



Great Oaks Charter School - Bridgeport

GOBPT Monthly Finance Meeting

Published on September 12, 2023 at 4:11 PM EDT

Date and Time

Monday September 11, 2023 at 12:00 PM EDT

Location

Great Oaks Charter School
375 Howard Ave
Bridgeport, CT 06605

Agenda

	Purpose	Presenter	Time
I. Opening Items			12:00 PM
A. Record Attendance		Corey Sneed	1 m
B. Call the Meeting to Order		Corey Sneed	2 m
II. Financial Overview/Administrative			12:03 PM
A. Current Cash Position	FYI	Benjamin Chan	10 m
		<ul style="list-style-type: none">• Checking• Food Service	

	Purpose	Presenter	Time
• Reserve			
Total:			
Credit card balance			
III. Financial Review			12:13 PM
A. August Dashboard & Financials	FYI	Benjamin Chan	5 m
B. FY22 vs FY23 comparison	FYI	Benjamin Chan	3 m
IV. Additional Items			12:21 PM
A. New Grants			1 m
B. Employee Retention Credit			1 m
Employee Retention Credit			
C. Energy-use/rate audit			2 m
Energy-use/rate audit as costs increase: Energize CT			
D. Foundation Dissolution			1 m
all functions except HR by Sept. 30.			
HR by Dec. 31.			
E. New Vendors	FYI	Latoya Hubbard	20 m
• Review HR/ PEO Vendor(s) with Dinsmore Steele			
V. Closing Items			12:46 PM
A. Adjourn Meeting	Vote	Corey Sneed	1 m

Coversheet

Call the Meeting to Order

Section: I. Opening Items
Item: B. Call the Meeting to Order
Purpose: FYI
Submitted by:
Related Material: 2023-09-11 Finance Comm Agenda.pdf



Great Oaks Charter School - Bridgeport

Finance Committee Meeting

Sept. 11, 2023

12:00 PM – 12:30 AM

I. Financial Overview/Administrative

- *Current Cash Position*

Checking: \$ 2,455,222

Food Service: \$ 27,795

Reserve: \$ 14,267

Total: 2,497,284

- *Credit card balance: \$4,260*

II. Financial Review

- *August financials, title funds not represented*

- *FY22 vs FY23 comparison*

III. Additional Items

- Employee Retention Credit: \$288,724
- New grants
- Energy-use/rate audit as costs increase: Energize CT
- Trial balance for audit
- Foundation dissolution: all functions except H/R by Sept. 30.
H/R by Dec. 31.

Coversheet

FY22 vs FY23 comparison

Section: III. Financial Review
Item: B. FY22 vs FY23 comparison
Purpose: FYI
Submitted by:
Related Material: ^ GO-BPT FY23 Rev & Key Expense Act vs FY22.pdf
GO-BPT FY23 vc FY22 P&L.pdf
GO-BPT FY23 23-08 Budget to Actual P&L.pdf
GO-BPT FY24 23-08 Budget vs. Actual P&L.pdf

GREAT OAKS CHARTER SCHOOL - BRIDGEPORT
COMPARISON OF FY22 & FY23 KEY REVENUE & EXPENSE ITEMS

	FY 2022	FY 2023 Draft	Delta	Comments:
Per pupil rate:	\$ 11,589	\$ 12,037	\$447.66	3.9%
GenEd Enrollment:	652	661	9	1.4%
SpEd Enrollment	107	134	27	25.2%

Entitlement Revenues from State & Federal Sources (40000)

Per Pupil Revenue (40100)	\$ 7,556,250	\$ 7,956,457	\$ 400,207
Special Education Revenue (40200)	\$ 444,500	\$ 509,000	\$ 64,500
Federal Entitlement: Title funds	\$ 529,722	\$ 553,216	\$ 23,494
Federal School Meal Program	\$ 343,367	\$ 371,525	\$ 28,158
State Grants	\$ 14,091	\$ 20,414	\$ 6,323
Other Federal: eg. ESSER	\$ 1,222,534	\$ 2,614,151	\$ 1,391,617
	\$ 10,110,464	\$ 12,024,763	\$ 1,914,299

Restricted Grant Revenues from Public & Private Sources (41000)

Private Grants	\$ 359,186	\$ 179,267	\$ (179,919)
Other - Donations, Fellow Housing Admin.	\$ 55,318	\$ 58,177	\$ 2,859
	\$ 414,504	\$ 237,444	\$ (177,060)

TOTAL REVENUES

\$ 10,524,968	\$ 12,262,207	\$ 1,737,239
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Payroll Costs

\$ 5,237,899	\$ 6,918,228	\$ 1,680,329	Instructional staff, benefits
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Contracted Services

\$ 945,356	\$ 909,236	\$ (36,120)
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School Operations

\$ 1,030,615	\$ 1,280,416	\$ 249,801	Textbooks, Digital Platforms, Student Activities
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Facility Costs

\$ 2,565,757	\$ 2,793,350	\$ 227,593	Janitorial, Utilities, Security, Repairs
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Tutor Expense

\$ 370,563	\$ 347,243	\$ (23,320)
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TOTAL EXPENSES

\$ 10,150,190	\$ 12,248,473	\$ 2,098,283
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NET INCOME

\$ 374,778	\$ 13,734	\$ (361,044)
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Depreciation

\$ 517,557	\$ 412,253	\$ (105,304)
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Great Oaks Charter School - Bridgeport Inc.

Profit and Loss
July 2022 - June 2023

	TOTAL		
	JUL 2022 - JUN 2023	JUL 2021 - JUN 2022 (PY)	CHANGE
Income			
40000 REVENUES FROM STATE SOURCES			
40100 REVENUES FROM STATE SOURCES-Per Pupil Revenue	7,956,457.00	7,556,250.00	400,207.00
40200 REVENUES FROM STATE SOURCES-Special Education Revenue	509,000.03	444,499.98	64,500.05
40400 REVENUES FROM STATE SOURCES-Other State Sources	20,414.04	14,091.00	6,323.04
Total 40000 REVENUES FROM STATE SOURCES	8,485,871.07	8,014,840.98	471,030.09
41000 REVENUES FROM FEDERAL SOURCES			
41200 REVENUES FROM FEDERAL SOURCES-Title I	459,426.00	440,819.01	18,606.99
41300 REVENUES FROM FEDERAL SOURCES-Title Funding - Other	93,789.96	88,903.01	4,886.95
41400 REVENUES FROM FEDERAL SOURCES-School Food Service (Free Lunch	371,525.27	343,366.98	28,158.29
41600 REVENUES FROM FEDERAL SOURCES-Other Federal Sources	2,614,151.39	1,222,534.00	1,391,617.39
Total 41000 REVENUES FROM FEDERAL SOURCES	3,538,892.62	2,095,623.00	1,443,269.62
42000 LOCAL & OTHER REVENUE-Contributions and Donations			
42100 LOCAL & OTHER REVENUE-Contributions and Donations-Foundations	171,750.00	7,500.00	164,250.00
42110 LOCAL & OTHER REVENUE-Contributions and Donations-Foundations	7,516.99	351,686.00	-344,169.01
42120 LOCAL & OTHER REVENUE-Contributions and Donations-Corporations		6.51	-6.51
42130 LOCAL & OTHER REVENUE-Contributions and Donations-Individuals		1,955.70	-1,955.70
42170 In-Kind Contributions		836,397.00	-836,397.00
42200 LOCAL & OTHER REVENUE-Fundraising	10,276.44		10,276.44
42500 LOCAL & OTHER REVENUE-Interest Income	22.81	1,054.97	-1,032.16
42800 LOCAL & OTHER REVENUE-Other Local & Misc Revenue	24,732.06	19,818.32	4,913.74
42840 Tutor Housing Fees	23,146.90	32,488.88	-9,341.98
Total Income	\$12,262,208.89	\$11,361,371.36	\$900,837.53
GROSS PROFIT	\$12,262,208.89	\$11,361,371.36	\$900,837.53
Expenses			
50000 PERSONNEL SERVICE COSTS			
51000 PERSONNEL SERVICE COSTS-ADMINISTRATIVE STAFF PERSONNE			
51100 Executive Management	1,119,117.38	942,848.99	176,268.39
51300 Pupil Support	272,991.68	323,338.94	-50,347.26
51600 Operations/Admin Staff	640,988.05	454,855.48	186,132.57
53400 Tutors		433,385.00	-433,385.00
Total 51000 PERSONNEL SERVICE COSTS-ADMINISTRATIVE STAFF PERSONNE	2,033,097.11	2,154,428.41	-121,331.30
53000 PERSONNEL SERVICE COSTS-INSTRUCTIONAL PERSONNEL COSTS			
53100 Gen Ed Teachers	2,665,913.40	1,904,655.95	761,257.45
53200 Specialty Teachers	282,126.76	177,228.45	104,898.31
53500 SpED Teacher	423,468.47	278,781.30	144,687.17
53570 Summer School Teacher		23,400.00	-23,400.00

Great Oaks Charter School - Bridgeport Inc.

Profit and Loss July 2022 - June 2023

	TOTAL		
	JUL 2022 - JUN 2023	JUL 2021 - JUN 2022 (PY)	CHANGE
53900 Bonus Payments	8,200.00	14,240.00	-6,040.00
55600 Guidance & Social Work	221,961.79	200,865.33	21,096.46
Total 53000 PERSONNEL SERVICE COSTS-INSTRUCTIONAL PERSONNEL COSTS	3,601,670.42	2,599,171.03	1,002,499.39

Great Oaks Charter School - Bridgeport Inc.

Profit and Loss
July 2022 - June 2023

	TOTAL		
	JUL 2022 - JUN 2023	JUL 2021 - JUN 2022 (PY)	CHANGE
55000 PERSONNEL SERVICE COSTS-NON-INSTRUCTIONAL			
PERSONNEL COS			
55100 Staff Nurse	72,451.78	67,370.63	5,081.15
55900 Other Non Instructional Staff	87,920.69	70,197.56	17,723.13
Total 55000 PERSONNEL SERVICE COSTS-NON-INSTRUCTIONAL	160,372.47	137,568.19	22,804.28
PERSONNEL COS			
57000 PERSONNEL SERVICE COSTS-PAYROLL TAXES AND BENEFITS			
57100 Payroll Taxes	344,283.64	234,168.26	110,115.38
57200 Fringe / Employee Benefits	735,407.92	535,986.56	199,421.36
57300 Retirement / Pension	43,396.41	9,961.30	33,435.11
Total 57000 PERSONNEL SERVICE COSTS-PAYROLL TAXES AND BENEFITS	1,123,087.97	780,116.12	342,971.85
Total 50000 PERSONNEL SERVICE COSTS	6,918,227.97	5,671,283.75	1,246,944.22
60000 CONTRACTED SERVICES			
61000 CONTRACTED SERVICES-Accounting / Audit	8,884.32	71,045.63	-62,161.31
62000 CONTRACTED SERVICES-Legal	6,707.50	17,087.50	-10,380.00
63000 CONTRACTED SERVICES-Support Organization Fees	4,434.00	2,585.00	1,849.00
63005 Management Fees	477,387.42	453,854.90	23,532.52
63010 Tutor Fees	193,349.26	240,298.52	-46,949.26
Total 63000 CONTRACTED SERVICES-Support Organization Fees	675,170.68	696,738.42	-21,567.74
64000 CONTRACTED SERVICES-Nurse/Summer School	40,350.00	5,702.75	34,647.25
66000 CONTRACTED SERVICES-Payroll Services	14,671.87	13,634.58	1,037.29
67000 CONTRACTED SERVICES-Special Ed Services	534.00	43,401.00	-42,867.00
67100 CONTRACTED SERVICES-Tech Support	98,574.28	95,761.50	2,812.78
67200 CONTRACTED SERVICES-Ops Consultants	9,066.43	15,200.00	-6,133.57
67300 CONTRACTED SERVICES-Staff Appreciation	21,167.90	28,815.46	-7,647.56
67400 CONTRACTED SERVICES-Administrative Fees	33,750.23	400.00	33,350.23
69000 CONTRACTED SERVICES-Other Purchased / Professional	359.23	970.00	-610.77
Total 60000 CONTRACTED SERVICES	909,236.44	988,756.84	-79,520.40
70000 SCHOOL OPERATIONS			
71000 SCHOOL OPERATIONS-Board Expenses		950.00	-950.00
71500 SCHOOL OPERATIONS-Classroom / Teaching Supplies &	93,457.49	37,028.83	56,428.66
72000 SCHOOL OPERATIONS-Special Ed Supplies & Materials		309.66	-309.66
72500 SCHOOL OPERATIONS-Textbooks / Workbooks	67,802.94	8,232.21	59,570.73
72510 SCHOOL OPERATIONS-Textbooks/Workbooks	20,969.71	8,115.98	12,853.73
73000 SCHOOL OPERATIONS-Tech Materials	23,650.83	27,123.01	-3,472.18
73500 SCHOOL OPERATIONS-Equipment / Furniture	17,327.84	16,515.96	811.88
73600 SCHOOL OPERATIONS-Copier Maintenance/Lease	62,359.88	55,035.81	7,324.07
74500 SCHOOL OPERATIONS-Digital Platform/Licenses	128,559.19	33,866.97	94,692.22
75000 SCHOOL OPERATIONS-Student Testing & Assessment	2,906.00	1,150.20	1,755.80
75500 SCHOOL OPERATIONS-Field Trips	56,609.49	30,318.64	26,290.85
76000 SCHOOL OPERATIONS-Transportation (student)	30,233.50	359,611.00	-329,377.50

Great Oaks Charter School - Bridgeport Inc.

Profit and Loss July 2022 - June 2023

	TOTAL		
	JUL 2022 - JUN 2023	JUL 2021 - JUN 2022 (PY)	CHANGE
76500 SCHOOL OPERATIONS-Student Services - other	63.98	2,050.83	-1,986.85

Great Oaks Charter School - Bridgeport Inc.

Profit and Loss
July 2022 - June 2023

	TOTAL		
	JUL 2022 - JUN 2023	JUL 2021 - JUN 2022 (PY)	CHANGE
77000 SCHOOL OPERATIONS-Office Expense	71,010.66	99,369.34	-28,358.68
77100 SCHOOL OPERATIONS-Personal Protective Equipment (PPE)	7,109.71	7,185.72	-76.01
77500 SCHOOL OPERATIONS-Staff & Curr Development	77,741.07	71,241.37	6,499.70
77550 Fellows - Professional Development	1,500.00		1,500.00
77600 SCHOOL OPERATIONS-Staff Development - Food	15,224.33	41,961.54	-26,737.21
77700 Memberships/Subscriptions/Cooperatives	66,870.90	91,938.50	-25,067.60
78000 SCHOOL OPERATIONS-Staff Recruitment	5,895.00	16,623.45	-10,728.45
78500 SCHOOL OPERATIONS-Student Recruitment / Marketing	10,365.19	12,398.41	-2,033.22
78600 SCHOOL OPERATIONS-Student/Staff Uniforms	32,869.15	20,917.02	11,952.13
78700 SCHOOL OPERATIONS-Student Activities	86,213.84	82,048.13	4,165.71
78800 Student Athletics	10,735.78		10,735.78
79000 SCHOOL OPERATIONS-School Meals / Lunch	372,178.90	363,711.68	8,467.22
79100 Travel Related - Staff	11,194.31	499.37	10,694.94
79300 SCHOOL OPERATIONS-Other School Operations	7,566.11	2,022.09	5,544.02
Total 70000 SCHOOL OPERATIONS	1,280,415.80	1,390,225.72	-109,809.92
80000 FACILITY OPERATION & MAINTENANC	4,553.19	1,112.68	3,440.51
80100 FACILITY OPERATION & MAINTENANC-Rent	1,234,966.62	1,187,438.49	47,528.13
80160 Utilities	217,052.47	160,042.09	57,010.38
81000 FACILITY OPERATION & MAINTENANC-Insurance	150,905.71	138,434.15	12,471.56
82000 FACILITY OPERATION & MAINTENANC-Janitorial	389,446.77	253,678.39	135,768.38
82500 FACILITY OPERATION & MAINTENANC-Maintenance Supplies	70,744.44	45,713.64	25,030.80
83900 FACILITY OPERATION & MAINTENANC-Other Building Related	49,802.38	38,032.02	11,770.36
84000 FACILITY OPERATION & MAINTENANC-Repairs & Maintenance	106,270.44	77,517.22	28,753.22
85000 FACILITY OPERATION & MAINTENANC-Equipment / Furniture	5,814.62	3,923.54	1,891.08
86000 FACILITY OPERATION & MAINTENANC-Security	70,448.67	15,619.07	54,829.60
86100 FACILITY OPERATION & MAINTENANC-Telephone	31,348.10	14,565.25	16,782.85
86150 FACILITY OPERATION & MAINTENANC-Internet	14,401.05	6,408.21	7,992.84
86200 FACILITY OPERATION & MAINTENANC-Depreciation	412,253.08	517,557.01	-105,303.93
86255 FACILITY OPERATION & MAINTENANC- Kitchen Supplies	35,343.29	82,056.35	-46,713.06
89005 Interest Expense		23,658.66	-23,658.66
Total 80000 FACILITY OPERATION & MAINTENANC	2,793,350.83	2,565,756.77	227,594.06
89006 Credit Card Suspense Account	8,667.38	0.00	8,667.38
90000 TUTOR EXPENSES			
91500 Tutor Expenses-Rent - Tutor House	259,556.24	258,188.00	1,368.24
91600 Tutor Expenses - Food	1,349.30		1,349.30
97000 Tutor Expenses-Utilities - Tutor House	52,236.17	98,706.34	-46,470.17
97210 Tutor Expenses-Tutor Recruitment/Fingerprinting		315.00	-315.00
97230 Tutor Expenses-Maintenance Expense/Supplies for Tutor House	3,827.57	13,354.24	-9,526.67
97250 Tutor Expenses-Other Tutor Related	30,274.22		30,274.22
Total 90000 TUTOR EXPENSES	347,243.50	370,563.58	-23,320.08

Great Oaks Charter School - Bridgeport Inc.

