Proposal

Proposal for:
SM91300E-JOHN ADAMS ACADEMIES INC

Quote Name: 7/26 qr1 p1 4k, p2 as is
State: CA
ZIP Code: 95678
Coverage Effective Date: July 1, 2026
Quote Preparation Date: April 27, 2026

Client Management
Email: ClientManagementSB@trustmarkbenefits.com
TrustmarkSB.com

Trustmark Small Business Benefits®
Plan design availability and/or coverage may vary by state. Plans are administered by Star Marketing and Administration, Inc., and stop-loss insurance and ancillary coverage are provided by Trustmark Life Insurance Company.

400 Field Drive
Lake Forest, IL 60045
TrustmarkSB.com

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JOHN ADAMS ACADEMIES INC

Multiple Plan Designs Summary

Small Business Benefits

Proposed effective date: 07/01/2026 **ZIP code:** 95678 **State:** CA **SIC code:** 8211 **Number of employees:** 20 **Number of employees applying:** 20

Health Benefit Plan Design		Trustmark *Healthy*Edge℠ CDHP	Trustmark *Healthy*Edge℠ CDHP
Primary Network		Aetna Signature Administrators	Aetna Signature Administrators
Deductible	Individual (in-network/out-of-network)	$4,000/$10,000	$6,000/$15,000
	Family	two times individual	two times individual
Deductible Type		Embedded	Embedded
Benefit Period		Calendar Year	Calendar Year
Coinsurance	(in-network/out-of-network)	80%/50%	100%/70%
Out-of-Pocket Limit	Individual (in-network/out-of-network)	$7,000/$20,000	$6,000/$17,500
	Family	two times individual	two times individual
Teladoc® Telemedicine Services - General Medical		$59 per consult	$59 per consult
Physician/Specialist Office Visit		deductible & coinsurance	deductible & coinsurance
Urgent Care Center		deductible & coinsurance	deductible & coinsurance
Emergency Room		deductible & coinsurance	deductible & coinsurance
Therapies		deductible & coinsurance	deductible & coinsurance
Alternative Medicine		deductible & coinsurance	deductible & coinsurance
Outpatient Diagnostic X-Ray & Lab		deductible & coinsurance	deductible & coinsurance
Outpatient Advanced Imaging		deductible & coinsurance	deductible & coinsurance
Inpatient Admission/Outpatient Surgery		deductible & coinsurance	deductible & coinsurance
Prescription Drug Benefit (copays, deductible)		deductible & coinsurance	deductible & coinsurance
Maternity		Yes	Yes
Specific Deductible		$50,000	$50,000
Annual Aggregate Attachment Point*		$110,603	$110,603
Runout Period		12 Months	12 Months
Surplus Option		Traditional Cash	Traditional Cash
Surplus Determination Period		N/A	N/A

Health - Monthly Costs**	**Number of Employees**	**Composite Rate**	**Number of Employees**	**Composite Rate**
Family Status				
Employee	8	$719.95	1	$693.42
Employee and Spouse	2	$1,655.89	2	$1,594.86
Employee and Child	0	$1,317.10	1	$1,268.56
Full Family	4	$2,253.04	2	$2,170.00
Health - Total Monthly Costs		**$18,083.54**		**$9,491.70**
Health - Total Monthly Cost for Multiple Plan Designs		**$27,575.24**		
Total Monthly Cost for all Coverages		**$27,575.24**		
Total Annual Cost for all Coverages		**$330,902.88**		

*The annual aggregate attachment point is equal to the sum of the 12 monthly claim prefunding amounts due during the contract period.
**The monthly costs includes stop-loss premium, administrative fees and claim prefunding.

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JOHN ADAMS ACADEMIES INC

	Plan 1	Plan 2
Health Plan Design	Trustmark *Healthy*Edge℠ CDHP	Trustmark *Healthy*Edge℠ CDHP
Deductible	$4,000/$10,000	$6,000/$15,000
Coinsurance	80%/50%	100%/70%
Out-of-Pocket Limit	$7,000/$20,000	$6,000/$17,500
Physician/Specialist Office Visit	deductible & coinsurance	deductible & coinsurance
Prescription Drug Benefit	deductible & coinsurance	deductible & coinsurance
Provider Networks	Aetna Signature Administrators	Aetna Signature Administrators

The information above is a highlight of select healthcare benefits under the plan design. For a more detailed description, refer to the Proposed Benefit Summary.

