



Presented To: Chantal Zuniga
Company Name: Brooklyn Rise Charter School
Address: 9 Hanover Pl. Brooklyn , NY
Presented By: Adam Menkes
Proposal Date: May 16, 2024
Number of Employees: 48
Industry: Schools
Payroll Cycle: Bi-Weekly

Current Benefits Provider: Aetna
Current PEO Provider: Justworks

First ExtensisHR Payroll: July 5, 2024
Benefits Start Date: July 1, 2024
*** Proposal Expires on:** June 30, 2024

* Quoted Medical Rates Valid for 90 days from Proposal date.



ExtensisHR™ Financial Analysis Detail

	Brooklyn Rise Charter School's 48 Employees	Current	ExtensisHR with BCBS	ExtensisHR with Aetna
People & Payroll	Price Per Employee Per Month (PEPM)	\$99	\$140	\$140
	Annual Admin Fee	\$57,024	\$80,640	\$80,640
	Payroll Services	Included	Included	Included
	SchoolCloud Technology	N/A	Included	Included
	Workers Compensation Insurance	\$25,152	\$17,794	\$17,794
	SUTA 5.9% current / 2.2% ExtensisHR	\$35,400	\$13,200	\$13,200
	Employer Protection Program (EPP)	-	\$3,427	\$3,427
Your Employees	Medical (Extensis rates good through 10/31/25)	\$406,054	\$371,124	\$400,680
	Dental	-	Available	Available
	Vision	-	Available	Available
	Life / ADD <small>Mandatory - \$10k coverage</small>	-	\$605	\$605
	LTD <small>50% up to \$1k/month FTE</small>	-	\$1,382	\$1,382
	Teladoc	-	Included	Included
	FSA / HSA	-	Included	Included
Tech. / Tools	Time and Labor Software	-	Included	Available
	Time and Labor - Clocks	-	Available	Available
	Expense Reporting (ExpensePath)	-	Available	Available
	Performance Management (15Five)	-	Available	Available
	Applicant Tracking System (ATS)	-	Available	Available
Included	HRCloud Technology and Mobile App	-	Included	Included
	Learning Management System (LMS)	-	Included	Included
	Employee Solution Center (ESC)	-	Included	Included
	401(k) and Fiduciary Services	-	Included	Included
	Recruiting Services	-	Included	Included
Other	One-time Initial Investment	-	\$8,592	\$8,592
	First Month Admin Fee Waived	-	(\$8,592)	(\$8,592)
Total		\$523,630	\$488,172	\$517,728
(Savings) / Investment			(\$35,457)	(\$5,901)

	Current		ExtensisHR Solution 1	ExtensisHR Solution 2	
	Aetna D3 HDHP EPO \$5,000		Empire BA EPO HSA 6400	Aetna National EPO HSA 5000 Y	
In-Network	Preventative / Primary Care / Specialist Deductible (CYD)		\$0 / 0% after Ded.	\$0 / 0% after Ded.	\$0 / 0% after Ded.
			\$5,000 / 2x	\$6,400 / 2x	\$5,000 / 2x
	Coinsurance (Carrier / Member Pays)		100% / 0%	100% / 0%	100% / 0%
	Maximum Out of Pocket		\$5,500 / 2x	\$6,400 / 2x	\$5,500 / 2x
	Hospitalization		\$0 after Ded.	0% after Ded.	0% after Ded.
	Hospital Emergency Room		\$0 after Ded.	0% after Ded.	0% after Ded.
	Outpatient Surgery		\$0 after Ded.	0% after Ded.	0% after Ded.
	Lab Services / X-rays & Complex Imaging		\$0 after Ded.	0% after Ded.	0% after Ded.
	Urgent Care		\$0 after Ded.	0% after Ded.	0% After Ded.
OOB	Deductible (CYD)		Not covered	Not Covered	Not Covered
	Maximum Out of Pocket		Not covered	Not Covered	Not Covered
	Coinsurance (Member Pays)		Not covered	Not Covered	Not Covered
Rx	Rx Deductible		Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical
	Copay - Generic/Brand/Non-Formulary		\$10 / \$55 / \$100 after Ded.	\$10 after Ded. / \$35 after Ded. / \$70 after Ded.	\$10 / \$55 / \$100
	Mail Order - Multiple for 90-Day Supply		2x	2x	2x
Rates	Enrolled				
	Employee	6	\$672.42	\$589.00	\$664.00
	Employee / Spouse	1	\$1,422.52	\$1,266.00	\$1,432.00
	Employee / Child(ren)	2	\$1,292.22	\$1,149.00	\$1,299.00
	Employee / Family	1	\$2,042.34	\$1,826.00	\$2,065.00
Premiums	Monthly Premium		\$10,083.82	\$8,924.00	\$10,079.00
	Difference			(\$1,159.82)	(\$4.82)
	Annualized Premium		\$121,005.84	\$107,088.00	\$120,948.00
	Difference			(\$13,917.84)	(\$57.84)



Medical Benefits Options for: Aetna G2 HDHP POS \$3,000

	Current		ExtensisHR Solution 1	ExtensisHR Solution 2	
	Aetna G2 HDHP POS \$3,000		Empire BA PPO HSA 3000 *	Aetna National HSA 3000 Y	
In-Network	Preventative / Primary Care / Specialist Deductible (CYD)		\$0 / 10% after Ded. \$3,000 / 2x	\$0 / 0% after Ded. \$3,000 / 2x	\$0 / 10% after Ded. \$3,000 / 2x
	Coinsurance (Carrier / Member Pays)		90% / 10%	100% / 0%	90% / 10%
	Maximum Out of Pocket		\$5,500 / 2x	\$3,000 / 2x	\$5,000 / 2x
	Hospitalization		10% after Ded.	0% after Ded.	10% after Ded.
	Hospital Emergency Room		10% after Ded.	0% after Ded.	10% after Ded.
	Outpatient Surgery		10% after Ded.	0% after Ded.	10% after Ded.
	Lab Services / X-rays & Complex Imaging		10% after Ded.	0% after Ded.	10% after Ded.
	Urgent Care		10% after Ded.	0% after Ded.	10% after Ded.
OOB	Deductible (CYD)		\$6,000 / 2x	\$6,000 / 2x	\$6,000 / 2x
	Maximum Out of Pocket		\$12,000 / 2x	\$9,000 / 2x	\$10,000 / 2x
	Coinsurance (Member Pays)		40%	20% after Ded.	40% after Ded.
Rx	Rx Deductible		Integrated w/ Medical	Integrated w/ Medical	Integrated w/ Medical
	Copay - Generic/Brand/Non-Formulary		\$10 / \$45 / \$70 ater Ded.	0% after Ded.	\$10 / \$55 / \$100
	Mail Order - Multiple for 90-Day Supply		2x	2x	2x
Covered Employees and Rates					
Rates	Enrolled				
	Employee	14	\$742.03	\$680.00	\$752.00
	Employee / Spouse	0	\$1,609.57	\$1,463.00	\$1,623.00
	Employee / Child(ren)	1	\$1,464.98	\$1,327.00	\$1,472.00
Employee / Family	0	\$2,260.24	\$2,109.00	\$2,342.00	
Totals					
Premiums	Monthly Premium		\$11,853.40	\$10,847.00	\$12,000.00
	Difference			(\$1,006.40)	\$146.60
	Annualized Premium		\$142,240.80	\$130,164.00	\$144,000.00
	Difference			(\$12,076.80)	\$1,759.20



Medical Benefits Options for: Aetna C2 EPO \$2,000

		Current	ExtensisHR Solution 1	ExtensisHR Solution 2	
		Aetna C2 EPO \$2,000	Empire BA EPO 30/1500	Aetna National EPO 30/2000 Y	
In-Network	Preventative / Primary Care / Specialist Deductible (CYD)	\$0 / \$30 / \$65 \$2,000 / 2x	\$0 / \$30 / \$50 \$1,500 / 2.5x	\$0 / \$30 / \$65 \$2,000 / 2x	
	Coinsurance (Carrier / Member Pays)	80% / 20%	80% / 20%	80% / 20%	
	Maximum Out of Pocket	\$6,500 / 2x	\$5,000 / 2.5x	\$6,500 / 2x	
	Hospitalization	20% after Ded.	\$750 per day (5 days Max.)	20% after Ded.	
	Hospital Emergency Room	\$400	\$200	\$400	
	Outpatient Surgery	20% after Ded.	\$300	20% after Ded.	
	Lab Services / X-rays & Complex Imaging	20% after Ded.	20% after Ded. / \$50 / 20% after Ded.	20% after Ded.	
	Urgent Care	\$75	\$75	\$75	
	OOB	Deductible (CYD)	Not covered	Not Covered	Not covered
Maximum Out of Pocket		Not covered	Not Covered	Not covered	
Coinsurance (Member Pays)		Not covered	Not Covered	Not covered	
Rx	Rx Deductible	\$100 / \$300	\$0	\$100 Ded. / \$300 Ded.	
	Copay - Generic/Brand/Non-Formulary	\$10 / \$55 / \$100 after Ded.	\$20 / \$40 / \$60	\$10 / \$55 / \$100	
	Mail Order - Multiple for 90-Day Supply	2x	2x	2x	
Covered Employees and Rates		Enrolled			
Rates	Employee	4	\$779.12	\$772.00	\$773.00
	Employee / Spouse	0	\$1,651.76	\$1,659.00	\$1,664.00
	Employee / Child(ren)	0	\$1,500.19	\$1,505.00	\$1,509.00
	Employee / Family	0	\$2,372.82	\$2,392.00	\$2,402.00
Totals					
Premiums	Monthly Premium	\$3,116.48	\$3,088.00	\$3,092.00	
	Difference		(\$28.48)	(\$24.48)	
	Annualized Premium	\$37,397.76	\$37,056.00	\$37,104.00	
	Difference		(\$341.76)	(\$293.76)	

