

Company Information

Company Name: Veratex Inc
Company Street Address: ****
Broker: UnitedHealthcare Broker
Account Executive: ANDREW ITZLER
Effective Date: 01/01/2014
UW ID#: D - 072374648

Broker Phone:
Account Executive Phone: (631) 348-5651
Quote Number: 14173259

Company City: New York
Zip Code: 10001
Market: NEW YORK CITY
SIC: 2258 - Lace and Warp Knit Fabric Mills
Quote Date: 12/19/2013

Company Name:	Veratex Inc
Effective Date:	01/01/2014
State:	NY
Zip Code:	10001
Market:	NEW YORK CITY
Number of Locations:	1
SIC:	2258 - Lace and Warp Knit Fabric Mills
Total Number of Employees:	4
Average Total Number of Employees/FTE:	4
Total Number of Eligible Employees:	4
Total Number of Non-COBRA Employees Applying:	4
Total Number of COBRA Employees Applying:	0
Total Number of Out of Network Employees:	0
Number of Classes:	N/A
Is Medicare the Primary Payer?	Yes
Prior Dental Coverage?	No
Employer Contribution Percentage - Employee Only for Dental:	100%

Detailed Census

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Class	Employee Name	Gender	Employee + Covered Dependents Age		Emp. Status	Annual Salary	Out of Area
1 N/A	Employee 001	M	Employee:	35	Active		N
2 N/A	Employee 002	M	Employee:	35	Active		N
3 N/A	Employee 003	M	Employee:	35	Active		N
4 N/A	Employee 004	M	Employee:	35	Active		N
			Child 1:	10			

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Class	Employee Name	Medical Enroll	Dental Enroll	Vision Enroll	Life Enroll	Supplemental Employee Life/AD&D	Supplemental Dependent Life/AD&D	Disability Enroll
1 N/A	Employee 001	NO COV	EE	EE	NO COV	N	N	NO COV
2 N/A	Employee 002	NO COV	EE	EE	NO COV	N	N	NO COV
3 N/A	Employee 003	NO COV	EE	EE	NO COV	N	N	NO COV
4 N/A	Employee 004	NO COV	EE+CH	EE+CH	NO COV	N	N	NO COV



Dental PPO/Indemnity Rates

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Class	# of Employees	P9398 01/00/CG
Employee	3	\$ 40.41
Employee + Spouse	0	\$ 80.82
Employee + Child(ren)	1	\$ 81.57
Employee + Family	0	\$ 125.73

Premium Totals:

Total Monthly Premium	\$ 202.80
Employer Contribution Percentage - Employee Only	100%
Employer Contribution Premium/Month - Employee Only	N/A
Total Annual Premium	\$ 2,433.60

Benefit Overview:

Plan Type	UnitedHealthcare
Product Type	VOLUNTARY PPO
Deductible (In/Out) - Single	\$ 50 / \$ 50
- Family	\$ 150 / \$ 150
Coinurance - Preventive & Diagnostic (In/Out)	100% / 100%
- Minor Restorative (In/Out)	80% / 80%
- Endodontic/Periodontic/Oral Surgery (In/Out)	80% / 80%
- Major (In/Out)	50% / 50%
- Orthodontia (In/Out)	N/A / N/A
Waiting Period - Major	12 months
- Orthodontia	N/A
Annual Maximum (In/Out)	\$ 1000 / \$ 1000

1. Agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your agent if you have questions on their compensation for the products in this proposal.
2. Product availability may vary based upon group size and prior dental coverage.
3. A benefit grid of our most popular Dental plan designs is available. Please refer to the unitedservices.com Product section for this document.
4. The Out of Network reimbursement may be based on a percentage of the Usual and Customary (UCR) or Maximum Allowable Charges (MAC) which are applicable for the same service that would have been rendered by a network provider. OON reimbursements are based on the geographic area in which the expenses are incurred. Please see the Benefit Summary for OON reimbursement basis. "P" plans can vary by MAC, 85th, 90th or 95th percentile of UCR. "A" plans can vary by MAC or 70th percentile of UCR.
5. The Employer Contribution for Voluntary dental plans may range from 0%- 49%.
6. For certain dental plans the Endodontic, Periodontic and Oral Surgery benefits may, as a group or individually, be class shifted between Class II and Class III coinsurance rates. For more information, please see the Dental Benefit Summary for the specific plan setup.
7. The Core Network is made up of providers who provide our strongest discounts. Core plan codes are distinguished by an "N".
8. For Indemnity, PPO and INO plans, the employer must meet minimum contribution and eligible employee participation requirements. Contributory/Employer-Paid dental plans: (employer contribution)- 50% or more of the employee rate. At least 75% participation of eligible employees who do not waive coverage, not to fall below 50% of total eligible employees (must have at least 2 enrolled employees for plans without ortho and 10 eligible, 8 or more enrolled for plans with orthodontia). Voluntary dental plans: employer may contribute 0 to 49% of the total premium. 0% participation of eligible employee, 2 or more employees enrolled; for plans with Orthodontia, 10 eligible, 8 or more employees enrolled.
9. Proposed rates are valid to the Effective Date or 90 days from the Quote Date, whichever is sooner.
10. Please note that for some Dental Plans minor restorative services (i.e., fillings, space maintainers) may be paid at a higher benefit level.
11. Lifetime Deductible dental plans are: P3420 - P3426, P3429, P3430, P3320 - P3326, P3328, P3330, P3331, P3471 - P3477, P3480, P3481, I1213 - I1216 & I1316 - I1321. The deductible is met once per lifetime per eligible individual, with no family maximum.