Specific Deductible $50,000 **Contract Period** 12/24 **Runout Period** 12 Months
Annual Aggregate Attachment Point $110,603 **Minimum Aggregate Attachment Point** $77,422
Surplus Option Traditional Cash Surplus - If there is a surplus of funds in the claim pre-fund account at the end of the runout period, the employer will receive the surplus as a cash refund.
Surplus Determination Period Not Applicable
Minimum Value Plan 1 Meets / Plan 2 Meets

Family Status	Health Plan Costs** Plan 1			Health Plan Costs** Plan 2		
	Composite Rate	Number of EE's	Monthly Cost	Composite Rate	Number of EE's	Monthly Cost
EE	$719.95	8	$5,759.60	$693.42	1	$693.42
ES	$1,655.89	2	$3,311.78	$1,594.86	2	$3,189.72
EC	$1,317.10	0	$0.00	$1,268.56	1	$1,268.56
FF	$2,253.04	4	$9,012.16	$2,170.00	2	$4,340.00
Total		**14**	**$18,083.54**		**6**	**$9,491.70**

**Health Plan Costs includes: stop-loss premium, administrative fees and claim prefunding.

Coverage	Units	Rate	Total Volume	Monthly Cost
Life	Per $1,000 of benefit	$0.00	$0	$0.00
AD&D	Per $1,000 of benefit	$0.00	$0	$0.00
Dependent Life/AD&D	Per spouse	$0.00		$0.00
Total				**$0.00**

Total monthly cost for all coverages	**$27,575.24**

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Breakdown of Health Plan Costs

	Monthly Cost - Plan 1	Monthly Cost - Plan 2
Stop-Loss Premium	$8,583.04	$4,664.84
Administrative Fees	$3,329.62	$1,780.85
Claim Prefunding	$6,170.88	$3,046.01
Total	**$18,083.54**	**$9,491.70**

Monthly Cost split by tier

Plan 1	EE	ES	EC	FF	Total
Enrollment	8	2	0	4	14
Specific Stop-Loss Premium ($50,000 ISL)	$306.26	$704.40	$560.28	$958.42	$7,692.56
Aggregate Stop-Loss Premium (120% ASL)	$35.45	$81.54	$64.86	$110.95	$890.48
Administrative Fees	$132.56	$304.89	$242.51	$414.84	$3,329.62
Total Fixed Costs	**$474.27**	**$1,090.83**	**$867.65**	**$1,484.21**	**$11,912.66**
Expected Claim Prefunding*	$204.73	$470.88	$374.54	$640.69	$5,142.36
Aggregate Corridor**	$40.95	$94.18	$74.91	$128.14	$1,028.52
Total Prefunding Costs	**$245.68**	**$565.06**	**$449.45**	**$768.83**	**$6,170.88**
Monthly Total (Total Fixed Costs + Total Prefunding Costs)	**$719.95**	**$1,655.89**	**$1,317.10**	**$2,253.04**	**$18,083.54**
Plan 2	**EE**	**ES**	**EC**	**FF**	**Total**
Enrollment	1	2	1	2	6
Specific Stop-Loss Premium ($50,000 ISL)	$301.20	$692.76	$551.02	$942.58	$4,122.90
Aggregate Stop-Loss Premium (120% ASL)	$39.59	$91.06	$72.43	$123.90	$541.94
Administrative Fees	$130.10	$299.23	$238.01	$407.14	$1,780.85
Total Fixed Costs	**$470.89**	**$1,083.05**	**$861.46**	**$1,473.62**	**$6,445.69**
Expected Claim Prefunding*	$185.44	$426.51	$339.25	$580.32	$2,538.35
Aggregate Corridor**	$37.09	$85.30	$67.85	$116.06	$507.66
Total Prefunding Costs	**$222.53**	**$511.81**	**$407.10**	**$696.38**	**$3,046.01**
Monthly Total (Total Fixed Costs + Total Prefunding Costs)	**$693.42**	**$1,594.86**	**$1,268.56**	**$2,170.00**	**$9,491.70**

*Expected Claim Prefunding is the anticipated amount that will apply towards the aggregate claim liability.
**Aggregate Corridor is the additional amount necessary to ensure the plan is funded to the annual aggregate attachment point.

