

Prepared Especially For

ABC Consulting, LLC

Benefits Proposal

Prepared On: 10/26/2006

Prepared by:

Robert J. Fortier CFP, CIC

Fortier Financial, LLC

193 Middlesex Avenue

Chester, CT 06412

(800)289-8376

Fax: (860)526-8160

bob@fortierfinancial.com



FORTIER FINANCIAL.COM

Area
Middlesex
06457

Emp	Employee Name	Gender	Age	DOB	Medicare	Coverage	Connecticare HMO-OA-30/45-AADA \$500 Day-\$2000IN/\$500OP (HMO) 15/30/40/0	Guardian/HNet B7 129 CTCR 30/500/NG (HMO) 10/30/40/0	Guardian/HNet B6 129 CTCR 30/500/NG (HMO) 15/25/40/0	Guardian/HNet B6 127 CTCR 25/500/NG (POS) 15/25/40/0	Anthem BCBS BcareHMO 30/500/NG (HMO) 10/25/40/UL
							Rates	Rates	Rates	Rates	Rates
1	JOHN JAMES	M	42	10/11/1964	S	FAM	804.08	877.13	877.82	895.49	957.80
2	BARBARA LEARY	F	51	01/20/1955	S	EE	423.15	493.73	494.12	504.06	466.10
3	LINDA SMITH	F	30	04/19/1976	S	EE	317.34	263.32	263.53	268.83	337.14
4	LORI FORTIER	F	32	08/01/1974	S	FAM	832.17	771.37	771.98	787.52	898.57
5	MANUEL SWEENEY	M	44	05/01/1962	S	EE	249.67	259.97	260.17	265.41	287.72
6	ROBIN JOHNSON	F	35	04/17/1971	S	EE	366.72	283.13	283.35	289.06	337.14
7	DEBRA SHORE	F	52	06/22/1954	S	EE	423.15	493.73	494.12	504.06	466.10
8	VINCENT GRIMALDI	M	37	10/15/1969	S	ES	592.39	561.08	561.52	572.83	504.30
9	BRIAN KYC	M	25	02/05/1981	S	EE	149.51	158.79	158.91	162.11	167.18
10	ROBERT FORTIN	M	33	10/30/1973	S	ES	550.07	510.49	510.89	521.18	504.30
11	JOHN YANG	M	48	01/29/1958	S	EC	521.86	629.35	629.85	642.52	614.00
12	MARY BEST	F	49	06/16/1957	S	EE	409.04	394.07	394.38	402.32	401.62
13	MAURA MORIARITY	F	66	04/01/1940	S	EE	761.66	713.47	714.03	728.40	682.69
14	ROBERTA FLACK	F	36	09/14/1970	S	FAM	775.78	815.87	816.51	832.95	898.57
MONTHLY PREMIUM							\$7,176.59	\$7,225.49	\$7,231.18	\$7,376.74	\$7,523.23

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							Oxford Health Plans	Connecticare	Anthem BCBS	Guardian/HNet	Aetna Health Inc.
							Lr1 PlanA/500D/G (HMO)	HMO-PC-30/45-AAHA \$100 Day-\$500IN/\$100OP (HMO)	BCarePOS 30/500/NG (POS)	B6 131 CTRC 25/0/NG (HMO)	Managed Choice Open Access 2: ID 55808 (PPO)
							10/20/40/0	15/30/40/0	5/15/25/UL	15/25/40/0	10/20/40/Yes/0
Emp	Employee Name	Gender	Age	DOB	Medicare	Coverage	Rates	Rates	Rates	Rates	Rates
1	JOHN JAMES	M	42	10/11/1964	S	FAM	978.33	862.07	986.89	958.66	996.00
2	BARBARA LEARY	F	51	01/20/1955	S	EE	470.07	453.66	480.26	539.62	460.00
3	LINDA SMITH	F	30	04/19/1976	S	EE	296.83	340.23	347.39	287.80	324.00
4	LORI FORTIER	F	32	08/01/1974	S	FAM	831.82	892.17	925.86	843.08	964.00
5	MANUEL SWEENEY	M	44	05/01/1962	S	EE	255.86	267.67	296.46	284.13	277.00
6	ROBIN JOHNSON	F	35	04/17/1971	S	EE	313.49	393.16	347.39	309.45	336.00
7	DEBRA SHORE	F	52	06/22/1954	S	EE	470.07	453.66	480.26	539.62	460.00
8	VINCENT GRIMALDI	M	37	10/15/1969	S	ES	579.77	635.10	519.62	613.24	638.00
9	BRIAN KYC	M	25	02/05/1981	S	EE	156.92	160.30	172.25	173.55	191.00
10	ROBERT FORTIN	M	33	10/30/1973	S	ES	528.39	589.73	519.62	557.94	631.00
11	JOHN YANG	M	48	01/29/1958	S	EC	559.99	559.49	632.65	687.85	636.00
12	MARY BEST	F	49	06/16/1957	S	EE	377.37	438.52	413.83	430.70	399.00
13	MAURA MORIARITY	F	66	04/01/1940	S	EE	855.77	816.58	703.43	779.79	765.00
14	ROBERTA FLACK	F	36	09/14/1970	S	FAM	903.34	831.71	925.86	891.71	962.00
MONTHLY PREMIUM							\$7,578.02	\$7,694.05	\$7,751.77	\$7,897.13	\$8,039.00

