

SPLIT FUNDED HEALTH PLAN ESTIMATE

ABC COMPANY

Emblem HDHP EPO

4/1/2010



CONFIDENTIALITY NOTICE

“This document is intended only for the use of the individual or entity to which it is addressed. It contains information that may be proprietary and confidential. Therefore, it is exempt from disclosure under applicable laws. If the reader of this document is not the intended recipient, you are hereby notified that dissemination, distribution or duplication of the information contained within the document is strictly prohibited.”



Split Funded Plan HDHP

Company Name	ABC COMPANY
Number of Employees	105
Number of Members	128.4
Average age	Unknown
% Female	Unknown
Effective Date	4/1/2010



Rates	Enrollment	Current		Proposed	
		EMBLEM PPO		Emblem HDHP EPO	
Single	88	\$	546.25	\$	320.92
EE/SP	3	\$	1,147.15	\$	673.95
EE/CH	10	\$	1,037.89	\$	609.76
Family	4	\$	1,638.79	\$	962.79
Total	105				

HDHP	In-Network	Out-Network
Single Deductible	\$ 2,500.00	\$ -
Single Coinsurance	100%	0%
Single Coinsurance Max	\$ 2,500.00	\$ -
Family Deductible	\$ 5,000.00	\$ -
Family Coinsurance	100%	0%
Family Coinsurance Max	\$ 5,000.00	\$ -
Employer Funding	80%	0%
Seneca Administrative	\$ 12.00	

Customer:	ABC COMPANY
Plan	Emblem HDHP EPO
Average Age	33.5
Employer Funding	80%

	Members	Annual Spend		80%
Non use	25%	32.1	\$ -	
Less than \$500	53%	68.1	\$ 34,026.00	\$ 27,220.80
\$1000 - \$2000	19%	24.4	\$ 36,594.00	\$ 29,275.20
Greater than \$5000	3%	3.9	\$ 19,260.00	\$ 15,408.00
	100%	128.4	\$ 89,880.00	\$ 71,904.00

Estimated Annual Self Funded Costs	\$ 56,496.00	*Max Liab 2.5K
Estimated Monthly Self Funded Costs	\$ 4,708.00	
Estimated PEPM	\$ 44.84	
Estimated PMPM	\$ 36.67	

Maximum Self Funded Liability (In-Network)					80%
	Enrollmen	Deductible & Coin	Total	Employer	
Single	88	\$ 2,500.00	\$ 220,000.00	\$	176,000.00
EE/SP	3	\$ 5,000.00	\$ 15,000.00	\$	12,000.00
EE/CH	10	\$ 5,000.00	\$ 50,000.00	\$	40,000.00
Family	4	\$ 5,000.00	\$ 20,000.00	\$	16,000.00
Total	105	\$ 17,500.00	\$ 305,000.00	\$	244,000.00

Maximum Self Funded Liability (Out-Network)					0%
	Enrollmen	Deductible & Coin	Total	Employer	
Single	88	\$ -	\$ -	\$	-
EE/SP	3	\$ -	\$ -	\$	-
EE/CH	10	\$ -	\$ -	\$	-
Family	4	\$ -	\$ -	\$	-
Total	105	\$ -	\$ -	\$	-

Total Self Funded Liability (In & Out Network)	\$ 305,000.00	\$ 244,000.00
--	---------------	---------------