	Current		ExtensisHR Solution 1	ExtensisHR Solution 2	
	Aetna B3 EPO \$1,000		Empire BA EPO 30/1500	Aetna National EPO 30/2000 Y	
In-Network	Preventative / Primary Care / Specialist Deductible (CYD)	\$0 / \$20 / \$65	\$0 / \$30 / \$50	\$0 / \$30 / \$65	
		\$1,000 / 2x	\$1,500 / 2.5x	\$2,000 / 2x	
	Coinsurance (Carrier / Member Pays)	80% / 20%	80% / 20%	80% / 20%	
	Maximum Out of Pocket	\$5,500 / 2x	\$5,000 / 2.5x	\$6,500 / 2x	
	Hospitalization	20% after Ded.	\$750 per day (5 days Max.)	20% after Ded.	
	Hospital Emergency Room	\$400	\$200	\$400	
	Outpatient Surgery	20% after Ded.	\$300	20% after Ded.	
	Lab Services / X-rays & Complex Imaging	20% after Ded.	20% after Ded. / \$50 / 20% after Ded.	20% after Ded.	
Urgent Care	\$75	\$75	\$75		
OOB	Deductible (CYD)	Not covered	Not Covered	Not covered	
	Maximum Out of Pocket	Not covered	Not Covered	Not covered	
	Coinsurance (Member Pays)	Not covered	Not Covered	Not covered	
Rx	Rx Deductible	\$100 / \$300	\$0	\$100 Ded. / \$300 Ded.	
	Copay - Generic/Brand/Non-Formulary	\$10 / \$55 / \$100 after Ded.	\$20 / \$40 / \$60	\$10 / \$55 / \$100	
	Mail Order - Multiple for 90-Day Supply	x	2x	2x	
Covered Employees and Rates		Enrolled			
Rates	Employee	7	\$852.52	\$772.00	\$773.00
	Employee / Spouse	0	\$1,809.44	\$1,659.00	\$1,664.00
	Employee / Child(ren)	0	\$1,643.20	\$1,505.00	\$1,509.00
	Employee / Family	0	\$2,600.11	\$2,392.00	\$2,402.00
Totals					
Premiums	Monthly Premium		\$5,967.64	\$5,404.00	\$5,411.00
		Difference		(\$563.64)	(\$556.64)
	Annualized Premium		\$71,611.68	\$64,848.00	\$64,932.00
		Difference		(\$6,763.68)	(\$6,679.68)

		Current	ExtensisHR Solution 1	ExtensisHR Solution 2	
		Aetna A4 EPO \$0	Empire BA EPO 30/0	Aetna National EPO 45/0 Y	
In-Network	Preventative / Primary Care / Specialist Deductible (CYD)	\$0 / \$45 / \$65 \$0	\$0 / \$30 / \$50 \$0	\$0 / \$45 / \$65 \$0	
	Coinsurance (Carrier / Member Pays)	100% / 0%	100% / 0%	100% / 0%	
	Maximum Out of Pocket	\$5,500 / 2x	\$3,000 / 2.5x	\$5,500 / 2x	
	Hospitalization	\$500	\$750 per day (2 days Max.)	\$500 per day (5 days Max.)	
	Hospital Emergency Room	\$400	\$400	\$400	
	Outpatient Surgery	\$0	\$300	Covered at 100%	
	Lab Services / X-rays & Complex Imaging	\$0	\$0 / \$0 / \$100	Covered at 100%	
	Urgent Care	\$75	\$75	\$75	
OOB	Deductible (CYD)	Not covered	Not Covered	Not covered	
	Maximum Out of Pocket	Not covered	Not Covered	Not covered	
	Coinsurance (Member Pays)	Not covered	Not Covered	Not covered	
Rx	Rx Deductible	\$100 / \$300	\$100 Ded. / \$200 Ded.	\$100 Ded. / \$300 Ded.	
	Copay - Generic/Brand/Non-Formulary	\$10 / \$55 / \$100 after Ded.	\$15 / \$35 / \$75	\$10 / \$55 / \$100	
	Mail Order - Multiple for 90-Day Supply	2x	2x	2x	
Covered Employees and Rates		Enrolled			
Rates	Employee	3	\$938.83	\$888.00	\$936.00
	Employee / Spouse	0	\$2,042.53	\$1,909.00	\$2,016.00
	Employee / Child(ren)	0	\$1,858.57	\$1,731.00	\$1,828.00
	Employee / Family	0	\$2,870.30	\$2,752.00	\$2,908.00
Totals					
Premiums	Monthly Premium	\$2,816.49	\$2,664.00	\$2,808.00	
	Difference		(\$152.49)	(\$8.49)	
	Annualized Premium	\$33,797.88	\$31,968.00	\$33,696.00	
	Difference		(\$1,829.88)	(\$101.88)	



All ExtensisHR Empire Medical Plans

	Benefits	Empire PPO 25/0 *	Empire PPO 25/0 M	Empire BA PPO 30/0 *	Empire EPO 30/0
In-Network	Preventative / Primary Care / Specialist	\$0 / \$25 / \$40	\$0 / \$25 / \$40	\$0 / \$30 / \$50	\$0 / \$30 / \$50
	Deductible (CYD)	\$0	\$0	\$0	\$0
	Coinsurance (Carrier / Member Pays)	100% / 0%	100% / 0%	100% / 0%	100% / 0%
	MOOP (Copays RX, Deduct. and Coinsurance)	\$2,000 / 2.5x	\$2,000 / 2.5x	\$4,000 / 2.5x	\$4,000 / 2.5x
	Hospitalization	\$500	\$500 / admission	\$500 per day (3 Days Max.)	\$500 per day (3 days Max.)
	Hospital Emergency Room	\$250	\$250	\$400	\$400
	Outpatient Surgery	\$200	\$200	\$200	\$200
	Lab Services / X-rays & Complex Imaging	\$0 / \$0 / \$100	\$0 / \$0 / \$100	\$0 / \$0 / \$100	\$0 / \$0 / \$100
	Urgent Care	\$75	\$75	\$75	\$75
		* 80% Fair Health	* 140% of MC	* 80% Fair Health	
OON	Deductible (CYD)	\$500 / 2.5x	\$500 / 2.5x	\$3,000 / 2.5x	Not Covered
	MOOP (Copays RX, Deduct. and Coinsurance)	\$4,000 / 2.5x	\$4,000 / 2.5x	\$8,000 / 2.5x	Not Covered
	Coinsurance (Member Pays)	20% after Ded.	20% after Ded.	25% after Ded.	Not Covered
Rx	Deductible	\$0	\$0	\$0	\$0
	Copay - Generic/Brand/Non-Formulary	\$10 / \$30 / \$60	\$10 / \$30 / \$60	\$10 / \$50 / \$80	\$10 / \$50 / \$80
	Mail Order - Multiple for 90-Day Supply	2x	2x	2x	2x
		Monthly Rates			
Rates	Employee	\$1,576.00	\$1,493.00	\$1,162.00	\$961.00
	Employee Plus Spouse	\$3,389.00	\$3,211.00	\$2,497.00	\$2,065.00
	Employee Plus Child(ren)	\$3,074.00	\$2,912.00	\$2,265.00	\$1,873.00
	Family	\$4,887.00	\$4,630.00	\$3,601.00	\$2,977.00
		Premium and Contribution Details			
Premiums	Annual Premium	\$852,984.00	\$808,068.00	\$628,812.00	\$520,020.00
	Monthly Premium	\$71,082.00	\$67,339.00	\$52,401.00	\$43,335.00
	Minimum Employer Contribution [50% EE]	\$368,784.00	\$349,362.00	\$271,908.00	\$224,874.00



All ExtensisHR Empire Medical Plans

	Benefits	Empire PPO 35/500 *	Empire BA EPO 30/0	Empire BA PPO 20/1000 *	Empire EPO 30/1500
In-Network	Preventative / Primary Care / Specialist	\$0 / \$35 / \$60	\$0 / \$30 / \$50	\$0 / \$20 / \$40	\$0 / \$30 / \$50
	Deductible (CYD)	\$500 / 2.5x	\$0	\$1,000 / 2.5x	\$1,500 / 2.5x
	Coinsurance (Carrier / Member Pays)	80% / 20%	100% / 0%	80% / 20%	80% / 20%
	MOOP (Copays RX, Deduct. and Coinsurance)	\$5,000 / 2.5x	\$3,000 / 2.5x	\$6,000 / 2.5x	\$5,000 / 2.5x
	Hospitalization	20% after Ded.	\$750 per day (2 days Max.)	20% after Ded.	\$750 per day (5 days Max.) after Ded.
	Hospital Emergency Room	\$250	\$400	\$200	\$200
	Outpatient Surgery	20% after Ded.	\$300	20% after Ded.	\$300
	Lab Services / X-rays & Complex Imaging	20% after Ded. / \$60 / 20% after Ded.	\$0 / \$0 / \$100	20% after Ded. / \$40 / 20% after Ded.	20% after Ded. / \$50 / 20% after Ded.
	Urgent Care	\$75	\$75	\$75	\$75
		* 70% Fair Health		* 285% MC	
OON	Deductible (CYD)	\$1,500 / 2.5x	Not Covered	\$4,000 / 2.5x	Not Covered
	MOOP (Copays RX, Deduct. and Coinsurance)	\$8,000 / 2.5x	Not Covered	\$12,000 / 2.5x	Not Covered
	Coinsurance (Member Pays)	40% after Ded.	Not Covered	30% after Ded.	Not Covered
Rx	Deductible	\$100 Ded. / \$200 Ded.	\$100 Ded. / \$200 Ded.	n/a	\$0
	Copay - Generic/Brand/Non-Formulary	\$10 / \$35 / \$60	\$15 / \$35 / \$75	\$10 / \$35 / \$70	\$20 / \$40 / \$60
	Mail Order - Multiple for 90-Day Supply	2x	2x	2x	2x
		Monthly Rates			
Rates	Employee	\$954.00	\$888.00	\$861.00	\$821.00
	Employee Plus Spouse	\$2,051.00	\$1,909.00	\$1,851.00	\$1,766.00
	Employee Plus Child(ren)	\$1,861.00	\$1,731.00	\$1,679.00	\$1,602.00
	Family	\$2,958.00	\$2,752.00	\$2,669.00	\$2,546.00
		Premium and Contribution Details			
Premiums	Annual Premium	\$516,336.00	\$480,552.00	\$465,972.00	\$444,384.00
	Monthly Premium	\$43,028.00	\$40,046.00	\$38,831.00	\$37,032.00
	Minimum Employer Contribution [50% EE]	\$223,236.00	\$207,792.00	\$201,474.00	\$192,114.00