Profit and Loss

July 2022 - June 2023

	TOTAL		
	JUL 2022 - JUN 2023	JUL 2021 - JUN 2022 (PY)	CHANGE
Purchases		0.00	0.00
Total Expenses	\$12,257,141.92	\$10,986,586.66	\$1,270,555.26
NET OPERATING INCOME	\$5,066.97	\$374,784.70	\$ -369,717.73
NET INCOME	\$5,066.97	\$374,784.70	\$ -369,717.73

Great Oaks Charter School - Bridgeport Inc.

Budget vs. Actuals: FY23 Approved Budget - FY23 P&L

July 2022 - June 2023

		TOTAL	
	ACTUAL	BUDGET	OVER BUDGET
Income			
40000 REVENUES FROM STATE SOURCES			
40100 REVENUES FROM STATE SOURCES-Per Pupil Revenue	7,956,457.00	7,698,006.00	258,451.00
40200 REVENUES FROM STATE SOURCES-Special Education Revenue	509,000.03	388,500.00	120,500.03
40330 REVENUES FROM STATE SOURCES-Grants-Other State Grants		24,024.96	-24,024.96
40400 REVENUES FROM STATE SOURCES-Other State Sources	20,414.04		20,414.04
Total 40000 REVENUES FROM STATE SOURCES	8,485,871.07	8,110,530.96	375,340.11
41000 REVENUES FROM FEDERAL SOURCES			
41200 REVENUES FROM FEDERAL SOURCES-Title I	459,426.00	440,819.04	18,606.96
41300 REVENUES FROM FEDERAL SOURCES-Title Funding - Other	93,789.96	70,281.96	23,508.00
41400 REVENUES FROM FEDERAL SOURCES-School Food Service (Free Lunch	371,525.27	308,512.56	63,012.71
41500 REVENUES FROM FEDERAL SOURCES-Federal Grants		1,921,941.00	-1,921,941.00
41600 REVENUES FROM FEDERAL SOURCES-Other Federal Sources	2,614,151.39		2,614,151.39
Total 41000 REVENUES FROM FEDERAL SOURCES	3,538,892.62	2,741,554.56	797,338.06
42100 LOCAL & OTHER REVENUE-Contributions and Donations			
42110 LOCAL & OTHER REVENUE-Contributions and Donations-Foundations	7,516.99	266,666.64	-259,149.65
42150 LOCAL & OTHER REVENUE-Contributions and Donations-Special Events Contributions		80,000.04	-80,000.04
42200 LOCAL & OTHER REVENUE-Fundraising	10,276.44		10,276.44
42300 LOCAL & OTHER REVENUE-Erate Reimbursement		32,000.04	-32,000.04
42500 LOCAL & OTHER REVENUE-Interest Income	22.81		22.81
42800 LOCAL & OTHER REVENUE-Other Local & Misc Revenue	24,732.06		24,732.06
42840 Tutor Housing Fees	23,146.90	33,000.00	-9,853.10
Total Income	\$12,262,208.89	\$11,263,752.24	\$998,456.65
GROSS PROFIT	\$12,262,208.89	\$11,263,752.24	\$998,456.65
Expenses			
50000 PERSONNEL SERVICE COSTS			
51000 PERSONNEL SERVICE COSTS-ADMINISTRATIVE STAFF PERSONNE			
51100 Executive Management	1,119,117.38	285,000.00	834,117.38
51200 Instructional Management		564,648.00	-564,648.00
51300 Pupil Support	272,991.68		272,991.68
51600 Operations/Admin Staff	640,988.05	1,066,022.04	-425,033.99
Total 51000 PERSONNEL SERVICE COSTS-ADMINISTRATIVE STAFF PERSONNE	2,033,097.11	1,915,670.04	117,427.07
53000 PERSONNEL SERVICE COSTS-INSTRUCTIONAL PERSONNEL COSTS			
53100 Gen Ed Teachers	2,665,913.40	3,084,689.04	-418,775.64
53200 Specialty Teachers	282,126.76		282,126.76
53500 SpED Teacher	423,468.47	395,112.00	28,356.47
53900 Bonus Payments	8,200.00		8,200.00
55600 Guidance & Social Work	221,961.79		221,961.79
Total 53000 PERSONNEL SERVICE COSTS-INSTRUCTIONAL PERSONNEL COSTS	3,601,670.42	3,479,801.04	121,869.38

Great Oaks Charter School - Bridgeport Inc.

Budget vs. Actuals: FY23 Approved Budget - FY23 P&L

July 2022 - June 2023

		TOTAL	
	ACTUAL	BUDGET	OVER BUDGET
55000 PERSONNEL SERVICE COSTS-NON-INSTRUCTIONAL PERSONNEL COS			
55100 Staff Nurse	72,451.78		72,451.78
55900 Other Non Instructional Staff	87,920.69		87,920.69
Total 55000 PERSONNEL SERVICE COSTS-NON-INSTRUCTIONAL PERSONNEL COS	160,372.47		160,372.47
57000 PERSONNEL SERVICE COSTS-PAYROLL TAXES AND BENEFITS			
57100 Payroll Taxes	344,283.64	412,753.56	-68,469.92
57200 Fringe / Employee Benefits	735,407.92	755,365.92	-19,958.00
57300 Retirement / Pension	43,396.41		43,396.41
Total 57000 PERSONNEL SERVICE COSTS-PAYROLL TAXES AND BENEFITS	1,123,087.97	1,168,119.48	-45,031.51
Total 50000 PERSONNEL SERVICE COSTS	6,918,227.97	6,563,590.56	354,637.41
60000 CONTRACTED SERVICES			
61000 CONTRACTED SERVICES-Accounting / Audit	8,884.32	29,004.00	-20,119.68
62000 CONTRACTED SERVICES-Legal	6,707.50	7,500.00	-792.50
63000 CONTRACTED SERVICES-Support Organization Fees	4,434.00		4,434.00
63005 Management Fees	477,387.42	461,880.00	15,507.42
63010 Tutor Fees	193,349.26	239,100.00	-45,750.74
Total 63000 CONTRACTED SERVICES-Support Organization Fees	675,170.68	700,980.00	-25,809.32
64000 CONTRACTED SERVICES-Nurse/Summer School	40,350.00		40,350.00
66000 CONTRACTED SERVICES-Payroll Services	14,671.87	11,256.00	3,415.87
67000 CONTRACTED SERVICES-Special Ed Services	534.00		534.00
67100 CONTRACTED SERVICES-Tech Support	98,574.28	65,688.00	32,886.28
67200 CONTRACTED SERVICES-Ops Consultants	9,066.43		9,066.43
67300 CONTRACTED SERVICES-Staff Appreciation	21,167.90		21,167.90
67400 CONTRACTED SERVICES-Administrative Fees	33,750.23		33,750.23
68000 CONTRACTED SERVICES-Extended School Day		90,000.00	-90,000.00
69000 CONTRACTED SERVICES-Other Purchased / Professional	359.23		359.23
Total 60000 CONTRACTED SERVICES	909,236.44	904,428.00	4,808.44
70000 SCHOOL OPERATIONS			
71500 SCHOOL OPERATIONS-Classroom / Teaching Supplies &	93,457.49	80,000.37	13,457.12
72500 SCHOOL OPERATIONS-Textbooks / Workbooks	67,802.94		67,802.94
72510 SCHOOL OPERATIONS-Textbooks/Workbooks	20,969.71		20,969.71
73000 SCHOOL OPERATIONS-Tech Materials	23,650.83	9,996.00	13,654.83
73500 SCHOOL OPERATIONS-Equipment / Furniture	17,327.84		17,327.84
73600 SCHOOL OPERATIONS-Copier Maintenance/Lease	62,359.88	51,685.20	10,674.68
74500 SCHOOL OPERATIONS-Digital Platform/Licenses	128,559.19	150,000.00	-21,440.81
75000 SCHOOL OPERATIONS-Student Testing & Assessment	2,906.00		2,906.00
75500 SCHOOL OPERATIONS-Field Trips	56,609.49	17,004.00	39,605.49
76000 SCHOOL OPERATIONS-Transportation (student)	30,233.50	17,004.00	13,229.50
76500 SCHOOL OPERATIONS-Student Services - other	63.98		63.98
77000 SCHOOL OPERATIONS-Office Expense	71,010.66	69,996.00	1,014.66
77100 SCHOOL OPERATIONS-Personal Protective Equipment (PPE)	7,109.71	9,996.00	-2,886.29

Great Oaks Charter School - Bridgeport Inc.

Budget vs. Actuals: FY23 Approved Budget - FY23 P&L

July 2022 - June 2023

	TOTAL		
	ACTUAL	BUDGET	OVER BUDGET
77500 SCHOOL OPERATIONS-Staff & Curr Development	77,741.07	239,004.00	-161,262.93
77550 Fellows - Professional Development	1,500.00		1,500.00
77600 SCHOOL OPERATIONS-Staff Development - Food	15,224.33	9,999.96	5,224.37
77700 Memberships/Subscriptions/Cooperatives	66,870.90		66,870.90
78000 SCHOOL OPERATIONS-Staff Recruitment	5,895.00	15,000.00	-9,105.00
78500 SCHOOL OPERATIONS-Student Recruitment / Marketing	10,365.19	45,000.00	-34,634.81
78600 SCHOOL OPERATIONS-Student/Staff Uniforms	32,869.15	3,000.00	29,869.15
78700 SCHOOL OPERATIONS-Student Activities	86,213.84	39,999.96	46,213.88
78800 Student Athletics	10,735.78		10,735.78
79000 SCHOOL OPERATIONS-School Meals / Lunch	372,178.90	411,350.04	-39,171.14
79100 Travel Related - Staff	11,194.31		11,194.31
79300 SCHOOL OPERATIONS-Other School Operations	7,566.11	39,999.96	-32,433.85
Total 70000 SCHOOL OPERATIONS	1,280,415.80	1,209,035.49	71,380.31
80000 FACILITY OPERATION & MAINTENANC	4,553.19		4,553.19
80100 FACILITY OPERATION & MAINTENANC-Rent	1,234,966.62	1,181,136.00	53,830.62
80160 Utilities	217,052.47	126,000.00	91,052.47
81000 FACILITY OPERATION & MAINTENANC-Insurance	150,905.71	129,150.00	21,755.71
82000 FACILITY OPERATION & MAINTENANC-Janitorial	389,446.77	224,700.00	164,746.77
82500 FACILITY OPERATION & MAINTENANC-Maintenance Supplies	70,744.44	68,706.72	2,037.72
83900 FACILITY OPERATION & MAINTENANC-Other Building Related	49,802.38		49,802.38
84000 FACILITY OPERATION & MAINTENANC-Repairs & Maintenance	106,270.44	5,250.00	101,020.44
85000 FACILITY OPERATION & MAINTENANC-Equipment / Furniture	5,814.62		5,814.62
86000 FACILITY OPERATION & MAINTENANCE-Security	70,448.67	10,712.16	59,736.51
86100 FACILITY OPERATION & MAINTENANC-Telephone	31,348.10	6,048.00	25,300.10
86150 FACILITY OPERATION & MAINTENANC-Internet	14,401.05	26,250.00	-11,848.95
86200 FACILITY OPERATION & MAINTENANC-Depreciation	412,253.08	399,999.96	12,253.12
86250 FACILITY OPERATION & MAINTENANC-Meal Staffing Support		36,750.00	-36,750.00
86255 FACILITY OPERATION & MAINTENANCE- Kitchen Supplies	35,343.29		35,343.29
89005 Interest Expense		15,000.00	-15,000.00
Total 80000 FACILITY OPERATION & MAINTENANC	2,793,350.83	2,229,702.84	563,647.99
89006 Credit Card Suspense Account	8,667.38		8,667.38
90000 TUTOR EXPENSES			
91500 Tutor Expenses-Rent - Tutor House	259,556.24	232,478.40	27,077.84
91600 Tutor Expenses - Food	1,349.30		1,349.30
97000 Tutor Expenses-Utilities - Tutor House	52,236.17	63,000.00	-10,763.83
97230 Tutor Expenses-Maintenance Expense/Supplies for Tutor House	3,827.57	5,250.00	-1,422.43
97250 Tutor Expenses-Other Tutor Related	30,274.22		30,274.22
Total 90000 TUTOR EXPENSES	347,243.50	300,728.40	46,515.10
Total Expenses	\$12,257,141.92	\$11,207,485.29	\$1,049,656.63
NET OPERATING INCOME	\$5,066.97	\$56,266.95	\$ -51,199.98
NET INCOME	\$5,066.97	\$56,266.95	\$ -51,199.98

Great Oaks Charter School - Bridgeport Inc.

Budget vs. Actuals: FY23 Approved Budget - FY23 P&L

July 2022 - June 2023

Great Oaks Charter School - Bridgeport Inc.

Budget vs. Actuals: Budget_FY24_P&L - FY24 P&L

July - August, 2023

		TOTAL	
	ACTUAL	BUDGET	OVER BUDGET
Income			
40000 REVENUES FROM STATE SOURCES			
40100 REVENUES FROM STATE SOURCES-Per Pupil Revenue	1,349,652.00	1,283,001.00	66,651.00
40200 REVENUES FROM STATE SOURCES-Special Education Revenue	84,833.34	98,166.66	-13,333.32
40330 REVENUES FROM STATE SOURCES-Grants-Other State Grants		1,526.84	-1,526.84
40400 REVENUES FROM STATE SOURCES-Other State Sources	10,000.00		10,000.00
Total 40000 REVENUES FROM STATE SOURCES	1,444,485.34	1,382,694.50	61,790.84
41000 REVENUES FROM FEDERAL SOURCES			
41200 REVENUES FROM FEDERAL SOURCES-Title I		76,571.00	-76,571.00
41300 REVENUES FROM FEDERAL SOURCES-Title Funding - Other		11,045.34	-11,045.34
41400 REVENUES FROM FEDERAL SOURCES-School Food Service (Free Lunch)		51,418.84	-51,418.84
41500 REVENUES FROM FEDERAL SOURCES-Federal Grants		191,057.50	-191,057.50
Total 41000 REVENUES FROM FEDERAL SOURCES		330,092.68	-330,092.68
42000 LOCAL & OTHER REVENUE-Contributions and Donations			
42110 LOCAL & OTHER REVENUE-Contributions and Donations-Foundations		27,791.66	-27,791.66
42500 LOCAL & OTHER REVENUE-Interest Income	0.23		0.23
42840 Tutor Housing Fees	950.00	10,000.00	-9,050.00
Total Income	\$1,445,435.57	\$1,767,245.50	\$ -321,809.93
GROSS PROFIT	\$1,445,435.57	\$1,767,245.50	\$ -321,809.93
Expenses			
50000 PERSONNEL SERVICE COSTS			
51000 PERSONNEL SERVICE COSTS-ADMINISTRATIVE STAFF PERSONNE			
51100 Executive Management	146,379.01	219,643.16	-73,264.15
51300 Pupil Support	36,346.31	78,783.00	-42,436.69
51600 Operations/Admin Staff	82,457.69	146,734.00	-64,276.31
Total 51000 PERSONNEL SERVICE COSTS-ADMINISTRATIVE STAFF PERSONNE	265,183.01	445,160.16	-179,977.15
53000 PERSONNEL SERVICE COSTS-INSTRUCTIONAL PERSONNEL COSTS			
53100 Gen Ed Teachers	161,976.01	267,411.34	-105,435.33
53200 Specialty Teachers	20,433.99	56,046.84	-35,612.85
53500 SpED Teacher	32,673.25	71,500.00	-38,826.75
53520 Specialty Teachers-ESL Teacher		35,333.34	-35,333.34
53570 Summer School Teacher	6,120.00		6,120.00
55600 Guidance & Social Work	33,287.14		33,287.14
Total 53000 PERSONNEL SERVICE COSTS-INSTRUCTIONAL PERSONNEL COSTS	254,490.39	430,291.52	-175,801.13
55000 PERSONNEL SERVICE COSTS-NON-INSTRUCTIONAL PERSONNEL COS			
55100 Staff Nurse	9,794.52		9,794.52
55900 Other Non Instructional Staff	8,171.50		8,171.50
Total 55000 PERSONNEL SERVICE COSTS-NON-INSTRUCTIONAL PERSONNEL COS	17,966.02		17,966.02
COS			
57000 PERSONNEL SERVICE COSTS-PAYROLL TAXES AND BENEFITS			
57100 Payroll Taxes	28,097.06	76,602.00	-48,504.94

Great Oaks Charter School - Bridgeport Inc.