Customer

ABC COMPANY

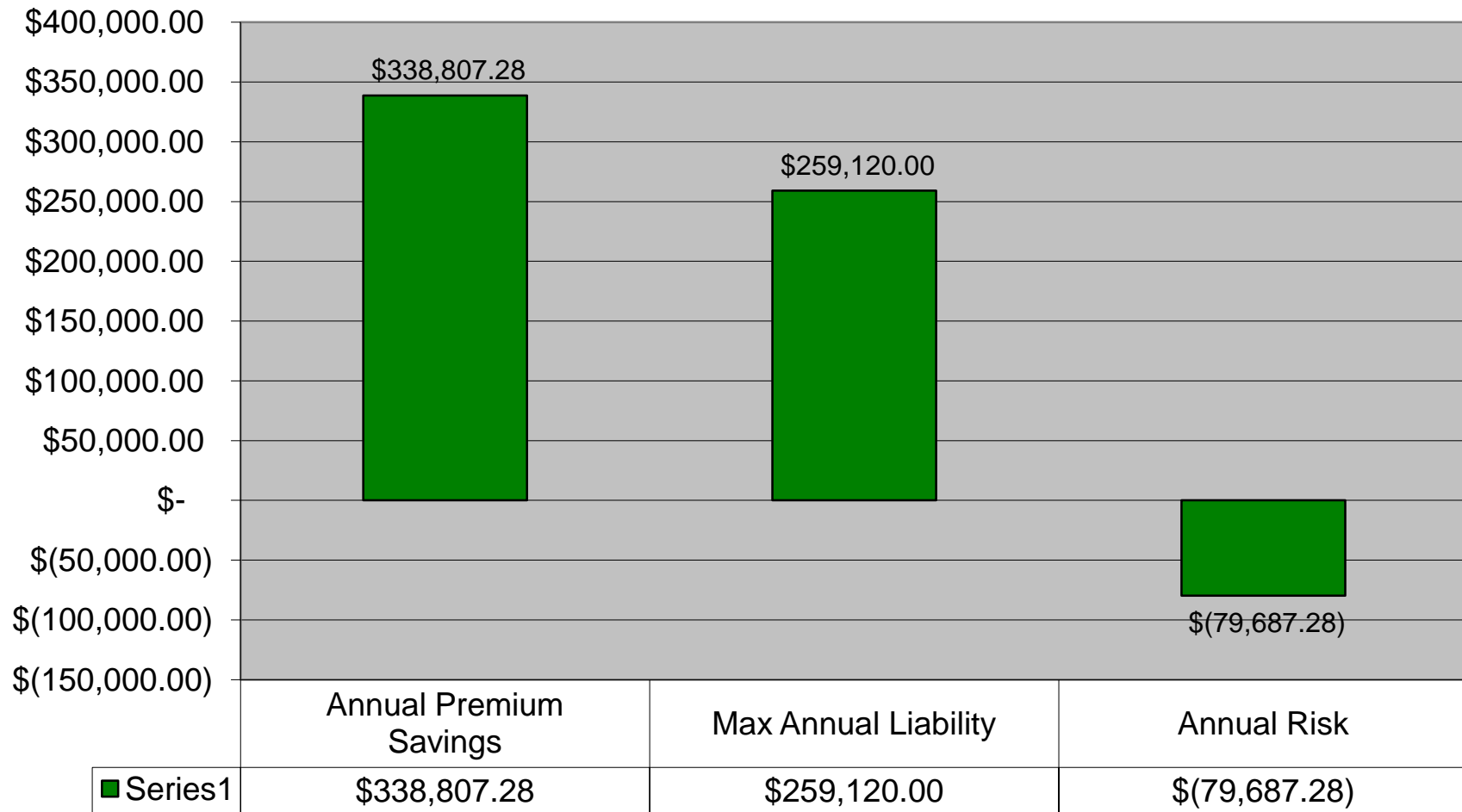
Rates	Enrollment	EMBLEM PPO	Emblem HDHP EPO
Single	88	\$ 546.25	\$ 320.92
EE/SP	3	\$ 1,147.15	\$ 673.95
EE/CH	10	\$ 1,037.89	\$ 609.76
Family	4	\$ 1,638.79	\$ 962.79
Total	105	\$ 68,445.51	\$ 40,211.57

Administrative fees		\$ 1,260.00
Estimated self funded costs		\$ 4,708.00
		\$ 5,968.00
Total	\$ 68,445.51	\$ 46,179.57
Composite Monthly Rate	\$ 651.86	\$ 439.81

