksheet for Sample Proposal 17 Lives**

**100% Voluntary (Non-contributory)
Out Of Network Benefits Paid at the PPO Network Allowance**

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PLANS	Freedom 1	Freedom 2	Freedom 3	Freedom 4	Freedom 5	Freedom 6	Freedom 7	Freedom 8	Freedom 9	Freedom 10
BENEFITS										
Calendar Year Max.	\$750	\$1000	\$1250	\$1500	\$2000	\$2500	None	\$1000	\$1500	\$1500
Calendar Year Deduct.	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$0	\$0	\$0
Preventative <small>Prophylaxis, oral exam, and bitewing X-rays (limited to 2 of each service per calendar year); fluoride treatment (dependent children to age 16, limited to 1 application per year); full mouth X-rays and/or panograph (limited to 1 every 36 months); emergency visit; other diagnostic X-rays; sealants (dependent children to age 14, limited to 1 tooth or quadrant every 36 months); space maintainers (dependent children to age 13)</small>	80%	100%	100%	100%	100%	100%	100%	100% first \$100	100% first \$100	100% first \$200
Basic <small>Amalgam, silicate, acrylic, and composite fillings; simple oral extractions; denture relining/rebasing (limited to 1 every 24 months)</small>	80%	50%	90%	90%	90%	80%	80%	80% next \$500	80% next \$1000	80% next \$1000
Endo/Perio <small>Endodontic treatment and related surgery; periodontal treatment</small>	50%	50%	50%	90%	90%	50%	80%	50% next \$1000	50% next \$1200	50% next \$1000
Major <small>Oral surgery including anesthesia or IV sedation; inlays, onlays & crowns; installation of bridges, dentures, adjustments within 6 months</small>	50%	50%	50%	50%	50%	50%				
Orthodontia				50% \$350 annual \$1000 lifetime	50% \$500 annual \$1500 lifetime					50% \$350 annual \$1000 lifetime
PREMIUMS										
Employee only	\$25.07	\$29.79	\$31.79	\$32.81	\$37.69	\$38.07	\$27.10	\$38.24	\$41.69	\$45.49
Employee & Spouse	\$46.78	\$56.22	\$60.21	\$62.26	\$72.03	\$72.78	\$50.83	\$72.77	\$78.68	\$87.28
Employee & Child(ren)	\$48.12	\$57.85	\$61.97	\$64.08	\$74.15	\$74.93	\$52.30	\$74.91	\$82.03	\$89.86
Employee & Family	\$76.71	\$92.66	\$99.40	\$102.87	\$119.37	\$120.65	\$83.56	\$120.40	\$132.07	\$144.91
YOUR MONTHLY COST										
Employee only	\$25.07	\$29.79	\$31.79	\$32.81	\$37.69	\$38.07	\$27.10	\$38.24	\$41.69	\$45.49
Employee & Spouse	\$46.78	\$56.22	\$60.21	\$62.26	\$72.03	\$72.78	\$50.83	\$72.77	\$78.68	\$87.28
Employee & Child(ren)	\$48.12	\$57.85	\$61.97	\$64.08	\$74.15	\$74.93	\$52.30	\$74.91	\$82.03	\$89.86
Employee & Family	\$76.71	\$92.66	\$99.40	\$102.87	\$119.37	\$120.65	\$83.56	\$120.40	\$132.07	\$144.91

PPO Network _____ Your current dentist (Name/Phone/Address) _____

Print Name _____ Signature _____

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FREEDOM Dental Plans Employee Enrollment Worksheet for Sample Proposal 17 Lives**

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BENEFITS										
Calendar Year Max.	\$750	\$1000	\$1250	\$1500	\$2000	\$2500	None	\$1000	\$1500	\$1500
Calendar Year Deduct.	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$0	\$0	\$0
Preventative <small>Prophylaxis, oral exam, and bitewing X-rays (limited to 2 of each service per calendar year); fluoride treatment (dependent children to age 16, limited to 1 application per year); full mouth X-rays and/or panograph (limited to 1 every 36 months); emergency visit; other diagnostic X-rays; sealants (dependent children to age 14, limited to 1 tooth or quadrant every 36 months); space maintainers (dependent children to age 13)</small>	80%	100%	100%	100%	100%	100%	100%	100% first \$100	100% first \$100	100% first \$200
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Endo/Perio <small>Endodontic treatment and related surgery; periodontal treatment</small>	50%	50%	50%	90%	90%	50%	80%	50% next \$1000	50% next \$1200	50% next \$1000
Major <small>Oral surgery including anesthesia or IV sedation; inlays, onlays & crowns; installation of bridges, dentures, adjustments within 6 months</small>	50%	50%	50%	50%	50%	50%				
Orthodontia				50% \$350 annual \$1000 lifetime	50% \$500 annual \$1500 lifetime					50% \$350 annual \$1000 lifetime
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Employee & Spouse	\$58.89	\$70.69	\$75.68	\$78.24	\$90.45	\$91.40	\$63.95	\$90.97	\$99.61	\$109.09
Employee & Child(ren)	\$60.57	\$72.74	\$77.88	\$80.52	\$93.12	\$94.08	\$65.79	\$93.64	\$102.53	\$112.32
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PPO Network _____ Your current dentist (Name/Phone/Address) _____