All ExtensisHR Empire Medical Plans

	Benefits	Empire BA EPO 45/500	Empire PPO 35/2000	Empire BA EPO 30/1500	Empire PPO 40/3000 *
In-Network	Preventative / Primary Care / Specialist	\$0 / \$45 / \$65	\$0 / \$35 / \$50	\$0 / \$30 / \$50	\$0 / \$40 / \$70
	Deductible (CYD)	\$500 / 2.5x	\$2,000 / 2.5x	\$1,500 / 2.5x	\$3,000 / 2.5x
	Coinsurance (Carrier / Member Pays)	100% / 0%	80% / 20%	80% / 20%	70% / 30%
	MOOP (Copays RX, Deduct. and Coinsurance)	\$4,500 / 2.5x	\$6,850 / 2.5x	\$5,000 / 2.5x	\$6,850 / 2.5x
	Hospitalization	\$500 per day (5 days Max.) after Ded.	20% after Ded.	\$750 per day (5 days Max.)	30% after Ded.
	Hospital Emergency Room	\$300	\$300	\$200	\$250
	Outpatient Surgery	\$250	20% after Ded.	\$300	30% after Ded.
	Lab Services / X-rays & Complex Imaging	0% after Ded. / \$65 / 0% after Ded.	20% after Ded. / \$50 / 20% after Ded.	20% after Ded. / \$50 / 20% after Ded.	30% after Ded. / \$70 / 30% after Ded.
	Urgent Care	\$100	\$75	\$75	\$75
		* 150% of MC		* 80% Fair Health	
OON	Deductible (CYD)	Not Covered	\$5,000 / 2.5x	Not Covered	\$7,500 / 2.5x
	MOOP (Copays RX, Deduct. and Coinsurance)	Not Covered	\$10,000 / 2.5x	Not Covered	\$13,700 / 2.5x
	Coinsurance (Member Pays)	Not Covered	40% after Ded.	Not Covered	50% after Ded.
Rx	Deductible	\$100 Ded. / \$200 Ded.	\$100 Ded. / \$200 Ded.	\$0	\$100 Ded. / \$200 Ded.
	Copay - Generic/Brand/Non-Formulary	\$10 after Ded. / \$35 after Ded. / \$70 after Ded.	\$15 / \$35 / \$75	\$20 / \$40 / \$60	\$10 / \$35 / \$60
	Mail Order - Multiple for 90-Day Supply	2x	2x	2x	2x
Monthly Rates					
Rates	Employee	\$813.00	\$796.00	\$772.00	\$772.00
	Employee Plus Spouse	\$1,748.00	\$1,712.00	\$1,659.00	\$1,660.00
	Employee Plus Child(ren)	\$1,585.00	\$1,553.00	\$1,505.00	\$1,506.00
	Family	\$2,521.00	\$2,469.00	\$2,392.00	\$2,394.00
Premium and Contribution Details					
Premiums	Annual Premium	\$439,992.00	\$430,848.00	\$417,768.00	\$417,840.00
	Monthly Premium	\$36,666.00	\$35,904.00	\$34,814.00	\$34,820.00
	Minimum Employer Contribution [50% EE]	\$190,242.00	\$186,264.00	\$180,648.00	\$180,648.00



All ExtensisHR Empire Medical Plans

	Benefits	Empire BA PPO 35/2000	Empire EPO 35/2500	Empire BA PPO 40/2500 *	Empire PPO HSA 3000 *
In-Network	Preventative / Primary Care / Specialist	\$0 / \$35 / \$50	\$0 / \$35 / \$50	\$0 / \$40 / \$70	\$0 / 0% after Ded.
	Deductible (CYD)	\$2,000 / 2.5x	\$2,500 / 2.5x	\$2,500 / 2.5x	\$3,000 / 2x
	Coinsurance (Carrier / Member Pays)	80% / 20%	70% / 30%	70% / 30%	100% / 0%
	MOOP (Copays RX, Deduct. and Coinsurance)	\$6,850 / 2.5x	\$6,000 / 2.5x	\$6,850 / 2.5x	\$3,000 / 2x
	Hospitalization	20% after Ded.	30% after Ded.	30% after Ded.	0% after Ded.
	Hospital Emergency Room	\$300	\$300	\$250	0% after Ded.
	Outpatient Surgery	20% after Ded.	30% after Ded.	30% after Ded.	0% after Ded.
	Lab Services / X-rays & Complex Imaging	20% after Ded. / \$50 / 20% after Ded.	30% after Ded. / \$50 / 30% after Ded.	30% after Ded. / \$70 / 30% after Ded.	0% after Ded.
	Urgent Care	\$75	\$75	\$75	0% after Ded.
		* 150% of MC		* 80% Fair Health	* 250% MC
OON	Deductible (CYD)	\$5,000 / 2.5x	Not Covered	\$7,500 / 2.5x	\$6,000 / 2x
	MOOP (Copays RX, Deduct. and Coinsurance)	\$10,000 / 2.5x	Not Covered	\$13,700 / 2.5x	\$9,000 / 2x
	Coinsurance (Member Pays)	40% after Ded.	Not Covered	50% after Ded.	20% after Ded.
Rx	Deductible	\$100 Ded. / \$200 Ded.	\$100 Ded. / \$200 Ded.	\$100 Ded. / \$200 Ded.	Integrated w/ Medical
	Copay - Generic/Brand/Non-Formulary	\$15 / \$35 / \$75	\$10 after Ded. / \$35 after Ded. / \$70 after Ded.	\$10 / \$35 / \$60	0% after Ded.
	Mail Order - Multiple for 90-Day Supply	2x	2x	2x	2x
		Monthly Rates			
Rates	Employee	\$747.00	\$737.00	\$730.00	\$727.00
	Employee Plus Spouse	\$1,605.00	\$1,584.00	\$1,570.00	\$1,565.00
	Employee Plus Child(ren)	\$1,456.00	\$1,436.00	\$1,424.00	\$1,419.00
	Family	\$2,315.00	\$2,283.00	\$2,263.00	\$2,256.00
		Premium and Contribution Details			
Premiums	Annual Premium	\$404,232.00	\$398,796.00	\$395,100.00	\$393,552.00
	Monthly Premium	\$33,686.00	\$33,233.00	\$32,925.00	\$32,796.00
	Minimum Employer Contribution [50% EE]	\$174,798.00	\$172,458.00	\$170,820.00	\$170,118.00

	Benefits	Empire BA PPO 40/3000	Empire GC EPO 25/1750	Empire BA PPO HSA 1500 *	Empire PPO 40/4000 *
In-Network	Preventative / Primary Care / Specialist	\$0 / \$40 / \$70	\$0 / \$25 / \$45	\$0 / 20% after Ded.	\$0 / \$40 / \$70
	Deductible (CYD)	\$3,000 / 2.5x	\$1,750 / 2.5x	\$1,500 / 2x	\$4,000/ 2.5x
	Coinsurance (Carrier / Member Pays)	70% / 30%	80% / 20%	80% / 20%	70% / 30%
	MOOP (Copays RX, Deduct. and Coinsurance)	\$6,850 / 2.5x	\$5,000 / 2.5x	\$3,500 / 2x	\$6,850 / 2.5x
	Hospitalization	30% after Ded.	\$750 per day (5 days Max.) after Ded.	20% after Ded.	30% after Ded.
	Hospital Emergency Room	\$250	\$200	20% after Ded.	\$250
	Outpatient Surgery	30% after Ded.	20% after Ded.	20% after Ded.	30% after Ded.
	Lab Services / X-rays & Complex Imaging	\$70 / 30% after Ded. / 30% after Ded.	\$45 / 20% after Ded. / 20% after Ded.	20% after Ded.	30% after Ded. / \$70 / 30% after Ded.
	Urgent Care	\$75	\$75	20% after Ded.	\$75
	* 80% Fair Health		* 250% MC	* 80% Fair Health	
OOB	Deductible (CYD)	\$7,500 / 2.5x	Not Covered	\$6,000 / 2x	\$7,500 / 2.5x
	MOOP (Copays RX, Deduct. and Coinsurance)	\$13,700 / 2.5x	Not Covered	\$9,000 / 2x	\$13,700 / 2.5x
	Coinsurance (Member Pays)	50% after Ded.	Not Covered	40% after Ded.	50% after ded
Rx	Deductible	\$100 Ded. / \$200 Ded.	\$0	Integrated w/ Medical	\$100 Ded. / \$200 Ded.
	Copay - Generic/Brand/Non-Formulary	\$10 / \$35 / \$60	\$20 / \$40 / \$60	20% after Ded.	\$10 / \$35 / \$60
	Mail Order - Multiple for 90-Day Supply	2x	2x	2x	2x
Monthly Rates					
Rates	Employee	\$722.00	\$722.00	\$714.00	\$710.00
	Employee Plus Spouse	\$1,552.00	\$1,552.00	\$1,534.00	\$1,526.00
	Employee Plus Child(ren)	\$1,408.00	\$1,408.00	\$1,391.00	\$1,384.00
	Family	\$2,238.00	\$2,238.00	\$2,212.00	\$2,201.00
Premium and Contribution Details					
Premiums	Annual Premium	\$390,744.00	\$390,744.00	\$386,340.00	\$384,228.00
	Monthly Premium	\$32,562.00	\$32,562.00	\$32,195.00	\$32,019.00
	Minimum Employer Contribution [50% EE]	\$168,948.00	\$168,948.00	\$167,076.00	\$166,140.00