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Emp	Employee Name	Gender	Age	DOB	Medicare	Coverage	Anthem BCBS	Anthem BCBS	Connecticare	Aetna Health Inc.	Connecticare
							BcareHMO 20/500/NG (HMO) 10/25/40/UL	BcareHMO 15/250/NG (HMO) 10/25/40/UL	HMO OA 20-30AAEA/150D/NG-CI T (HMO) 15/30/40/0	HMO 1 Open Access: ID 3402442 (HMO) 10/20/40/Yes/0	HMO OA 20-30AAEA/150D/NG- CIT (HMO) 10/20/35/0
							Rates	Rates	Rates	Rates	Rates
1	JOHN JAMES	M	42	10/11/1964	S	FAM	1,068.75	1,090.01	1,005.05	1,135.00	1,042.14
2	BARBARA LEARY	F	51	01/20/1955	S	EE	520.09	530.44	528.91	524.00	548.43
3	LINDA SMITH	F	30	04/19/1976	S	EE	376.20	383.68	396.66	369.00	411.31
4	LORI FORTIER	F	32	08/01/1974	S	FAM	1,002.67	1,022.61	1,040.15	1,098.00	1,078.54
5	MANUEL SWEENEY	M	44	05/01/1962	S	EE	321.05	327.43	312.07	315.00	323.58
6	ROBIN JOHNSON	F	35	04/17/1971	S	EE	376.20	383.68	458.37	383.00	475.29
7	DEBRA SHORE	F	52	06/22/1954	S	EE	520.09	530.44	528.91	524.00	548.43
8	VINCENT GRIMALDI	M	37	10/15/1969	S	ES	562.72	573.91	740.44	727.00	767.77
9	BRIAN KYC	M	25	02/05/1981	S	EE	186.54	190.25	186.88	218.00	193.78
10	ROBERT FORTIN	M	33	10/30/1973	S	ES	562.72	573.91	687.54	719.00	712.92
11	JOHN YANG	M	48	01/29/1958	S	EC	685.13	698.75	652.30	724.00	676.38
12	MARY BEST	F	49	06/16/1957	S	EE	448.15	457.06	511.26	454.00	530.12
13	MAURA MORIARITY	F	66	04/01/1940	S	EE	761.77	776.93	952.02	872.00	987.16
14	ROBERTA FLACK	F	36	09/14/1970	S	FAM	1,002.67	1,022.61	969.66	1,096.00	1,005.45
MONTHLY PREMIUM							\$8,394.75	\$8,561.71	\$8,970.22	\$9,158.00	\$9,301.30