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Small Business Benefits

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Coinsurance	80%/50%	100%/70%
Out-of-Pocket Limit	$7,000/$20,000	$6,000/$17,500
Physician/Specialist Office Visit	deductible & coinsurance	deductible & coinsurance
Prescription Drug Benefit	deductible & coinsurance	deductible & coinsurance
Provider Networks	Aetna Signature Administrators	Aetna Signature Administrators

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Surplus Determination Period Not Applicable
Minimum Value Plan 1 Meets / Plan 2 Meets

Total monthly cost	**$27,575.24**

To accept this proposal, please sign below.

Officer's Name: _____

Officer's Signature: _____

Date: _____

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JOHN ADAMS ACADEMIES INC

Proposed Benefit Summary - Trustmark *Healthy*Edge℠ CDHP Self-funded Health Plan Design

Health Plan 1 **Calendar Year: January 1 - December 31**

PLAN BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	**Calendar Year** - The 12-month period from January 1 to December 31 during which covered expenses can be applied to satisfy the deductible. The accumulation period resets every January 1.	
Calendar-Year Deductible	Individual: $4,000 Family: $8,000 (two times the individual calendar-year deductible – benefits are payable for a member once either the individual deductible is met, or for the entire family once the family deductible is met by two or more family members each year)	Individual: $10,000 Family: $20,000 (two times the individual calendar-year deductible – benefits are payable for a member once either the individual deductible is met, or for the entire family once the family deductible is met by two or more family members each year)
Coinsurance	80%	50%
Out-of-Pocket Limit • Includes deductible and coinsurance	Individual: $7,000 Family: $14,000 (two times the individual out-of-pocket limit – benefits are payable at 100% for members with family coverage once the entire family out-of-pocket limit is met) When family coverage is selected, an individual's in-network out-of-pocket limit cannot exceed the ACA cost-sharing limit of $10,600.	Individual: $20,000 Family: $40,000 (two times the individual out-of-pocket limit – benefits are payable at 100% for members with family coverage once the entire family out-of-pocket limit is met)
Preventive Care Services • Preventive Care Services will be covered up to or better than what is required by federal law	100%	50%*
Teladoc® Telemedicine Services	**General Medical** The member's responsibility for the general medical consult fee is $59, and is subject to the deductible and coinsurance. Teladoc gives members 24/7 access to U.S. board-certified doctors through the convenience of phone or video consults for non-emergency assistance to treat common medical conditions. **Mental Health** The member's responsibility for the behavioral health consult fee will vary by type of service, and is subject to the deductible and coinsurance **Mental Health Service Consult Fee** Psychiatrist (initial visit)..... $255 Psychiatrist (ongoing visit)..... $113 Psychologist, licensed clinical social worker, counselor or therapist..... $103 Through Teladoc, members can conveniently schedule a consult and speak with a therapist from anywhere in the U.S. **Dermatology** The member's responsibility for the dermatology consult fee is $93 (for each 7-day period), and is subject to the deductible and coinsurance. Members dealing with skin issues can simply upload photos of their condition, and a licensed dermatologist will review their submission and send a custom treatment plan within two days. Consult fees are subject to change during the plan year. Teladoc operates subject to state regulation and services may vary by state. Learn more at TrustmarkSB.com.	

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Physician/Specialist Office Visit	80%*	50%*
Outpatient Diagnostic X-ray and Lab • Covered charges include x-rays, lab, pathology and radiology services	80%*	50%*
Outpatient Advanced Imaging • Including but not limited to CT, MRI and PET scans	80%*	50%*
Prescription Drug Benefit	80%*	
Maternity	80%*	50%*
Inpatient Hospitalization (based on semi-private room rate)	80%*	50%*
Outpatient Surgery (based on semi-private room rate)	80%*	50%*
Urgent Care Center	80%*	50%*
Emergency Room	80%*	
Virtual Musculoskeletal Treatment	Subject to in-network deductible and coinsurance when provided by the contracted vendor. Virtual physical therapy sessions that are part of this treatment do not count toward the physical therapy visit limit.	
Manipulative Therapy • 20 visits per calendar year	80%*	50%*
Occupational, Speech and Physical Therapies • 60 visits per therapy per calendar year	80%*	50%*
Acupuncture, Massage Therapy and Naturopathic Medicine • 12 visits per therapy per calendar year	80%*	50%*
Nutritional Counseling • 3 visits while covered under this plan • Plan limit does not apply to diabetic counseling	80%*	50%*
Nondental Treatment of Temporomandibular Joint Dysfunction (TMJ)	80%*	50%*
Chronic Pain Treatment Programs • 10 visits per calendar year	80%*	50%*