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by UnitedHealthcare. This rate quote is not an offer or a guarantee of coverage. The rates quoted are applicable to the plan design selected. We reserve the right to modify your rates in the event your plan design must be modified as a result of any change, modification or clarification in law, including the Patient Protection and Affordable Care Act. This group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by us and final rates have been accepted by and initial premium paid by the group. Final rates are determined by UnitedHealthcare's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this Web site or printed output, will form the contract between the insured and UnitedHealthcare, and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

Vision Rates

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Class	# of Employees	V1012 01/00/CG	V1043 01/00/CG	V1010 01/00/CG	V1008 01/00/CG	V1006 01/00/CG
Employee	3	\$ 3.84	\$ 4.10	\$ 4.14	\$ 4.68	\$ 5.04
Employee + Spouse	0	\$ 8.06	\$ 7.79	\$ 8.70	\$ 8.90	\$ 9.58
Employee + Child(ren)	1	\$ 9.48	\$ 9.10	\$ 10.23	\$ 10.39	\$ 11.19
Employee + Family	0	\$ 13.97	\$ 12.83	\$ 15.08	\$ 14.66	\$ 15.78

Premium Totals:

Total Monthly Premium	\$ 21.00	\$ 21.40	\$ 22.65	\$ 24.43	\$ 26.31
Total Annual Premium	\$ 252.00	\$ 256.80	\$ 271.80	\$ 293.16	\$ 315.72

Benefit Overview:

Plan Type	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
Product Type	100% ER PAID/0% DEP PAID	VOLUNTARY	100% ER PAID/0% DEP PAID	VOLUNTARY	VOLUNTARY
Frequency	12 months	12 months	12 months	12 months	12 months
- Exam	12 months	12 months	12 months	12 months	12 months
- Lenses	24 months	24 months	12 months	24 months	12 months
- Frames	\$ 10.00	\$ 15.00	\$ 10.00	\$ 10.00	\$ 10.00
In-Network Copays	\$ 25.00	\$ 30.00	\$ 25.00	\$ 25.00	\$ 25.00
- Exam	Up to \$ 40.00	Up to \$ 40.00	Up to \$ 40.00	Up to \$ 40.00	Up to \$ 40.00
Out-of-Network Allowance	Up to \$ 40.00	Up to \$ 40.00	Up to \$ 40.00	Up to \$ 40.00	Up to \$ 40.00
- Single Vision Lenses	Up to \$ 45.00	Up to \$ 45.00	Up to \$ 45.00	Up to \$ 45.00	Up to \$ 45.00
- Frames	Up to \$ 105.00	Up to \$ 105.00	Up to \$ 105.00	Up to \$ 105.00	Up to \$ 105.00
- Contact Lenses					

1. The employer must meet the minimum contribution and eligible employee participation requirements. For voluntary Vision plans: minimum 1 or more enrollees required; no participation percentage required. For employer sponsored plans, if offered with medical 75% participation net of waivers required. For employer sponsored plans and if standalone only, 100% participation net of waivers is required.

2. Agents may receive commissions, bonuses and other compensations for selling the product in this proposal. The cost of the compensation may be directly or indirectly reflected in the premium or fees for these products.

3. See benefit summary for specific plan benefits and design such as frame allowance, contact lens options, and covered in full lens options.

4. Out-of-Network Allowances for lenses will vary by lens type with a maximum of \$80. Medically necessary contacts have a maximum allowance of \$210.

5. Product availability may vary based upon group size.

6. Proposed rates are valid to the Effective Date.

7. This quote assumes Carrier replacement.

8. The purchase of a UnitedHealthcare medical plan will include voluntary vision coverage, at the rates quoted within this proposal, unless you notify your UnitedHealthcare representative at the point of sale that the employer is electing to buy up to an alternate plan design or opting out of the vision coverage. During the installation process, you will be required to either opt out or select an alternate plan design from the options presented. For those employers electing to offer a vision plan their members will have the opportunity to elect their level of vision coverage from the medical enrollment form. If there is no member enrollment in the vision plan after 5 months the vision coverage may be terminated from the policy.