Print Name _____ Signature _____

Agent Notes to Proposal

The following administrative fees will apply:

One Time Start-Up Fee: \$250

Annual Renewal Fee: \$100

Monthly Admin Fee: per employee.

See attached assumptions and disclosures
FUNDING OPTIONS (How Claims Are Paid)

1. Standard Funding: Employers have complete control of their claims account. Ben-e-lect will process and produce claims checks from an account the employer sets up at its bank, and only the employer can sign claims checks. Ben-e-lect batches and mails checks ready for signature to the employer every week. The employer simply signs the checks, puts the checks into a window envelopes, and mails them to the providers. The employer also receives the members Explanation of Benefits to hand out to members.

2. Deposit Funding: Employers receive safety, convenience, and the savings of Standard Funding, but with no extra administrative functions. Ben-e-lect mails claims checks directly to providers. We also mail the members Explanation of Benefits (EOB) directly to the member.

The employer simply sets up a claims account at Ben-e-lect. Once a month, Ben-e-lect will provide the employer with a check register reflecting all claims paid for the period with a request for the employer to replenish the claims account. The employer signs just one check for claims per month...its efficient, convenient, and easy.

An initial claims account deposit is calculated by subtracting the High Deductible Plan premium and monthly administration fee from the groups current monthly premium. Its easy...Current premium, minus new premium, minus fees, equals deposit! If the total is \$2500 or above, multiply that amount by 2 (two). Minimum initial deposit funding for a claims account is \$2500. This will be your initial deposit for your claims account. There is a \$25/group monthly funding fee added to the administration invoice.

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 Employer Driven Benefits. 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.

Sample Proposal 17 Lives

Date Printed: 4/25/2008

Proposal: 15769

Sales Team

Benelect Inc.

License: O708953

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Assumptions and Disclosures

CONSUMER DRIVEN HEALTH PLANS "Self-Funded Plans For Small Group"

Your self-funded plan for small group consists of three separate components. The first component is a fully insured high deductible plan offered by an insurance company. This plan has an annual deductible and an annual out-of-pocket maximum per member and dependents for benefits covered under the plan. See carrier's brochure for highlights on this plan.

Second, is the self-funded component. The premium saved from the fully insured component enables the employer to self-fund the benefits desired under the carrier's high deductible plan. While the employer can design the plan any way they choose, the enclosed proposal and projections are based on the criteria requested.

The third component is Ben-e-lect handling the administration so employers can focus on managing their business. Ben-e-lect was the first in California to show small employers how they could take control of their health and dental plans. Our first group enrolled July of 1996.

Ben-e-lect will become your member's service center. We process claims, conduct annual reviews, maintain compliance with all state and federal regulations and most importantly track and report the employer's financial results.

REGARDING THIS PROPOSAL:

1. It is our goal to provide you with an accurate report. The rate and benefit information has proven to be accurate and correct. However, keep in mind that final rates, benefits, and administration fees are based on actual enrollment and final underwriting.
2. We assume no liability for the carrier's rate and benefit level differences and ask that you do not cancel your current group insurance policy until a new policy is approved and you have confirmed the rates, benefits, and administrative fees to your satisfaction. These premiums are for illustration purposes only.
3. Some carriers do not endorse or encourage the self-funding of benefits under their high deductible plans. The inclusion of a carrier's premium should not be considered as its support for self-funding the employer's group plan. If you choose a carrier that does not actively encourage self-funding, Ben-e-lect can still provide the administration you require.
4. Important California Disclosure Advisement and Notification: As provided in the California Healthcare reform bill "AB1672", all insurance carriers are obligated to sell all their small group plans offered to any small group. You may request the actual rates that would be charged for any small group plan design from the carrier offers.
5. The Schedule of Benefits attached is for illustration purposes only. It is intended to be a brief outline of benefits. Some of the plans included may have an aggregate deductible for families; such as \$2000 for individual and \$4000 for a family. For additional benefit information, please refer to the carrier benefit booklet or request a full schedule of benefits from your broker or Ben-e-lect directly. Carrier deductibles are based on a calendar year.
6. Benefits under the employer's self-funded plan must be eligible under the carrier's plan policy. Benefits applied to the carrier's plan deductible are self-funded and shared between the member and employer. Please see the carrier's certificate book for complete coverage information. Ben-e-lect will follow the carrier's benefits.
7. Ben-e-lect does not apply office visit, prescription or any other co-payments toward the member's out-of-pocket. Member must satisfy their shared out-of-pocket cost of the carrier's deductible. Member's out-of-pocket may vary due to co-payments selected.
8. Non-emergency out-of-network benefits are not eligible expenses under the self-funded plan. Employers self-fund only benefits provided by in-network providers. It is the members responsibility to verify that a provider is in-network.
9. Member must present both the Ben-e-lect and carrier ID cards to receive benefits from providers. Once the provider has billed the carrier, member simply submits the carrier Explanation of Benefits (EOB) to Ben-e-lect for processing. Pharmacy benefits are determined by the carrier (refer to "Pharmacy Benefit") .
10. The two Ben-e-lect dental plan offered by Ben-e-lect Safeguard for California and GroupLink for Colorado will add on a \$6 administration fee, per employee, per month, and a flat fee of \$25 per month. The flat fee will not be reflected in your proposal. Refer to plan summary for limitations and exclusions.