Budget vs. Actuals: Budget_FY24_P&L - FY24 P&L

July - August, 2023

	TOTAL		
	ACTUAL	BUDGET	OVER BUDGET
57200 Fringe / Employee Benefits	123,582.07	112,933.16	10,648.91
57300 Retirement / Pension	1,682.16		1,682.16
Total 57000 PERSONNEL SERVICE COSTS-PAYROLL TAXES AND BENEFITS	153,361.29	189,535.16	-36,173.87
Total 50000 PERSONNEL SERVICE COSTS	691,000.71	1,064,986.84	-373,986.13
60000 CONTRACTED SERVICES			
61000 CONTRACTED SERVICES-Accounting / Audit		4,666.66	-4,666.66
62000 CONTRACTED SERVICES-Legal	532.50	833.34	-300.84
63000 CONTRACTED SERVICES-Support Organization Fees			
63005 Management Fees	50,000.00	10,000.00	40,000.00
63010 Tutor Fees	36,266.66	37,733.34	-1,466.68
Total 63000 CONTRACTED SERVICES-Support Organization Fees	86,266.66	47,733.34	38,533.32
64000 CONTRACTED SERVICES-Nurse/Summer School	5,285.00		5,285.00
66000 CONTRACTED SERVICES-Payroll Services	2,787.94	2,500.00	287.94
67100 CONTRACTED SERVICES-Tech Support	3,092.22	19,008.00	-15,915.78
67400 CONTRACTED SERVICES-Administrative Fees	198.00		198.00
Total 60000 CONTRACTED SERVICES	98,162.32	74,741.34	23,420.98
70000 SCHOOL OPERATIONS			
71000 SCHOOL OPERATIONS-Board Expenses	333.15		333.15
71500 SCHOOL OPERATIONS-Classroom / Teaching Supplies &		3,000.00	-3,000.00
72500 SCHOOL OPERATIONS-Textbooks / Workbooks	285.00		285.00
73000 SCHOOL OPERATIONS-Tech Materials	2,853.22		2,853.22
73500 SCHOOL OPERATIONS-Equipment / Furniture		3,333.34	-3,333.34
73600 SCHOOL OPERATIONS-Copier Maintenance/Lease	15,729.93	8,202.00	7,527.93
74500 SCHOOL OPERATIONS-Digital Platform/Licenses	45,245.43	30,815.00	14,430.43
75000 SCHOOL OPERATIONS-Student Testing & Assessment		333.34	-333.34
76000 SCHOOL OPERATIONS-Transportation (student)	732.55	4,000.00	-3,267.45
77000 SCHOOL OPERATIONS-Office Expense	1,719.70	13,700.00	-11,980.30
77100 SCHOOL OPERATIONS-Personal Protective Equipment (PPE)	1,410.00		1,410.00
77500 SCHOOL OPERATIONS-Staff & Curr Development	12,159.60	4,166.66	7,992.94
77550 Fellows - Professional Development		666.66	-666.66
77600 SCHOOL OPERATIONS-Staff Development - Food	2,294.81	2,500.00	-205.19
78000 SCHOOL OPERATIONS-Staff Recruitment		1,666.66	-1,666.66
78500 SCHOOL OPERATIONS-Student Recruitment / Marketing		1,666.66	-1,666.66
78600 SCHOOL OPERATIONS-Student/Staff Uniforms		1,666.66	-1,666.66
79000 SCHOOL OPERATIONS-School Meals / Lunch	5,699.67	55,585.50	-49,885.83
79100 Travel Related - Staff	367.53		367.53
79300 SCHOOL OPERATIONS-Other School Operations		6,666.66	-6,666.66
Total 70000 SCHOOL OPERATIONS	88,830.59	137,969.14	-49,138.55
80000 FACILITY OPERATION & MAINTENANC			
80100 FACILITY OPERATION & MAINTENANC-Rent	197,047.87	201,329.50	-4,281.63
80160 Utilities	25,703.31	42,600.00	-16,896.69
81000 FACILITY OPERATION & MAINTENANC-Insurance	24,015.50	23,506.50	509.00

Great Oaks Charter School - Bridgeport Inc.

Budget vs. Actuals: Budget_FY24_P&L - FY24 P&L

July - August, 2023

		TOTAL	
	ACTUAL	BUDGET	OVER BUDGET
82000 FACILITY OPERATION & MAINTENANC-Janitorial	28,792.02	50,950.00	-22,157.98
82500 FACILITY OPERATION & MAINTENANC-Maintenance Supplies	6,244.00	14,000.00	-7,756.00
83900 FACILITY OPERATION & MAINTENANC-Other Building Related	5,555.97		5,555.97
84000 FACILITY OPERATION & MAINTENANC-Repairs & Maintenance	8,690.81	17,232.00	-8,541.19
86000 FACILITY OPERATION & MAINTENANCE-Security	6,085.52	16,015.34	-9,929.82
86100 FACILITY OPERATION & MAINTENANC-Telephone	7,385.49	2,750.00	4,635.49
86150 FACILITY OPERATION & MAINTENANC-Internet	1,666.76	3,833.34	-2,166.58
86200 FACILITY OPERATION & MAINTENANC-Depreciation	61,450.53		61,450.53
86255 FACILITY OPERATION & MAINTENANCE- Kitchen Supplies	90.95		90.95
88000 FACILITY OPERATION & MAINTENANC-Depreciation Expense		58,333.34	-58,333.34
89005 Interest Expense	-0.12		-0.12
Total 80000 FACILITY OPERATION & MAINTENANC	372,728.61	430,550.02	-57,821.41
90000 TUTOR EXPENSES			
91500 Tutor Expenses-Rent - Tutor House	38,203.48	42,600.00	-4,396.52
97000 Tutor Expenses-Utilities - Tutor House	4,066.02	9,002.50	-4,936.48
97230 Tutor Expenses-Maintenance Expense/Supplies for Tutor House		833.34	-833.34
97250 Tutor Expenses-Other Tutor Related	820.78		820.78
Total 90000 TUTOR EXPENSES	43,090.28	52,435.84	-9,345.56
Total Expenses	\$1,293,812.51	\$1,760,683.18	\$ -466,870.67
NET OPERATING INCOME	\$151,623.06	\$6,562.32	\$145,060.74
Other Expenses			
Other Miscellaneous Expense	30.00		30.00
Total Other Expenses	\$30.00	\$0.00	\$30.00
NET OTHER INCOME	\$ -30.00	\$0.00	\$ -30.00
NET INCOME	\$151,593.06	\$6,562.32	\$145,030.74

Coversheet

New Vendors

Section: IV. Additional Items
Item: E. New Vendors
Purpose: FYI
Submitted by:
Related Material: Great-Oaks-Charter_proposal- PEO.pdf

dinsmore/steele

Great Oaks Charter PEO Proposal

Prepared by Dinsmore/Steele



welcome

Latoya,

We have completed your PEO search and are pleased to share with you what we found. We compared what you are currently doing with the most competitive PEO quotes.

Our proposal works backward in showing you your bottom-line figures first, and as you continue, we show you how we came to those numbers. Remember that all the numbers in your proposal are negotiable, excluding the health insurance rates.

Once you have digested your proposal, you will narrow your search to one or two PEOs that you are interested in, and we will schedule demos so you can get to know the PEOs better. And when you choose which PEO you want to join, we will negotiate all your costs to ensure you get the best price with your chosen PEO.

On the right side of your screen is an orange box, a chatbox; if you open it, we can chat with you. Thank you for the opportunity and if you're ready, let's get started.

dinsmore/steele

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Everyone has a story. Here's ours.

Do More with Dinsmore.

In 2010 [Rodney Steele](#) created Dinsmore/Steele to create an unbiased and efficient way for people to shop, compare and choose the right Professional Employer Organizations (PEOs).

Our mission has always been to educate business owners on PEO, use technology to simplify quoting and offer our expertise in the finer points of PEO - while creating a competitive environment that benefits you.

[Barbara Pailley](#) joined us in 2016 and, as an industry veteran, brought a depth of knowledge, streamlined our operations, and built a world-class team to support our clients, partners, and providers.

[Cassandra Anderson](#) joined us in 2023. For over a decade, Cassandra has consistently ranked among the top 1% performers in the Professional Employer Organization (PEO) industry, earning her the epithet 'PEO Queen'. Few, if any, are more knowledgeable about the inner workings of PEOs than Cassandra. Her role entails liaising with our clients to ascertain the PEO most suited to their specific requirements and budget and facilitating a seamless transition to the PEO they ultimately choose through our platform.

Our staff has over **70 years of combined experience in PEO**. We are a licensed health insurance brokerage, so we know health insurance inside and out and Workers' Compensation.

Fast forward, and times have changed, PEO has come a long way since then, and so have we. We are now the largest PEO Brokerage in the United States. Our global portfolio of over 400 PEO partners makes us the natural choice as your PEO broker.

The PEO Services

**PEOs help you with vital parts of your business.
So you can focus on building and growing your business.**

Seamless Payroll. So you can focus on your business.

- Streamlined Payroll Administration
- Web-Based Payroll
- A platform for your employee's lifecycle.
- Simplify your taxes, and mitigate your risks
- Incorporate timeclocks right into your payroll
- Manage your employee's expense reimbursement
- PEO ensures your W-4's, I-9s, and W-2s' are correct

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Affordable rates from National carriers.

- Complete Administration
- Enrollment, COBRA, Renewals, Open Enrollments - all handled
- Expedited claims management
- A full suite of insurances - dental, vision, life, and disability
- Ability to offer multiple plans
- HMOs, EPOs, POS/PPOs, and HDHPs
- Aetna, BCBS, Cigna, Oxford, UHC, Humana, and Kaiser

dinsmore/steele

Reduce your Risk. Offload the Administration.

- Coverage from A+ Rated Carriers
- Complete Claims Management
- Risk Management guidance so you're compliant and safe
- Workplace Safety programs
- Pay-As-You-Go premiums
- Year-End Audits are eliminated

dinsmore/steele

Expert HR Guidance and Support when you need it.

- SHRM-Certified HR guidance and direction
- Employee Handbooks - State and Federal
- Training programs - Sexual Harassment, etc
- Compensation Consulting
- Employee Engagement - to build culture.
- Recruiting and Staffing

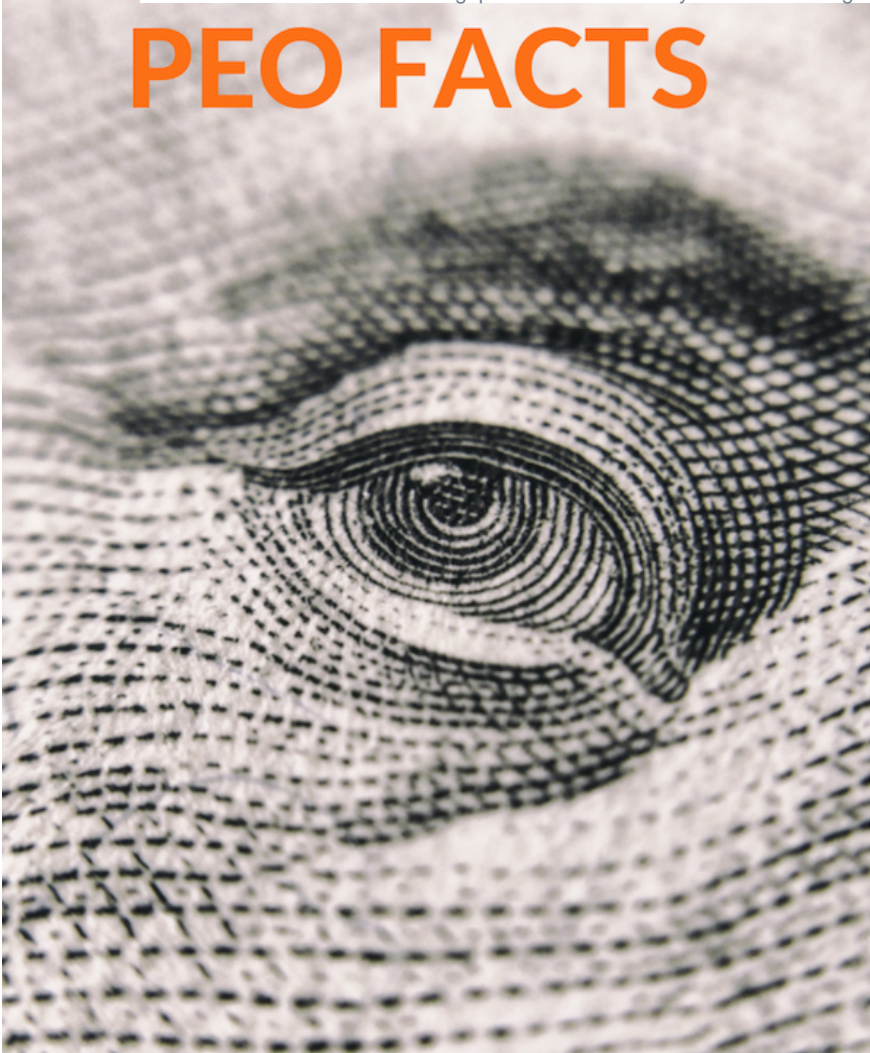
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Help your employees plan for their futures.

- 401-(k) and 403-(b) solutions
- Complete administration
- Compliance testing and Form 5500 filing
- Compensation Consulting
- Investment selection and monitoring
- Diversified investment solutions from the biggest providers

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PEO FACTS



82%

of small to medium sized business owners recommend PEOs to their peers.

73%

of companies with a PEO are happy with their health benefits, compared to 45% that aren't with a PEO.

62%

believe their PEO is a key differentiator when recruiting talent.

DINSMORESTEELE.COM

According to a recent study by noted economists Laurie Bassi and Dan McMurrer, businesses that use PEOs grow 7% to 9% faster, have 10% to 14% lower employee turnover and are 50 percent less likely to go out of business. - [NAPEO.org](https://www.napeo.org)

Health Insurance

We compared all of your current Health Insurance plans to each of the PEO's health insurance plans.

You will find that we either matched you with a plan that is on par or better than the plan(s) you currently offer. Feel free to mix and match plans.

Health Plan One

We compared your first health plan to the PEO plans.

GREAT OAKS HEALTH SERVICES		Medical Plan Comparison 1				dinsmore/steele
Provider Name	Current UHC/Oxford	ADP TotalSource Aetna	G&A Partners CIGNA	Vensure Aetna		
Renewal Date	7/1/2024	6/1/2024	7/1/2024	7/1/2025		
Carrier	UHC/Oxford	Aetna	CIGNA	Aetna		
Plan Name	Oxford PPO 3000	AETNTL-MC OA 2000-80%	CIGNA OAP \$2500 80%	NY OAMC 2000		
Plan Type	PPO	PPO	PPO	PPO		
Plan Region/State	National	National	National	National		
Referrals Required	No	No	No	No		
In-Network						
Office Co-pay	\$30	\$45	\$20	\$25		
Specialist Co-pay	\$50	\$70	\$60	\$75		
Deductible Ind/Fam	\$3,000 / \$6,000	\$2,000 / \$4,000	\$2,500 / \$5,000	\$2,000 / \$4,000		
Co-Insurance	20%	20%	20%	0%		
Out-of-Pocket	\$4,500 / \$9,000	\$6,850 / \$13,700	\$5,500 / \$11,000	\$8,000 / \$16,000		
Emergency Room	\$400	\$350	\$250	\$500		
Hospital In-Patient	20% after Deductible	20% after Deductible	20% after Deductible	Plan Ded.		
Hospital Out-Patient	20% after Deductible	20% after Deductible	20% after Deductible	Plan Ded.		
Out-Network						
Deductible Ind/Fam	\$5,000 / \$10,000	\$6,000 / \$15,000	\$5,000 / \$10,000	\$5,000 / \$12,500		
Co-Insurance	40%	50%	40.00%	30%		
Out-of-Pocket	\$10,000 / \$20,000	\$14,000 / \$42,000	\$16,500 / \$33,000	\$15,000 / \$37,500		
Drug Card						
Prescription Card	\$15/\$35/\$75	\$10/\$45/\$70	\$10/\$40/\$60	\$10/\$55/\$100		
Current Rates						
	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate		
EE- Employee Single	21 \$779.94	\$633.67	\$539.45	\$706.29		
ES - Employee Spouse	1 \$1,637.86	\$1,364.49	\$1,171.60	\$1,518.52		
EC - Employee Child/ren	4 \$1,364.89	\$1,238.75	\$1,063.54	\$1,377.26		
Fam - Employee Family	3 \$2,378.81	\$1,968.85	\$1,701.09	\$2,189.50		
Monthly Cost	29 \$ 30,612.59	\$ 25,533.11	\$ 21,857.48	\$ 28,428.15		
Annual Cost	\$ 367,351.08	\$ 306,397.32	\$ 262,289.76	\$ 341,137.80		

All Rates and Plans quoted have been underwritten by our PEO providers. Final Rates and Plans will be determined and set by the PEO upon enrollment.

Health Plan Two

We compared your second health plan to the PEO plans.



