

E.D.I.S.

EMPLOYER DRIVEN INSURANCE SERVICES

Group Insurance Analysis

E.D.I.S. 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:

The Golden Charter Academy

Effective Date

08/01/2023

E.D.I.S. Plan is available for exclusive benefit of a select group of benefit experts

Proposed By:

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E.D.I.S. Group Medical Proposal/Comparison for The Golden Charter Academy

(1)
Carrier Kaiser
Rates Effective as of: 1/1/2023
Plan Name Bronze 60 HDHP HMO 7000

Carrier Deductible \$7,000
Renewal Annual Premium \$165,150.72
Proposed Annual Carrier Premium \$106,297.08
Instant Savings \$58,853.64

(2)
Proposed Shared Funded Plan (Per Deductible Unit)

First Dollar Amount \$4,000
Individual Deductible \$0
Employer Coinsurance % 0%
Office Visit 100%
Prescription 100%
Employer Maximum Out-of-pocket: \$4,000.00

(3)
Deductible Units

Employee 19
Employees with Dependents 4
Medical Risk Unit Total 27

(4)
Expected Medical Claims Amount (Per Deductible Unit)

Claimants % of Max

5%	100%	\$8,000	(2)
20%	\$800	\$5,600	(7)
30%	\$400	\$4,400	(11)
Total		\$18,000	

(5)
Monthly Medical Admin Fee per Employee \$32
Annual Total \$8,832

(6)
Worst Case Gain/(Loss): (\$57,978.36)
Expected Gain/(Loss): \$32,021.64
***Projected Monthly Cost:** \$11,119.09
 * A monthly billing fee of \$25.00 has been added to the projected monthly cost.

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E.D.I.S. Group Medical Plan Cost Summary for The Golden Charter Academy

Carrier	Plan Name	Employer Sponsored Benefits					Employer Out-of-Pocket EE / EF	Employee Out-of-Pocket EE / EF	Annual Worst Case Gain/(Loss)	Annual Projected Gain/(Loss)	Your Renewal Monthly Cost: \$13,762.56		
		OV	RX	RX Ded.	Ind. Ded.	Co-Ins.					Carrier Monthly Premium	*Projected Monthly Cost +	% Sav.
Aetna Savings Plus	Bronze CA 50/50 8300 Ded	\$85	100%	\$0	\$0	0%	\$4000 / \$8000	\$4550 / \$9100	(\$57,725.28)	\$39,074.72	\$8,837	\$10,531	23%
Cal Choice - Kaiser	Bronze HMO C (HSA)	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3000 / \$6000	(\$57,978.36)	\$38,821.64	\$8,858	\$10,552	23%
Kaiser	Bronze 60 HMO 5400/60 + Chil	\$60	100%	\$0	\$0	0%	\$4000 / \$8000	\$4300 / \$8600	(\$62,033.28)	\$34,766.72	\$9,196	\$10,890	21%
Cal Choice - Kaiser	Bronze HMO B	\$60	100%	\$0	\$0	0%	\$4000 / \$8000	\$4300 / \$8600	(\$62,033.28)	\$34,766.72	\$9,196	\$10,890	21%
Aetna OA Managed	Bronze CA 50/50 8300 Ded	\$85	100%	\$0	\$0	0%	\$4000 / \$8000	\$4550 / \$9100	(\$63,897.24)	\$32,902.76	\$9,351	\$11,046	20%
Cal Choice - Kaiser	Bronze HMO A	\$65	\$18/40% u	\$0	\$0	0%	\$4000 / \$8000	\$4600 / \$9200	(\$64,669.56)	\$32,130.44	\$9,416	\$11,110	19%
Kaiser	Bronze 60 HMO 6300/65 + Chil	\$65	\$18/40% A	\$0	\$0	0%	\$4000 / \$8000	\$4600 / \$9200	(\$64,669.56)	\$32,130.44	\$9,416	\$11,110	19%
Kaiser	Bronze 60 HDHP HMO 7000/0	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3000 / \$6000	(\$57,978.36)	\$32,021.64	\$8,858	\$11,119	19%