All ExtensisHR Empire Medical Plans

	Benefits	Empire BA EPO 35/2500	Empire BA PPO HSA 3000 *	Empire EPO 40/4000	Empire SC EPO 40/3000
In-Network	Preventative / Primary Care / Specialist	\$0 / \$35 / \$50	\$0 / 0% after Ded.	\$0 / \$40 / \$75	\$0 / \$40 / \$70
	Deductible (CYD)	\$2,500 / 2.5x	\$3,000 / 2x	\$4,000 / 2.5x	\$3,000 / 2.5x
	Coinsurance (Carrier / Member Pays)	70% / 30%	100% / 0%	70% / 30%	70% / 30%
	MOOP (Copays RX, Deduct. and Coinsurance)	\$6,000 / 2.5x	\$3,000 / 2x	\$6,400 / 2.5x	\$4,000 / 2.5x
	Hospitalization	30% after Ded.	0% after Ded.	30% after Ded.	30% after Ded.
	Hospital Emergency Room	\$300	0% after Ded.	\$200	\$250
	Outpatient Surgery	30% after Ded.	0% after Ded.	30% after Ded.	30% after Ded.
	Lab Services / X-rays & Complex Imaging	30% after Ded. / \$50 / 30% after Ded.	0% after Ded.	30% after Ded. / \$75 / 30% after Ded.	\$70 / 30% after Ded. / 30% after Ded.
	Urgent Care	\$75	0% after Ded.	\$75	\$75
* 250% MC					
OON	Deductible (CYD)	Not Covered	\$6,000 / 2x	Not Covered	Not Covered
	MOOP (Copays RX, Deduct. and Coinsurance)	Not Covered	\$9,000 / 2x	Not Covered	Not Covered
	Coinsurance (Member Pays)	Not Covered	20% after Ded.	Not Covered	Not Covered
Rx	Deductible	\$100 Ded. / \$200 Ded.	Integrated w/ Medical	\$100 Ded. / \$200 Ded.	\$100 Ded. / \$200 Ded.
	Copay - Generic/Brand/Non-Formulary	\$10 after Ded. / \$35 after Ded. / \$70 after Ded.	0% after Ded.	\$10 after Ded. / \$35 after Ded. / \$70 after Ded.	\$10 / \$35 / \$50
	Mail Order - Multiple for 90-Day Supply	2x	2x	2x	2x
Monthly Rates					
Rates	Employee	\$689.00	\$680.00	\$657.00	\$639.00
	Employee Plus Spouse	\$1,481.00	\$1,463.00	\$1,412.00	\$1,374.00
	Employee Plus Child(ren)	\$1,343.00	\$1,327.00	\$1,280.00	\$1,246.00
	Family	\$2,135.00	\$2,109.00	\$2,035.00	\$1,980.00
Premium and Contribution Details					
Premiums	Annual Premium	\$372,852.00	\$368,076.00	\$355,500.00	\$345,816.00
	Monthly Premium	\$31,071.00	\$30,673.00	\$29,625.00	\$28,818.00
	Minimum Employer Contribution [50% EE]	\$161,226.00	\$159,120.00	\$153,738.00	\$149,526.00



All ExtensisHR Empire Medical Plans

	Benefits	Empire BA EPO HSA 4500	Empire EPO HSA 6400	Empire BA EPO 40/4000	Empire BA EPO HSA 6400
In-Network	Preventative / Primary Care / Specialist	\$0 / 0% after Ded.	\$0 / 0% after Ded.	\$0 / \$40 / \$75	\$0 / 0% after Ded.
	Deductible (CYD)	\$4,500 / 2x	\$6,400 / 2x	\$4,000 / 2.5x	\$6,400 / 2x
	Coinsurance (Carrier / Member Pays)	100% / 0%	100% / 0%	70% / 30%	100% / 0%
	MOOP (Copays RX, Deduct. and Coinsurance)	\$4,500 / 2x	\$6,400 / 2x	\$6,400 / 2.5x	\$6,400 / 2x
	Hospitalization	0% after Ded.	0% after Ded.	30% after Ded.	0% after Ded.
	Hospital Emergency Room	0% after Ded.	0% after Ded.	\$200	0% after Ded.
	Outpatient Surgery	0% after Ded.	0% after Ded.	30% after Ded.	0% after Ded.
	Lab Services / X-rays & Complex Imaging	0% after Ded.	0% after Ded.	30% after Ded. / \$75 / 30% after Ded.	0% after Ded.
	Urgent Care	0% after Ded.	0% after Ded.	\$75	0% after Ded.
OON	Deductible (CYD)	Not Covered	Not Covered	Not Covered	Not Covered
	MOOP (Copays RX, Deduct. and Coinsurance)	Not Covered	Not Covered	Not Covered	Not Covered
	Coinsurance (Member Pays)	Not Covered	Not Covered	Not Covered	Not Covered
Rx	Deductible	Integrated w/ Medical	Integrated w/ Medical	\$100 Ded. / \$200 Ded.	Integrated w/ Medical
	Copay - Generic/Brand/Non-Formulary	\$10 / \$35 / \$70	\$10 after Ded. / \$35 after Ded. / \$70 after Ded.	\$10 after Ded. / \$35 after Ded. / \$70 after Ded.	\$10 after Ded. / \$35 after Ded. / \$70 after Ded.
	Mail Order - Multiple for 90-Day Supply	2x	2x	2x	2x
Monthly Rates					
Rates	Employee	\$631.00	\$630.00	\$614.00	\$589.00
	Employee Plus Spouse	\$1,356.00	\$1,354.00	\$1,320.00	\$1,266.00
	Employee Plus Child(ren)	\$1,230.00	\$1,229.00	\$1,197.00	\$1,149.00
	Family	\$1,955.00	\$1,953.00	\$1,903.00	\$1,826.00
Premium and Contribution Details					
Premiums	Annual Premium	\$341,460.00	\$340,968.00	\$332,280.00	\$318,780.00
	Monthly Premium	\$28,455.00	\$28,414.00	\$27,690.00	\$26,565.00
	Minimum Employer Contribution [50% EE]	\$147,654.00	\$147,420.00	\$143,676.00	\$137,826.00

	Benefits	National POS 15/0 Y *	National POS 30/0 Y *	National POS 30/0 YM	National POS 20/750 Y
In-Network	Preventative / Primary Care / Specialist	\$0 / \$15 / \$20	\$0 / \$30 / \$50	\$0 / \$30 / \$50	\$0 / \$20 / \$40
	Deductible (CYD)	\$0	\$0	\$0	\$750 / 2x
	Coinsurance (Carrier / Member Pays)	100% / 0%	100% / 0%	100% / 0%	90% / 10%
	MOOP (Copays RX, Deduct. and Coinsurance)	\$2,000 / 2x	\$5,000 / 2x	\$5,000 / 2x	\$6,500 / 2x
	Hospitalization	\$250 per day (3 days Max.)	\$500 per day (3 days Max.)	\$500 per day (5 days Max.)	10% after Ded.
	Hospital Emergency Room	\$250	\$400	\$350	\$350
	Outpatient Surgery	\$75	\$75	\$75 Copay	10% after Ded.
	Lab Services / X-rays & Complex Imaging	0% after Ded.	Covered at 100%	0% after Ded.	10% after Ded.
	Urgent Care	\$75	\$75	\$75	\$75
	* 80% UCR	* 80% UCR			
OOB	Deductible (CYD)	\$300 / 2.5x	\$3,000 / 2.5x	\$3,000 / 2.5x	\$3,000 / 2.5x
	MOOP (Copays RX, Deduct. and Coinsurance)	\$2,000 / 2x	\$9,000 / 2.5x	\$9,000 / 2.5x	\$12,000 / 2.5x
	Coinsurance (Member Pays)	20% after Ded.	30% after Ded.	30% after Ded.	40% after Ded.
Rx	Deductible	n/a	n/a	n/a	n/a
	Copay - Generic/Brand/Non-Formulary	\$10 / \$55 / \$100	\$10 / \$55 / \$100	\$10 / \$55 / \$100	\$10 / \$55 / \$100
	Mail Order - Multiple for 90-Day Supply	2x	2x	2x	2x
	Monthly Rates				
Rates	Employee	\$1,826.00	\$1,291.00	\$1,214.00	\$1,089.00
	Employee Plus Spouse	\$3,933.00	\$2,777.00	\$2,613.00	\$2,345.00
	Employee Plus Child(ren)	\$3,563.00	\$2,518.00	\$2,369.00	\$2,126.00
	Family	\$5,673.00	\$4,007.00	\$3,771.00	\$3,382.00
	Premium and Contribution Details				
Premiums	Annual Premium	\$988,548.00	\$698,784.00	\$657,204.00	\$589,572.00
	Monthly Premium	\$82,379.00	\$58,232.00	\$54,767.00	\$49,131.00
	Minimum Employer Contribution [50% EE]	\$427,284.00	\$302,094.00	\$284,076.00	\$254,826.00