Medical Plan Comparison 2

dinsmore/steele

Provider Name	Current UHC/Oxford	ADP TotalSource Aetna	G&A Partners CIGNA	Vensure Aetna
Renewal Date	7/1/2024	6/1/2024	7/1/2024	7/1/2025
Carrier	UHC/Oxford	Aetna	CIGNA	Aetna
Plan Name	Oxford EPO 1500	AETNA-EPO OA 1500-80%	CIGNA OAP 1500 80%	NY EPO OA 1000
Plan Type	EPO	EPO	PPO	EPO
Plan Region/State	National	National	National	National
Referrals Required	No	No	No	No
In-Network				
Office Co-pay	\$30	\$30	\$20	\$20
Specialist Co-pay	\$50	\$60	\$45	\$65
Deductible Ind/Fam	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,000 / \$2,000
Co-Insurance	20%	20%	20%	20%
Out-of-Pocket	\$6,000 / \$12,000	\$5,500 / \$11,000	\$4,500 / \$9,000	\$5,500 / \$11,000
Emergency Room	\$400	\$350	\$250	\$400
Hospital In-Patient	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible
Hospital Out-Patient	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible
Out-Network				
Deductible Ind/Fam	N/A	N/A	\$3,000 / \$6,000	N/A
Co-Insurance	N/A	N/A	40%	N/A
Out-of-Pocket	N/A	N/A	\$13,500 / \$27,000	N/A
Drug Card				
Prescription Card	\$15/\$35/\$75	\$10/\$45/\$70	\$10/\$35/\$50	\$10/\$55/\$100
Current Rates				
EE- Employee Single	10 \$772.36	\$623.28	\$565.09	\$715.63
ES - Employee Spouse	0 \$1,621.96	\$1,339.56	\$1,227.22	\$1,538.61
EC - Employee Child/ren	0 \$1,351.63	\$1,214.91	\$1,114.03	\$1,395.49
Fam - Employee Family	0 \$2,355.69	\$1,929.35	\$1,781.84	\$2,218.47
Monthly Cost	10 \$ 7,723.60	\$ 6,232.80	\$ 5,650.90	\$ 7,156.30
Annual Cost	\$ 92,683.20	\$ 74,793.60	\$ 67,810.80	\$ 85,875.60

All Rates and Plans quoted have been underwritten by our PEO providers. Final Rates and Plans will be determined and set by the PEO upon enrollment.

Health Plan Three

We compared your third health plan to the PEO plans.



Medical Plan Comparison 3

dinsmore/steele

Provider Name	Current UHC/Oxford	ADP TotalSource Aetna	G&A Partners CIGNA	Vensure Aetna
Renewal Date	7/1/2024	6/1/2024	7/1/2024	7/1/2025
Carrier	UHC/Oxford	Aetna	CIGNA	Aetna
Plan Name	Oxford EPO 2000	AETNA-EPO OA 2000-70%	CIGNA OAP 1500 80%	NY EPO OA 2000
Plan Type	EPO	EPO	PPO	EPO
Plan Region/State	National	National	National	National
Referrals Required	No	No	No	No
In-Network				
Office Co-pay	\$30	\$40	\$20	\$30
Specialist Co-pay	\$50	\$80	\$45	\$65
Deductible Ind/Fam	\$2,000 / \$4,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$2,000 / \$4,000
Co-Insurance	20%	30%	20%	20%
Out-of-Pocket	\$6,350 / \$12,700	\$6,000 / \$12,000	\$4,500 / \$9,000	\$6,500 / \$13,000
Emergency Room	\$400	\$350	\$250	\$400
Hospital In-Patient	20% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible
Hospital Out-Patient	20% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible
Out-Network				
Deductible Ind/Fam	N/A	N/A	\$3,000 / \$6,000	N/A
Co-Insurance	N/A	N/A	40%	N/A
Out-of-Pocket	N/A	N/A	\$13,500 / \$27,000	N/A
Drug Card				
Prescription Card	\$15/\$35/\$75	\$10/\$45/\$70	\$10/\$35/\$50	\$10/\$55/\$100

Current Rates	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate
EE- Employee Single 16	\$745.74	\$578.22	\$565.09	\$662.33
ES - Employee Spouse 1	\$1,566.05	\$1,243.96	\$1,227.22	\$1,424.01
EC - Employee Child/ren 3	\$1,305.05	\$1,128.49	\$1,114.03	\$1,291.53
Fam - Employee Family 4	\$2,274.51	\$1,792.41	\$1,781.84	\$2,053.20
Monthly Cost 24	\$ 26,511.08	\$ 21,050.59	\$ 20,738.11	\$ 24,108.68
Annual Cost	\$ 318,132.96	\$ 252,607.08	\$ 248,857.32	\$ 289,304.16

All Rates and Plans quoted have been underwritten by our PEO providers. Final Rates and Plans will be determined and set by the PEO upon enrollment.

Health Plan Four

We compared your fourth health plan to the PEO plans.



Medical Plan Comparison 4

dinsmore/steele

Provider Name	Current UHC/Oxford	ADP TotalSource Aetna	G&A Partners CIGNA	Vensure Aetna
Renewal Date	7/1/2024	6/1/2024	7/1/2024	7/1/2025
Carrier	UHC/Oxford	Aetna	CIGNA	Aetna
Plan Name	Oxford EPO HSA 2850	AETNA-HDHP EPO \$2500-100% TIF	CIGNA OAP HDHP 3000/100%	NY OAMC HDHP 3000/90
Plan Type	EPO HSA	EPO HSA	PPO HSA	PPO HSA
Plan Region/State	National	National	National	National
Referrals Required	No	No	No	No
In-Network				
Office Co-pay	Ded. & 10% Co-Ins	Ded. Then \$30	Ded. Then \$20	Ded. & 10% Co-Ins
Specialist Co-pay	Ded. & 10% Co-Ins	Ded. Then \$60	Ded. Then \$40	Ded. & 10% Co-Ins
Deductible Ind/Fam	\$2,850 / \$5,700	\$2,500 / \$5,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Co-Insurance	10%	0%	0%	10%
Out-of-Pocket	\$4,000 / \$8,000	\$3,500 / \$7,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Emergency Room	Ded. & 10% Co-Ins	Ded. Then \$350	Ded. Then \$350	Ded. & 10% Co-Ins
Hospital In-Patient	Ded. & 10% Co-Ins	Ded. Then \$500/Day; Max. \$1,500	Ded.	Ded. & 10% Co-Ins
Hospital Out-Patient	Ded. & 10% Co-Ins	Ded. Then \$300	Ded.	Ded. & 10% Co-Ins
Out-Network				
Deductible Ind/Fam	N/A	N/A	\$7,000 / \$14,000	\$6,000 / \$12,000
Co-Insurance	N/A	N/A	30%	40%
Out-of-Pocket	N/A	N/A	\$15,000 / \$30,000	\$10,000 / \$20,000
Drug Card				
Prescription Card	MEDICAL PLAN DEDUCTIBLE THEN: \$15/\$35/\$75	MEDICAL PLAN DEDUCTIBLE THEN: \$10/\$45/\$70	MEDICAL PLAN DEDUCTIBLE THEN: \$10/\$40/\$60	MEDICAL PLAN DEDUCTIBLE THEN: \$10/\$55/\$100

Current Rates	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate
EE - Employee Single 3	\$610.93	\$524.07	\$487.90	\$636.34
ES - Employee Spouse 0	\$1,282.95	\$1,126.76	\$1,059.73	\$1,368.14
EC - Employee Child/ren 1	\$1,069.13	\$1,021.95	\$961.98	\$1,240.87
Fam - Employee Family 1	\$1,863.34	\$1,623.69	\$1,538.70	\$1,972.65
Monthly Cost 5	\$ 4,765.26	\$ 4,217.85	\$ 3,964.38	\$ 5,122.54
Annual Cost	\$ 57,183.12	\$ 50,614.20	\$ 47,572.56	\$ 61,470.48

All Rates and Plans quoted have been underwritten by our PEO providers. Final Rates and Plans will be determined and set by the PEO upon enrollment.

Renewal - 18 Month Projection

Current v. ADP v. G&A v. Vensure (RENEWAL TREND) - See explanation below				
18-Month Trend	Current Medical Premium Cost	ADP TotalSource Medical Premium Cost	G&A Partners Medical Premium Cost	Vensure Medical Premium Cost
Vensure Renewal January*	\$69,612.53	\$57,034.35	\$52,210.87	\$64,815.67
February*	\$69,612.53	\$57,034.35	\$52,210.87	\$64,815.67
March*	\$69,612.53	\$57,034.35	\$52,210.87	\$64,815.67
April*	\$69,612.53	\$57,034.35	\$52,210.87	\$64,815.67
May*	\$69,612.53	\$57,034.35	\$52,210.87	\$64,815.67
ADP Renewal June**	\$69,612.53	\$57,034.35	\$52,210.87	\$64,815.67
G&A Renewal & Current July***	\$75,877.66	\$57,034.35	\$56,126.69	\$64,815.67
August***	\$75,877.66	\$57,034.35	\$56,126.69	\$64,815.67
September***	\$75,877.66	\$57,034.35	\$56,126.69	\$64,815.67
October***	\$75,877.66	\$57,034.35	\$56,126.69	\$64,815.67
November***	\$75,877.66	\$57,034.35	\$56,126.69	\$64,815.67
December***	\$75,877.66	\$57,034.35	\$56,126.69	\$64,815.67
January***	\$75,877.66	\$57,034.35	\$56,126.69	\$64,815.67
February***	\$75,877.66	\$57,034.35	\$56,126.69	\$64,815.67
March***	\$75,877.66	\$57,034.35	\$56,126.69	\$64,815.67
April***	\$75,877.66	\$57,034.35	\$56,126.69	\$64,815.67
May***	\$75,877.66	\$57,034.35	\$56,126.69	\$64,815.67
June****	\$75,877.66	\$62,737.79	\$56,126.69	\$64,815.67
Annual Premium	\$1,328,207.07	\$1,032,321.74	\$986,785.44	\$1,166,682.06

**This analysis is built to show ADP's rate lock until June 2025 with an average 10% increase happening then, G&A's not to exceed 7.5% rate cap in July 2024, and Vensure is switching their Master Renewal after this January so this is showing your not to exceed 4% on your effective date (01/2024) and then your rate lock until July 2025. It also shows you receiving a July 2024 renewal if your entity weren't spinning off effective January 2024*

Dental

Dental PPO Plan Comparison					
Provider + Plan Name		Current Guardian PPO	ADP TotalSource Guardian 1650	G&A Partners Guardian PPO 1500	Vensure Guardian Enhanced Standard
Deductible	Individual	\$50	\$0	\$50	\$50
	Family	\$150	\$0	\$150	\$150
Annual Max		\$1,500	\$1,650	\$1,500	\$1,500
Orthodontia	Coverage?	Yes	Yes	Yes	Yes
Preventitive	%	100%	100%	100%	100%
Major Care		50%	60%	60%	40%
Basic Care		80%	90%	80%	70%
Coverage Tier	Enrolled	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate
Employee (EE)	31	\$39.86	\$43.78	\$29.00	\$31.98
EE + Spouse	3	\$88.64	\$87.55	\$63.00	\$63.86
EE + Child(ren)	5	\$114.64	\$94.66	\$80.00	\$71.80
EE + Family	7	\$153.25	\$143.16	\$110.00	\$110.95
Monthly Total		\$3,147.53	\$3,095.25	\$2,258.00	\$2,318.61
Annual Total		\$37,770.36	\$37,143.00	\$27,096.00	\$27,823.32

Dental DMHO Plan Comparison					
Provider + Plan Name		Current	ADP TotalSource Aetna DMO Copay 54	G&A Partners Guardian DHMO	Vensure Guardian DHMO
Deductible	Individual	\$0	\$0	\$0	\$0
	Family	\$0	\$0	\$0	\$0
Annual Max		UNLIMITED	UNLIMITED	UNLIMITED	UNLIMITED
Orthodontia	Coverage?	Yes	Yes	No	No
Preventitive	%	\$5 Per Visit	Co-Pay	\$0	\$0
Major Care		Co-Pay	Co-Pay	Co-Pay	Co-Pay
Basic Care		Co-Pay	Co-Pay	Co-Pay	Co-Pay
Coverage Tier	Enrolled	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate
Employee (EE)	12	\$17.56	\$24.45	\$10.00	\$11.50
EE + Spouse	0		\$47.64	\$18.00	\$20.29
EE + Child(ren)	1	\$46.01	\$51.48	\$25.00	\$23.24
EE + Family	1	\$60.22	\$78.53	\$29.00	\$35.17
Monthly Total		\$316.95	\$423.41	\$174.00	\$196.41
Annual Total		\$3,803.40	\$5,080.92	\$2,088.00	\$2,356.92

Vision

Vision Comparison					
Provider + Plan Name		Current Guardian Vision Plan	ADP TotalSource VSP	G&A Partners VSP	Vensure Guardian Vision Plan
Exams/Materials		\$10 / \$10	\$10 / \$15	\$20 / \$20	\$10 / \$25
Frame Allowance		\$130 + 20% off Addl. Balance	\$200	\$130 + 20% off Addl. Balance	80% of amount over \$200
Frame Frequency		Every 12 Months	Every 12 Months	Every 24 Months	Every 24 Months
Contact Lenses Allowance		\$130 + 15% off Addl. Balance	\$150	\$130	85% of amount over \$200
Contact Lenses Frequency		Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Month
Coverage Tier	Enrolled	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate
Employee (EE)	42	\$6.83	\$6.46	\$6.00	\$6.54
EE + Spouse	2	\$11.49	\$12.93	\$12.00	\$13.11
EE + Child(ren)	5	\$11.72	\$13.84	\$14.00	\$11.09
EE + Family	6	\$18.55	\$22.12	\$20.00	\$18.27
Monthly Total		\$479.74	\$499.10	\$466.00	\$465.97
Annual Total		\$5,756.88	\$5,989.20	\$5,592.00	\$5,591.64

Workers Compensation

Workers' Compensation (WC) Insurance Key										
STATE	WC CODE	GROSS PAYROLL	CURRENT WC RATE	CURRENT Admin	ADP TotalSource Rate	ADP TotalSource WC Premium	G&A Partners WC Rate	G&A Partners WC Premium	Vensure WC Rate	Vensure WC Premium
CT	8868	\$5,930,647.12	1.05%	\$62,372.81	0.53%	\$31,432.43	0.47%	\$27,874.04	0.70%	\$41,514.53
ANNUAL TOTAL				\$62,372.81		\$31,432.43		\$27,874.04		\$41,514.53

Doctor and Network Lookups

Check the networks of the Health Insurance carriers. Get [started here](#).

Great Oaks Charter Cost Analysis



Cost Analysis

dinsmore/steele

	Current	ADP TotalSource	G&A Partners	Vensure
Workers' Comp / SUTA / PEO Cost				
Workers' Compensation	\$62,372.81	\$31,432.43	\$27,874.04	\$41,514.53
SUTA 2024	Match	Match	Match	Match
Payroll / PEO Administration Fee (Time, ATS, Perform)	\$25,000.00	\$129,294.00	\$102,600.00	\$108,000.00
Annual Cost	\$87,372.81	\$160,726.43	\$130,474.04	\$149,514.53
Benefits Cost				
Medical Cost	\$1,328,207.07	\$1,032,321.74	\$986,785.44	\$1,166,682.06
Dental Cost	\$41,573.76	\$42,223.92	\$29,184.00	\$30,180.24
Vision Cost	\$5,756.88	\$5,989.20	\$5,592.00	\$5,591.64
Annual Cost	\$1,375,537.71	\$1,080,534.86	\$1,021,561.44	\$1,202,453.94
Combined Annual Costs	\$1,462,910.52	\$1,241,261.28	\$1,152,035.48	\$1,351,968.47
Section 125 Savings	N/A	Honored Pending	Honored	Honored
One Time Enrollment Fee	N/A	\$5,075.00	\$13,000.00	\$5,000.00
TOTAL	\$1,462,910.52	\$1,246,336.28	\$1,165,035.48	\$1,356,968.47
Investment / Savings		\$216,574.23	\$297,875.03	\$105,942.05



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Health Carrier

Aetna/BCBS/UHC/Kaiser

PEO Details

IRS Certified PEO

ADP TotalSource Website - <https://totalsource.adp.com/>

Health Insurance Provider - Aetna/BCBS/UHC/Kaiser

Doctor and Network Lookup - [Aetna Doctor and Provider Lookup](#)

[BCBS Doctor and Provider Lookup](#)

[UHC Doctor and Provider Lookup](#)

[Kaiser Doctor and Provider Lookup](#)

Health Insurance Plans

These plans are available to you and your staff. You will choose which plans you would like to offer and your contribution strategy.