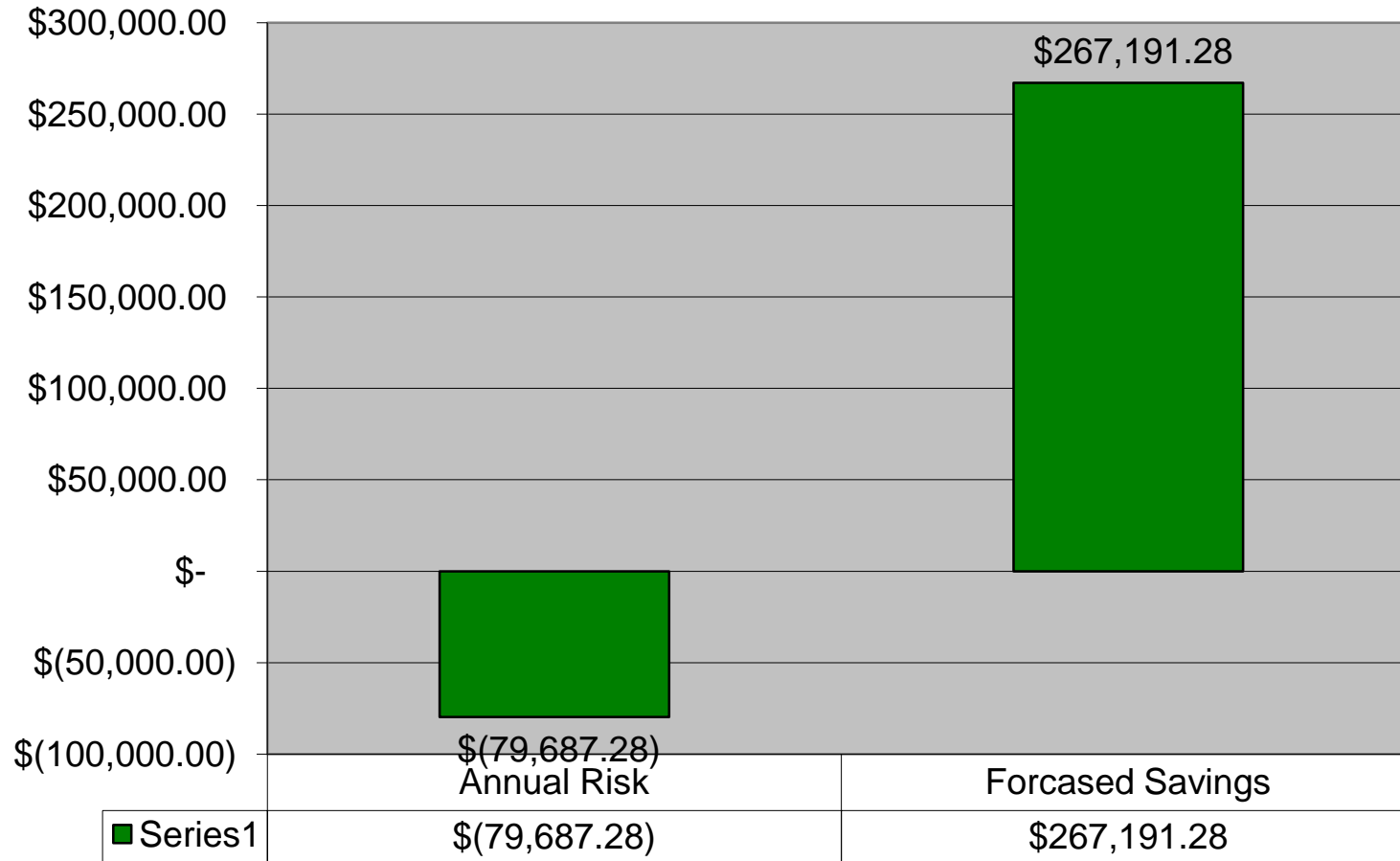
SAVINGS ESTIMATION			
Total monthly Cost	\$ 68,445.51	\$ 46,179.57	
Annual	\$ 821,346.12	\$ 554,154.84	
Annual Savings		\$ 267,191.28	
%			33%

MAX LIABILITY		
	<i>Including admin</i>	
Annual Max Liability (In & Out-network)	\$	259,120.00
Annual Premium Savings	\$	338,807.28
Guaranteed Savings	\$	79,687.28