	Benefits	National EPO 30/0 Y	National POS 25/1000 Y	National EPO 45/0 Y	National EPO 20/1000 Y
In-Network	Preventative / Primary Care / Specialist	\$0 / \$30 / \$65	\$0 / \$25 / \$50	\$0 / \$45 / \$65	\$0 / \$20 / \$65
	Deductible (CYD)	\$0	\$1,000 / 2x	\$0	\$1,000 / 2x
	Coinsurance (Carrier / Member Pays)	100% / 0%	80% / 20%	100% / 0%	80% / 20%
	MOOP (Copays RX, Deduct. and Coinsurance)	\$5,000 / 2x	\$7,000 / 2x	\$5,500 / 2x	\$5,500 / 2x
	Hospitalization	\$750 per admission	20% after Ded.	\$500 per day (5 days Max.)	20% after Ded.
	Hospital Emergency Room	\$400	\$350	\$400	\$400
	Outpatient Surgery	Covered at 100%	20% after Ded.	Covered at 100%	20% after Ded.
	Lab Services / X-rays & Complex Imaging	Covered at 100%	20% after Ded.	Covered at 100%	20% after Ded.
	Urgent Care	\$75	\$75	\$75	\$75
OOB	Deductible (CYD)	Not covered	\$3,000 / 2.5x	Not covered	Not covered
	MOOP (Copays RX, Deduct. and Coinsurance)	Not covered	\$12,000 / 2.5x	Not covered	Not covered
	Coinsurance (Member Pays)	Not covered	50% after Ded.	Not covered	Not covered
Rx	Deductible	\$100 Ded. / \$300 Ded.	n/a	\$100 Ded. / \$300 Ded.	\$100 Ded. / \$300 Ded.
	Copay - Generic/Brand/Non-Formulary	\$10 / \$55 / \$100	\$10 / \$55 / \$100	\$10 / \$55 / \$100	\$10 / \$55 / \$100
	Mail Order - Multiple for 90-Day Supply	2x	2x	2x	2x
Monthly Rates					
Rates	Employee	\$1,030.00	\$949.00	\$936.00	\$848.00
	Employee Plus Spouse	\$2,217.00	\$2,041.00	\$2,016.00	\$1,824.00
	Employee Plus Child(ren)	\$2,011.00	\$1,850.00	\$1,828.00	\$1,654.00
	Family	\$3,200.00	\$2,947.00	\$2,908.00	\$2,633.00
Premium and Contribution Details					
Premiums	Annual Premium	\$557,640.00	\$513,648.00	\$506,784.00	\$459,012.00
	Monthly Premium	\$46,470.00	\$42,804.00	\$42,232.00	\$38,251.00
	Minimum Employer Contribution [50% EE]	\$241,020.00	\$222,066.00	\$219,024.00	\$198,432.00



All ExtensisHR Aetna Medical Plans

	Benefits	National POS 25/2000 Y	National POS 30/2000 Y	National HSA 1500 (Non-Embedded) Y	National EPO 30/2000 Y
In-Network	Preventative / Primary Care / Specialist	\$0 / \$25 / 75	\$0 / \$30 / \$60	\$0 / \$30 after Ded. / \$45 after Ded.	\$0 / \$30 / \$65
	Deductible (CYD)	\$2,000 / 2x	\$2,000 / 2x	\$1500 / 2x	\$2,000 / 2x
	Coinsurance (Carrier / Member Pays)	100% / 0%	80% / 20%	100% / 0%	80% / 20%
	MOOP (Copays RX, Deduct. and Coinsurance)	\$8,000 / 2x	\$7,000 / 2x	\$3,000 / 2x	\$6,500 / 2x
	Hospitalization	0% after Ded.	20% after Ded.	\$750 per admission	20% after Ded.
	Hospital Emergency Room	\$500	\$350	\$400 after Ded.	\$400
	Outpatient Surgery	0% after Ded.	20% after Ded.	\$300 Copay, 0% after Ded.	20% after Ded.
	Lab Services / X-rays & Complex Imaging	0% after Ded.	20% after Ded.	0% after Ded.	20% after Ded.
	Urgent Care	\$100	\$75	\$75 after Ded.	\$75
OON	Deductible (CYD)	\$5,000 / 2.5x	\$5,000 / 2.5x	\$6,000 / 2x	Not covered
	MOOP (Copays RX, Deduct. and Coinsurance)	\$15,000 / 2.5x	\$15,000 / 2.5x	\$14,000 / 2x	Not covered
	Coinsurance (Member Pays)	30% after Ded.	50% after Ded.	30% after Ded.	Not covered
Rx	Deductible	n/a	n/a	Integrated w/ Medical	\$100 Ded. / \$300 Ded.
	Copay - Generic/Brand/Non-Formulary	\$10 / \$55 / \$100	\$10 / \$55 / \$100	\$10 / \$55 / \$100	\$10 / \$55 / \$100
	Mail Order - Multiple for 90-Day Supply	2x	2x	2x	2x
Monthly Rates					
Rates	Employee	\$837.00	\$818.00	\$815.00	\$773.00
	Employee Plus Spouse	\$1,801.00	\$1,760.00	\$1,753.00	\$1,664.00
	Employee Plus Child(ren)	\$1,633.00	\$1,596.00	\$1,589.00	\$1,509.00
	Family	\$2,598.00	\$2,538.00	\$2,531.00	\$2,402.00
Premium and Contribution Details					
Premiums	Annual Premium	\$453,072.00	\$442,776.00	\$441,132.00	\$418,500.00
	Monthly Premium	\$37,756.00	\$36,898.00	\$36,761.00	\$34,875.00
	Minimum Employer Contribution [50% EE]	\$195,858.00	\$191,412.00	\$190,710.00	\$180,882.00



All ExtensisHR Aetna Medical Plans

	Benefits	National HSA 3000 Y	National EPO 30/3000 Y	National EPO HSA 5000 Y	National EPO 40/4000 Y
In-Network	Preventative / Primary Care / Specialist	\$0 / 10% after Ded.	\$0 / \$30 / \$65	\$0 / 0% after Ded.	\$0 / \$40 / \$80
	Deductible (CYD)	\$3,000 / 2x	\$3,000 / 2x	\$5,000 / 2x	\$4,000 / 2x
	Coinsurance (Carrier / Member Pays)	90% / 10%	80% / 20%	100% / 0%	80% / 20%
	MOOP (Copays RX, Deduct. and Coinsurance)	\$5,000 / 2x	\$7,500 / 2x	\$5,500 / 2x	\$7,500 / 2x
	Hospitalization	10% after Ded.	20% after Ded.	0% after Ded.	20% after Ded.
	Hospital Emergency Room	10% after Ded.	\$400	0% after Ded.	\$400
	Outpatient Surgery	10% after Ded.	20% after Ded.	0% after Ded.	20% after Ded.
	Lab Services / X-rays & Complex Imaging	10% after Ded.	20% after Ded.	0% after Ded.	20% after Ded.
	Urgent Care	10% after Ded.	\$75	0% After Ded.	\$75
OON	Deductible (CYD)	\$6,000 / 2x	Not covered	Not Covered	Not Covered
	MOOP (Copays RX, Deduct. and Coinsurance)	\$10,000 / 2x	Not covered	Not Covered	Not Covered
	Coinsurance (Member Pays)	40% after Ded.	Not covered	Not Covered	Not Covered
Rx	Deductible	Integrated w/ Medical	\$100 Ded. / \$300 Ded.	Integrated w/ Medical	\$100 Ded. / \$300 Ded.
	Copay - Generic/Brand/Non-Formulary	\$10 / \$55 / \$100	\$10 / \$55 / \$100	\$10 / \$55 / \$100	\$10 / \$55 / \$100
	Mail Order - Multiple for 90-Day Supply	2x	2x	2x	2x
Monthly Rates					
Rates	Employee	\$752.00	\$723.00	\$664.00	\$651.00
	Employee Plus Spouse	\$1,623.00	\$1,556.00	\$1,432.00	\$1,401.00
	Employee Plus Child(ren)	\$1,472.00	\$1,409.00	\$1,299.00	\$1,269.00
	Family	\$2,342.00	\$2,245.00	\$2,065.00	\$2,021.00
Premium and Contribution Details					
Premiums	Annual Premium	\$407,388.00	\$391,320.00	\$359,640.00	\$352,356.00
	Monthly Premium	\$33,949.00	\$32,610.00	\$29,970.00	\$29,363.00
	Minimum Employer Contribution [50% EE]	\$175,968.00	\$169,182.00	\$155,376.00	\$152,334.00



All ExtensisHR Aetna Medical Plans

	Benefits	National HSA 5000 Y	National POS 15/4500 Y	National HSA 6350 Y	National EPO 15/6350 Y
In-Network	Preventative / Primary Care / Specialist	\$0 / 20% after Ded.	\$0 / \$15 / \$90	\$0 / 0% after Ded.	\$0 / \$15 / \$90
	Deductible (CYD)	\$5,000 / 2x	\$4,500 / 2x	\$6,350 / 2x	\$6,350 / 2x
	Coinsurance (Carrier / Member Pays)	80% / 20%	60% / 40%	100% / 0%	100% / 0%
	MOOP (Copays RX, Deduct. and Coinsurance)	\$6,900 / 2x	\$8,550 / 2x	\$6,900 / 2x	\$8,550 / 2x
	Hospitalization	20% after Ded.	40% after Ded.	0% after Ded.	0% after Ded.
	Hospital Emergency Room	20% after Ded.	\$500	0% after Ded.	\$500
	Outpatient Surgery	20% after Ded.	40% after Ded.	0% after Ded.	0% after Ded.
	Lab Services / X-rays & Complex Imaging	20% after Ded.	\$35 copay for lab. / 40% after Ded.	0% after Ded.	0% after Ded.
	Urgent Care	20% after Ded.	\$100	0% After Ded.	\$100
OON	Deductible (CYD)	\$10,000 / 2x	\$10,000 / 2.5x	\$10,000 / 2x	Not Covered
	MOOP (Copays RX, Deduct. and Coinsurance)	\$14,000 / 2x	\$15,000 / 2.5x	\$15,000 / 2x	Not Covered
	Coinsurance (Member Pays)	50% after Ded.	50% after Ded.	30% after Ded.	Not Covered
Rx	Deductible	Medical ded applies, waived for preventive medications	n/a	Integrated w/ Medical	\$100 / \$300
	Copay - Generic/Brand/Non-Formulary	\$10 / \$55 / \$100	\$10 / \$55 / \$100	0% after Ded.	\$10 / \$55 / \$100
	Mail Order - Multiple for 90-Day Supply	2x	2x	2x	2x
Monthly Rates					
Rates	Employee	\$648.00	\$645.00	\$630.00	\$617.00
	Employee Plus Spouse	\$1,395.00	\$1,389.00	\$1,357.00	\$1,328.00
	Employee Plus Child(ren)	\$1,265.00	\$1,258.00	\$1,230.00	\$1,205.00
	Family	\$2,014.00	\$2,003.00	\$1,959.00	\$1,918.00
Premium and Contribution Details					
Premiums	Annual Premium	\$350,832.00	\$349,152.00	\$341,112.00	\$334,068.00
	Monthly Premium	\$29,236.00	\$29,096.00	\$28,426.00	\$27,839.00
	Minimum Employer Contribution [50% EE]	\$151,632.00	\$150,930.00	\$147,420.00	\$144,378.00