Cal Choice - Wester	Bronze HMO B	\$65	\$18/40% u	\$0	\$0	0%	\$4000 / \$8000	\$4200 / \$8400	(\$66,999.00)	\$29,801.00	\$9,610	\$11,304	18%
UnitedHealthcare	State Navigate Bronze 65/6300	\$65	\$18/40% A	\$0	\$0	0%	\$4000 / \$8000	\$4200 / \$8400	(\$69,716.64)	\$27,083.36	\$9,836	\$11,531	16%
UnitedHealthcare	Core Bronze 7500/50% w/Care	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$5100 / \$10200	(\$72,269.16)	\$24,530.84	\$10,049	\$11,743	15%
UnitedHealthcare	Core Bronze 5500/40% (CV-Q	100	\$20/\$85/\$	\$0	\$0	0%	\$4000 / \$8000	\$5100 / \$10200	(\$74,076.96)	\$22,723.04	\$10,200	\$11,894	14%
Cal Choice - Wester	Bronze HMO C (HSA)	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3000 / \$6000	(\$74,391.96)	\$22,408.04	\$10,226	\$11,920	13%
Aetna Savings Plus	Bronze HDHP CA 100 7000 De	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3000 / \$6000	(\$75,132.84)	\$21,667.16	\$10,288	\$11,982	13%
UnitedHealthcare	Core Bronze HDHP w/Prem Re	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3500 / \$7000	(\$76,947.00)	\$19,853.00	\$10,439	\$12,133	12%
Blue Shield of CA	Bronze Tandem PPO 7500/65	\$65	100%	\$0	\$0	0%	\$4000 / \$8000	\$4750 / \$9500	(\$77,145.36)	\$19,654.64	\$10,455	\$12,150	12%
Anthem Blue Cross	Bronze Select PPO 70/6600/35	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$4700 / \$9400	(\$77,894.88)	\$18,905.12	\$10,518	\$12,212	11%
Anthem Blue Cross	Bronze Select PPO 40/6200/40	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$4700 / \$9400	(\$78,459.72)	\$18,340.28	\$10,565	\$12,259	11%
Blue Shield of CA	Bronze Tandem PPO 6250/65	\$65	100%	\$0	\$0	0%	\$4000 / \$8000	\$4750 / \$9500	(\$79,543.68)	\$17,256.32	\$10,655	\$12,350	10%
UnitedHealthcare	State Core Bronze 65/6300/40	\$65	\$18/40% A	\$0	\$0	0%	\$4000 / \$8000	\$4200 / \$8400	(\$79,816.32)	\$16,983.68	\$10,678	\$12,372	10%
UnitedHealthcare	Select Plus Bronze 7500/50%	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$5100 / \$10200	(\$80,034.24)	\$16,765.76	\$10,696	\$12,390	10%
Aetna Savings Plus	Bronze CA 55/50 4600 Ded	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$4400 / \$8800	(\$80,553.00)	\$16,247.00	\$10,739	\$12,434	10%
Anthem Blue Cross	Bronze Select PPO 7000/0% w	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3000 / \$6000	(\$80,923.80)	\$15,876.20	\$10,770	\$12,465	9%
Anthem Blue Cross	Bronze Select PPO 6000/45%	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3050 / \$6100	(\$81,053.52)	\$15,746.48	\$10,781	\$12,475	9%
Anthem Blue Cross	Bronze PPO 70/6600/35% 6RF	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$4700 / \$9400	(\$81,153.60)	\$15,646.40	\$10,789	\$12,484	9%
Anthem Blue Cross	Bronze PPO 40/6200/40% 6RJ	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$4700 / \$9400	(\$81,755.04)	\$15,044.96	\$10,839	\$12,534	9%