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Area Middlesex 06457	Connecticare HMO-OA-30/45-AADA \$500 Day-\$2000IN/\$500OP (HMO)	Guardian/HNet B7 129 CTCR 30/500/NG (HMO)	Guardian/HNet B6 129 CTCR 30/500/NG (HMO)
	In-Network	In-Network	In-Network
<u>Drug Card</u>	15 (Generic) 30 (Brand) 40/0 (d)	10 (Generic) 30 (Brand) 40/0 (d)	15 (Generic) 25 (Brand) 40/0 (d)
Prescription Card			
<u>Major Medical</u>			
Deductible Ind/Fam	N/A	N/A	N/A
Co-Insurance	100%	N/A	N/A
Out-of-Pocket	N/A	N/A	N/A
Office Co-pay	\$30 Copay	\$30	\$30
DXL/Lab Fees	Radiology Copays-See Footnote	No Charge	No Charge
Specialist Co-pay	\$45 Copay	\$45	\$45
Lifetime Maximum	None	Unlimited	Unlimited
<u>Hospital Benefits</u>			
Hospital In-Patient	\$500 Copay/day \$2,000 max/cal. yr./member	\$500/Day, up to \$2000 Max/Adm.	\$500/Day, up to \$2000 Max/Adm.
Hospital Out-Patient	\$500 Copay	\$500	\$500
Emergency Room	\$150 Copay (Waived if admitted)	\$150	\$150
Private Nursing		Not Covered	Not Covered
<u>Surgical Benefits</u>			
Surgical In-Patient	See Hospital-Inpatient	Included In Hosp Copay	Included In Hosp Copay
Surgical Out-Patient	\$500 Copay	Included In Hosp Copay	Included In Hosp Copay
<u>Mental Health</u>			
Mental Nervous In-Patient	See Hospital-Inpatient	\$500/Day, up to \$2000 Max/Adm.	\$500/Day, up to \$2000 Max/Adm.
Substance Abuse In-Patient	See Hospital-Inpatient	\$500/Day, up to \$2000 Max/Adm.	\$500/Day, up to \$2000 Max/Adm.
Mental Nervous Out-Patient	\$45 Copay	\$45	\$45
Substance Abuse Out-Patient	\$45 Copay	\$45	\$45
<u>Other</u>			
Preventive	\$30 Copay	Birth to 18: No Charge; Adult:\$30	Birth to 18: No Charge; Adult:\$30
Chiropractic Care	\$45 Copay (up to 20 visits)	\$45, 20 Visits/year	\$45, 20 Visits/year
Home Health Care	100% (up to 100 visits)	No Charge	No Charge
Non-Authorization			
Single EE with Spouse EE with Child(ren) Family Medicare	Please refer to the Medical Cost Breakdown Report for rate information	Please refer to the Medical Cost Breakdown Report for rate information	Please refer to the Medical Cost Breakdown Report for rate information
Monthly Cost	14 7,176.59	14 7,225.49	14 7,231.18
Annual Cost	86,119.08	86,705.88	86,774.16

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(d) Non-Formulary / Annual Maximum

(a) Biological based Mental Nervous & Alcohol Abuse/Treated same way as any other illness.

Area Middlesex 06457	Guardian/HNet B6 127 CTCR 25/500/NG (POS)		Anthem BCBS BcareHMO 30/500/NG (HMO)	Oxford Health Plans Lri PlanA/500D/G (HMO)
	In-Network	Out-Network	In-Network	In-Network
<u>Drug Card</u>	15 (Generic) 25 (Brand) 40/0 (d)		10 (Generic) 25 (Brand) 40/UL (d)	10 (Generic) 20 (Brand) 40/0 (d)
Prescription Card				
<u>Major Medical</u>				
Deductible Ind/Fam	N/A	\$1000/\$2000	N/A	N/A
Co-Insurance	N/A	70%	N/A	N/A
Out-of-Pocket	N/A	\$4000/\$8000	N/A	N/A
Office Co-pay	\$25	70% After Ded	\$30 Copay	\$30 Copay
DXL/Lab Fees	No Charge	70% After Ded	No Charge	\$30 Copay
Specialist Co-pay	\$25	70% After Ded	\$45 Copay	\$45 Copay
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
<u>Hospital Benefits</u>				
Hospital In-Patient	\$500/day, \$2000 Max/Adm.	70% After Ded	\$500/Day Copay; \$2,000 Max	\$500 Copay/day \$2,000 Annual Max
Hospital Out-Patient	\$250	70% After Ded	\$500 Copay	\$250 Copay
Emergency Room	\$100	\$100	\$150 Copay; Waived if admitted	\$150 Copay; Waived if Admitted
Private Nursing	Not Covered	70% After Ded	Not Covered	
<u>Surgical Benefits</u>				
Surgical In-Patient	Included In Hosp Copay	70% After Ded	\$500/Day Copay; \$2,000 Max	See Hospital-Inpatient
Surgical Out-Patient	Included In Hosp Copay	70% After Ded	\$500 Copay	See Hospital-Outpatient
<u>Mental Health</u>				
Mental Nervous In-Patient	\$500/day, \$2000 Max/Adm.	70% After Ded	\$500/Day Copay; \$2,000 Max	See Hospital-Inpatient
Substance Abuse In-Patient	\$500/day, \$2000 Max/Adm.	70% After Ded	\$500/Day Copay; \$2,000 Max	See Hospital-Inpatient
Mental Nervous Out-Patient	\$25	70% After Ded	\$45 Copay Preauthorization Req	\$45 Copay
Substance Abuse Out-Patient	\$25	70% After Ded	\$45 Copay Preauthorization Req	\$45 Copay
<u>Other</u>				
Preventive	Birth to 18: No Charge; Adult:\$25	70% After Ded	Birth to 12 years No Charge, Adults \$30 Copay	\$30 Copay
Chiropractic Care	\$25, 20 Visits/year (Combined In/Out)	70% After Ded	\$45 Copay, 20 Vists max/Year	\$45 Copay; 30 visits
Home Health Care	No Charge	75% After \$50 Ded	No Charge	No Charge, 80 visits
Non-Authorization			Required	Required
Single EE with Spouse EE with Child(ren) Family Medicare	Please refer to the Medical Cost Breakdown Report for rate information		Please refer to the Medical Cost Breakdown Report for rate information	
Monthly Cost	14	7,376.74	14	7,578.02
Annual Cost	88,520.88		90,278.76	