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Health Plan 1 **Calendar Year: January 1 - December 31**

PLAN BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Mental Illness, Nervous Disorders, Substance Abuse and Alcohol Abuse – Groups with up to 50 employees • Inpatient - 20 days per calendar year; 40 days while covered under this plan	80%*	50%*
• Outpatient - 40 visits per calendar year; 120 visits while covered under this plan	60%*	50%*
Prosthetics and Durable Medical Equipment	80%*	50%*
Private Duty Nursing Care	80%*	50%*
Skilled Nursing Care • 81 visits per calendar year	80%*	50%*
Home Health Care • 100 days per calendar year	80%*	50%*
Hospice Care • 6 months while covered under this plan	80%*	50%*
Ambulance Services • Emergency services covered at the in-network benefit	80%*	50%*
Organ Transplants	Designated Transplant Facility • 100%*	Designated Transplant Facility • 100%*
	Non-Designated Transplant Facility • 100%*	Non-Designated Transplant Facility • 70%*
Precertification	Failure to precertify will result in a $300 penalty per occurrence. To avoid penalties, precertification is required prior to all non-emergency hospital, rehabilitation or skilled nursing admissions, behavioral health residential treatment, hospice or home healthcare services, outpatient radiation and chemotherapy, and outpatient advanced imaging. Failure to comply may result in reduction of benefits. Notification is required within 48 hours or the next business day of an emergency admission.	
Lifetime Maximum	Unlimited for essential health benefits (as defined by federal regulation)	

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Health Plan 1 **Calendar Year: January 1 - December 31**

PLAN BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Reasonable Fee – Applies only to Out-of-Network *Covered Charges subject to the No Surprises Act are not subject to the Reasonable Fee*	Reasonable Fee is the lesser of: 1. the provider's, facility's or pharmacy's actual charge; 2. the negotiated rate; or 3. 125% of the Medicare reimbursement rate in effect at the time services are provided by out-of-network emergency transportation (excluding air ambulance); or 4. 125% of the Medicare reimbursement rate in effect at the time services are provided for any other out-of-network physicians; or 5. 150% of the Medicare reimbursement rate in effect at the time services are provided for any other out-of-network inpatient facilities, services and supplies; or 6. 130% of the Medicare reimbursement rate in effect at the time services are provided for any other out-of-network outpatient facilities, services and supplies; or 7. 100% of the Medicare reimbursement rate in effect at the time services are provided for prosthetics, medical equipment, and clinical laboratory services not provided in an inpatient or outpatient facility; or 8. 100% of the Average Wholesale Price determined by the manufacturer and published in an industry-wide data system that collects manufacturers' prices, and is exclusive of any drug manufacturer rebates, for Prescription Drugs or Specialty Drugs purchased without a Prescription Drug card. Compound Medications will be considered at 100% of the Average Wholesale Price of the Compound's most expensive Federal Legend Drug or State Restricted Drug; or 9. for injectable therapy and services, the lesser of: a. 130% of the Medicare reimbursement rate in effect at the time services are provided; or b. The Average Wholesale Price as determined by the manufacturer and published in, and updated weekly by, an industrywide data system that collects manufacturers' prices, plus 11%. For covered services that have not been assigned a Medicare reimbursement rate, the Reasonable Fee will be an equivalent of what Medicare would allow based on the use of Medicare data and independent relative value unit or other data, for the services reported on the claim, established utilizing the most currently available reimbursement schedules and methodologies.	
Healthcare Bluebook™	This online tool turns members into smarter shoppers by making it easier to compare healthcare providers and prices. Mobile app available for Apple and Android-enabled devices.	
Lifestyle Management Health Improvement Program	This program helps members protect their health by providing wellness incentives, wellness reminders, coaching outreach for lifestyle improvement needs, and access to online tools and resources. Learn more at TrustmarkSB.com.	
Trusted Member Care	Trusted Member Care advisors are available to help members find a doctor or hospital, understand healthcare benefits and claim payments, identify cost-saving opportunities, and more! Learn more at TrustmarkSB.com.	
Domestic Partner Coverage	A person who is of the same or opposite sex of the Employee who have chosen to share their lives in close personal relationship in lieu of marriage. Please see the Plan Document for detailed qualifications.	