All ExtensisHR Aetna Medical Plans

	Benefits	National EPO HSA 5500 Y
In-Network	Preventative / Primary Care / Specialist	\$0 / 20% after Ded.
	Deductible (CYD)	\$5,500 / 2x
	Coinsurance (Carrier / Member Pays)	80% / 20%
	MOOP (Copays RX, Deduct. and Coinsurance)	\$7,000 / 2x
	Hospitalization	20% after Ded.
	Hospital Emergency Room	20% after Ded.
	Outpatient Surgery	20% after Ded.
	Lab Services / X-rays & Complex Imaging	20% after Ded.
	Urgent Care	20% after Ded.
OON	Deductible (CYD)	Not Covered
	MOOP (Copays RX, Deduct. and Coinsurance)	Not Covered
	Coinsurance (Member Pays)	Not Covered
Rx	Deductible	Medical ded applies, waived for preventive medications
	Copay - Generic/Brand/Non-Formulary	\$10 / \$55 / \$100
	Mail Order - Multiple for 90-Day Supply	2x
Monthly Rates		
Rates	Employee	\$579.00
	Employee Plus Spouse	\$1,246.00
	Employee Plus Child(ren)	\$1,130.00
	Family	\$1,798.00
Premium and Contribution Details		
Premiums	Annual Premium	\$313,440.00
	Monthly Premium	\$26,120.00
	Minimum Employer Contribution [50% EE]	\$135,486.00



All Dental Plans from Aetna

	Benefits	AETNA DMO	AETNA PPO 1000 (UCR)	AETNA PPO 1500 (MAC)	AETNA PPO 2000 (UCR)
In-Network	Office Visit Copay	N/A	N/A	N/A	N/A
	Annual Deductible Individual/Family (applies to basic and major services)	N/A	\$50 / \$150	\$50 / \$150	\$50 / \$150
	Annual Benefit Maximum	N/A	\$1,000	\$1,500	\$2,000
	Preventable Service Covered Percent	100%	IN: 100% OON: 80%	100%	100%
	Basic Service Covered Percent	Schedule of Fees	80%	80%	80%
	Major Service Covered Percent	Schedule of Fees	50%	50%	50%
	Orthodontic Lifetime Maximum	Schedule of Fees	Not Covered	\$1,000 (Children Only)	\$1,500
Monthly Rates					
Rates	Employee	\$17.00	\$41.00	\$42.00	\$59.00
	Employee / Spouse	\$33.00	\$83.00	\$84.00	\$114.00
	Employee / Child(ren)	\$36.00	\$81.00	\$81.00	\$111.00
	Employee / Family	\$54.00	\$116.00	\$117.00	\$160.00
Premium and Contribution Details					
Premiums	Annual Premium	\$0.00	\$0.00	\$0.00	\$0.00
	Monthly Premium	\$0.00	\$0.00	\$0.00	\$0.00
	Employer Contribution [50%]	\$0.00	\$0.00	\$0.00	\$0.00

	Benefits	AETNA PPO 5000 (UCR)	AETNA FOC DMO/PPO
In-Network	Office Visit Copay	N/A	N/A / N/A
	Annual Deductible Individual/Family (applies to basic and major services)	\$50 / \$150	\$0 / \$50 / \$100
	Annual Benefit Maximum	\$5,000	N/A / \$1,000
	Preventable Service Covered Percent	100%	100% (\$5 Co-Pay Office Visit) / 90%
	Basic Service Covered Percent	90%	100% / 60%
	Major Service Covered Percent	50%	60% / 50%
	Orthodontic Lifetime Maximum	\$2,500	50% - 24 Month Treatment Limit Covered Adult & Child / N/A
Monthly Rates			
Rates	Employee	\$81.00	\$33.00
	Employee / Spouse	\$165.00	\$64.00
	Employee / Child(ren)	\$161.00	\$62.00
	Employee / Family	\$230.00	\$94.00
Premium and Contribution Details			
Premiums	Annual Premium	\$0.00	\$0.00
	Monthly Premium	\$0.00	\$0.00
	Employer Contribution [50%]	\$0.00	\$0.00



All Dental Plans from MetLife

	Benefits	MetLife DMO	MetLife Low PPO \$1,000	MetLife PPO Max \$1500	MetLife High PPO \$2,000
In-Network	Office Visit Copay	N/A	N/A	N/A	N/A
	Annual Deductible Individual/Family (applies to basic and major services)	N/A	\$50 / \$150	\$50 / \$150	\$50 / \$150
	Annual Benefit Maximum	N/A	\$1,000	\$1,500	\$2,000
	Preventable Service Covered Percent	100%	IN: 100% OON: 80%	100%	100%
	Basic Service Covered Percent	Schedule of Fees	80%	80%	80%
	Major Service Covered Percent	Schedule of Fees	50%	50%	50%
	Orthodontic Lifetime Maximum	Schedule of Fees	Not Covered	\$1,500 (Children Only)	\$1,500
Monthly Rates					
Rates	Employee	\$12.00	\$38.00	\$42.00	\$57.00
	Employee / Spouse	\$23.00	\$77.00	\$85.00	\$113.00
	Employee / Child(ren)	\$24.00	\$75.00	\$82.00	\$111.00
	Employee / Family	\$34.00	\$107.00	\$118.00	\$160.00
Premium and Contribution Details					
Premiums	Annual Premium	\$0.00	\$0.00	\$0.00	\$0.00
	Monthly Premium	\$0.00	\$0.00	\$0.00	\$0.00
	Employer Contribution [50%]	\$0.00	\$0.00	\$0.00	\$0.00



All Dental Plans from MetLife

	Benefits	MetLife Enhanced PPO \$5,000
In-Network	Office Visit Copay	N/A
	Annual Deductible Individual/Family (applies to basic and major services)	\$50 / \$150
	Annual Benefit Maximum	\$5,000
	Preventable Service Covered Percent	100%
	Basic Service Covered Percent	90%
	Major Service Covered Percent	50%
	Orthodontic Lifetime Maximum	\$2,500
Monthly Rates		
Rates	Employee	\$81.00
	Employee / Spouse	\$165.00
	Employee / Child(ren)	\$161.00
	Employee / Family	\$230.00
Premium and Contribution Details		
Premiums	Annual Premium	\$0.00
	Monthly Premium	\$0.00
	Employer Contribution [50%]	\$0.00



All Vision Plans from Aetna

	Benefits	AETNA VISION STANDARD	AETNA VISION PREMIUM
In-Network	Eye Exam Copay	\$10	\$0
	Lenses Single/Bifocal	\$20 / \$20	\$0 / \$0
	Contact Lens Allowance	\$130	\$150
	Frame Allowance	\$130	\$150
	Frame Frequency	Every 2 Calendar Years	Once Every Calendar Year
Monthly Rates			
Rates	Employee	\$4.00	\$8.00
	Employee / Spouse	\$8.00	\$14.00
	Employee / Child(ren)	\$8.00	\$14.00
	Employee / Family	\$10.00	\$18.00
Premium and Contribution Details			
Premiums	Annual Premium	\$0.00	\$0.00
	Monthly Premium	\$0.00	\$0.00
	Employer Contribution [0%]	\$0.00	\$0.00



All Vision Plans from MetLife

	Benefits	MetLife VSP Standard	MetLife VSP Premium	MetLife Superior Standard	MetLife Superior Premium
In-Network	Eye Exam Copay	\$10	\$0	\$10	\$0
	Lenses Single/Bifocal	\$20 / \$20	\$0 / \$0	\$20 / \$20	\$0 / \$0
	Contact Lens Allowance	\$130	\$150	\$130	\$150
	Frame Allowance	\$130	\$150	\$130	\$150
	Frame Frequency	24 Months from Last Received	12 Months from Last Received	24 Months from Last Received	12 Months from Last Received
Monthly Rates					
Rates	Employee	\$4.00	\$8.00	\$4.00	\$8.00
	Employee / Spouse	\$6.00	\$13.00	\$6.00	\$13.00
	Employee / Child(ren)	\$6.00	\$13.00	\$6.00	\$13.00
	Employee / Family	\$8.00	\$18.00	\$8.00	\$18.00
Premium and Contribution Details					
Premiums	Annual Premium	\$0.00	\$0.00	\$0.00	\$0.00
	Monthly Premium	\$0.00	\$0.00	\$0.00	\$0.00
	Employer Contribution [50%]	\$0.00	\$0.00	\$0.00	\$0.00

ExtensisHR Additional Offerings

Group Life and AD&D Insurance - Employer Paid

Provider: The Standard

Premiums: Employer Paid

Coverage: Mandatory / Voluntary

Worksite employees must be scheduled to work a minimum of 30 hours a week. Coverage effective on the first day of active, full-time employment coinciding with or next following completion of the waiting period.