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(d) Non-Formulary / Annual Maximum

(a) Biological based Mental Nervous & Alcohol Abuse/Treated same way as any other illness.

Area Middlesex 06457	Connecticare HMO-PC-30/45-AAHA \$100 Day-\$500IN/\$100OP (HMO)	Anthem BCBS BCarePOS 30/500/NG (POS)		Guardian/HNet B6 131 CTR 25/0/NG (HMO)
	In-Network	In-Network	Out-Network	In-Network
<u>Drug Card</u>	15 (Generic) 30 (Brand) 40/0 (d)	5 (Generic) 15 (Brand) 25/UL (d)		15 (Generic) 25 (Brand) 40/0 (d)
Prescription Card				
<u>Major Medical</u>				
Deductible Ind/Fam	N/A	N/A	\$2000/\$6000	N/A
Co-Insurance	100%	N/A	70%	N/A
Out-of-Pocket	N/A	N/A	\$6000/\$18000	N/A
Office Co-pay	\$30 Copay	\$30 Copay	Ded & Coins	\$25
DXL/Lab Fees	Radiology Copays-See Footnote	No Charge	Ded & Coins	No Charge
Specialist Co-pay	\$45 Copay	\$45 Copay	Ded & Coins	\$40
Lifetime Maximum	None	Unlimited	Unlimited	Unlimited
<u>Hospital Benefits</u>				
Hospital In-Patient	\$100/day \$500 Max/year	\$500/Day Copay; \$2,000 Max	Ded & Coins	No Charge
Hospital Out-Patient	\$100 Copay	\$500 Copay	Ded & Coins	\$50
Emergency Room	\$150 Copay (Waived if admitted)	\$150 Copay; Waived if admitted	\$150 Copay; Waived if admitted	\$75
Private Nursing		Not Covered	Not Covered	Not Covered
<u>Surgical Benefits</u>				
Surgical In-Patient	See Hospital-Inpatient	\$500/Day Copay; \$2,000 Max	Ded & Coins	Included In Hosp Copay
Surgical Out-Patient	\$100 Copay	\$500 Copay	Ded & Coins	Included In Hosp Copay
<u>Mental Health</u>				
Mental Nervous In-Patient	See Hospital-Inpatient	\$500/Day Copay; \$2,000 Max	Ded & Coins	No Charge
Substance Abuse In-Patient	See Hospital-Inpatient	\$500/Day Copay; \$2,000 Max	Ded & Coins	No Charge
Mental Nervous Out-Patient	\$45 Copay	\$45 Copay	Ded & Coins	\$40
Substance Abuse Out-Patient	\$45 Copay	Preauthorization Req \$45 Copay Preauthorization Req	Preauthorization Req Ded & Coins Preauthorization Req	\$40
<u>Other</u>				
Preventive	\$30 Copay	Birth to 12 years No Charge, Adults \$30 Copay	Ded & Coins	Birth to 18: No Charge; Adult:\$40
Chiropractic Care	\$45 Copay (up to 20 visits)	\$45 Copay, 20 Vists max/Year	Ded & Coins; 20 visits max/year	\$40, 20 Visits/year
Home Health Care	100% (up to 100 visits)	No Charge	80% After \$50 Ded	No Charge
Non-Authorization		Required		
Single EE with Spouse EE with Child(ren) Family Medicare	Please refer to the Medical Cost Breakdown Report for rate information	Please refer to the Medical Cost Breakdown Report for rate information		Please refer to the Medical Cost Breakdown Report for rate information
Monthly Cost	14 7,694.05	14 7,751.77		14 7,897.13
Annual Cost	92,328.60	93,021.24		94,765.56