 **Plan Options At A Glance - Medical**

Aetna (EPO) Rating Area: National												
AETNA-EPO OA 8700-80%			AETNA-HDHP EPO 6000-80% EMB			AETNA-HDHP EPO \$5000-80% EMB			AETNA-EPO OA 7150-100%		AETNA-EPO OA UFADV 6750-70%	
In-Network	Out-of-Network		In-Network	Out-of-Network		In-Network	Out-of-Network		In-Network	Out-of-Network		
CalYr Deductible	Ind/Fam											
\$8,700/\$17,400	NC		\$6,000/\$12,000	NC		\$5,000/\$10,000	NC		\$7,150/\$14,300	NC		
CalYr OOP Max (Incl Ded)	Ind/Fam											
\$8,700/\$17,400	NC		\$6,500/\$13,000	NC		\$6,850/\$13,700	NC		\$7,600/\$15,200	NC		
Coinsurance												
80%	NC		80%	NC		80%	NC		100%	NC		
Prescription (Rx)												
T1 T1A \$3\T1 \$10	NC		Ded+1A\$3\T1\$10	NC		Ded+1A\$3\T1\$10	NC		T1A \$3\T1 \$10	NC		
T2 \$55 Copay	NC		Ded then \$45	NC		Ded then \$45	NC		\$45 Copay	NC		
T3 \$100 Copay	NC		Ded then \$70	NC		Ded then \$70	NC		\$70 Copay	NC		
T4 P30%\NP50%	NC		P 30%ad\NP 50%ad	NC		P 30%ad\NP 50%ad	NC		P30%\NP50%	NC		
Physician Office Visit	PCP/Spec											
\$10 Copay/\$65 Copay/No	NC/NC		Ded then 20%/Ded then 20%/No	NC/NC		Ded then 20%/Ded then 20%/No	NC/NC		\$25 Copay/Ded then 0%/No	NC/NC		
Virtual Visit	(V) / PCP / Spec											
\$10 Copay	NC		\$49/20%	NC		\$49/20%	NC		\$25 Copay	NC		
Urgent Care												
Ded then 20%	NC		Ded then 20%	NC		Ded then 20%	NC		Ded then 0%	NC		
Inpatient Details												
Ded then 20%	NC		Ded then 20%	NC		Ded then 20%	NC		Ded then 0%	NC		
Hospital Outpatient												
Ded then 20%	NC		Ded then 20%	NC		Ded then 20%	NC		Ded then 0%	NC		
Diagnostic X-Ray, Scan & Lab												
L0%;X&l 20%ad	NC		Ded then 20%	NC		Ded then 20%	NC		L \$0;X&l 0%ad	NC		
ER (In-Area) - ER Copay												
Ded then 20%	NC		Ded then 20%	NC		Ded then 20%	NC		Ded then 0%	NC		
Monthly Cost			Monthly Cost			Monthly Cost			Monthly Cost			
EE	\$353.59		EE	\$377.96		EE	\$392.29		EE	\$407.81		
ES	\$760.48		ES	\$812.60		ES	\$843.42		ES	\$876.22		
EC	\$689.76		EC	\$737.17		EC	\$764.97		EC	\$794.47		
EF	\$1,095.62		EF	\$1,170.62		EF	\$1,216.11		EF	\$1,261.90		

*This comparison is intended to highlight general plan designs and estimated costs. Actual enrollment, plan availability, network access and rating area may change the final cost. This comparison does not guarantee plan cost or coverage. This analysis is based on the effective benefit period. 1. Estimated renewals are used to calculate an annualized cost for both prospect and ADP TotalSource. These renewals are estimates and should be considered as such. Actual renewals will vary. ADP TotalSource is not an insurance broker, agent or agency, and does not solicit, sell or quote insurance in any form, or endorse or recommend any particular insurance carrier or products. Total Cost includes applicable fees and/or commissions. This information was prepared by GBS Specialty Markets, LLC ("GBS") and furnished to ADP TotalSource for the independent evaluation by you, the prospective business client. Any information that is provided to GBS for purposes of providing this ADP TotalSource benefit cost summary is utilized exclusively for the purpose of providing the ADP TotalSource proposal and will not be disclosed or utilized for any other purpose. GBS is a licensed insurance agency. It does business in California as "GBS Markets Insurance Services".



 **Plan Options At A Glance - Medical**

Aetna (EPO) Rating Area: National									
AETNA-HDHP EPO \$3500-80% EMB		AETNA-EPO OA 6350-80%		AETNA-EPO OA FLEX5 6250-80%		AETNA-HDHP EPO 3000-90% EMB		AETNA-EPO OA 4500-50%	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
CalYr Deductible									
\$3,500/\$7,000	NC	\$6,350/\$12,700	NC	\$6,250/\$12,500	NC	\$3,000/\$6,000	NC	\$4,500/\$9,000	NC
CalYr OOP Max (Incl Ded)									
\$6,350/\$12,700	NC	\$7,350/\$14,700	NC	\$8,100/\$16,200	NC	\$6,000/\$12,000	NC	\$7,500/\$15,000	NC
Coinsurance									
80%	NC	80%	NC	80%	NC	90%	NC	50%	NC
Prescription (Rx)									
T1 Ded+1A\$3\T1\$10	NC	T1A \$3\T1 \$10	NC	T1A \$3\T1 \$10	NC	Ded+1A\$3\T1\$10	NC	T1A \$3\T1 \$10	NC
T2 Ded then \$45	NC	\$45 Copay	NC	\$45 Copay	NC	Ded then \$45	NC	\$45 Copay	NC
T3 Ded then \$70	NC	\$70 Copay	NC	\$70 Copay	NC	Ded then \$70	NC	\$70 Copay	NC
T4 P 30%ad\NP 50%ad	NC	P30%\NP50%	NC	P30%\NP50%	NC	P 30%ad\NP 50%ad	NC	P30%\NP50%	NC
Physician Office Visit									
Ded then 20%/Ded then 20%/No	NC/NC	\$40 Copay/\$80 Copay/No	NC/NC	\$0x5 comb/20%ad/Ded then 20%/No	NC/NC	Ded then \$40/Ded then \$70/No	NC/NC	\$10 Copay/\$80 Copay/No	NC/NC
Virtual Visit									
\$49/20%	NC	\$40 Copay	NC	\$0x5comb/\$49/20%	NC	\$49/10%	NC	\$10 Copay	NC
Urgent Care									
Ded then 20%	NC	\$85 Copay	NC	\$0x5 comb/20%ad	NC	Ded then 10%	NC	\$85 Copay	NC
Inpatient Details									
Ded then 20%	NC	Ded then 20%	NC	Ded then 20%	NC	\$500x3+ 10% ad	NC	Ded then 50%	NC
Hospital Outpatient									
Ded then 20%	NC	Ded then 20%	NC	Ded then 20%	NC	Ded then \$300	NC	Ded then 50%	NC
Diagnostic X-Ray, Scan & Lab									
Ded then 20%	NC	L \$0,X&l 20%ad	NC	\$0x5 comb/20%ad	NC	Ded then 10%	NC	L \$0,X&l 50%ad	NC
ER (In-Area) - ER Copay									
Ded then 20%	NC	\$350 Copay	NC	Ded then 20%	NC	Ded then 10%	NC	\$500 Copay	NC
Monthly Cost		Monthly Cost		Monthly Cost		Monthly Cost		Monthly Cost	
EE	\$423.14	EE	\$436.76	EE	\$437.03	EE	\$481.32	EE	\$497.62
ES	\$909.81	ES	\$939.02	ES	\$939.60	ES	\$1,035.19	ES	\$1,070.24
EC	\$825.75	EC	\$851.68	EC	\$852.36	EC	\$938.93	EC	\$970.72
EF	\$1,311.47	EF	\$1,353.94	EF	\$1,353.57	EF	\$1,491.39	EF	\$1,541.88

*This comparison is intended to highlight general plan designs and estimated costs. Actual enrollment, plan availability, network access and rating area may change the final cost. This comparison does not guarantee plan cost or coverage. This analysis is based on the effective benefit period. 1. Estimated renewals are used to calculate an annualized cost for both prospect and ADP TotalSource. These renewals are estimates and should be considered as such. Actual renewals will vary. ADP TotalSource is not an insurance broker, agent or agency, and does not solicit, sell or quote insurance in any form, or endorse or recommend any particular insurance carrier or products. Total Cost includes applicable fees and/or commissions. This information was prepared by GBS Specialty Markets, LLC ("GBS") and furnished to ADP TotalSource for the independent evaluation by you, the prospective business client. Any information that is provided to GBS for purposes of providing this ADP TotalSource benefit cost summary is utilized exclusively for the purpose of providing the ADP TotalSource proposal and will not be disclosed or utilized for any other purpose. GBS is a licensed insurance agency. It does business in California as "GBS Markets Insurance Services".



 **Plan Options At A Glance - Medical**

Aetna (EPO) Rating Area: National									
AETNA-EPO OA 5000-70%		AETNA-EPO OA 5000-100%		AETNA-HDHP EPO \$2500-100% TIF		AETNA-EPO OA 4000-70%		AETNA-EPO OA 3000-70%	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
				Selected					
CalYr Deductible		Ind/Fam							
\$5,000/\$10,000 NC		\$5,000/\$10,000 NC		\$2,500/\$5,000 NC		\$4,000/\$8,000 NC		\$3,000/\$6,000 NC	
CalYr OOP Max (Incl Ded)		Ind/Fam							
\$7,600/\$15,200 NC		\$7,350/\$14,700 NC		\$3,500/\$7,000 NC		\$6,900/\$13,800 NC		\$6,850/\$13,700 NC	
Coinsurance									
70% NC		100% NC		100% NC		70% NC		70% NC	
Prescription (Rx)									
T1 T1A \$3\T1 \$10 NC		T1A \$3\T1 \$10 NC		Ded+1A\$3\T1\$10 NC		T1A \$3\T1 \$10 NC		T1A \$3\T1 \$10 NC	
T2 \$45 Copay NC		\$45 Copay NC		Ded then \$45 NC		\$45 Copay NC		\$45 Copay NC	
T3 \$70 Copay NC		\$70 Copay NC		Ded then \$70 NC		\$70 Copay NC		\$70 Copay NC	
T4 P30%\NP50% NC		P30%\NP50% NC		P 30%ad\NP 50%ad NC		P30%\NP50% NC		P30%\NP50% NC	
Physician Office Visit		PCP/Spec							
\$40 Copay/\$80 Copay/No NC/NC		\$35 Copay/\$70 Copay/No NC/NC		Ded then \$30/Ded then \$60/No NC/NC		\$40 Copay/\$80 Copay/No NC/NC		\$40 Copay/\$80 Copay/No NC/NC	
Virtual Visit		(V)/PCP/Spec							
\$40 Copay NC		\$35 Copay NC		\$49/\$30 NC		\$40 Copay NC		\$40 Copay NC	
Urgent Care									
\$85 Copay NC		\$85 Copay NC		Ded then \$85 NC		\$85 Copay NC		\$85 Copay NC	
Inpatient Details									
Ded then 30% NC		Ded+\$500/day x3 NC		Ded+\$500/day x3 NC		Ded then 30% NC		Ded then 30% NC	
Hospital Outpatient									
Ded then 30% NC		Ded then \$300 NC		Ded then \$300 NC		Ded then 30% NC		Ded then 30% NC	
Diagnostic X-Ray, Scan & Lab									
L \$0; X&I 30%ad NC		L \$0;X&I 0%ad NC		L&X0%ad;\$250ad NC		L \$0; X&I 30%ad NC		L \$0; X&I 30%ad NC	
ER (In-Area) - ER Copay									
\$350 Copay NC		\$350 Copay NC		Ded then \$350 NC		\$350 Copay NC		\$350 Copay NC	
Monthly Cost		Monthly Cost		Monthly Cost		Monthly Cost		Monthly Cost	
EE \$506.17		EE \$521.86		EE \$524.07		EE \$530.27		EE \$552.52	
ES \$1,088.33		ES \$1,122.00		ES \$1,126.76		ES \$1,139.19		ES \$1,187.10	
EC \$986.73		EC \$1,017.62		EC \$1,021.95		EC \$1,033.13		EC \$1,076.78	
EF \$1,567.05		EF \$1,616.83		EF \$1,623.69		EF \$1,641.12		EF \$1,710.43	

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 Plan Options At A Glance -  Medical

Aetna (EPO) Rating Area: National												
AETNA-EPO OA 3500-100%			AETNA-EPO OA 2000-70%			AETNA-EPO OA 3000-100%			AETNA-EPO OA 1500-80%		AETNA-EPO OA 1000-70%	
In-Network	Out-of-Network		In-Network	Out-of-Network		In-Network	Out-of-Network		In-Network	Out-of-Network		
			✔ Selected						✔ Selected			
CalYr Deductible	Ind/Fam											
\$3,500/\$7,000		NC	\$2,000/\$4,000		NC	\$3,000/\$6,000		NC	\$1,500/\$3,000		NC	
CalYr OOP Max (Incl Ded)	Ind/Fam											
\$6,500/\$13,000		NC	\$6,000/\$12,000		NC	\$5,000/\$10,000		NC	\$5,500/\$11,000		NC	
Coinsurance												
100%		NC	70%		NC	100%		NC	80%		NC	
Prescription (Rx)												
T1 1A\$3\T1\$10		NC	T1A \$3\T1 \$10		NC	T1A \$3\T1 \$10		NC	T1A \$3\T1 \$10		NC	
T2 \$45		NC	\$45 Copay		NC	\$45 Copay		NC	\$45 Copay		NC	
T3 \$70		NC	\$70 Copay		NC	\$70 Copay		NC	\$70 Copay		NC	
T4 P30%\NP 50%		NC	P30%\NP50%		NC	P30%\NP50%		NC	P30%\NP50%		NC	
Physician Office Visit	PCP/Spec											
\$35 Copay/\$70 Copay/No		NC/NC	\$40 Copay/\$80 Copay/No		NC/NC	\$35 Copay/\$70 Copay/No		NC/NC	\$30 Copay/\$60 Copay/No		NC/NC	
Virtual Visit	(V) / PCP / Spec											
\$35 Copay		NC	\$40 Copay		NC	\$35 Copay		NC	\$30 Copay		NC	
Urgent Care												
\$85 Copay		NC	\$85 Copay		NC	\$85 Copay		NC	\$85 Copay		NC	
Inpatient Details												
Ded then \$600		NC	Ded then 30%		NC	Ded then \$600		NC	Ded then 20%		NC	
Hospital Outpatient												
Ded then \$300		NC	Ded then 30%		NC	Ded then \$300		NC	Ded then 20%		NC	
Diagnostic X-Ray, Scan & Lab												
L0%,X&l 0%ad		NC	L \$0, X&l 30%ad		NC	L \$0,X&l 0%ad		NC	L\$0,X&l 20%ad		NC	
ER (In-Area) - ER Copay												
\$350 Copay		NC	\$350 Copay		NC	\$350 Copay		NC	\$350 Copay		NC	
Monthly Cost			Monthly Cost			Monthly Cost			Monthly Cost			
EE	\$572.87		EE	\$578.22		EE	\$590.47		EE	\$623.28		
ES	\$1,232.08		ES	\$1,243.96		ES	\$1,269.40		ES	\$1,339.56		
EC	\$1,117.51		EC	\$1,128.49		EC	\$1,151.12		EC	\$1,214.91		
EF	\$1,775.05		EF	\$1,792.41		EF	\$1,828.21		EF	\$1,929.35		

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 **Plan Options At A Glance - Medical**

Aetna (EPO) Rating Area: National							
AETNA-EPO OA 1500-100%		AETNA-EPO OA 30-70%		AETNA-EPO OA 25-100%			
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network		
CalYr Deductible							
\$1,500/\$3,000	NC	None	NC	None	NC		
CalYr OOP Max (Incl Ded)							
\$5,000/\$10,000	NC	\$5,000/\$10,000	NC	\$4,000/\$8,000	NC		
Coinsurance							
100%	NC	70%	NC	100%	NC		
Prescription (Rx)							
T1 T1A \$3\T1 \$10	NC	T1A \$3\T1 \$10	NC	T1A \$3\T1 \$10	NC		
T2 \$45 Copay	NC	\$45 Copay	NC	\$45 Copay	NC		
T3 \$70 Copay	NC	\$70 Copay	NC	\$70 Copay	NC		
T4 P30%\NP50%	NC	P30%\NP50%	NC	P30%\NP50%	NC		
Physician Office Visit							
\$30 Copay/\$60 Copay/No	NC/NC	\$30 Copay/\$60 Copay/No	NC/NC	\$25 Copay/\$50 Copay/No	NC/NC		
Virtual Visit							
\$30 Copay	NC	\$30 Copay	NC	\$25 Copay	NC		
Urgent Care							
\$85 Copay	NC	\$85 Copay	NC	\$85 Copay	NC		
Inpatient Details							
Ded+\$300/day x5	NC	\$750 then 30%	NC	\$300/day x5	NC		
Hospital Outpatient							
Ded then \$250	NC	\$300 Copay	NC	\$300 Copay	NC		
Diagnostic X-Ray, Scan & Lab							
L \$0;X&I 0%ad	NC	L\$0;X30%;I\$250	NC	L&X \$0;I \$250	NC		
ER (In-Area) - ER Copay							
\$350 Copay	NC	\$350 Copay	NC	\$350 Copay	NC		
Monthly Cost		Monthly Cost		Monthly Cost			
EE	\$660.39	EE	\$685.78	EE	\$769.22		
ES	\$1,419.84	ES	\$1,473.74	ES	\$1,653.07		
EC	\$1,287.76	EC	\$1,337.53	EC	\$1,499.61		
EF	\$2,047.21	EF	\$2,123.57	EF	\$2,381.58		

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 **Plan Options At A Glance - Medical**