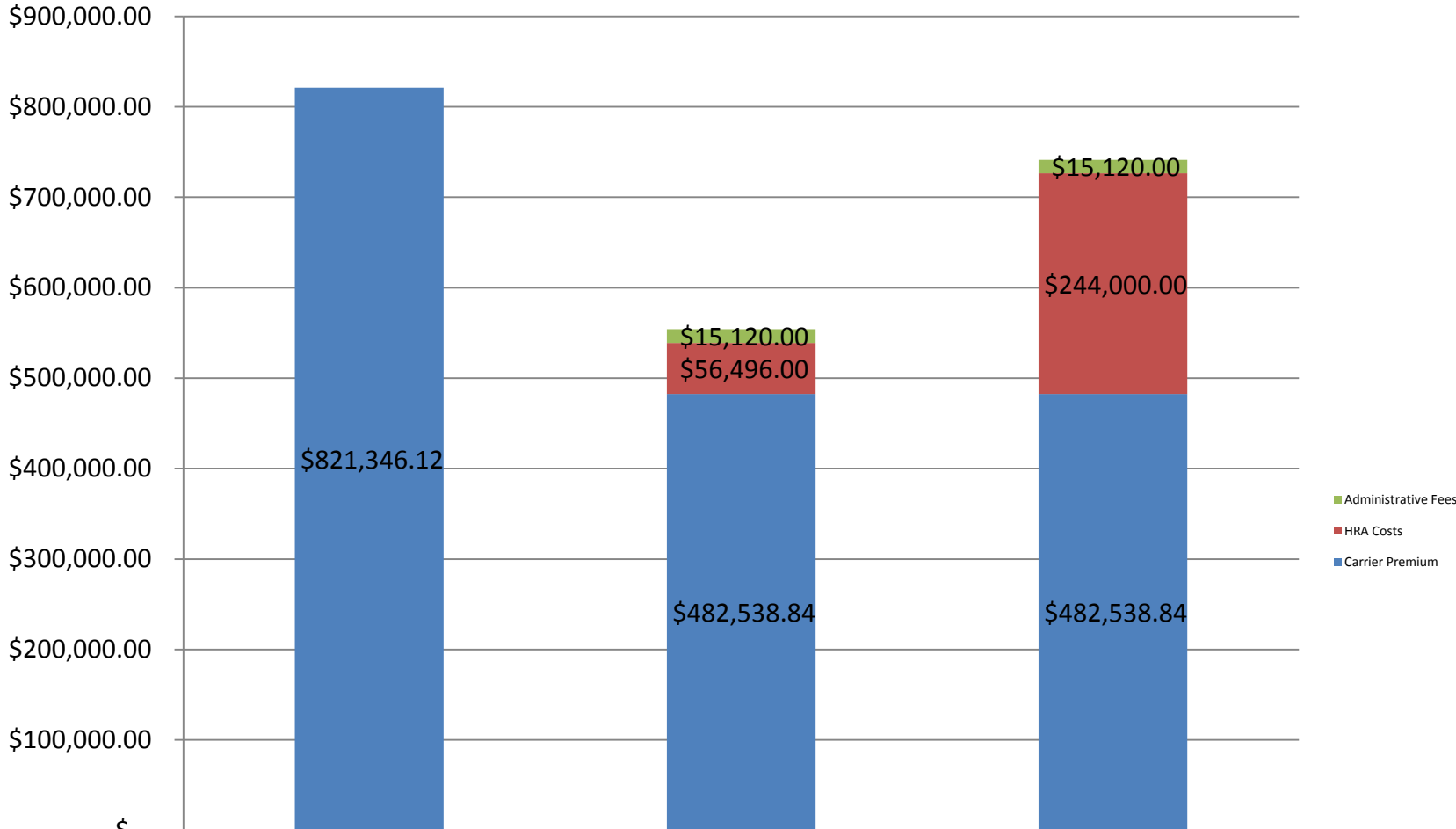
True Annual Risk



Risk -vs- Reward

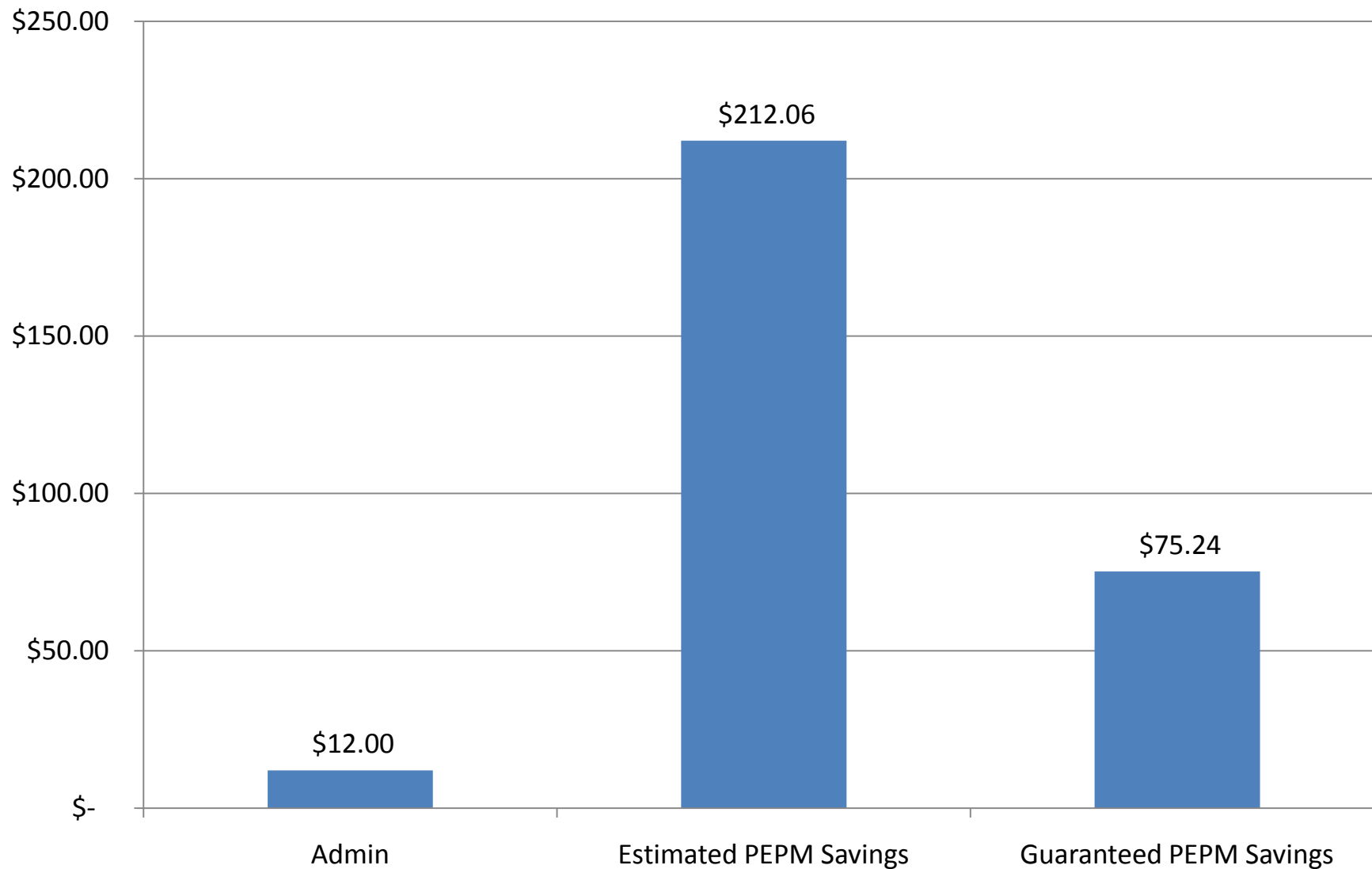