* A monthly billing fee of \$25.00 has been added to the projected monthly cost.

+ Sorted by Monthly Projected Cost. SHADED rows indicate Plans specifically selected for this Proposal.

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E.D.I.S. Group Medical Plan Cost Summary for The Golden Charter Academy

Carrier	Plan Name	Employer Sponsored Benefits					Employer Out-of-Pocket EE / EF	Employee Out-of-Pocket EE / EF	Annual Worst Case Gain/(Loss)	Annual Projected Gain/(Loss)	Your Renewal Monthly Cost: \$13,762.56		
		OV	RX	RX Ded.	Ind. Ded.	Co-Ins.					Carrier Monthly Premium	*Projected Monthly Cost +	% Sav.
Blue Shield of CA	Bronze Tandem PPO 5500/65	\$65	100%	\$0	\$0	0%	\$4000 / \$8000	\$4750 / \$9500	(\$81,817.32)	\$14,982.68	\$10,845	\$12,539	9%
UnitedHealthcare	Select Plus Bronze 5500/40% (100	\$20/\$85/\$	\$0	\$0	0%	\$4000 / \$8000	\$5100 / \$10200	(\$81,976.68)	\$14,823.32	\$10,858	\$12,552	9%
Blue Shield of CA	Bronze Tandem PPO 6850/55	\$55	\$20/\$65/\$	\$0	\$0	0%	\$4000 / \$8000	\$4750 / \$9500	(\$82,106.52)	\$14,693.48	\$10,869	\$12,563	9%
Anthem Blue Cross	Bronze Select PPO 60/6850/40	100	\$20/90/16	\$0	\$0	0%	\$4000 / \$8000	\$4200 / \$8400	(\$82,118.40)	\$14,681.60	\$10,870	\$12,564	9%
Anthem Blue Cross	Bronze Select PPO 6700/0% w	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3050 / \$6100	(\$82,152.00)	\$14,648.00	\$10,873	\$12,567	9%
Aetna OA Managed	Bronze HDHP CA 100 7000 De	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3000 / \$6000	(\$82,317.36)	\$14,482.64	\$10,886	\$12,581	9%
Blue Shield of CA	Bronze Tandem PPO Savings	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3000 / \$6000	(\$82,895.28)	\$13,904.72	\$10,935	\$12,629	8%
Aetna Savings Plus	Bronze CA 100/50 7350 Ded	\$70	100%	\$0	\$0	0%	\$4000 / \$8000	\$4700 / \$9400	(\$82,961.64)	\$13,838.36	\$10,940	\$12,634	8%
Blue Shield of CA	Bronze Tandem PPO Savings	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3000 / \$6000	(\$83,734.20)	\$13,065.80	\$11,004	\$12,699	8%
Anthem Blue Cross	Bronze Select PPO 4600/50%	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$4100 / \$8200	(\$83,769.00)	\$13,031.00	\$11,007	\$12,702	8%
Blue Shield of CA	Bronze Full PPO 7500/65 OffE	\$65	100%	\$0	\$0	0%	\$4000 / \$8000	\$4750 / \$9500	(\$83,907.84)	\$12,892.16	\$11,019	\$12,713	8%
Health Net of CA	Bronze HDHP PPO 7000/0%	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3000 / \$6000	(\$84,294.96)	\$12,505.04	\$11,051	\$12,745	7%
Anthem Blue Cross	Bronze PPO 6000/45% w/HSA	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3050 / \$6100	(\$84,399.72)	\$12,400.28	\$11,060	\$12,754	7%
UnitedHealthcare	Select Plus Bronze HDHP 600	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3500 / \$7000	(\$85,013.28)	\$11,786.72	\$11,111	\$12,805	7%
Health Net of CA	Bronze PPO 6300/65	\$65	\$18/40% A	\$0	\$0	0%	\$4000 / \$8000	\$4200 / \$8400	(\$85,451.76)	\$11,348.24	\$11,148	\$12,842	7%
Anthem Blue Cross	Bronze PPO 60/6850/40% 6RK	100	\$20/90/16	\$0	\$0	0%	\$4000 / \$8000	\$4200 / \$8400	(\$85,497.96)	\$11,302.04	\$11,151	\$12,846	7%
Anthem Blue Cross	Bronze PPO 6700/0% w/HSA P	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3050 / \$6100	(\$85,531.44)	\$11,268.56	\$11,154	\$12,849	7%
Blue Shield of CA	Bronze Full PPO 6250/65 OffE	\$65	100%	\$0	\$0	0%	\$4000 / \$8000	\$4750 / \$9500	(\$86,516.64)	\$10,283.36	\$11,236	\$12,931	6%
Cal Choice - Anthe	Bronze Select PPO D	100	\$20/90/16	\$0	\$0	0%	\$4000 / \$8000	\$4500 / \$9000	(\$86,880.72)	\$9,919.28	\$11,267	\$12,961	6%
Blue Shield of CA	Bronze Tandem PPO 6500/70	\$70	\$20/\$130/	\$0	\$0	0%	\$4000 / \$8000	\$4750 / \$9500	(\$87,038.76)	\$9,761.24	\$11,280	\$12,974	6%
Anthem Blue Cross	Bronze PPO 4600/50% 6RJX	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$4100 / \$8200	(\$87,193.20)	\$9,606.80	\$11,293	\$12,987	6%
Cal Choice - Anthe	Bronze Select PPO B (HSA Eli	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3050 / \$6100	(\$87,277.56)	\$9,522.44	\$11,300	\$12,994	6%
Aetna OA Managed	Bronze CA 55/50 4600 Ded	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$4400 / \$8800	(\$88,053.60)	\$8,746.40	\$11,364	\$13,059	5%
Blue Shield of CA	Bronze Full PPO 5500/65 OffE	\$65	100%	\$0	\$0	0%	\$4000 / \$8000	\$4750 / \$9500	(\$88,895.64)	\$7,904.36	\$11,435	\$13,129	5%
Blue Shield of CA	Bronze Full PPO 6850/55 OffE	\$55	\$20/65/90/	\$0	\$0	0%	\$4000 / \$8000	\$4750 / \$9500	(\$89,429.28)	\$7,370.72	\$11,479	\$13,173	4%
Anthem Blue Cross	Bronze Select PPO 75/7300/40	\$75	\$20/90/16	\$0	\$0	0%	\$4000 / \$8000	\$4650 / \$9300	(\$89,725.20)	\$7,074.80	\$11,504	\$13,198	4%

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E.D.I.S. Group Medical Plan Cost Summary for The Golden Charter Academy