***These benefits are subject to the calendar-year deductible and coinsurance.**

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Life and AD&D	
Life and AD&D Amount	
Dependent Life (spouse only)	

This is a summary of proposed benefits and is a general description of plan highlights only. All benefits are subject to the plan conditions and limitations of the plan document or Policy, if applicable. Limitations, exclusions and renewability apply and are described in the plan document. Coverage is not effective without written notification from Star Marketing and Administration, Inc. Plans are administered by Star Marketing and Administration, Inc.

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JOHN ADAMS ACADEMIES INC

Proposed Benefit Summary - Trustmark *Healthy*Edge℠ CDHP Self-funded Health Plan Design

Health Plan 2 **Calendar Year: January 1 - December 31**

PLAN BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	**Calendar Year** - The 12-month period from January 1 to December 31 during which covered expenses can be applied to satisfy the deductible. The accumulation period resets every January 1.	
Calendar-Year Deductible	Individual: $6,000 Family: $12,000 (two times the individual calendar-year deductible – benefits are payable for a member once either the individual deductible is met, or for the entire family once the family deductible is met by two or more family members each year)	Individual: $15,000 Family: $30,000 (two times the individual calendar-year deductible – benefits are payable for a member once either the individual deductible is met, or for the entire family once the family deductible is met by two or more family members each year)
Coinsurance	100%	70%
Out-of-Pocket Limit • Includes deductible and coinsurance	Individual: $6,000 Family: $12,000 (two times the individual out-of-pocket limit – benefits are payable at 100% for members with family coverage once the entire family out-of-pocket limit is met) When family coverage is selected, an individual's in-network out-of-pocket limit cannot exceed the ACA cost-sharing limit of $10,600.	Individual: $17,500 Family: $35,000 (two times the individual out-of-pocket limit – benefits are payable at 100% for members with family coverage once the entire family out-of-pocket limit is met)
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Outpatient Diagnostic X-ray and Lab • Covered charges include x-rays, lab, pathology and radiology services	100%*	70%*
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Prosthetics and Durable Medical Equipment	100%*	70%*
Private Duty Nursing Care	100%*	70%*
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	Non-Designated Transplant Facility • 100%*	Non-Designated Transplant Facility • 70%*
Precertification	Failure to precertify will result in a $300 penalty per occurrence. To avoid penalties, precertification is required prior to all non-emergency hospital, rehabilitation or skilled nursing admissions, behavioral health residential treatment, hospice or home healthcare services, outpatient radiation and chemotherapy, and outpatient advanced imaging. Failure to comply may result in reduction of benefits. Notification is required within 48 hours or the next business day of an emergency admission.	
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Health Plan 2 **Calendar Year: January 1 - December 31**