Aetna (National) Rating Area: National									
AETNTL-HDHP MC Copay 6000-100%		AETNTL-HDHP MC 5000-80%		AETNTL-MC OA 7150-100%		AETNTL-HDHP MC Copay 4000-100%		AETNTL-HDHP MC 4000-80%	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
CalYr Deductible \$6,000/\$12,000 \$12,000/\$24,000 <i>Incl/Fam</i>		\$5,000/\$10,000 \$10,000/\$20,000		\$7,150/\$14,300 \$14,000/\$28,000		\$4,000/\$8,000 \$8,000/\$16,000		\$4,000/\$8,000 \$8,000/\$16,000	
CalYr OOP Max (Incl Ded) \$6,750/\$13,500 \$15,000/\$30,000 <i>Incl/Fam</i>		\$7,000/\$14,000 \$14,000/\$28,000		\$7,600/\$15,200 \$21,000/\$42,000		\$6,850/\$13,700 \$14,000/\$28,000		\$6,850/\$13,700 \$14,000/\$28,000	
Coinsurance 100% 50%		80% 50%		100% 50%		100% 50%		80% 50%	
Prescription (Rx)									
T1 Ded+1A\$3\T1\$10 Ded+\$3\10+50%		Ded+1A\$3\T1\$10 Ded+\$3\10+50%		T1A \$3\T1 \$10 \$3+50%\10+50%		Ded+1A\$3\T1\$10 Ded+\$3\10+50%		Ded+1A\$3\T1\$10 Ded+\$3\10+50%	
T2 Ded then \$45 Ded+\$45+50%		Ded then \$45 Ded+\$45+50%		\$45 Copay \$45 + 50%		Ded then \$45 Ded+\$45+50%		Ded then \$45 Ded+\$45+50%	
T3 Ded then \$70 Ded+\$70+50%		Ded then \$70 Ded+\$70+50%		\$70 Copay \$70 + 50%		Ded then \$70 Ded+\$70+50%		Ded then \$70 Ded+\$70+50%	
T4 P 30%ad\NP 50%ad NC		P 30%ad\NP 50%ad NC		P 30%\NP 50% NC		P 30%ad\NP 50%ad NC		P 30%ad\NP 50%ad NC	
Physician Office Visit Ded then \$30/Ded then \$60/No Ded then 50%/Ded then 50%/No <i>PCP/Spec</i>		Ded then 20%/Ded then 20%/No Ded then 50%/Ded then 50%/No		\$40 Copay/Ded then 0%/No Ded then 50%/Ded then 50%/No		Ded then \$30/Ded then \$60/No Ded then 50%/Ded then 50%/No		Ded then 20%/Ded then 20%/No Ded then 50%/Ded then 50%/No	
Virtual Visit \$49/\$30 NC <i>(V) / PCP / Spec</i>		\$49/20% NC		\$40 Copay NC		\$49/\$30 NC		\$49/20% NC	
Urgent Care Ded then \$85 Ded then 50%		Ded then 20% Ded then 50%		Ded then 0% Ded then 50%		Ded then \$85 Ded then 50%		Ded then 20% Ded then 50%	
Inpatient Details Ded then \$500 Ded then 50%		Ded then 20% Ded then 50%		Ded then 0% Ded then 50%		Ded then \$500 Ded then 50%		Ded then 20% Ded then 50%	
Hospital Outpatient Ded then \$300 Ded then 50%		Ded then 20% Ded then 50%		Ded then 0% Ded then 50%		Ded then \$300 Ded then 50%		Ded then 20% Ded then 50%	
Diagnostic X-Ray, Scan & Lab Ded then 0% Ded then 50%		Ded then 20% Ded then 50%		Ded then 0% Ded then 50%		Ded then 0% Ded then 50%		Ded then 20% Ded then 50%	
ER (In-Area) - ER Copay Ded then \$350 Ded then \$350		Ded then 20% Ded then 20%		Ded then 0% Ded then 0%		Ded then \$350 Ded then \$350		Ded then 20% Ded then 20%	
Monthly Cost		Monthly Cost		Monthly Cost		Monthly Cost		Monthly Cost	
EE	\$411.40	EE	\$421.67	EE	\$426.01	EE	\$436.65	EE	\$437.23
ES	\$884.52	ES	\$838.95	ES	\$847.75	ES	\$938.80	ES	\$940.02
EC	\$802.24	EC	\$762.68	EC	\$771.07	EC	\$851.46	EC	\$852.75
EF	\$1,275.35	EF	\$1,210.76	EF	\$1,222.63	EF	\$1,353.61	EF	\$1,354.19

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 **Plan Options At A Glance - Medical**

Aetna (National) Rating Area: National									
AETNTL-MC OA UFADV 6750-70%		AETNTL-MC OA 6350-100%		AETNTL-HDHP MC 3500-80%		AETNTL-MC OA FLEX5 6250-80%		AETNTL-HDHP MC 3000-90%	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
CalYr Deductible \$6,750/\$13,500 \$12,000/\$24,000		\$6,350/\$12,700 \$14,000/\$28,000		\$3,500/\$7,000 \$7,000/\$14,000		\$6,250/\$12,500 \$12,000/\$24,000		\$3,000/\$6,000 \$6,000/\$12,000	
CalYr OOP Max (Incl Ded) \$8,100/\$16,200 \$20,000/\$40,000		\$6,850/\$13,700 \$21,000/\$42,000		\$6,500/\$13,000 \$13,000/\$26,000		\$8,100/\$16,200 \$20,000/\$40,000		\$5,500/\$11,000 \$12,000/\$24,000	
Coinsurance 70% 50%		100% 50%		80% 50%		80% 50%		90% 50%	
Prescription (Rx)									
T1 T1A \$3\T1 \$10 \$3+50%\\$10+50%		T1A \$3\T1 \$10 \$3+50%\\$10+50%		Ded+1A\$3\T1\$10 Ded+\$3\\$10+50%		T1A \$3\T1 \$10 \$3+50%\\$10+50%		Ded+1A\$3\T1\$10 Ded+\$3\\$10+50%	
T2 \$45 Copay \$45 + 50%		\$45 Copay \$45 + 50%		Ded then \$45 Ded+\$45+50%		\$45 Copay \$45 + 50%		Ded then \$45 Ded+\$45+50%	
T3 \$70 Copay \$70 + 50%		\$70 Copay \$70 + 50%		Ded then \$70 Ded+\$70+50%		\$70 Copay \$70 + 50%		Ded then \$70 Ded+\$70+50%	
T4 P 30%\NP 50% NC		P 30%\NP 50% NC		P 30%\NP 50%\ad NC		P 30%\NP 50% NC		P 30%\NP 50%\ad NC	
Physician Office Visit \$0 EDC/30%ad/Ded Ded then 50%/Ded then 30%/No		\$25 Copay/Ded then 0%/No Ded then 50%/Ded then 50%/No		Ded then 20%/Ded then 20%/No Ded then 50%/Ded then 50%/No		\$0x5 comb/20%ad/Ded then 20%/No Ded then 50%/Ded then 50%/No		Ded then 10%/Ded then 10%/No Ded then 50%/Ded then 50%/No	
Virtual Visit \$0 EDC/\$49/30% NC		\$25 Copay NC		\$49/20% NC		\$0x5comb/\$49/20% NC		\$49/10% NC	
Urgent Care \$0 EDC/30%ad Ded then 50%		Ded then 0% Ded then 50%		Ded then 20% Ded then 50%		\$0x5 comb/20%ad Ded then 50%		Ded then 10% Ded then 50%	
Inpatient Details Ded then 30% Ded then 50%		Ded then 0% Ded then 50%		Ded then 20% Ded then 50%		Ded then 20% Ded then 50%		Ded then 10% Ded then 50%	
Hospital Outpatient Ded then 30% Ded then 50%		Ded then 0% Ded then 50%		Ded then 20% Ded then 50%		Ded then 20% Ded then 50%		Ded then 10% Ded then 50%	
Diagnostic X-Ray, Scan & Lab \$0 EDC/30%ad Ded then 50%		Ded then 0% Ded then 50%		Ded then 20% Ded then 50%		\$0x5 comb/20%ad Ded then 50%		Ded then 10% Ded then 50%	
ER (In-Area) - ER Copay Ded then 30% Ded then 30%		Ded then 0% Ded then 0%		Ded then 20% Ded then 20%		Ded then 20% Ded then 20%		Ded then 10% Ded then 10%	
Monthly Cost		Monthly Cost		Monthly Cost		Monthly Cost		Monthly Cost	
EE	\$442.96	EE	\$445.20	EE	\$456.68	EE	\$466.87	EE	\$507.19
ES	\$952.35	ES	\$875.50	ES	\$982.35	ES	\$1,003.74	ES	\$1,094.28
EC	\$863.95	EC	\$795.10	EC	\$891.59	EC	\$910.56	EC	\$990.93
EF	\$1,371.96	EF	\$1,262.63	EF	\$1,414.36	EF	\$1,445.97	EF	\$1,572.89

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 **Plan Options At A Glance - Medical**

Aetna (National) Rating Area: National									
AETNLT-HDHP MC Copay 3000-100%		AETNLT-MC OA 5000-70%		AETNLT-MC OA 4000-70%		AETNLT-MC OA 3000-70%		AETNLT-MC OA 2000-60%	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
CalYr Deductible \$3,000/\$6,000 \$6,000/\$12,000		\$5,000/\$10,000 \$10,000/\$30,000		\$4,000/\$8,000 \$10,000/\$20,000		\$3,000/\$6,000 \$9,000/\$22,500		\$2,000/\$4,000 \$4,000/\$12,000	
CalYr OOP Max (Incl Ded) \$5,500/\$11,000 \$12,000/\$24,000		\$6,850/\$13,700 \$20,000/\$60,000		\$6,850/\$13,700 \$20,000/\$40,000		\$6,850/\$13,700 \$14,000/\$42,000		\$6,850/\$13,700 \$16,000/\$48,000	
Coinsurance 100% 50%		70% 50%		70% 50%		70% 50%		60% 50%	
Prescription (Rx)									
T1 Ded+1A \$3\T1 \$10 Ded+\$3\10+50%		T1A \$3\T1 \$10 \$3+50%\10+50%		T1A \$3\T1 \$10 \$3+50%\10+50%		T1A \$3\T1 \$10 \$3+50%\10+50%		T1A \$3\T1 \$10 \$3+50%\10+50%	
T2 Ded then \$45 Ded+\$45+50%		\$45 Copay \$45 + 50%		\$45 Copay \$45 + 50%		\$45 Copay \$45 + 50%		\$45 Copay \$45 + 50%	
T3 Ded then \$70 Ded+\$70+50%		\$70 Copay \$70 + 50%		\$70 Copay \$70 + 50%		\$70 Copay \$70 + 50%		\$70 Copay \$70 + 50%	
T4 P 30%ad\NP 50%ad NC		P 30%\NP 50% NC		P 30%\NP 50% NC		P 30%\NP 50% NC		P 30%\NP 50% NC	
Physician Office Visit									
Ded then \$30/Ded then \$60/No		\$40 Copay/\$80 Copay/No		\$40 Copay/\$80 Copay/No		\$40 Copay/\$80 Copay/No		\$35 Copay/\$70 Copay/No	
Ded then 50%/Ded then 50%/No		Ded then 50%/Ded then 50%/No		Ded then 50%/Ded then 50%/No		Ded then 50%/Ded then 50%/No		Ded then 50%/Ded then 50%/No	
Virtual Visit									
\$49/\$30 NC		\$40 Copay NC		\$40 Copay NC		\$40 Copay NC		\$35 Copay NC	
Urgent Care									
Ded then \$85 Ded then 50%		\$85 Copay Ded then 50%		\$85 Copay Ded then 50%		\$85 Copay Ded then 50%		\$85 Copay Ded then 50%	
Inpatient Details									
Ded then \$500 Ded then 50%		Ded then 30% Ded then 50%		Ded then 30% Ded then 50%		Ded then 30% Ded then 50%		Ded then 40% Ded then 50%	
Hospital Outpatient									
Ded then \$300 Ded then 50%		Ded then 30% Ded then 50%		Ded then 30% Ded then 50%		Ded then 30% Ded then 50%		Ded then 40% Ded then 50%	
Diagnostic X-Ray, Scan & Lab									
Ded then 0% Ded then 50%		Ded then 30% Ded then 50%		Ded then 30% Ded then 50%		Ded then 30% Ded then 50%		Ded then 40% Ded then 50%	
ER (In-Area) - ER Copay									
Ded then \$350 Ded then \$350		\$350 Copay \$350 Copay		\$350 Copay \$350 Copay		\$350 Copay \$350 Copay		\$350 Copay \$350 Copay	
Monthly Cost		Monthly Cost		Monthly Cost		Monthly Cost		Monthly Cost	
EE \$518.82		EE \$549.46		EE \$563.39		EE \$581.12		EE \$607.28	
ES \$1,115.47		ES \$1,182.55		ES \$1,211.25		ES \$1,250.75		ES \$1,305.63	
EC \$1,011.69		EC \$1,071.52		EC \$1,098.80		EC \$1,133.68		EC \$1,184.42	
EF \$1,608.35		EF \$1,705.31		EF \$1,744.92		EF \$1,803.30		EF \$1,880.87	

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 **Plan Options At A Glance - Medical**

Aetna (National) Rating Area: National									
AETNTL-MC OA 2000-80%		AETNTL-MC OA 1500-90%		AETNTL-MC OA 1000-80%		AETNTL-MC OA 25-70%		AETNTL-MC OA 500-80%	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<input checked="" type="checkbox"/> Selected									
CalYr Deductible \$2,000/\$4,000 \$6,000/\$15,000		\$1,500/\$3,000 \$3,000/\$9,000		\$1,000/\$2,000 \$3,000/\$6,000		None \$500/\$1,000		\$500/\$1,000 \$1,500/\$3,000	
CalYr OOP Max (Incl Ded) \$6,850/\$13,700 \$14,000/\$42,000		\$5,500/\$11,000 \$11,000/\$33,000		\$4,500/\$9,000 \$9,000/\$18,000		\$6,350/\$12,700 \$10,000/\$20,000		\$3,500/\$7,000 \$7,000/\$14,000	
Coinsurance 80% 50%		90% 50%		80% 50%		70% 50%		80% 50%	
Prescription (Rx)									
T1 T1A \$3\T1 \$10 \$3+50%\\$10+50%		T1A \$3\T1 \$10 \$3+50%\\$10+50%		T1A \$3\T1 \$10 \$3+50%\\$10+50%		T1A \$3\T1 \$10 \$3+50%\\$10+50%		T1A \$3\T1 \$10 \$3+50%\\$10+50%	
T2 \$45 Copay \$45 + 50%		\$45 Copay \$45 + 50%		\$45 Copay \$45 + 50%		\$45 Copay \$45 + 50%		\$45 Copay \$45 + 50%	
T3 \$70 Copay \$70 + 50%		\$70 Copay \$70 + 50%		\$70 Copay \$70 + 50%		\$70 Copay \$70 + 50%		\$70 Copay \$70 + 50%	
T4 P 30%\NP 50% NC		P 30%\NP 50% NC		P 30%\NP 50% NC		P 30%\NP 50% NC		P 30%\NP 50% NC	
Physician Office Visit \$30 Copay/\$60 Copay/No Ded then 50%/Ded then 50%/No		\$25 Copay/\$50 Copay/No Ded then 50%/Ded then 50%/No		\$25 Copay/\$50 Copay/No Ded then 50%/Ded then 50%/No		\$25 Copay/\$50 Copay/No Ded then 50%/Ded then 50%/No		\$25 Copay/\$50 Copay/No Ded then 50%/Ded then 50%/No	
Virtual Visit \$30 Copay NC		\$25 Copay NC		\$25 Copay NC		\$25 Copay NC		\$25 Copay NC	
Urgent Care \$85 Copay Ded then 50%		\$85 Copay Ded then 50%		\$85 Copay Ded then 50%		\$85 Copay Ded then 50%		\$85 Copay Ded then 50%	
Inpatient Details Ded then 20% Ded then 50%		Ded then 10% Ded then 50%		Ded then 20% Ded then 50%		30% Coins Ded then 50%		Ded then 20% Ded then 50%	
Hospital Outpatient Ded then 20% Ded then 50%		Ded then 10% Ded then 50%		Ded then 20% Ded then 50%		30% Coins Ded then 50%		Ded then 20% Ded then 50%	
Diagnostic X-Ray, Scan & Lab Ded then 20% Ded then 50%		Ded then 10% Ded then 50%		Ded then 20% Ded then 50%		30% Coins Ded then 50%		Ded then 20% Ded then 50%	
ER (In-Area) - ER Copay \$350 Copay \$350 Copay		\$350 Copay \$350 Copay		\$350 Copay \$350 Copay		\$350 Copay \$350 Copay		\$350 Copay \$350 Copay	
Monthly Cost		Monthly Cost		Monthly Cost		Monthly Cost		Monthly Cost	
EE \$633.67		EE \$686.37		EE \$699.39		EE \$713.90		EE \$792.32	
ES \$1,364.49		ES \$1,475.72		ES \$1,503.66		ES \$1,534.85		ES \$1,708.98	
EC \$1,238.75		EC \$1,338.89		EC \$1,364.07		EC \$1,392.37		EC \$1,547.68	
EF \$1,968.85		EF \$2,128.96		EF \$2,166.16		EF \$2,211.11		EF \$2,460.80	

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 **Plan Options At A Glance - Medical**

Aetna (National) Rating Area: National			
AETNTL-MC OA 750-90%		AETNTL-MC OA 300-90%	
In-Network	Out-of-Network	In-Network	Out-of-Network
CalYr Deductible Ind/Fam			
\$750/\$1,500	\$2,250/\$4,500	\$300/\$600	\$1,200/\$3,600
CalYr OOP Max (Incl Ded) Ind/Fam			
\$3,000/\$6,000	\$8,000/\$16,000	\$3,000/\$6,000	\$6,000/\$18,000
Coinsurance			
90%	50%	90%	50%
Prescription (Rx)			
T1 T1A \$3\T1 \$10	\$3+50%\\$10+50%	T1A \$3\T1 \$10	\$3+50%\\$10+50%
T2 \$45 Copay	\$45 + 50%	\$45 Copay	\$45 + 50%
T3 \$70 Copay	\$70 + 50%	\$70 Copay	\$70 + 50%
T4 P 30%\NP 50%	NC	P 30%\NP 50%	NC
Physician Office Visit PCP/Spec			
\$25 Copay/\$50 Copay/No	Ded then 50%/Ded then 50%/No	\$20 Copay/\$40 Copay/No	Ded then 50%/Ded then 50%/No
Virtual Visit (V) / PCP / Spec			
\$25 Copay	NC	\$20 Copay	NC
Urgent Care			
\$85 Copay	Ded then 50%	\$85 Copay	Ded then 50%
Inpatient Details			
Ded then 10%	Ded then 50%	Ded then 10%	Ded then 50%
Hospital Outpatient			
Ded then 10%	Ded then 50%	Ded then 10%	Ded then 50%
Diagnostic X-Ray, Scan & Lab			
Ded then 10%	Ded then 50%	Ded then 10%	Ded then 50%
ER (In-Area) - ER Copay			
\$350 Copay	\$350 Copay	\$350 Copay	\$350 Copay
Monthly Cost		Monthly Cost	
EE	\$802.98	EE	\$901.15
ES	\$1,724.36	ES	\$1,938.24
EC	\$1,565.31	EC	\$1,759.57
EF	\$2,490.90	EF	\$2,796.66

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Dental and Vision

These plans are available to you and your staff. You will choose which plans you would like to offer and your contribution strategy. The PEOs offer an extensive array of disability, life, and other coverages.