Carrier	Plan Name	Employer Sponsored Benefits					Employer Out-of-Pocket EE / EF	Employee Out-of-Pocket EE / EF	Annual Worst Case Gain/(Loss)	Annual Projected Gain/(Loss)	Your Renewal Monthly Cost: \$13,762.56		
		OV	RX	RX Ded.	Ind. Ded.	Co-Ins.					Carrier Monthly Premium	*Projected Monthly Cost +	% Sav.
Blue Shield of CA	Bronze Full PPO Savings 7000	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3000 / \$6000	(\$89,982.96)	\$6,817.04	\$11,525	\$13,219	4%
Cal Choice - Anthe	Bronze PPO C	100	\$20/90/16	\$0	\$0	0%	\$4000 / \$8000	\$4500 / \$9000	(\$90,372.96)	\$6,427.04	\$11,558	\$13,252	4%
Anthem Blue Cross	Silver PPO 2600/35% w/HSA P	100	100%	\$0	\$0	0%	\$2600 / \$5200	\$4450 / \$8900	(\$54,122.64)	\$6,277.36	\$11,687	\$13,264	4%
Aetna OA Managed	Bronze CA 100/50 7350 Ded	\$70	100%	\$0	\$0	0%	\$4000 / \$8000	\$4700 / \$9400	(\$90,602.76)	\$6,197.24	\$11,577	\$13,271	4%
Cal Choice - Anthe	Bronze PPO A (HSA Eligible)	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3050 / \$6100	(\$90,789.96)	\$6,010.04	\$11,592	\$13,287	3%
Blue Shield of CA	Bronze Full PPO Savings 5700	100	100%	\$0	\$0	0%	\$4000 / \$8000	\$3000 / \$6000	(\$90,877.32)	\$5,922.68	\$11,600	\$13,294	3%
Anthem Blue Cross	Silver HMO 60/2500/45% 6RH	\$60	\$15/\$70/\$	\$0	\$0	0%	\$2500 / \$5000	\$6600 / \$13200	(\$52,069.80)	\$5,730.20	\$11,741	\$13,310	3%
Anthem Blue Cross	Silver Select HMO 60/2500/45	\$60	\$15/70/11	\$0	\$0	0%	\$2500 / \$5000	\$6600 / \$13200	(\$52,069.80)	\$5,730.20	\$11,741	\$13,310	3%
Anthem Blue Cross	Bronze PPO 75/7300/40% 6RJ	\$75	\$20/\$90/\$	\$0	\$0	0%	\$4000 / \$8000	\$4650 / \$9300	(\$93,301.08)	\$3,498.92	\$11,802	\$13,496	2%
Anthem Blue Cross	Silver PPO 55/2500/45% 6RFY	\$55	\$15/\$70/\$	\$0	\$0	0%	\$2500 / \$5000	\$6200 / \$12400	(\$55,098.72)	\$2,701.28	\$11,993	\$13,562	1%
Anthem Blue Cross	Silver PPO 2100/30% w/HSA P	100	100%	\$0	\$0	0%	\$2100 / \$4200	\$5100 / \$10200	(\$45,096.24)	\$2,303.76	\$12,060	\$13,596	1%
Blue Shield of CA	Bronze Full PPO 6500/70 OffE	\$70	\$20/130/1	\$0	\$0	0%	\$4000 / \$8000	\$4750 / \$9500	(\$94,691.76)	\$2,108.24	\$11,918	\$13,612	1%
Cal Choice - Health	Silver Wholecare HMO A	\$55	\$20/50% u	\$0	\$0	0%	\$4000 / \$8000	\$5100 / \$10200	(\$95,343.48)	\$1,456.52	\$11,972	\$13,666	1%
Blue Shield Mirror	Bronze 60 PPO 6300/65+Child	\$65	\$18/40% A	\$0	\$0	0%	\$4000 / \$8000	\$4200 / \$8400	(\$95,631.36)	\$1,168.64	\$11,996	\$13,690	1%
Anthem Blue Cross	Silver PPO 50/2200/40% 6RK6	\$50	\$15/70/11	\$0	\$0	0%	\$2200 / \$4400	\$6400 / \$12800	(\$49,112.04)	\$887.96	\$12,169	\$13,714	0%
Anthem Blue Cross	Silver PPO 55/1950/35% 6RJ0	\$55	\$15/70/11	\$0	\$0	0%	\$1950 / \$3900	\$7150 / \$14300	(\$43,327.20)	\$172.80	\$12,250	\$13,773	0%
Aetna HMO	Bronze \$75/125 7900 Ded	\$75	100%	\$0	\$0	0%	\$4000 / \$8000	\$3900 / \$7800	(\$99,773.04)	(\$2,973.04)	\$12,341	\$14,035	-2%
Blue Shield Access	Bronze Access+ HMO 7000/70	\$70	100%	\$0	\$0	0%	\$4000 / \$8000	\$4750 / \$9500	(\$100,845.00)	(\$4,045.00)	\$12,430	\$14,125	-3%
Blue Shield of CA	Silver Full PPO Savings 2600/	100	100%	\$0	\$0	0%	\$2600 / \$5200	\$4900 / \$9800	(\$64,468.80)	(\$4,068.80)	\$12,549	\$14,127	-3%
Blue Shield of CA	Silver Full PPO 2550/70 OffEx	\$70	\$25/75/11	\$0	\$0	0%	\$2550 / \$5100	\$6200 / \$12400	(\$65,300.04)	(\$6,200.04)	\$12,731	\$14,304	-4%
Blue Shield of CA	Silver Full PPO 2350/65 OffEx	\$65	\$25/75/11	\$0	\$0	0%	\$2350 / \$4700	\$6400 / \$12800	(\$62,321.64)	(\$8,421.64)	\$12,933	\$14,489	-5%
Blue Shield of CA	Silver Full PPO Savings 2300/	100	100%	\$0	\$0	0%	\$2300 / \$4600	\$5200 / \$10400	(\$61,349.16)	(\$8,749.16)	\$12,964	\$14,517	-5%
Blue Shield of CA	Silver Full PPO 2000/60 OffEx	\$60	\$25/80/11	\$0	\$0	0%	\$2000 / \$4000	\$6750 / \$13500	(\$53,967.24)	(\$9,167.24)	\$13,024	\$14,551	-6%
Blue Shield Access	Silver Access+ HMO 2750/70	\$70	\$25/90/11	\$0	\$0	0%	\$2750 / \$5500	\$6000 / \$12000	(\$83,694.12)	(\$19,394.12)	\$13,814	\$15,404	-12%
Blue Shield Access	Silver Access+ HMO 2300/70	\$70	\$25/85/11	\$0	\$0	0%	\$2300 / \$4600	\$6450 / \$12900	(\$74,408.28)	(\$21,808.28)	\$14,052	\$15,605	-13%