SMALL BUSINESS MEDICAL PROPOSAL New York

PROPOSAL PREDICATIONS:

1. Minimum participation of 60%, after spousal waivers, and minimum employer contributions of 25% of single rate. Applications from new small groups that fail to meet minimum participation or contribution requirements will need to be re-submitted during November 15 to December 15 for coverage starting in January of the following year.
2. Minimum enrollment for group coverage is 1 fulltime employee.
3. This proposal is not applicable if the group already has a United Healthcare policy in force with same issuer because this is a new business policy.
4. If coverage is issued, rates will be in effect for 12 months from the initial effective date of coverage, subject to group policy provisions.
5. This rate quote is not an offer or guarantee of coverage. The rate quote is subject to change if: (i) benefits are changed or a different product is selected, (ii) enrollment data differs from the data used for the quote, (iii) materially inaccurate information has been provided, (iv) if the effective date of coverage is changed; (v) or, any other contingency of coverage required by law or contract. Total rates may also differ based on rounding in the calculations.
6. For a 1st of the month effective date, coverage must be approved by the 10th of the (effective) month. For a 15th of the month effective date, coverage must be approved by the 25th of the (effective) month.

IMPORTANT: Non-grandfathered new small group business beginning January 1, 2014 will be subject to the PPACA requirements affecting small employer group health plans, including Adjusted Community Rating, Essential Health Benefits, PPACA taxes/fees, Prohibition of Pre-existing Conditions, Deductible Limits and Out of Pocket Maximums (\$6,350/\$12,700). State law may be more restrictive or have additional requirements from those required under PPACA.

APPLICATION CHECKLIST:

___Employer Form (completed/signed)

___Copy of the most recent billing statement of current carrier. If terminated employees are listed, a state continuation or COBRA application/waiver form must be completed on each employee.

___Copy of the most recent State Wage and Tax

___Check made payable to United Healthcare Inc. for estimated first month group health premium. Do not include any premium amounts for ancillary coverage's, as these will be billed separately

Dependent Age Extension to 29

On July 1, 2009, legislation was signed into law in New York extending the availability of health insurance coverage to young adults through the age of 29. This expansion assists young adults who do not have access to employer-sponsored health insurance. Upon your group's renewal, there will be two methods of providing this coverage to over-age dependents.

- **Make Available Option:** This option requires insurers to make the extended coverage available at the request of the group or individual policy holder/contract holder. Under this option, employers or group policy holder/contract holders who choose to extend the age of dependency under the policy through the age of 29 may purchase a rider from their carrier.

The rider would apply to all people with the dependent coverage under the policy.

If the Make Available Option rider is not purchased, then the Young Adult Option is available.

- **Young Adult Option:** This option permits eligible young adults to continue their coverage through a parent's health insurance coverage once they reach the maximum age of dependency under the policy. Young adults may also elect this coverage once they meet the eligibility criteria, such as if they lose eligibility for group health insurance coverage. This allows any eligible dependent to purchase his/her parent's group coverage as a subscriber without contribution from the employer.

PLEASE NOTE: No Group should cancel their current coverage until they receive approval from UnitedHealthcare's Underwriting Department.



New York Small Group Underwriting Guidelines

For Choice Plus and PPO

Small Group Size

2-50 eligible employees, exclusive of union employees with a collective bargaining agreement.

Participation Requirements

Choice Plus requires 60 percent participation after spousal waivers. Employees waiving coverage should complete Section E on the enrollment form.

Eligible Employee

Employees working a minimum of 20 hours per week.

Employer Contribution

Minimum contribution is 25 percent of single rate.

Case Submission

All new business must be submitted complete to the sales office no later than noon three (3) business days prior to the requested effective date.

Effective Dates

1st and 15th of the month.

Documentation Needed for Submission

Groups enrolling fewer than 50 lives must submit a NYS45 form.

Rating

New York rates generally are set every quarter.

Multi-Site Guidelines

- Your local Account Executive can provide quotes for anywhere in the country.
 - Producer must be licensed in the state where policy is issued.
- Quote will be based out of the state where the majority of employees are employed, or the primary business location if no state has a majority.
 - The base location is the state where the majority of employees (50 percent + 1) are employed.
 - If no majority exists, the base location is the state where the employer's primary business location is situated.
 - The base location must always be an actual physical employer location with employees at that location.



Network Availability

Choice Plus and PPO products offer employees open access to UnitedHealthcare's national network.

Dual Option

Requires 60 percent participation of total eligible group and a minimum of seven (7) enrolled.

- A Choice Plus plan can be sold with any other Choice Plus plan.

Waiting Period Availability

Employers can offer any waiting period from zero (0) to six (6) months. All new case submissions will be installed with the capability of enrolling employees based on their date of hire, or 1st of the month following a waiting period. Waiting periods cannot be waived and can only be changed on the anniversary date.

General Guidelines

- Medicare active rates are not applicable. Active employees who are 65 or older are given the community rates.
- Retiree coverage is not available.
- Domestic partners are not eligible.
- 1099 employees are eligible if the group elects to cover all 1099 employees, and the 1099 employee works full time and exclusively for this employer. The group must have at least two regular taxed employees on the plan.
- **NO OFF-RENEWAL PLAN CHANGES ARE ALLOWED.**

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