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(d) Non-Formulary / Annual Maximum

(a) Biological based Mental Nervous & Alcohol Abuse/Treated same way as any other illness.

Area Middlesex 06457	Aetna Health Inc. Managed Choice Open Access 2: ID 55808 (PPO)		Anthem BCBS BcareHMO 20/500/NG (HMO)	Anthem BCBS BcareHMO 15/250/NG (HMO)
	In-Network	Out-Network	In-Network	In-Network
<u>Drug Card</u>	10 (Generic) 20 (Brand) 40/ (d)		10 (Generic) 25 (Brand) 40/UL (d)	10 (Generic) 25 (Brand) 40/UL (d)
Prescription Card				
<u>Major Medical</u>				
Deductible Ind/Fam	\$500/\$1000	\$2000/\$4000	N/A	N/A
Co-Insurance	80%	60%	N/A	N/A
Out-of-Pocket	\$4000/\$8000 excl. ded	\$5000/\$10000 excl. ded	N/A	N/A
Office Co-pay	\$25 copay	60% after Ded	\$20 Copay	\$15 Copay
DXL/Lab Fees	80% after Ded	60% after Ded	No Charge	No Charge
Specialist Co-pay	\$25 copay	60% after Ded	\$30 Copay	\$25 Copay
Lifetime Maximum	\$5,000,000 In/Out cmb	\$5,000,000 In/Out cmb	Unlimited	Unlimited
<u>Hospital Benefits</u>				
Hospital In-Patient	80% after Ded	60% after Ded	\$500 Copay	\$250 Copay
Hospital Out-Patient	80% after Ded	60% after Ded	\$200 Copay	\$200 Copay
Emergency Room	\$150 copay; waived if admitted	\$150 copay; waived if admitted	\$100 Copay; Waived if admitted	\$100 Copay; Waived if admitted
Private Nursing	Not Covered	Not Covered	Not Covered	Not Covered
<u>Surgical Benefits</u>				
Surgical In-Patient	80% after Ded	60% after Ded	\$500 Copay	\$250 Copay
Surgical Out-Patient	80% after Ded	60% after Ded	\$200 Copay	\$200 Copay
<u>Mental Health</u>				
Mental Nervous In-Patient	80% after Ded	60% after Ded	\$500 Copay	\$250 Copay
Substance Abuse In-Patient	80% after Ded	60% after Ded	\$500 Copay	\$250 Copay
Mental Nervous Out-Patient	\$25 copay	60% after Ded	\$30 Copay Preauthorization Req	\$25 Copay Preauthorization Req
Substance Abuse Out-Patient	\$25 copay	60% after Ded	\$30 Copay Preauthorization Req	\$25 Copay Preauthorization Req
<u>Other</u>				
Preventive	\$25 copay	60% after Ded	Birth to 12 years No Charge, Adults \$20 Copay	Birth to 12 years No Charge, Adults \$15 Copay
Chiropractic Care	\$25 copay; 20 visits/yr In/Out cmb	60% after Ded; 20 visits/yr In/Out cmb	\$30 Copay, 20 Vists max/Year	\$25 Copay, 20 Vists max/Year
Home Health Care	80%; ded waived; 80 vis/yr In/Out cmb	75%; ded waived; 80 vis/yr In/Out cmb	No Charge	No Charge
Non-Authorization	Refer to Carrier Plan Information	Refer to Carrier Plan Information	Required	Required
Single EE with Spouse EE with Child(ren) Family Medicare	Please refer to the Medical Cost Breakdown Report for rate information		Please refer to the Medical Cost Breakdown Report for rate information	
Monthly Cost	14	8,039.00	14	8,561.71
Annual Cost	96,468.00		102,740.52	

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(d) Non-Formulary / Annual Maximum

(a) Biological based Mental Nervous & Alcohol Abuse/Treated same way as any other illness.