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E.D.I.S. Plan Cost Summary for Ancillary Benefits for The Golden Charter Academy

The Freedom Dental Plans™

	Cal Year Max	Lifetime Ded	Office Visit	Prev	Basic	Endo/Perio	Major	Orthodontics	EE	ES	EC	EF	Monthly Total
Employer Sponsored													
Freedom \$1,000 (PPO)	\$1,000	\$50 Annual	\$20	100%/80%	90%/70%	50%/40%	50%/40%	50% \$350 annual \$1000 Lifetime	\$33.34	\$64.70	\$74.76	\$116.05	\$963.74
Freedom \$1,500 (PPO)	\$1,500	\$100	\$0	100%/80%	80%/60%	80%/60%	50%/40%	50% \$350 annual \$1000 Lifetime	\$42.24	\$82.51	\$93.10	\$146.12	\$1,217.40
Freedom \$2,000 (PPO)	\$2,000	\$100	\$0	100%/80%	80%/60%	80%/60%	50%/40%	50% \$500 annual \$1500 Lifetime	\$44.54	\$87.10	\$101.88	\$157.93	\$1,295.03
Freedom \$2,500 (PPO)	\$2,500	\$100	\$0	100%/80%	80%/60%	80%/60%	50%/40%		\$46.43	\$90.89	\$105.79	\$164.33	\$1,348.99
Freedom \$1,000 (EPO)	\$1,000	\$50 Annual	\$20	100%	90%	50%	50%	50% \$350 annual \$1000 Lifetime	\$26.60	\$51.02	\$61.44	\$93.61	\$772.86
Freedom \$1,500 (EPO)	\$1,500	\$100	\$0	100%	80%	80%	50%	50% \$350 annual \$1000 Lifetime	\$35.17	\$68.16	\$79.12	\$122.56	\$1,017.14
Freedom \$2,000 (EPO)	\$2,000	\$100	\$0	100%	80%	80%	50%	50% \$500 annual \$1500 Lifetime	\$37.18	\$72.16	\$87.71	\$133.79	\$1,087.80
Freedom \$2,500 (EPO)	\$2,500	\$100	\$0	100%	80%	80%	50%		\$38.83	\$75.48	\$91.11	\$139.38	\$1,134.86
100% Voluntary													
Freedom \$1,000 (PPO)	\$1,000	\$50 Annual	\$20	100%/80%	90%/70%	50%/40%	50%/40%	50% \$350 annual \$1000 Lifetime	\$36.67	\$71.17	\$82.23	\$127.66	\$1,060.08
Freedom \$1,500 (PPO)	\$1,500	\$100	\$0	100%/80%	80%/60%	80%/60%	50%/40%	50% \$350 annual \$1000 Lifetime	\$46.46	\$90.76	\$102.41	\$160.74	\$1,339.14
Freedom \$2,000 (PPO)	\$2,000	\$100	\$0	100%/80%	80%/60%	80%/60%	50%/40%	50% \$500 annual \$1500 Lifetime	\$48.99	\$95.81	\$112.08	\$173.72	\$1,424.58
Freedom \$2,500 (PPO)	\$2,500	\$100	\$0	100%/80%	80%/60%	80%/60%	50%/40%		\$51.08	\$99.98	\$116.37	\$180.76	\$1,484.08
Freedom \$1,000 (EPO)	\$1,000	\$50 Annual	\$20	100%	90%	50%	50%	50% \$350 annual \$1000 Lifetime	\$29.26	\$56.12	\$67.60	\$102.96	\$850.21
Freedom \$1,500 (EPO)	\$1,500	\$100	\$0	100%	80%	80%	50%	50% \$350 annual \$1000 Lifetime	\$38.69	\$74.98	\$87.03	\$134.83	\$1,118.92
Freedom \$2,000 (EPO)	\$2,000	\$100	\$0	100%	80%	80%	50%	50% \$500 annual \$1500 Lifetime	\$40.90	\$79.39	\$96.48	\$147.17	\$1,196.58
Freedom \$2,500 (EPO)	\$2,500	\$100	\$0	100%	80%	80%	50%		\$42.71	\$83.03	\$100.23	\$153.32	\$1,248.36
Freedom DHMO Powered By Western Dental®													
	Exam, X-rays, Cleaning	Restorative	Endodontics	Crowns	Orthodontics	EE	EE+1	EE+2 or more	Monthly Total				
Employer Paid	\$0 Copay	\$5 Copay	\$75/\$100/\$160 Copay	\$145 Copay	\$1,600 adolescent / \$2,100 adult	\$18.08	\$29.85	\$44.13	\$477.20				
Voluntary	\$0 Copay	\$20 Copay	\$175/\$265/\$335 Copay	\$385 Copay	\$1,600 adolescent / \$2,100 adult	\$9.92	\$16.35	\$24.17	\$261.70				
Group Term Life Benefits													
Fidelity Security Life Insurance Company	Benefit Amount	Spouse Benefit	Children Benefit	Life Premium (rate per \$1000)	AD&D (rate per \$1000)	Dependent Premium (rate per family unit)	Monthly Total						
Option 1 (Minimum Benefit)	\$15,000.00	\$2,000.00	\$1,000.00	\$0.243	\$0.020	\$1.00	\$94.90						
Option 2 (Requested Benefit)	\$25,000.00	\$2,000.00	\$1,000.00	\$0.146	\$0.020	\$1.00	\$99.50						
Option 3 (Maximum Benefit)	\$25,000.00	\$2,000.00	\$1,000.00	\$0.146	\$0.020	\$1.00	\$99.50						