PLAN BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Reasonable Fee – Applies only to Out-of-Network *Covered Charges subject to the No Surprises Act are not subject to the Reasonable Fee*	Reasonable Fee is the lesser of: 1. the provider's, facility's or pharmacy's actual charge; 2. the negotiated rate; or 3. 125% of the Medicare reimbursement rate in effect at the time services are provided by out-of-network emergency transportation (excluding air ambulance); or 4. 125% of the Medicare reimbursement rate in effect at the time services are provided for any other out-of-network physicians; or 5. 150% of the Medicare reimbursement rate in effect at the time services are provided for any other out-of-network inpatient facilities, services and supplies; or 6. 130% of the Medicare reimbursement rate in effect at the time services are provided for any other out-of-network outpatient facilities, services and supplies; or 7. 100% of the Medicare reimbursement rate in effect at the time services are provided for prosthetics, medical equipment, and clinical laboratory services not provided in an inpatient or outpatient facility; or 8. 100% of the Average Wholesale Price determined by the manufacturer and published in an industry-wide data system that collects manufacturers' prices, and is exclusive of any drug manufacturer rebates, for Prescription Drugs or Specialty Drugs purchased without a Prescription Drug card. Compound Medications will be considered at 100% of the Average Wholesale Price of the Compound's most expensive Federal Legend Drug or State Restricted Drug; or 9. for injectable therapy and services, the lesser of: a. 130% of the Medicare reimbursement rate in effect at the time services are provided; or b. The Average Wholesale Price as determined by the manufacturer and published in, and updated weekly by, an industrywide data system that collects manufacturers' prices, plus 11%. For covered services that have not been assigned a Medicare reimbursement rate, the Reasonable Fee will be an equivalent of what Medicare would allow based on the use of Medicare data and independent relative value unit or other data, for the services reported on the claim, established utilizing the most currently available reimbursement schedules and methodologies.	
Healthcare Bluebook™	This online tool turns members into smarter shoppers by making it easier to compare healthcare providers and prices. Mobile app available for Apple and Android-enabled devices.	
Lifestyle Management Health Improvement Program	This program helps members protect their health by providing wellness incentives, wellness reminders, coaching outreach for lifestyle improvement needs, and access to online tools and resources. Learn more at TrustmarkSB.com.	
Trusted Member Care	Trusted Member Care advisors are available to help members find a doctor or hospital, understand healthcare benefits and claim payments, identify cost-saving opportunities, and more! Learn more at TrustmarkSB.com.	
Domestic Partner Coverage	A person who is of the same or opposite sex of the Employee who have chosen to share their lives in close personal relationship in lieu of marriage. Please see the Plan Document for detailed qualifications.	

***These benefits are subject to the calendar-year deductible and coinsurance.**

Trustmark
benefits beyond benefits
400 Field Drive ● Lake Forest, Illinois 60045 ● 800.522.1246 ● TrustmarkSB.com

Small Business Benefits

Proposed effective date: 07/01/2026	ZIP code: 95678	State: CA	SIC code: 8211	Number of employees: 20	Number of employees applying: 20

JOHN ADAMS ACADEMIES INC

Proposed Benefit Summary - Trustmark *Healthy*Edge℠ CDHP Self-funded Health Plan Design

Life and AD&D	
Life and AD&D Amount	
Dependent Life (spouse only)	

This is a summary of proposed benefits and is a general description of plan highlights only. All benefits are subject to the plan conditions and limitations of the plan document or Policy, if applicable. Limitations, exclusions and renewability apply and are described in the plan document. Coverage is not effective without written notification from Star Marketing and Administration, Inc. Plans are administered by Star Marketing and Administration, Inc.

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Important Proposal Information

General Provisions

- This proposal is not a stop-loss insurance policy or an ERISA plan document. Only the actual contractual provisions will prevail. Refer to your self-funded plan designs brochure for a description of options regarding self-funded plan designs with stop-loss insurance. Details are provided in the Stop-Loss Insurance Contract and the Plan Document, which are the prevailing documents and the basis for benefit payment. Neither the Stop-Loss Insurance Contract nor the Plan Document are effective without written notification from Star Marketing and Administration, Inc. Any existing coverage should remain in force until such written notification is received.

- This proposal must be presented by an agent who is licensed in the state where the Application for Stop-Loss Insurance Coverage is signed and where the Stop-Loss Insurance Contract is issued. The stop-loss insurance laws of California apply.

- It is the employer's responsibility to ensure that their self-funded Plan does not discriminate in favor of highly compensated individuals (within the meaning of Section 105(h) of the Internal Revenue Code) with respect to benefits under, or eligibility to participate in, the Plan.

- Employers must have 5 or more eligible employees enrolled for Star Marketing and Administration, Inc., self-funded plan designs with Trustmark Life Insurance Company stop-loss insurance coverage.

- The Affordable Care Act (ACA) requires employers with 50 or more full time equivalent employees in the preceding calendar year to offer minimum essential coverage to employees' dependent children to age 26 that is both affordable and provides minimum value, or face potential penalties.

- The health plan costs presented in this proposal are valid only for the proposed effective date. The health plan costs are established based on case characteristics of the employer and may be adjusted based on the health status and/or claims experience of employees and dependents of the employer for which this proposal is being generated. Adjustments for increased age occur only when the health plan costs are recalculated at the beginning of a new plan year. If this employer does not qualify for the health plan costs shown in this proposal, higher costs may apply.