 Plan Options At A Glance -  Dental

Aetna Dental Rating Area: Area 5A													
AET-DMO 100/80/50-Area 5A			AET-DMO Copay 54-Area 5A			AET-FOC Den-Area 5A		AET-P PPOMAX 750-Area 5A		AET-P PPOMAX 1,000-Area 5A			
In-Network		Out-of-Network	In-Network		Out-of-Network	In-Network		Out-of-Network		In-Network		Out-of-Network	
Plan Type			DMO			Choice		PPO		PPO			
CalYr Deductible			None NC			DMO None/PP0 \$50/DMO None/PP0\$150		\$50/\$150 \$50/\$150		\$50/\$150 \$50/\$150			
CalYr Benefit Maximum			None NC			DMO None/PP0\$1000		\$750 \$750		\$1,000 \$1,000			
Preventative & Diagnostic Services			100% NC			DMO 100%/PP0 90%ad PPO Ded then 70%		100%-No Ded 100%-No Ded		90%-No Ded 90%-No Ded			
Basic/Resorative Services			80% NC			DMO 100%/PP0 60%ad PPO: Ded then 50%		Ded then 50% Ded then 50%		Ded then 60% Ded then 60%			
Major Services			50% NC			DMO 60%/PP0 50%ad PPO: Ded then 50%		Ded then 50% Ded then 50%		Ded then 50% Ded then 50%			
Orthodontic Lifetime Maximum			None NC			DMO None NC		NC NC		\$1,000 < age 20 \$1,000 < age 20			
Orthodontic Deductible			None NC			\$2,000 Copay NC		DMO None NC		NC NC			
Orthodontic Coinsurance			50% NC			Contact Plan NC		DMO 50% NC		NC NC			
Monthly Cost			Monthly Cost			Monthly Cost		Monthly Cost		Monthly Cost			
EE	\$20.05		EE	\$24.45		EE	\$29.79		EE	\$27.88		EE	\$30.74
ES	\$39.02		ES	\$47.64		ES	\$60.93		ES	\$55.77		ES	\$61.49
EC	\$42.19		EC	\$51.48		EC	\$65.01		EC	\$59.76		EC	\$65.89
EF	\$64.32		EF	\$78.53		EF	\$98.84		EF	\$90.83		EF	\$100.14

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 Plan Options At A Glance -  Dental

Aetna Dental Rating Area: Area 5A									
AET-APPO DEN 1,250-Area 5A		AET-APPO DEN 1,500-Area 5A		AET-APPO DEN 2,000-Area 5A		AET-APPO DEN 3,500-Area 5A		AET-APPO DEN 5,000-Area 5A	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Type		PPO		PPO		PPO		PPO	
CalYr Deductible		Ind/Fam		\$50/\$150 \$50/\$150		\$50/\$150 \$50/\$150		\$50/\$150 \$50/\$150	
\$50/\$150 \$50/\$150		\$50/\$150 \$50/\$150		\$2,000 \$2,000		\$3,500 \$3,500		\$5,000 \$5,000	
CalYr Benefit Maximum		\$1,250 \$1,250		\$1,500 \$1,500		\$2,000 \$2,000		\$3,500 \$3,500	
Preventative & Diagnostic Services		100%-No Ded 80%-No Ded		100%-No Ded 80%-No Ded		100%-No Ded 90%-No Ded		100%-No Ded 90%-No Ded	
Basic/Resorative Services		Ded then 80% Ded then 60%		Ded then 80% Ded then 60%		Ded then 80% Ded then 60%		Ded then 85% Ded then 70%	
Major Services		Ded then 50% Ded then 40%		Ded then 50% Ded then 40%		Ded then 50% Ded then 50%		Ded then 50% Ded then 50%	
Orthodontic Lifetime Maximum		\$1,250 < age 20 \$1,000 < age 20		\$1,250 < age 20 \$1,250 < age 20		\$1,500 \$1,500		\$1,750 \$1,750	
Orthodontic Deductible		None None		None None		None None		None None	
Orthodontic Coinsurance		50% 30%		50% 50%		50% 50%		50% 50%	
Monthly Cost		Monthly Cost		Monthly Cost		Monthly Cost		Monthly Cost	
EE	\$39.59	EE	\$42.37	EE	\$48.29	EE	\$53.07	EE	\$70.92
ES	\$80.34	ES	\$85.96	ES	\$96.60	ES	\$106.16	ES	\$141.86
EC	\$86.16	EC	\$92.19	EC	\$101.09	EC	\$111.10	EC	\$148.47
EF	\$130.43	EF	\$139.55	EF	\$153.90	EF	\$169.14	EF	\$226.01

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 Plan Options At A Glance -  Dental

Guardian Life Ins. Company Rating Area: Area 5G												
Guardian-Value 750 Area 5G			Guardian-Value 1000 Area 5G			Guardian-PPO XS 1200 Area 5G			Guardian-PPO XS 1650 Area 5G		Guardian-Premier 2000 Area 5G	
In-Network	Out-of-Network		In-Network	Out-of-Network		In-Network	Out-of-Network		In-Network	Out-of-Network		
Plan Type	PPO		PPO		PPO		PPO		PPO			
CalYr Deductible	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	None	\$50/\$150	None	\$50/\$150	None	\$50/\$150		
CalYr Benefit Maximum	\$750	\$750	\$1,000	\$1,000	\$1,200	\$1,200	\$1,650	\$1,650	\$2,000	\$2,000		
Preventative & Diagnostic Services	Ded then 100%	Ded+100%InNetFee	100%-No Ded	100% In-Net Fee	100%	Ded then 100%	100%	Ded then 100%	100%	Ded then 90%		
Basic/Resorative Services	Ded then 50%	Ded+50% InNetFee	Ded then 80%	Ded+80% InNetFee	90%	Ded then 75%	90%	Ded then 75%	80%	Ded then 60%		
Major Services	Ded then 50%	Ded+50% InNetFee	Ded then 50%	Ded+50% InNetFee	60%	Ded then 50%	60%	Ded then 50%	50%	Ded then 50%		
Orthodontic Lifetime Maximum	NC	NC	\$1,000 < age 19	\$1,000 < age 19	\$1,200 < age 19	\$1,200 < age 19	\$1,200 < age 19	\$1,200 < age 19	\$1,500	\$1,500		
Orthodontic Deductible	NC	NC	None	None	None	None	None	None	None	None		
Orthodontic Coinsurance	NC	NC	50%	50% In-Net Fee	50%	50%	50%	50%	50%	50%		
Monthly Cost	Monthly Cost		Monthly Cost		Monthly Cost		Monthly Cost		Monthly Cost			
EE	\$20.05		EE	\$28.00	EE	\$41.45	EE	\$43.78	EE	\$45.36		
ES	\$41.31		ES	\$56.02	ES	\$82.91	ES	\$87.55	ES	\$90.70		
EC	\$45.92		EC	\$58.68	EC	\$86.84	EC	\$94.66	EC	\$98.56		
EF	\$69.50		EF	\$89.89	EF	\$133.03	EF	\$143.16	EF	\$149.07		

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 Plan Options At A Glance -  Dental

Guardian Life Ins. Company Rating Area: Area 5G				
Guardian-Prem 3500 Area 5G			Guardian-Premier 5000 Area 5G	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Type	PPO		PPO	
CalYr Deductible	Ind/Fam \$50/\$150 \$50/\$150		\$50/\$150	\$50/\$150
CalYr Benefit Maximum	\$3,500	\$3,500	\$5,000	\$5,000
Preventative & Diagnostic Services	100%-No Ded	90%-No Ded	100%-No Ded	100%-No Ded
Basic/Resorative Services	Ded then 85%	Ded then 70%	Ded then 90%	Ded then 80%
Major Services	Ded then 50%	Ded then 50%	Ded then 60%	Ded then 50%
Orthodontic Lifetime Maximum	\$1,750	\$1,750	\$2,000	\$2,000
Orthodontic Deductible	None	None	None	None
Orthodontic Coinsurance	50%	50%	50%	50%
Monthly Cost			Monthly Cost	
EE		\$49.27	EE	\$61.09
ES		\$98.52	ES	\$124.51
EC		\$108.07	EC	\$143.61
EF		\$163.45	EF	\$214.91

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 **Plan Options At A Glance - Vision**

VSP Rating Area: National		
VSP- Choice Vision Plan		
In-Network		Out-of-Network
Vision Exam		
\$10		Up to \$45
Glasses Exam		
\$15		N/A
Lenses Single/Bifocal		
100%		Up to \$45/\$65
Frames Allowance		
\$200		Up to \$70
Contacts Allowance (Instead of Glasses)		
\$150		\$150
Lasik Allowance		
\$150		\$150
Benefit Reset		
6/1/2023		
Monthly Cost		
EE		\$6.46
ES		\$12.93
EC		\$13.84
EF		\$22.12

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At G&A, we've built a culture that puts people first, and just as we value and care for our own team, we, in turn, extend that same care to you and your employees.

Our commitment to accountability, reliability, deep and evolving expertise, and open, honest communication, allows us to provide you with best-in-class service, a robust HR infrastructure, and the ability to scale our services as your business grows.

Health Carrier

BCBS

PEO Details

IRS Certified PEO

G & A Website - <https://www.gnapartners.com/>

Health Insurance Provider - BCBS and Cigna - [Summary of Benefits Coverage](#)

Doctor and Network Lookup - [BCBS Doctor and Provider Lookup](#)
[Cigna Doctor and Provider Lookup](#)

Health Insurance Plans

These plans are available to you and your staff. You will choose which plans you would like to offer and your contribution strategy.



Great Oaks Charter

Quote Released: 8/8/2023

Rate Effective Dates: November 1, 2023 - June 30, 2024

Quotes expire 90 days after they are released.

Plan Features	Cigna OAP \$500 80%	Cigna OAP \$1000 80%	Cigna OAP \$1500 80%	Cigna OAP \$2500 80%	Cigna OAP \$3000 70%	Cigna OAP \$3500 80%	Cigna OAP \$5000 70%	Cigna OAP \$6350 100%	Cigna OAP HDHP \$3000 100%	Cigna OAP HDHP \$3000 80%	Cigna OAP HDHP \$5000 100%
Plan Type	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	HDHP PPO	HDHP PPO	HDHP PPO
Provider Network	OAP	OAP	OAP	OAP	OAP	OAP	OAP	OAP	Choice Fund OAP	Choice Fund OAP	Choice Fund OAP
PCP / Referral Required	No	No	No	No	No	No	No	No	No	No	No
Plan Features	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible (Indiv)	\$500	\$1,000	\$1,500	\$2,500	\$3,000	\$3,500	\$5,000	\$6,350	\$3,000	\$3,000	\$5,000
Deductible (Fam)	\$1,000	\$2,000	\$3,000	\$5,000	\$9,000	\$7,000	\$10,000	\$12,700	\$6,000	\$6,000	\$10,000
Deductible Schedule	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year	Calendar Year
Coinsurance	80%	80%	80%	80%	70%	80%	70%	100%	100%	80%	100%
Out of Pocket Max (Indiv)	\$3,000	\$3,500	\$4,500	\$5,500	\$8,150	\$7,000	\$7,000	\$8,150	\$5,000	\$6,650	\$5,000
Out of Pocket Max (Fam)	\$6,000	\$7,000	\$9,000	\$11,000	\$16,300	\$14,000	\$14,000	\$16,300	\$10,000	\$13,300	\$10,000
In-Patient Hospital	Ded & 20%	Ded & 20%	Ded & 20%	Ded & 20%	Ded & 30%	Ded & 20%	Ded & 20%	Ded & 0%	Ded & 0%	Ded & 20%	Ded & 0%
Emergency Room	\$250 + 20%	\$250 + 20%	\$250 + 20%	\$250 + 20%	\$500 + 30%	\$350 + 20%	\$350 + 30%	\$500	\$350 + Ded & 0%	Ded & 20%	Ded & 0%
Urgent Care	\$40	\$50	\$55	\$60	\$100	\$75	\$75	\$75	Ded & 0%	Ded & 20%	Ded & 0%
Office Visit Copays											
Primary Care	\$15	\$20	\$20	\$20	\$40	\$25	\$30	\$50	\$20 After Ded	Ded & 20%	Ded & 0%
Specialist	\$30	\$45	\$45	\$60	\$100	\$60	\$60	\$100	\$40 After Ded	Ded & 20%	Ded & 0%
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prescriptions											
RX Out of Pocket (Indiv)	\$1,000	\$1,000	\$1,000	\$1,000	Combined	\$1,000	\$1,000	Combined	Combined	Combined	Combined
Rx Deductible (Indiv)	None	None	None	None	None	None	None	None	Combined	Combined	Combined
Tier 1	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10 After Ded	Ded & 20%	Ded & 0%
Tier 2	\$35	\$35	\$35	\$40	\$60	\$40	\$40	\$40	\$40 After Ded	Ded & 20%	Ded & 0%
Tier 3	\$50	\$50	\$50	\$60	\$105	\$60	\$60	\$60	\$60 After Ded	Ded & 20%	Ded & 0%
Tier 4	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150 After Ded	Ded & 20%	Ded & 0%
Tier 5	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tier 6	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Monthly Rates											
Employee Only	\$611.16	\$585.38	\$565.09	\$539.45	\$496.64	\$518.89	\$508.65	\$493.88	\$487.90	\$482.37	\$432.46
Employee Spouse	\$1,327.23	\$1,271.28	\$1,227.22	\$1,171.60	\$1,078.69	\$1,126.98	\$1,104.76	\$1,072.72	\$1,059.73	\$1,047.75	\$939.42
Employee Child	\$1,204.83	\$1,154.03	\$1,114.03	\$1,063.54	\$979.19	\$1,023.03	\$1,002.87	\$973.78	\$961.98	\$951.11	\$852.77
Employee Family	\$1,927.02	\$1,845.78	\$1,781.84	\$1,701.09	\$1,566.24	\$1,636.33	\$1,604.07	\$1,557.58	\$1,538.70	\$1,521.32	\$1,364.07

IMPORTANT: The medical rates above are contingent on the following factors:
 1. Rates are illustrative pending final underwriting and meeting the minimum participation requirements: 70% of eligible employees participating, minus valid waiver AND a minimum of 50% of total employees OR 5 employees participating, whichever is greater.
 2. Employer is responsible for contributing a minimum of 50% of the employee-only rate for the base plan.
 3. This information illustrates in-network benefits only. Please review benefit plan documents for details, limitations, exclusions and any out of network benefits. Plans designs may change on July 1, 2023.
 4. G&A Partners (including its affiliates) will be providing valuable administrative services to the respective ERISA-governed plans and, as a result, will be receiving revenue from the related insurance carrier(s) in exchange for providing these valuable services to the Plans. The stated rates in this document include the revenue payable to G&A Partners, which will be reasonably stated to you as part of the Benefits Selection Confirmation process. By electing to participate in the plan(s), you will be approving the payment of this revenue to PEO as is your responsibility per the terms of the Customer Service Agreement.
 5. Rates and/or coverage is not guaranteed until written approval is provided by CIGNA.
 6. Rates include broker commissions.
 All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc. and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

Dental and Vision

These plans are available to you and your staff. You will choose which plans you would like to offer and your contribution strategy. The PEOs offer an extensive array of disability, life, and other coverages.



Dental Option 1: Guardian Dental



	DHMO*	PPO \$1,000	PPO \$1,500	PPO \$2,000	PPO \$2,500
Plan Information					
Annual Max Per Person	Unlimited	\$1,000	\$1,500	\$2,000	\$2,500
Annual Deductible (Waived for Preventive)	None	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Out-of-Network Reimbursement	N/A	90 th UCR*	MAC**/90 th UCR*	MAC**/90 th UCR*	MAC**/90 th UCR*
Value-Added Benefit	College Tuition Benefit	College Tuition Benefit	College Tuition Benefit	College Tuition Benefit	College Tuition Benefit
Preventive Care					
Exams, Cleanings, X-Rays	\$0 copay	100%	100%	100%	100%
Basic Treatment			Value/NAP***	Value/NAP***	Value/NAP***
Fillings, Simple Tooth Extractions	Copay****	80%	100% / 80%	100% / 80%	100% / 80%
Major Treatment					
Oral Surgery, Crowns, Endodontic	Copay****	50%	60% / 50%	60% / 50%	60% / 50%
Orthodontia					
Covered Individuals	NA	Child Only	Child Only	Child Only	Child/Adult
Coverage	Copay****	50%	50%	50%	50%
Lifetime Maximum	Copay****	\$1,000	\$1,000	\$1,000	\$2,000
Rates					
Employee Only	\$10	\$22	\$29	\$32	\$37
Employee + Spouse	\$18	\$44	\$63	\$70	\$78
Employee + Child(ren)	\$25	\$58	\$80	\$90	\$105
Employee + Family	\$29	\$80	\$110	\$125	\$145

*UCR – Usual Customary & Reasonable

**MAC – Maximum Allowable Charge

*** Members are required to designate a network choice of “Value” or “Networks Access Plan” (NAP). Value offers richer benefits for in-network dentists. NAP should be chosen for the freedom to see nonparticipating dentists, as it has a higher reimbursement for out-of-network services.