Annual Costs Comparison

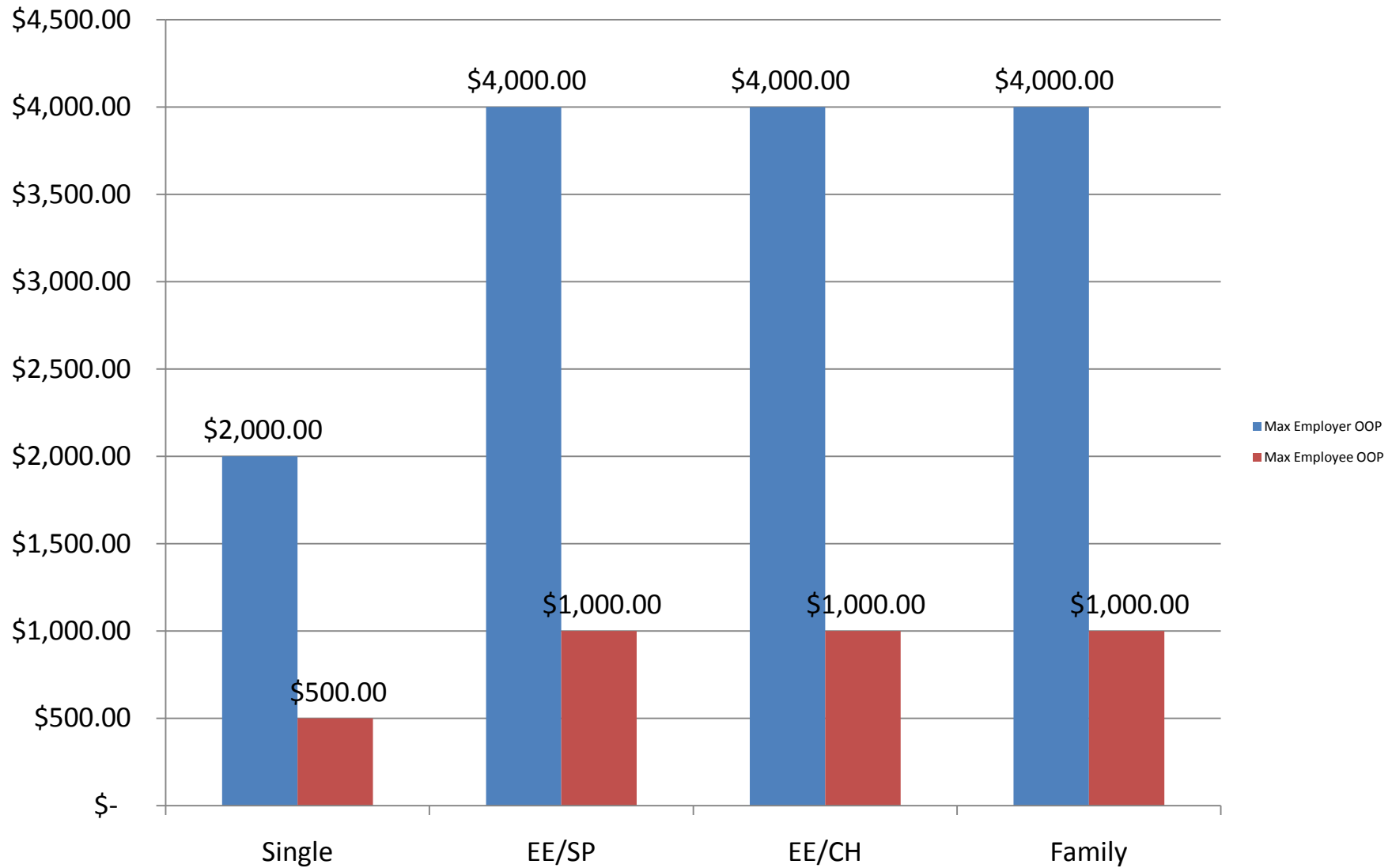


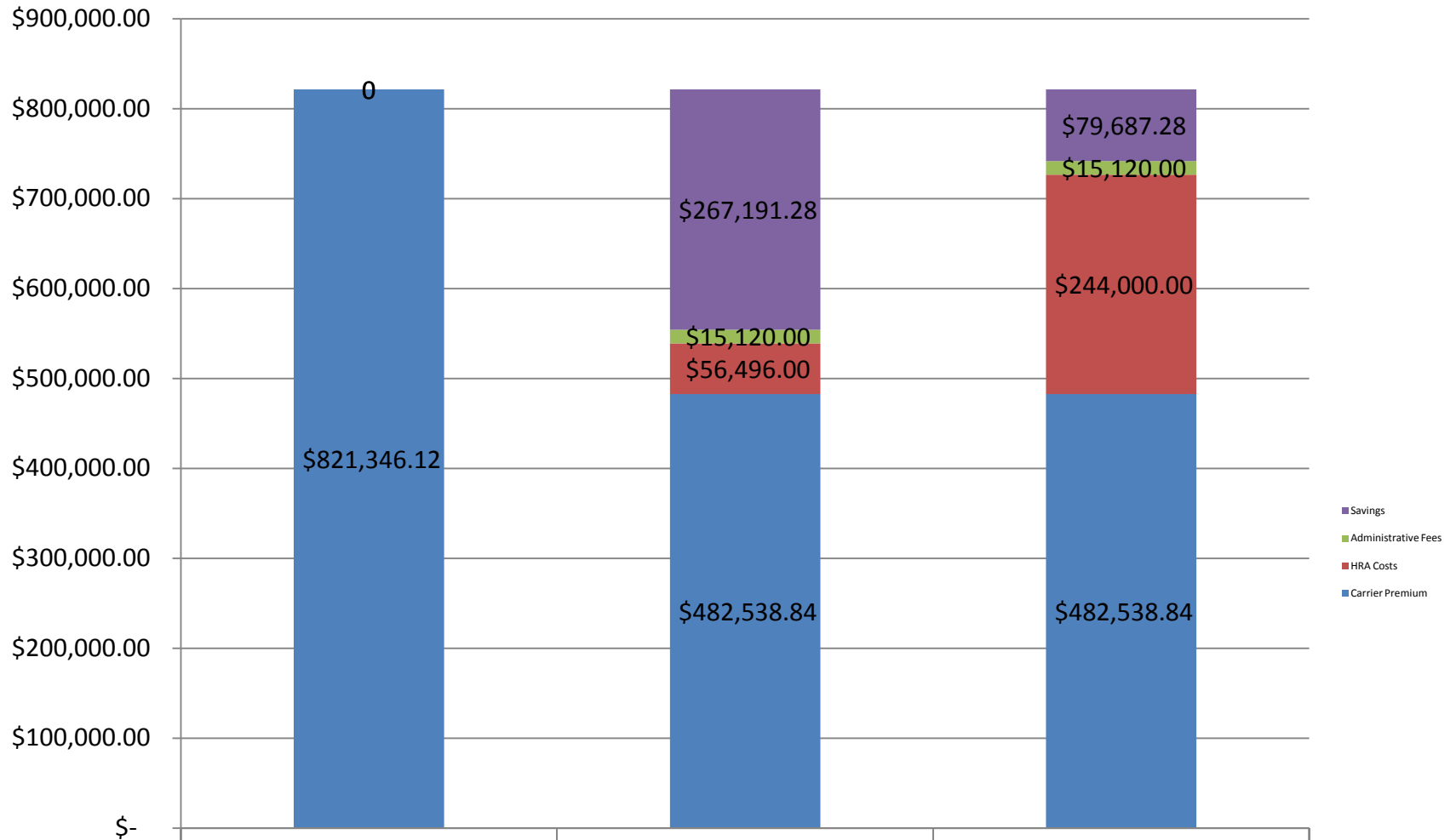
	EMBLEM PPO Current	Emblem HDHP EPO Estimated	Emblem HDHP EPO Max Liability
Administrative Fees	0	\$15,120.00	\$15,120.00
HRA Costs	0	\$56,496.00	\$244,000.00
Carrier Premium	\$821,346.12	\$482,538.84	\$482,538.84