Mandatory \$10,000 Life and AD&D
Voluntary Life Insurance Coverage Levels

\$0.105 per \$1k per Month
Per \$1,000 per month

\$10,000	\$0.13
\$15,000	\$0.13
\$25,000	\$0.13
\$40,000	\$0.13
\$50,000	\$0.13
\$90,000	\$0.13
\$100,000	\$0.13
Class 1*: Flat \$100k	\$0.13
Class 2**: Flat \$50k	\$0.13
Class 1*: 1x annual earnings to max \$500k	\$0.13
Class 2**: 1x annual earnings to max	\$0.13
Class 1*: 1x annual earnings to max \$300k	\$0.13
Class 2**: Flat \$10k	\$0.13
1x annual earnings up to \$50,000	\$0.13
1x annual earnings up to \$100,000	\$0.13
1x annual earnings up to \$500,000	\$0.13
1x annual earnings up to \$1,000,000	\$0.13
2x annual earnings up to \$150,000	\$0.13
2x annual earnings up to \$500,000	\$0.13
2x annual earnings up to \$1,000,000	\$0.13
3x annual earnings up to \$2,000,000	\$0.13

*Class 1: Corporate Officers, Partners, Sole-Proprietors, Managing Directors, Executive Directors, Attorneys, & Physicians
**Class 2: All other members



Group Supplemental Life - Employee Paid

Provider: The Standard

Premiums: Employee Paid
Coverage: Age Banded

Eligible employees may purchase term life insurance at reduced rates for themselves, spouses* and children*. Employees may select up to 5x salary to \$1,000,000 of coverage. Evidence of insurability may be required for some amounts. Guarantee Issue up to \$500,000 during initial eligibility.

Age:	Rate/Month
Under 30	\$0.06
30 to 34	\$0.07
35 to 39	\$0.09
40 to 44	\$0.10
45 to 49	\$0.15
50 to 54	\$0.23
55 to 59	\$0.43
60 to 64	\$0.65
65 to 69	\$1.17
70+	\$1.91

* Employees must elect voluntary coverage in order to elect Spousal / Child coverage
Spouses may apply for Dependent Life Insurance in multiples of \$10,000, ranging from \$10,000 to \$100,000.

* Dependent Children age 6 months to 25 years are eligible for a flat \$10,000 in coverage. One Rate provides \$10k coverage for multiple dependent children

Request Plan Details from your Sales Manager for additional information / guidelines

Group Short Term Disability Insurance - Employer Paid

Provider: The Standard

Premiums: Employer Paid

Coverage: Voluntary

Benefits begin on the 8th day for non-work related accidents or illness. This benefit must be elected for all employees (FT and PT).



Option	Weekly Benefit	Backdoor Integration	Max. Weekly Benefit	Max. Weekly Salary	Max. Benefit Period	Waiting Period	Rate Per \$10
Option 1	60%		\$1,000	\$1,667	180 Days	7 Days	\$0.160
Option 2	60%	Yes	\$1,000	\$1,667	180 Days	7 Days	\$0.170
Option 3	60%		\$1,500	\$2,500	180 Days	7 Days	\$0.167
Option 4	60%	Yes	\$1,500	\$2,500	180 Days	7 Days	\$0.177
Option 5	60%		\$2,000	\$3,334	180 Days	7 Days	\$0.171
Option 6	60%	Yes	\$2,000	\$3,334	180 Days	7 Days	\$0.181
Option 7	60%		\$2,500	\$4,167	180 Days	7 Days	\$0.172
Option 8	60%	Yes	\$2,500	\$4,167	180 Days	7 Days	\$0.182
Option 9	60%		\$2,000	\$3,334	90 Days	7 Days	\$0.137
Option 10	60%	Yes	\$2,000	\$3,334	90 Days	7 Days	\$0.147

Group Short Term Disability Insurance - Employee Paid

Provider: The Standard / AFLAC

Premiums: Employee Paid
Coverage: Voluntary

If the Employer opts out of Group Short Term Disability for their employees, the employees have the option to purchase their own Short Term Disability from 2 Carriers



Waiting Period	Age Bands	13 Week Benefit / \$100	26 Week Benefit / \$100
7 Days	Under 30	\$0.631	\$0.782
7 Days	30 to 34	\$0.738	\$0.931
7 Days	35 to 39	\$0.607	\$0.800
7 Days	40 to 44	\$0.576	\$0.784
7 Days	45 to 49	\$0.680	\$0.932
7 Days	50 to 54	\$0.762	\$1.044
7 Days	55 to 59	\$1.017	\$1.393
7 Days	60+	\$1.263	\$1.731

\$2,500 Maximum Weekly Benefit

Waiting Period	Age Bands	Rate/\$100 Benefit / Mo.	Benefit Duration
7 Days	18 to 49	\$2.58	3 Months
7 Days	50 to 64	\$2.70	3 Months
7 Days	65 to 74	\$3.07	3 Months
7 Days	18 to 49	\$3.46	6 Months
7 Days	50 to 64	\$3.61	6 Months
7 Days	65 to 74	\$4.51	6 Months

Issue Age: Employees 18 years and older

\$3,000 Maximum Monthly Benefit

ExtensisHR Additional Offerings (cont.)

Group Long Term Disability Insurance - Employer Paid

Provider: The Standard
Premiums: Employer Paid
Coverage: Voluntary

*Benefits begin after the applicable elimination period is completed.
 The Benefit must be elected for all benefit eligible employees.*

Option	Class	Monthly Benefit *	Max Monthly Benefits	Benefit Waiting Period	Rate / \$100
Option 1		60%	\$5,000	180 Days	\$0.208
Option 2		50%	\$5,000	180 Days	\$0.133
Option 3		60%	\$15,000	180 Days	\$0.257
Option 4		50%	\$1,000	180 Days	\$0.120
Option 5	1	60%	\$10,000	180 Days	\$0.249
Option 5	2	60%	\$5,000	180 Days	\$0.249
Option 6		60%	\$10,000	180 Days	\$0.245
Option 7	1	60%	\$15,000	180 Days	\$0.250
Option 7	2	60%	\$5,000	180 Days	\$0.250
Option 8		60%	\$5,000	90 Days	\$0.250
Option 9		60%	\$10,000	90 Days	\$0.290
Option 10		60%	\$15,000	90 Days	\$0.300
Option 11		60%	\$20,000	180 Days	\$0.291
Option 12		60%	\$20,000	90 Days	\$0.307



* % of Pre-Disability Income Replaced

Long Term Disability Insurance - Employee Paid

Provider: The Standard
Premiums: Employee Paid
Coverage: Voluntary

If the Employer Opts out of providing Long Term Disability, Employees can purchase one coverage type below from the Standard based on the Age Banded Rates and Waiting Period:

Waiting Period	Age Bands	Rate / \$100	Waiting Period	Age Band	Rate / \$100
90 Days	<25	\$0.172	180 Days	<25	\$0.163
90 Days	25-29	\$0.179	180 Days	25-29	\$0.164
90 Days	30-34	\$0.339	180 Days	30-34	\$0.312
90 Days	35-39	\$0.606	180 Days	35-39	\$0.565
90 Days	40-44	\$0.862	180 Days	40-44	\$0.759
90 Days	45-49	\$1.187	180 Days	45-49	\$1.047
90 Days	50-54	\$1.604	180 Days	50-54	\$1.404
90 Days	55-59	\$1.762	180 Days	55-59	\$1.519
90 Days	60+	\$1.884	180 Days	60+	\$1.627

\$10,000 Maximum Monthly Benefit

\$10,000 Maximum Monthly Benefit

AFLAC Voluntary Employee Paid Accident, Critical Illness and Hospital Insurance

AFLAC Accident Insurance:

Group Accident Insurance pays cash benefits if you are injured in a covered accident. Aflac's accident insurance plan can help cover expenses such as:

- Ambulance rides
- Bone fractures and dislocations
- Emergency room or urgent care visits
- Surgery and anesthesia
- Burns

Plan Coverage	Low Option	High Option
Employee	\$10.66	\$13.36
Employee / Spouse	\$16.58	\$20.72
Employee / Child(ren)	\$21.99	\$28.04
Employee / Family	\$27.91	\$35.40



AFLAC Critical Illness Insurance:

AFLAC CRITICAL ILLNESS INSURANCE: Pays cash benefits if you or a covered dependent is diagnosed with a covered condition. Benefits are paid directly to you, unless assigned, and can be used in any way you see fit. Benefits include:

- Guaranteed Issue coverage so you don't have to answer any health questions
- No Pre-Existing Condition Limitations; diagnosis must occur after the plan effective date
- Health screening benefit (see brochure or certificate for full list of covered screenings)

Age	\$15,000 Policy	\$30,000 Policy
18-24	\$2.25	\$3.40
25-29	\$3.00	\$4.90
30-34	\$4.05	\$7.00
35-39	\$5.55	\$10.00
40-44	\$8.40	\$15.70
45-49	\$12.90	\$24.70
50-54	\$18.90	\$36.70
55-59	\$26.70	\$52.30
60-64	\$38.70	\$76.30
65+	\$54.60	\$108.10

AFLAC Hospital Indemnity Insurance

Pays cash benefits directly to you, if you or a covered dependent is hospitalized due to illness or injury. Benefits include the following:*

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit

Plan Coverage	Low Option	High Option
Employee	\$5.85	\$10.55
Employee / Spouse	\$12.45	\$24.01
Employee / Child(ren)	\$11.50	\$21.99
Employee / Family	\$18.10	\$35.45

- Employee / Spouse Eligible if at least 18 years old; Children must be under 26
 - Spousal Rates calculated separately and based on Employee Age
 - Spouse eligible for 100% of Employee Coverage Amount
 - Child Coverage included at 50% of Employee amount at no additional cost

* Issue Age: Employee / Spouse 18+ and Children under 26

ExtensisHR Additional Offerings (cont.)