Bundling Discount

The discount to per employee per month (PEPM) medical plan fee:

Product/Service added	Group Size	PEPM \$\$ Discount to Medical (1)
Dental Freedom PPO	2-9	\$1.00 PEPM
	10-50	\$1.50 PEPM
	51+	\$2.00 PEPM
Western Dental	10-50	\$.50 PEPM (2)
	51+	\$1.00 PEPM (2)

(1) Discounts apply to Employer Paid plans only (2) Discount applies only to members covered by medical and extra dental plan elected. Western Dental only available for CA based groups

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E.D.I.S. Medical Schedule of Benefits
 For
The Golden Charter Academy
 with
Kaiser Bronze 60 HDHP HMO 7000/0% + Child Dental
 for the first
7000/14000
Eligible Charges

Benefits for the first 7000/14000 of Eligible Charges are self-funded and shared by the Member and Employer.

MEDICAL BENEFIT	Employee Pays	Employer Pays
FIRST DOLLAR AMOUNT	\$0	\$4,000
EMPLOYEE DEDUCTIBLE (Family Max /2 Deductible Aggregate)	\$0	N/A
PHYSICIAN OFFICE VISITS (Deductible Waived)	100%	0%
LAB & X-RAY	100%	0%
INPATIENT HOSPITAL Hospital Services Physician & Professional Service	100% 100%	0% 0%
OUTPATIENT HOSPITAL Hospital Services Physician & Professional Services Emergency Room	100% 100% 100%	0% 0% 0%
OUTPATIENT SURGERY	100%	0%
PHYSICAL/OCCUPATIONAL THERAPY (Subject to Carrier Limitations)	100%	0%
CHIROPRACTIC SERVICES (Subject to Carrier Limitations)	100%	0%
AMBULANCE (Subject to Carrier Limitations)	100%	0%
PRESCRIPTION DRUG SERVICES	100%	0%

OUT OF POCKET COST FOR THE FIRST 7000/14000 of Eligible Charges

HRA	Employee	Employer
Employee Only	\$3,000.00	\$4,000.00
Employee + Family	\$6,000.00	\$8,000.00

BENEFITS AFTER FIRST 7000/14000 of Eligible Charges

	Employee	Carrier
MEDICAL	0%	100%
PRESCRIPTIONS	0%	100%

TOTAL OUT OF POCKET MAXIMUM

	Employee Only	Employee + Family
FIRST 7000/14000 OF ELIGIBLE CHARGES	\$3,000.00	\$6,000.00
AFTER 7000/14000 OF ELIGIBLE CHARGES	\$0.00	\$0.00
TOTAL	\$3,000.00	\$6,000.00

Out of Pocket expenses may vary based on copay selected and carrier internal Plan limits.