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 Employer Driven Benefits. 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.

Sample Proposal 17 Lives

Date Printed: 4/25/2008

Proposal: 15769

Sales Team

Benelect Inc.

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FUNDING OPTIONS (How Claims Are Paid)

1. Standard Funding: Employers have complete control of their claims account. Ben-e-lect will process and produce claims checks from an account the employer sets up at its bank, and only the employer can sign claims checks. Ben-e-lect batches and mails checks ready for signature to the employer every two weeks. The employer simply signs the check, puts the check in a window envelope, and mails it to the provider. The employer also receives the members EOB to hand out to members. This method requires a bit more effort by the employer but provides the ultimate in fund security.

2. Deposit Funding: Employers receive safety, convenience, and the savings of Standard Funding, but with no extra administrative functions. Ben-e-lect mails claims checks directly to providers. We also mail the members Explanation of Benefits (EOB) directly to the member.

The employer simply sets up a claims account at Ben-e-lect. Once a month, Ben-e-lect will provide the employer with a check register reflecting all claims paid for the period with a request for the employer to replenish the claims account. The employer signs just one check for claims per month...its efficient, convenient, and easy.

An initial claims account deposit is calculated by subtracting the High Deductible Plan premium and monthly administration fee from the groups current monthly premium. IF the total is \$2500 or above, multiply that amount by 2 (two). This will be your initial deposit for your claims account. Its easy...Current premium, minus new premium, minus fees, times two, equals deposit!*

* There is a \$25/group monthly funding fee added to the administration invoice.
Minimum initial deposit funding for a claims account is \$2500.

PHARMACY BENEFITS

1. CARRIERS THAT WAIVE THE MEDICAL DEDUCTIBLE FOR PRESCRIPTIONS - (eg. Pacificare 2000) Members will need to show only their carrier ID card when purchasing prescriptions. These prescriptions are usually not self-funded through the employer. Prescriptions benefits are processed directly through the carrier.

2. CARRIERS THAT USE BEN-E-LECT'S PREFERRED PHARMACY NETWORK - (eg. Blue Cross EPO) Members will show their carrier ID card & Ben-e-lect ID card when purchasing prescriptions at a Preferred Pharmacy. Once your Carrier High Deductible has been satisfied for the year, your prescription card will be the carrier plan benefit only and the member will only need to show their carrier card to the pharmacy. Remember: On January 1st of each year your Ben-e-lect ID card will be reinstated for the self-funded benefits.

3. CARRIERS THAT USE BEN-E-LECT'S OPEN NETWORK - (eg. Blue Shield 2250) Members will show their Ben-e-lect ID card when purchasing prescriptions at all times. Once the carrier's deductible has been satisfied for the year, you will need to pay for your prescription in full and allow for your claim to be processed under the carrier plan benefit. All allowed prescriptions by the carrier will be reimbursed to the member by mail. Continue to always use your Ben-e-lect card for discounts at time of service and Ben-e-lect will automatically send a claim form to the carrier on your behalf. Remember: On January 1st of each year your Ben-e-lect ID card will be reinstated for the self-funded benefits.

4. A portion of the member's co-pay at Preferred Pharmacies applies to the cost of dispensing prescriptions associated with pharmacies and your PBM. For the convenience of the drug card, the vendor charges from \$0.50 to \$0.60 per submission. The fee covers the cost for the electronic submission of prescriptions.

CLOSING NOTE

Ben-e-lect's self funded program has been helping small employers control cost since 1996. The plan can provide the benefits the employer desires and accountability for members. Connecting the three components of the plan together is what makes it work. There are a few procedures for the employer and members to follow so it is important that employers understand all facets of the plan and how it works for the members.

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 Employer Driven Benefits. 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.

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