InsurChoice: HOME AND AUTO INSURANCE

InsurChoice is a one-of-a-kind auto and home insurance program with multiple insurance discounts, to give access to different products and policies. The program shops auto and home insurance across more than 20 of the top-rated insurance carriers so participants can get the best rates. With InsurChoice you get the following features:

- o Access to a team of licensed agents who tailor policies to fit your individual needs*
- o Rate Protection Plan – if your rate increases more than 20% the program automatically shops out your coverage to all the carriers*

Affinity Federal Credit Union:

As a member of Affinity, employees and their families will have easy access to a wide selection of banking services including savings, checking, loans, mortgages and much more.

MetLife Pre Paid Legal Services

MetLife Legal Plans: National legal coverage with immediate access to a choice of local attorneys. Legal representation provided for traffic offences, family matters, civil lawsuits, debt collection defense, wills, small claims assistance, documentation preparation, court appearance, and many other matters.

Cost: **\$19.50 / Month**

HealthEquity - Flexible Spending Accounts (FSA)

HealthEquity (HE): Employees annually set aside up to \$3,050 for medical costs such as co-pays, deductibles, prescriptions, dental and vision care (with FSA Debit Card). Provided by HE the FSA is conveniently accessible online to view account information and upload receipts to file claims. Plus, its EZReceipts mobile app facilitates on-the-go account access.

HealthEquity - Commuter Benefit Plan (Employer Paid)

HealthEquity offers mass transit and parking. By enrolling in a commuter benefit plan, employees can pay for qualified workplace mass transit and parking expenses with tax-free contributions, meaning they will not pay federal income taxes, social security (FICA) taxes, or state income taxes (may vary by state) on these expenses. There is no set-up fee; the monthly cost per participant is \$2.80. Note Rate may be periodically adjusted by Provider. BRI provides convenient access for enrollees to check their balance at any time by registering online or downloading the mobile app.

ID Watchdog - Identity Protection

ID Watchdog monitors billions of data points in both public and private databases and alerts you of any new and updated information associated with your personal, identifiable and financial information. ID Watchdog is everywhere you can't be — monitoring your credit and helping you better protect your identity.

Employee Only: **\$10.90 / Month**
Employee & Family: **\$18.50 / Month**

ExpensePath - Expense Reporting

With ExpensePath, employees provide expense details and receipts through mobile app or website, reports are automatically routed to reviewers, and approved data is exported for reimbursement in the next payroll run in HRCloud. ExpensePath is a full-featured solution including policy, GL mapping, reporting, and much more.

Cost Per Active User: **\$5.00 / Month**

401 (k) Savings Programs

TransAmerica: TransAmerica has focused on Retirement Plans for over 80 Years and has \$21.3 Billion PEO assets under management. Offering a 401 (k) is an excellent way to retain valuable employees, and the Employer is able to match. Participants can defer between 1% and 90% of compensation and invest from a variety of investment options. The ExtensisHR 401(k) Enrollment and other Fees are below:

<i>One Time Set-Up Fees:</i> \$750	<i>Annual Loan Fee:</i> \$50
<i>Asset Transfer Fees:</i> \$950	<i>De-Conversion Fee:</i> \$100
<i>Loan Initial Set-Up Fee:</i> \$50	<i>Distribution Fee:</i> \$50

Insubuy - International Trip & Medical Insurance

Travelers and Students can take advantage of Insubuy's Trip and International Insurance, including Medical.

Section 529 College Savings Plan

John Hancock Freedom 529 College Savings Plan: A great, flexible way to save for qualified higher education expenses. Tax-advantaged growth on earnings and contributions. Tax-free withdrawals set 529 Plans apart from other investments used for college savings.

HealthEquity - Dependent Care Flexible Spending Accounts

HealthEquity (HE): Employees annually set aside up to \$5,000 before taxes to pay for dependent care expenses such as day care, child care, nursery school, after school programs and summer day-camp up until age 13. The Dependent Care FSA is also provided by HE which allows for online and mobile application account accessibility.

HealthEquity - Health Spending Accounts (HSA)

HealthEquity: HealthEquity HSA accounts are available to individuals with a qualified high-deductible health plan (HDHP). HealthEquity makes it easy to pay for eligible expenses. Employees can use the HealthEquity Card that acts as a debit card; use cash, credit card, or personal check and then withdraw HSA funds to pay themselves back; or pay the provider from their account. HealthEquity Mobile App available to manage accounts.

DDS Employee Screening Service - Background Checks and Drug Testing

Background searches available include criminal and driving records, credit reports, and social security trace, as well as drug testing. The cost associated with this service varies based on the scope of work needed, but ExtensisHR offers discounted rates through DDS.

Pet Insurance, Vet and Prescription Discount

3 Unique offerings from 4 Vendors (Pet Insurance, Veterinary Discount Plans and Pet Prescription Savings Plans)



Pet Insurance for Accidents

Varies by Pet



Pet Insurance for Accidents

Varies by Pet



Veterinary Discount Plan

\$7/Mon: All Pets



Pet Prescription

\$3.75/Mon. / Pet

\$7.50 / Mon. For All Pets

Additional Services	Cost	Implementation
Time and Labor - Tracking	\$250 Setup Fee / \$4.50 PEPM	Avg 30 Days from First Payroll
Time and Labor - Hardware	\$1,500 / Year / Clock, \$420 for Mobile Tablet & Kiosk App Rental - \$125 / Clock / Month	Avg 30 Days from First Payroll
ExpensePath	\$150 Standard Setup / \$300 Credit Card Setup \$5 Per Active User Per Month	Avg 45 Days from First Payroll
Group Life & LTD	Dependent on Coverage Selected - See Group Life Section Above	Available on Benefits Start Date
Advanced Recruiting	Included	Available on Start Date
Applicant Tracking System (ATS)	\$99 / Month / Client	Available 4-6 weeks from Start Date
401k Offering	\$750 Implementation + Add'l \$950 if Moving Assets	From Start Date: 60 Days (New) / 90 Days (Rollover)
Learning Management System (LMS)	Included	Available on Start Date
FSA Administration	Included	Available For Benefits Start Date
HSA	Included	Available For Benefits Start Date
PTO	Included	2-3 Week Implementation including First Payroll Run
GL Reporting Setup	Included	30-90 Days After First Payroll
Performance Management Cloud	Request Quote	6-8 Week Implementation including Training



Workers Compensation Insurance Detail

State	# of Emps	Code	Wages	Current Rate	Current Charges	ExtensisHR Rate	ExtensisHR Charges
NY	48	8861	\$3,542,480	0.710	\$25,152	0.502	\$17,794

Total: \$17,794

Acknowledgement & Disclosure: Client acknowledges the rates and plans indicated here are subject to a final review and approval process and may be revised if census changes occur after the initial rates are issued. Rates and plans contained herein include applicable state and PPACA fees and assessments imposed on insurance carriers. Client elects health and dental benefits in all coverage areas according to the carriers and products available and life and long-term disability at the mandatory minimum benefit levels. Client must have and maintain at least 70 percent participation among eligible Worksite Employees or, if greater, a minimum participation of five Worksite Employees. Client must generally make a contribution of at least 50 percent of the single premium rate for each medical plan. Client acknowledges the rates are subject to change if the Client's Worksite Employee enrollment increases or decreases by more than ten percent from the enrollment assumptions used in establishing the rates and/or there is a change in rates by the insurance carrier and/or there is a change in any law, regulation, or required assessment of tax that changes the insurance carrier's costs in offering the plan. Client acknowledges that if it has previously elected to offer coverage through a high deductible health plan (HDHP), any decision to terminate the HDHP coverage option may have an adverse tax effect on its Worksite Employees if such Worksite Employees elected to contribute to a Health Savings Account (HSA).

Subject to any further limitations set forth in the terms and provisions of the applicable plan documents and insurance contracts, only regular, full-time, employees of an ExtensisHR Group worksite employer residing or working in the United States are eligible to participate in the medical, dental, vision, FSA or commuter plans. Worksite Employees must satisfy the minimum hours of service requirement, be in an eligible class and satisfy any applicable waiting period (in each case, as determined by the Client, subject to the terms and provisions of the applicable plan documents and insurance contracts), in order to participate in the plans. Individuals who are covered by a collective bargaining agreement, classified as an independent contractor or consultant, not in an eligible class, and/or are not a Worksite Employee are not eligible to participate in the plans, even if the individual satisfies all other eligibility requirements. Retirees are not eligible to participate in the plans.

Client acknowledges that subject to the terms and provisions of the Client Services Agreement (including, without limitation, the terms and provisions herein) and the terms and provisions of the applicable plan documents and insurance contracts, the rates and plans indicated in the CBE statement are valid for 90 days from issuance. Client acknowledges that Extensis incurs additional expenses associated with the administration of the benefits plans. ExtensisHR benefits administration services include Affordable Care Act Compliance Management.

The information contained in this document is proprietary and highly confidential. It is being provided with the understanding that it will not be used by the Client, its representatives, advisors or consultants for any purpose other than the evaluation of the Extensis Health and Welfare Plans. Under no circumstances is any of the information contained herein (including excerpts, summaries, extracts, and evaluations thereof) to be used, disseminated, disclosed or otherwise communicated to any person or entity other than the Client, its representatives, advisors and consultants, and their respective employees who are directly involved in the evaluation process without the expressed written consent of Extensis.

Pricing and Proposal Confidentiality. This Agreement, any and all pricing and discounts contained herein, and any related proposals or correspondence between Customer and Extensis shall be considered confidential information. Quotes, terms and pricing terms are negotiated between Customer and Extensis may be unique to the Customer. Therefore, and except as otherwise provided by law, Customer agrees to hold such information in strict confidence and not to disclose it to any third parties. Customer agrees to take all reasonable measures to protect the confidentiality of and avoid disclosure or use of such confidential information in order to prevent it from falling into the public domain or the possession of persons other than those persons authorized hereunder to have any such information, which measures shall include the highest degree of care that it utilizes to protect its own confidential information of a similar nature.