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The Golden Charter Academy

Presenting
Bronze 60 HDHP HMO 7000/0% + Child Dental
7000/14000

Medical

Medical Census

Employee	Age	Zip Code	Area	Type	EE	Dep(s)	Total
Amanda Breuer	46	93705	11	EE	\$378.69	\$0.00	\$378.69
Eric Ewing II	36	93705	11	EE	\$310.53	\$0.00	\$310.53
Robert Golden	32	93705	11	EE	\$298.66	\$0.00	\$0.00
	31	93705	11	ES	\$0.00	\$292.60	\$0.00
	6	93705	11	EC	\$0.00	\$207.12	\$0.00
	3	93705	11	EC	\$0.00	\$207.12	\$0.00
	0	93705	11	EC	\$0.00	\$207.12	\$1,212.62
Regina Harwell	28	93705	11	EE	\$274.42	\$0.00	\$274.42
Ashalynn James	34	93705	11	EE	\$306.49	\$0.00	\$306.49
Michelle Morales	30	93705	11	EE	\$286.54	\$0.00	\$286.54
Noemy Soto-Rubio	26	93705	11	EE	\$258.52	\$0.00	\$258.52
Malia Rivers	28	93705	11	EE	\$274.42	\$0.00	\$274.42
Rodrigo Rodriguez	34	93705	11	EE	\$306.49	\$0.00	\$306.49
Melanie Smith	36	93705	11	EE	\$310.53	\$0.00	\$310.53
Monica Stevens	27	93705	11	EE	\$264.58	\$0.00	\$0.00
	8	93705	11	EC	\$0.00	\$207.12	\$471.70
Jackie Xiong	29	93705	11	EE	\$282.50	\$0.00	\$282.50
Robert Beach Jr	51	93705	11	EE	\$470.84	\$0.00	\$470.84
Theresa Bourrel	42	93705	11	EE	\$334.51	\$0.00	\$0.00
	37	93705	11	ES	\$0.00	\$312.55	\$647.06
Brice Brittsan	32	93705	11	EE	\$298.66	\$0.00	\$298.66
Marivel Castillo	55	93705	11	EE	\$562.99	\$0.00	\$562.99
Louise Hendrickson	26	93705	11	EE	\$258.52	\$0.00	\$258.52
Carly Hennessee	31	93705	11	EE	\$292.60	\$0.00	\$292.60
Aliyah Khan	27	93705	11	EE	\$264.58	\$0.00	\$264.58
Kimberly Scarborough	34	93705	11	EE	\$306.49	\$0.00	\$0.00
	10	93705	11	EC	\$0.00	\$207.12	\$513.61
Coupe Taylor	41	93705	11	EE	\$328.70	\$0.00	\$328.70
Susana Valenzuela	27	93705	11	EE	\$264.58	\$0.00	\$264.58
Harley Jenkins	29	93705	11	EE	\$282.50	\$0.00	\$282.50
Totals					\$7,217.34	\$1,640.75	\$8,858.09

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The Golden Charter Academy

Presenting

Kaiser, Bronze 60 HDHP HMO 7000/0% + Child Dental

Carrier Rate Table

Carrier Zone	11
0-14	\$207.12
15	\$224.29
16	\$230.85
17	\$237.42
18	\$244.49
19	\$237.57
20	\$244.89
21	\$252.46
22	\$252.46
23	\$252.46
24	\$252.46
25	\$253.47
26	\$258.52
27	\$264.58
28	\$274.42
29	\$282.50
30	\$286.54
31	\$292.60
32	\$298.66
33	\$302.45
34	\$306.49
35	\$308.51
36	\$310.53
37	\$312.55
38	\$314.57
39	\$318.61
40	\$322.64
41	\$328.70
42	\$334.51
43	\$342.59
44	\$352.69
45	\$364.55
46	\$378.69
47	\$394.60
48	\$412.77
49	\$430.70
50	\$450.89
51	\$470.84
52	\$492.80
53	\$515.02
54	\$539.00
55	\$562.99
56	\$588.99
57	\$615.25
58	\$643.27
59	\$657.16
60	\$685.18
61	\$709.41
62	\$725.32
63	\$745.26
64+	\$757.38

To calculate an employee's total plan cost under the E.D.I.S. plan, use the following equation.

$$\boxed{\text{Carrier Premium}} + \boxed{\begin{array}{c} \text{Employee Claims} \\ \hline \end{array}} \text{ OR } \boxed{\begin{array}{c} \text{Dependent Claim} \\ \hline \end{array}} + \boxed{\begin{array}{c} \text{Admin Fee} \\ \hline \end{array}} = \boxed{\text{Employee Plan Cost Total}}$$

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Agent Notes to Proposal

The following administrative fees will apply:

One Time Start-Up Fee: \$500
Annual Renewal Fee: \$100
Standard Monthly Admin Fee (per employee): \$32

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

1. Deposit Funding: Employers receive safety and convenience with no extra administrative functions. E.D.I.S. mails claims checks directly to providers. We also mail the member's Explanation of Benefits (EOB) directly to the member.

The employer simply sets up a claims account at E.D.I.S.. Once a month, E.D.I.S. 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 collected and held in an account set up specifically for this purpose. The employers money is tracked and managed in its own subaccount so the employers money can never be used to cover another employers claims and complete accounting of the fund will always be in place.