****Copays are for covered procedures. The DHMO network is not available in all areas and requires a primary dentist to be selected.

Please refer to plan documents for limitations and exclusions, as well as full benefits details.



Vision

G&A Partners offers VSP vision insurance—one of the most trusted providers in the U.S., accepted at most eyecare institutions.

	Base Plan	Buy-up Plan
Vision Examination		
Once every 12 months	\$20 exam copay	\$10 exam copay
Spectacle Lenses		
Once every 12 months (Single, Bifocal, Trifocal)	\$20 material copay	\$20 material copay
Frames		
	80% of amount over \$130	80% of amount over \$200
Once every 24 months	Members receive an additional fixed copayment on lens options including anti-reflective and scratch-resistant coatings. After copay, standard polycarbonate is available at no charge for dependents up to age 19.	
Contact Lenses		
Evaluation & Fitting	15% of UCR*	15% of UCR*
Elective	Amount over \$130	Amount over \$150
Medically Necessary	100%	100%
Contact lenses are in lieu of spectacle lenses and a frame. The contact lens allowance is applied to professional services (evaluation and fitting fee) and materials.		
Current Rates		
Employee Only	\$6	\$11
Employee + Spouse	\$12	\$19
Employee + Child(ren)	\$14	\$20
Employee + Family	\$20	\$30

Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and is available through the VSP network provider who sold the initial pair of eyeglasses.

**UCR – Usual Customary & Reasonable*

Please refer to plan documents for limitations and exclusions, as well as full benefit details.



Vensure Employer Services provides PEO solutions and human resource outsourcing to small and mid-market businesses across the country.

Through its subsidiaries, including VensureHR, the company processes more than \$4.7 billion in payroll and supporting more than 250,000 worksite employees. With services including payroll, medical and voluntary benefits, workers' compensation, risk management, and HR administration.

Health Carrier

Aetna

PEO Details

IRS Certified PEO

Vensure Website - <https://www.vensure.com/>

Health Insurance Provider - Aetna

Doctor and Network Lookup - [Aetna Doctor and Provider Lookup](#)

Health Insurance Plans

These plans are available to you and your staff. You will choose which plans you would like to offer and your contribution strategy.



Medical Proposal for: Great Oaks Charter School

Quote Date: 08/16/2023

Effective Date: 11/01/2023

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Plan Information

Plan Name	NY OAMC2 0 \$15	NY OAMC 0 \$15	NY OAMC 0 \$20	NY OAMC 0 \$30	NY OAMC 750
Product Type	POS	POS	POS	POS	POS
Carrier	Aetna	Aetna	Aetna	Aetna	Aetna

In-Network Benefits

Deductible (Ind / Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$750 / \$1,500
Coinsurance	0%	0%	0%	0%	10%
OOP Max (Ind / Fam)	\$2,000 / \$4,000	\$4,000 / \$8,000	\$4,500 / \$9,000	\$5,000 / \$10,000	\$6,500 / \$13,000
Primary Care / Specialist Office Visit	\$15 / \$20	\$15 / \$20	\$20 / \$30	\$30 / \$50	\$20 / \$40
Inpatient Surgery	\$750	\$750	\$1,050	\$1,500	10%
Outpatient Surgery	\$75	\$75	\$75	\$75	10%
Emergency Room	\$250	\$400	\$400	\$400	\$350
Urgent Care	\$75	\$75	\$75	\$75	\$75

Prescription

Deductible	\$0	\$0	\$0	\$0	\$0
Generic	\$10	\$10	\$10	\$10	\$10
Formulary	\$55	\$55	\$55	\$55	\$55
Non-Formulary	\$100	\$100	\$100	\$100	\$100
Specialty	\$100	\$100	\$100	\$100	\$100
Mail Order	2x	2x	2x	2x	2x

Out-Of-Network Benefits

Deductible (Ind / Fam)	\$300 / \$750	\$3,000 / \$7,500	\$3,000 / \$7,500	\$3,000 / \$7,500	\$3,000 / \$7,500
Coinsurance	20%	30%	30%	30%	40%
OOP Max (Ind / Fam)	\$2,000 / \$4,000	\$7,000 / \$17,500	\$8,000 / \$20,000	\$9,000 / \$22,500	\$12,000 / \$30,000

Rates & Enrollment

Premium Rates

Employee	\$1,544.38	\$1,434.78	\$1,260.31	\$1,082.74	\$951.35
Employee + Spouse	\$3,320.42	\$3,084.77	\$2,709.67	\$2,327.87	\$2,045.38
Employee + Child(ren)	\$3,011.54	\$2,797.82	\$2,457.61	\$2,111.33	\$1,855.11
Family	\$4,787.58	\$4,447.81	\$3,906.97	\$3,356.47	\$2,949.15

Rates and benefits shown for comparison purposes only. The rates shown are valid for 90 days. This document does not constitute a guarantee of benefits coverage. Final rates and coverage are subject to approval by Vensure HR at time of enrollment. 5-9 eligible shall not exceed 3 plan offerings; 10-24 eligible shall not exceed 4 plan offerings; 25-49 eligible shall not exceed 5 plan offerings; 50+ eligible shall not exceed 6 plan offerings. If there is a discrepancy between the plan information on this document and the carrier documents, the carrier documents prevail.

*Flex Five: No charge for first 5 In-Network visits (PCP, Behavioral Health, Telemedicine, Urgent Care/Walk in Clinic, Outpatient Lab, Xray & Rehab)



Medical Proposal for: Great Oaks Charter School

Quote Date: 08/16/2023

Effective Date: 11/01/2023

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Plan Information

Plan Name	NY OAMC 1000	NY OAMC 2000	NY OAMC HDHP 3000/90	NY OAMC HDHP 3000/100	NY EPO OA 0 \$30
Product Type	POS	POS	HDHP	HDHP	EPO
Carrier	Aetna	Aetna	Aetna	Aetna	Aetna

In-Network Benefits

Deductible (Ind / Fam)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$0 / \$0
Coinsurance	20%	0%	10%	0%	0%
OOP Max (Ind / Fam)	\$7,000 / \$14,000	\$8,000 / \$16,000	\$5,000 / \$10,000	\$6,500 / \$13,000	\$5,000 / \$10,000
Primary Care / Specialist Office Visit	\$25 / \$50	\$25 / \$75	10% / 10%	\$30 / \$45	\$30 / \$65
Inpatient Surgery	20%	0%	10%	\$750	\$750
Outpatient Surgery	20%	0%	10%	\$300	0%
Emergency Room	\$350	\$500	10%	\$400	\$400
Urgent Care	\$75	\$100	10%	\$75	\$75

Prescription

Deductible	\$0	\$0	\$0	\$0	\$100
Generic	\$10	\$10	\$10	\$10	\$10
Formulary	\$55	\$55	\$55	\$55	\$55
Non-Formulary	\$100	\$100	\$100	\$100	\$100
Specialty	\$100	\$100	\$100	\$100	\$100
Mail Order	2x	2x	2x	2x	2x

Out-Of-Network Benefits

Deductible (Ind / Fam)	\$3,000 / \$7,500	\$5,000 / \$12,500	\$6,000 / \$12,000	\$6,000 / \$12,000	n/a
Coinsurance	50%	30%	40%	30%	n/a
OOP Max (Ind / Fam)	\$12,000 / \$30,000	\$15,000 / \$37,500	\$10,000 / \$20,000	\$14,000 / \$28,000	n/a

Rates & Enrollment

Premium Rates

Employee	\$826.84	\$706.29	\$636.34	\$688.41	\$862.00
Employee + Spouse	\$1,777.71	\$1,518.52	\$1,368.14	\$1,480.08	\$1,853.31
Employee + Child(ren)	\$1,612.33	\$1,377.26	\$1,240.87	\$1,342.40	\$1,680.91
Family	\$2,563.21	\$2,189.50	\$1,972.65	\$2,134.06	\$2,672.21

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Medical Proposal for: Great Oaks Charter School

Quote Date: 08/16/2023

Effective Date: 11/01/2023

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Plan Information

Plan Name	NY EPO OA 0 \$45	NY EPO OA 1000	NY EPO OA 2000	NY EPO OA 6850	NY EPO OA HDHP 5000
Product Type	EPO	EPO	EPO	EPO	HDHP
Carrier	Aetna	Aetna	Aetna	Aetna	Aetna

In-Network Benefits

Deductible (Ind / Fam)	\$0 / \$0	\$1,000 / \$2,000	\$2,000 / \$4,000	\$6,850 / \$13,700	\$5,000 / \$10,000
Coinsurance	0%	20%	20%	20%	0%
OOP Max (Ind / Fam)	\$5,500 / \$11,000	\$5,500 / \$11,000	\$6,500 / \$13,000	\$8,550 / \$17,100	\$5,500 / \$11,000
Primary Care / Specialist Office Visit	\$45 / \$65	\$20 / \$65	\$30 / \$65	\$15 / \$90	0% / 0%
Inpatient Surgery	\$2,500	20%	20%	20%	0%
Outpatient Surgery	0%	20%	20%	20%	0%
Emergency Room	\$400	\$400	\$400	\$500	0%
Urgent Care	\$75	\$75	\$75	\$100	0%

Prescription

Deductible	\$100	\$100	\$100	\$100	\$0
Generic	\$10	\$10	\$10	\$10	\$10
Formulary	\$55	\$55	\$55	\$55	\$55
Non-Formulary	\$100	\$100	\$100	\$100	\$100
Specialty	\$100	\$100	\$100	\$100	\$100
Mail Order	2x	2x	2x	2x	2x

Out-Of-Network Benefits

Deductible (Ind / Fam)	n/a	n/a	n/a	n/a	n/a
Coinsurance	n/a	n/a	n/a	n/a	n/a
OOP Max (Ind / Fam)	n/a	n/a	n/a	n/a	n/a

Rates & Enrollment

Premium Rates

Employee	\$784.57	\$715.63	\$662.33	\$491.33	\$577.50
Employee + Spouse	\$1,686.83	\$1,538.61	\$1,424.01	\$1,056.35	\$1,241.64
Employee + Child(ren)	\$1,529.92	\$1,395.49	\$1,291.53	\$958.09	\$1,126.13
Family	\$2,432.19	\$2,218.47	\$2,053.20	\$1,523.11	\$1,790.25

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Dental, and Vision

These plans are available to you and your staff. You will choose which plans you would like to offer and your contribution strategy. The PEOs offer an extensive array of disability, life, and other coverages.

Dental Plan

Band 3

GUARDIAN

	Enhanced Elite		Enhanced Premier	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Preventive	100%	100%	100%	100%
Basic	90%	90%	80%	80%
Major	60%	60%	50%	50%
Posterior Composite Fillings	Covered, Basic Service		Covered, Basic Service	
Implants	60%		50%	
Orthodontia	50%	50%	50%	50%
Annual Maximum	\$5,000		\$2,000	
Orthodontia Lifetime Maximum	\$1,500		\$1,500	
Claim Payment Basis	Negotiated Fee Schedule	R&C* 80 th Percentile	Negotiated Fee Schedule	R&C* 80 th Percentile
Rates (EE/EE+ES/EC/Fam)	\$44.96/\$89.79/\$103.25/\$158.99		\$37.08/\$74.05/\$85.35/\$131.35	
	Enhanced Standard		Basic Plus	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Preventive	100%	100%	100%	100%
Basic	70%	70%	60%	60%
Major	40%	40%	50%	50%
Posterior Composite Fillings	Covered, Basic Service		Covered, Basic Service	
Implants	40%		50%	
Orthodontia	40%	40%	Not Covered	
Annual Maximum	\$1,500		\$1,000	
Orthodontia Lifetime Maximum	\$1,500		N/A	
Claim Payment Basis	Negotiated Fee Schedule	R&C* 80 th Percentile	Negotiated Fee Schedule	R&C* 80 th Percentile
Rates (EE/EE+ES/EC/Fam)	\$31.98/\$63.86/\$71.80/\$110.95		\$22.59/\$45.10/\$49.16/\$76.60	
	Basic		DHMO	
Benefits	In-Network	Out-of-Network	In-Network	
Calendar Year Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	None	
Preventive	100%	100%	100%	
Basic	60%	60%	100% After Fixed Copay	
Major	30%	30%	100% After Fixed Copay	
Posterior Composite Fillings	Covered, Basic Service		100% After Fixed Copay	
Implants	30%		\$1,050	
Orthodontia	Not Covered		\$1,895 - \$2,195	
Annual Maximum	\$1,000		None	
Orthodontia Lifetime Maximum	N/A		None	
Claim Payment Basis	Negotiated Fee Schedule	R&C* 80 th Percentile	Negotiated Fee Schedule	
Rates (EE/EE+ES/EC/Fam)	\$18.86/\$37.64/\$41.02/\$63.93		\$11.50/\$20.29/\$23.24/\$35.17 (Rates for CA, FL, NJ, NY, and TX)	

EE: Employee Only | EE+ES: Employee and Spouse | EC: Employee and Child(ren) | Fam: Employee and Family

R&C fee refers to the Reasonable and Customary charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife and Guardian.

Vision Plan

GUARDIAN

	Davis Vision	
	In-Network	Out-of-Network
Exams	\$10	
Materials	\$25	
Eye Exams	Once Per Calendar Year	
Exams	\$10 Copay	\$50 Allowance
Lenses	Once Per Calendar Year	
Lens: Single Vision	\$0 Copay	\$48 Allowance
Lens: Bifocal	\$0 Copay	\$67 Allowance
Lens: Trifocal	\$0 Copay	\$86 Allowance
Lens: Lenticular	\$0 Copay	\$126 Allowance
Contact Lenses	Once Per Calendar Year	
Elective Allowance (in lieu of complete set of glasses)	85% of Amount Over \$200	\$105 Maximum
Frames	Once Every Other Calendar Year	
Allowance	80% of Amount Over \$200	\$48 Allowance
Rates (EE/EE+ES/EC/Fam)	\$6.54/\$13.11/\$11.09/\$18.27	
	VSP Vision	
	In-Network	Out-of-Network
Exams	\$10	
Materials	\$25	
Eye Exams	Once Per Calendar Year	
Exams	\$10 Copay	\$50 Allowance
Lenses	Once Per Calendar Year	
Lens: Single Vision	\$0 Copay	\$23 Allowance
Lens: Bifocal	\$0 Copay	\$37 Allowance
Lens: Trifocal	\$0 Copay	\$49 Allowance
Lens: Lenticular	\$0 Copay	\$64 Allowance
Contact Lenses	Once Per Calendar Year	
Elective Allowance (in lieu of complete set of glasses)	\$200 Allowance	\$100 Allowance
Frames	Once Every Other Calendar Year	
Allowance	80% of Amount Over \$200	\$46 Allowance
Rates (EE/EE+ES/EC/Fam)	\$7.34/\$14.72/\$12.46/\$20.52	

EE: Employee Only | EE+ES: Employee and Spouse | EC: Employee and Child(ren) | Fam: Employee + Family

Transition Takeaways

- **Your current FSA runs off your current plan year (July) it's important we inform employees they will have to spend the amount that has been deducted from their paychecks between July 1st 2023 and January 1st 2024. All employees will be able to elect up to the newly 2024 allowable amount with the PEO you choose to partner with.**
- **Your current Transit/Parking funds allow rollovers. You need to inquire about what happens to employees funds if they aren't used by January 1st. Some companies allow employees access to their funds until they are spent but most keep the funds if the employer terminates their account. It's important you get in front of this so we can advise your employees on how best to handle.**

COMPANY IMPORTANT INFO

- **You have an open EPLI claim from Cindy Romero. It's imperative you do not terminate this EPLI policy until all claims are closed. Since the PEO provides EPLI theirs will act as secondary until your current coverage terminates then theirs will move to primary.**
- **The only overlap between you and the PEO when it comes to P&C insurance is Workers Compensation and EPLI. You will need to keep your auto insurance, crime, cyber risk, etc. insurance intact.**





DEMO

After you digest your proposal. You'll narrow your choice down to one or two PEOs. Give us a couple of days and times that work for you. We will arrange demos with the PEOs you choose to demo their software, discuss their services, and get any questions you have answered.

We are with you on the Demos, to ensure that all of your questions are answered and we also ask the questions you might otherwise overlook.



NEGOTIATE

Once you choose a PEO, we negotiate with them to get you the best pricing. Our experience working with companies like yours and our PEO partners give us leverage to get you the most advantageous terms for your PEO.

So you can focus on business.



JOIN

Our staff works with your staff and the PEO to ensure you have a smooth transition and enrollment. Whether it's helping you cancel with your current providers or pick your funding strategies, we will help guide you in the right direction.

Because of our experience we have established benchmarks so we can advise you what your peers are doing.



SUPPORT

We are always an email or call away. For as long as you are with your PEO, we can help you with any issues that may arise. Every 9 months we review your health insurance renewals to ensure that you get the lowest possible renewal.

As well if the PEO isn't meeting your needs, we can compare your PEO to our network of PEO providers, and that gives you an advantage.

Please note that all information and data provided by your organization is deemed to be correct and true.

We can not and do not verify that any and all information provided by your organization is correct or true.

We make every possible effort to ensure that the data is correct and true, your proposal should be reviewed by your organization and all final decisions