Return of investment



Annual Maximum Out Of Pocket





	EMBLEM PPO Current	Emblem HDHP EPO Estimated	Emblem HDHP EPO Max Liability
Savings		\$267,191.28	\$79,687.28
Administrative Fees	0	\$15,120.00	\$15,120.00
HRA Costs	0	\$56,496.00	\$244,000.00
Carrier Premium	\$821,346.12	\$482,538.84	\$482,538.84



Cost Proposal
ABC COMPANY

Services	Fees
HRA Administration PEPM	\$ 12.00
HRA Plan Document	\$400.00
HRA Plan Set-up fee	\$175.00
Electronic Eligibility Load	\$0
Manual Eligibility Load	\$2.00 Per employee
Monthly Medi-card Debit card (Optional)	\$1.00 per participant
Medi Web on-line claims poratal	Included
Medi Web on-line open enrollment	Optional

CONFIDENTIALITY NOTICE

"This document is intended only for the use of the individual or entity to which it is addressed. It contains information that may be proprietary and confidential. Therefore, it is exempt from disclosure under applicable laws. If the reader of this document is not the intended recipient, you are hereby notified that dissemination, distribution or duplication of the information contained within the document is strictly prohibited."

****Minimum of \$100 Monthly fee****



ABC COMPANY

MONTHLY COBRA EQUIVALENT RATE CALCULATION

Effective Date 4/1/2010
End Date 3/31/2011

Four Tier	H.R.A	Emblem HDHP EPO	Sub total	2% Admin	COBRA BILL Rate
Single	\$ 56.84	\$ 320.92	\$ 377.76	\$ 7.56	\$ 385.31
Husband & Wife	\$ 156.30	\$ 673.95	\$ 830.25	\$ 16.61	\$ 846.86
Parent & Child	\$ 156.30	\$ 609.76	\$ 766.06	\$ 15.32	\$ 781.39
Family	\$ 171.94	\$ 962.79	\$ 1,134.73	\$ 22.69	\$ 1,157.42

ARRA Eligible	COBRA BILL Rate	Subsity 65%	ARRA Bill Rate
Single	\$ 385.31	\$ 250.45	\$ 134.86
Husband & Wife	\$ 846.86	\$ 550.46	\$ 296.40
Parent & Child	\$ 781.39	\$ 507.90	\$ 273.49
Family	\$ 1,157.42	\$ 752.32	\$ 405.10



Customer

ABC COMPANY

Integrated FSA Savings Estimate

Employee FSA Savings

	Max\	Annual OOP	28% Tax
Single	88 \$	500.00	\$ 140.00
EE/SP	3 \$	1,000.00	\$ 280.00
EE/CH	10 \$	1,000.00	\$ 280.00
Family	4 \$	1,000.00	\$ 280.00
Total	105		

Employer FSA Savings

	Max\	Annual OOP	15% FICA	Total Savings
Single	88 \$	500.00	\$ 75.00	\$ 6,600.00
EE/SP	3 \$	1,000.00	\$ 150.00	\$ 450.00
EE/CH	10 \$	1,000.00	\$ 150.00	\$ 1,500.00
Family	4 \$	1,000.00	\$ 150.00	\$ 600.00
Total				\$ 9,150.00



FSA Cost Proposal
ABC COMPANY

Services	Fees
F.S.A Administration PEPM	\$7.50
F.S.A Plan Document	\$400
F.S.A Plan Set-up fee	\$175
Electronic Eligibility Load	\$0
Manual Eligibility Load	\$2.00 Per employee
Monthly Medi-card Debit card (Optional)	\$1.00 per participant
Medi Web on-line claims portal	Included

CONFIDENTIALITY NOTICE

"This document is intended only for the use of the individual or entity to which it is addressed. It contains information that may be proprietary and confidential. Therefore, it is exempt from disclosure under applicable laws. If the reader of this document is not the intended recipient, you are hereby notified that dissemination, distribution or duplication of the information contained within the document is strictly prohibited."

****Minimum of \$100 Monthly fee****