- If an employer pays or reimburses all or part of employees' medical expenses below the minimum HDHP deductible, the employees are not eligible to contribute to an HSA. Please consult your tax advisor.

- Federal law requires an annual cost-of-living adjustment to deductibles and out-of-pocket limits based on changes in the Consumer Price Index (CPI); therefore, these amounts may be adjusted January 1 each year.

- Health benefits, under self-funded plan designs, for employees or spouse/domestic partners who are age 65 and over will be paid secondary to Medicare when an employer has fewer than 20 employees. Covered charges will be reduced by any benefits payable by Medicare Parts A and B. Employees and spouse/domestic partners are considered to be enrolled under both Parts A and B whether or not they are actually enrolled.

  When an employer has 20 or more employees and is subject to the Social Security Act (Section 1862 (b)), health benefits, under self-funded plan designs, will be paid primary to Medicare. This will result in an increase in the monthly payment amount. An employee may choose to voluntarily waive coverage under the plan and elect Medicare as sole payor.

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To determine employer size, Medicare will look at whether the employer had at least 20 employees (full- and part-time) in at least 20 weeks of the preceding or current calendar year.

- Star Marketing and Administration, Inc., will not administer benefits in accordance with any state surprise medical balance billing or similar legislation or regulations when the Employer elects or opts-in to comply with such state legislation.

Massachusetts Creditable Coverage

- For this to be a creditable plan in the state of Massachusetts, the plan chosen must have an effective individual deductible of $3,200 or less, an individual out-of-pocket maximum of $10,150 or less and no prescription drug card deductible.

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Proposal Definitions

Proposal definitions are subject to all of the terms of the Stop-Loss Insurance Contract, including Stop-Loss Insurance Application and Administrative Services Agreement. The terms of the Stop-Loss Insurance Contract, including Stop-Loss Insurance Application and Administrative Services Agreement, shall prevail if there is a conflict between the terms of such documents and the terms of this proposal.

Administrative Fees

The fees for overall administration of the employer's self-funded benefit plan. Some examples include: enrollment and eligibility maintenance, billing, ID cards, vendor fees, claim administration, anti-fraud services, document preparation, customer service and broker compensation.

Aggregate Stop-Loss Insurance

Protects the employer from an unusually high aggregate of claims under the employer's self-funded benefit plan. Eligible claims for all covered persons under your self-funded benefit plan that are greater than the Annual Aggregate Attachment Point during the Stop-Loss Insurance Contract period are paid by Aggregate Stop-Loss Insurance. **Note: If the Stop-Loss Insurance Contract terminates prior to the end of the Stop-Loss Insurance Contract, the Aggregate Stop-Loss Insurance coverage is no longer in effect, and the employer is liable for all eligible claims under its self-funded benefit plan.**

Annual Aggregate Attachment Point

The overall claim dollar liability limit of the employer during the Stop-Loss Insurance Contract period. All eligible claims in excess of this amount are paid by Aggregate Stop-Loss Insurance.

Claim Prefunding

The employer's claim funding responsibility during the Stop-Loss Insurance Contract period up to the Annual Aggregate Attachment Point. If there is a Claim Prefund surplus at the end of the Stop-Loss Insurance Contract period, a portion of the Claim Prefund may be available in the form of a refund or administrative fee credit applied in the subsequent contract year, depending on the surplus option selected.

Minimum Annual Aggregate Attachment Point

The minimum dollar amount of aggregate eligible claims, under the employer's self-funded benefit plan, for which the employer is responsible during the Stop-Loss Insurance Contract period.

Runout Period

The period of time immediately following the termination of the Stop-Loss Insurance Contract in which Star Marketing and Administration, Inc., will continue to process eligible claims incurred during the Stop-Loss Insurance Contract period.

Specific Stop-Loss Insurance

Protects the employer from unusually large claims of a particular person covered under the employer's self-funded benefit plan. Eligible claims for each covered person under the employer's self-funded benefit plan that are more than the Specific Deductible during the Stop-Loss Insurance Contract period are paid by Specific Stop-Loss Insurance.

Stop-Loss Premium

The fee for Specific and Aggregate Stop-Loss Insurance coverage.