Area Middlesex 06457	Connecticare HMO OA 20-30AAEA/150D/NG-CIT (HMO)	Aetna Health Inc. HMO 1 Open Access: ID 3402442 (HMO)	Connecticare HMO OA 20-30AAEA/150D/NG-CIT (HMO)
	In-Network	In-Network	In-Network
<u>Drug Card</u>	15 (Generic) 30 (Brand) 40/0 (d)	10 (Generic) 20 (Brand) 40/ (d)	10 (Generic) 20 (Brand) 35/0 (d)
Prescription Card			
<u>Major Medical</u>			
Deductible Ind/Fam	N/A	N/A	N/A
Co-Insurance	100%	N/A	100%
Out-of-Pocket	N/A	N/A	N/A
Office Co-pay	\$20 Copay	\$20 copay	\$20 Copay
DXL/Lab Fees	Radiology Copays-See Footnote	100%	Radiology Copays-See Footnote
Specialist Co-pay	\$30 Copay	\$20 copay	\$30 Copay
Lifetime Maximum	None	\$5,000,000	None
<u>Hospital Benefits</u>			
Hospital In-Patient	\$150 copay/day \$500 max/cal. yr./member	\$500 copay per admission	\$150 copay/day \$500 max/cal. yr./member
Hospital Out-Patient	\$150 Copay	\$200 copay (Surgery)	\$150 Copay
Emergency Room	\$75 Copay (Waived if admitted)	\$150 copay; waived if admitted	\$75 Copay (Waived if admitted)
Private Nursing		Not Covered unless pre-certified	
<u>Surgical Benefits</u>			
Surgical In-Patient	See Hospital-Inpatient	\$500 copay	See Hospital-Inpatient
Surgical Out-Patient	\$150 Copay	\$200 copay	\$150 Copay
<u>Mental Health</u>			
Mental Nervous In-Patient	See Hospital-Inpatient	\$500 copay per admission	See Hospital-Inpatient
Substance Abuse In-Patient	See Hospital-Inpatient	\$500 copay per admission	See Hospital-Inpatient
Mental Nervous Out-Patient	\$30 Copay	\$20 copay	\$30 Copay
Substance Abuse Out-Patient	\$30 Copay	\$20 copay	\$30 Copay
<u>Other</u>			
Preventive	\$20 Copay	\$20 copay	\$20 Copay
Chiropractic Care	\$30 Copay (up to 20 visits)	\$20 copay; 20 visits/yr	\$30 Copay (up to 20 visits)
Home Health Care	100% (up to 100 visits)	\$25 copay; 80 visits/yr	100% (up to 100 visits)
Non-Authorization		Refer to Carrier Plan Information	
Single EE with Spouse EE with Child(ren) Family Medicare	Please refer to the Medical Cost Breakdown Report for rate information	Please refer to the Medical Cost Breakdown Report for rate information	Please refer to the Medical Cost Breakdown Report for rate information
Monthly Cost	14 8,970.22	14 9,158.00	14 9,301.30
Annual Cost	107,642.64	109,896.00	111,615.60

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(d) Non-Formulary / Annual Maximum

(a) Biological based Mental Nervous & Alcohol Abuse/Treated same way as any other illness.

Footnote Report

Prepared By: Robert Fortier CFP, CIC
Prepared For: ABC Consulting, LLC
Report Id: 4540371

Prepared On: 10/26/2006
Effective Date: 12/1/2006

Connecticare

FlexPos Plans

All FlexPos plans are sold on a Contract Yearly Basis Only.

Radiology Copays

For POS, HMO and HMOc Plans- effective prior to 10/1/06 Non-Advanced Services \$10/Advanced Services \$200; Plans effective on or after 10/1/06 - Non-Advanced Services \$10/ Advanced Services \$75.

Radiology Copays do not apply to HSA, POS-c, PPO or Statutory Plans.