There is a \$25/group monthly billing fee added to the administration invoice.

If the employer were to sign up for our paperless perks option, we will gladly waive the \$25/group monthly billing fee.

This proposal is for illustrative purposes only. Final rates are determined by the carrier's underwriting guidelines by underwriting and final enrollment. Results may vary based on utilization. Plan administered by E.D.I.S. Employer Driven Insurance Services Inc. Refer to the E.D.I.S. Assumptions and Disclosures included with this proposal for further details on the terms, conditions, and administrative fees associated with the details outlined within this proposal. Summary of Benefits and Coverage (SBC) are available via the E.D.I.S. Online Quoting System, or upon request, for those plans illustrated within this proposal.

Assumptions and Disclosures

FULLY INSURED Plans With HRA/MERP For Any Size Employer

Your HRA/MERP fully insured 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 E.D.I.S. HRA/MERP component. The premium saved from the fully insured component enables the employer to provide the benefits desired under the carrier's high deductible plan. While the employer can design the plan any way it chooses, the enclosed proposal and projections are based on the criteria requested.

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

E.D.I.S. 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.

SELF-FUNDED EMPLOYER DRIVEN HEALTH PLANS provide all the benefits and flexibility of Fully Insured plans but give employers even more choices.

REGARDING YOUR 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. We 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 are to your satisfaction. These premiums are for illustration purposes only.
3. 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.
4. 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 E.D.I.S. directly. Carrier deductibles are based on a calendar year.
5. Benefits under the employer's fully insured plan must be eligible under the carrier's plan policy. Benefits applied to the carrier's plan deductible are shared between the member and employer. Please see the carrier's certificate book for complete coverage information. E.D.I.S. will follow the carrier's benefits.
6. E.D.I.S. does not apply office visit, prescription or any other copayments toward the member's out-of-pocket. Member must satisfy their shared out-of-pocket cost of the carrier's deductible. Members out-of-pocket may vary due to copayments selected.
7. Non-emergency, non-participating provider benefits are not eligible expenses under the HRA/MERP plan, unless otherwise stated. Employers usually allow only benefits provided by participating providers. It is the members' responsibility to verify that a provider is participating.
8. Member must present both the E.D.I.S. 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 E.D.I.S. for processing. Pharmacy benefits are determined by the carrier (refer to "Pharmacy Benefit"). Members may enroll in E.D.I.S. EOB Concierge Service(TM) to handle EOB submission.
9. Deductible credit is not offered for groups moving between Kaiser HSA and HRA/MERP plans.
10. These assumptions and disclosures are in reference to shared funding or HRA/MERP plans and corresponding carrier high deductible plans. For Stop Loss, refer to the carrier specific assumptions and disclosures pertaining to details on these plan offerings.

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FUNDING OPTIONS (How Claims Are Paid)

1. Deposit Funding: Employers receive safety, convenience, and the savings of Standard Funding, but with no extra administrative functions. E.D.I.S. 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 E.D.I.S.. Once a month, E.D.I.S. 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...it's efficient, convenient, and easy.

An initial claims account deposit is determined by the chart on the Employer Benefit Authorization Form.

2. Standard Funding: Our original funding method gives employers complete control of their claims account.

E.D.I.S. will process and produce claim checks from an account the employer sets up at its bank, and only the employer can sign them. E.D.I.S. batches and mails checks ready to be signed to the employer every two weeks.

The employer simply signs the check, puts the check in the employer's window envelope, and mails it to the provider.

The employer will also receive the member's EOB to hand out to members. This method requires more effort by the employer but provides the ultimate in fund security.

There is a \$25/group monthly billing fee added to the administration invoice. If the employer were to sign up for our paperless perks option, we will gladly waive the \$25/group monthly billing fee.

PHARMACY BENEFITS

E.D.I.S. will process and produce claim checks from an account the employer sets up at its bank, and only the employer can sign them. E.D.I.S. batches and mails checks ready to be signed to the employer every two weeks.

The employer simply signs the check, puts the check in the employer's window envelope, and mails it to the provider.

An initial claims account deposit is collected and held in an account set up specifically for this purpose. The employer's money is tracked and managed in its own subaccount so the employer's money can never be used to cover another employer's claim and complete accounting of the funds will always be in place.

1. CARRIER PLANS THAT USE E.D.I.S.'S PREFERRED PHARMACY NETWORK - Members will show their carrier ID card & E.D.I.S. 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 E.D.I.S. ID card will be reinstated for the self-funded benefits.

2. CARRIERS THAT WAIVE THE MEDICAL DEDUCTIBLE FOR PRESCRIPTIONS - 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. The Rx deductible can be self-funded if desired.

3. A portion of the member's copay 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 \$1.00 per submission. The fee covers the cost for the electronic submission of prescriptions.

CLOSING NOTE

E.D.I.S. shared funding program has been helping small employers control cost since 1996. The plan will 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.

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The Golden Charter Academy
Dennis Claborn

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