

## 3 Rocks Engineering LLC

Canon City, Fremont County, CO 81212

SIC Code: 8711 - Engineering Services

Medical	<u>UnitedHealthcare Choice Plus HSA with Motion Bronze 6300/90% (CBWA 836)</u>	<u>UnitedHealthcare Choice Direct Silver 30/3000/80% (CBW8 836)</u>	<u>UnitedHealthcare Choice Direct Silver 35/2000/70% (BP9L 834)</u>	<u>UnitedHealthcare Choice Plus HSA with Motion Silver 4000/100% (CBWE E51)</u>	<u>UnitedHealthcare Choice Plus Premier (Tiered) Gold 20/1250/80% (CBW3 E52)</u>
	Effective Date: 8/1/2021	Effective Date: 8/1/2021	Effective Date: 8/1/2021	Effective Date: 8/1/2021	Effective Date: 8/1/2021
<b>DEDUCTIBLE</b>					
Individual	PPO: \$6,300 OON: \$7,500	EPO: \$3,000	EPO: \$2,000	PPO: \$4,000 OON: \$7,500	PPO: \$1,250 OON: \$7,500
Family	PPO: \$12,600 (embedded) OON: \$15,000 (embedded)	EPO: \$6,000 (embedded)	EPO: \$4,000 (embedded)	PPO: \$8,000 (embedded) OON: \$15,000 (embedded)	PPO: \$2,500 (embedded) OON: \$15,000 (embedded)
<b>OUT-OF-POCKET MAX</b>					
Individual	PPO: \$7,000 (includes ded) OON: \$15,000 (includes ded)	EPO: \$7,900 (includes ded)	EPO: \$8,150 (includes ded)	PPO: \$5,000 (includes ded) OON: \$15,000 (includes ded)	PPO: \$7,500 (includes ded) OON: \$15,000 (includes ded)
Family	PPO: \$14,000 (embedded; includes ded) OON: \$30,000 (embedded; includes ded)	EPO: \$15,800 (embedded; includes ded)	EPO: \$16,300 (embedded; includes ded)	PPO: \$10,000 (embedded; includes ded) OON: \$30,000 (embedded; includes ded)	PPO: \$15,000 (embedded; includes ded) OON: \$30,000 (embedded; includes ded)
<b>PHYSICIAN SERVICES</b>					
Office Visits	PPO: 10% after ded OON: 50% after ded	EPO: \$30/\$60 (ded waived 3 visits) then 20% after ded	EPO: \$35/\$70 (ded waived)	PPO: 0% after ded OON: 50% after ded	PPO: Tier1: \$20/\$40 (ded waived); Non-Tier 1: \$50/\$100 (ded waived) OON: 50% after ded
Telemedicine	PPO: Virtual Visits: 10% after ded OON: Not Covered	EPO: Virtual Visits: 0% (ded waived)	EPO: Virtual Visits: 0% (ded waived)	PPO: Virtual Visits: 0% after ded OON: Not Covered	PPO: Virtual Visits: 0% (ded waived) OON: Not Covered
Preventive Care	PPO: 0% (ded waived) OON: Not Covered	EPO: 0% (ded waived)	EPO: 0% (ded waived)	PPO: 0% (ded waived) OON: Not Covered	PPO: \$0 (ded waived) OON: Not Covered
Diagnostic Lab/X-Ray	PPO: 10% after ded OON: Lab: Not Covered; X-ray: 50% after ded	EPO: FreeStanding: 20% after ded; OPHospital: \$250 + 20% after ded	EPO: FreeStanding: 30% after ded; OPHospital: \$250 + 30% after ded	PPO: 0% after ded OON: Lab: Not Covered; X-ray: 50% after ded	PPO: \$30 (ded waived) OON: Lab: Not Covered; X-ray: 50% after ded
Imaging (CT/PET scans, MRIs)	PPO: 10% after ded OON: 50% after ded	EPO: FreeStanding: 20% after ded; OPHospital: \$500 + 20% after ded	EPO: FreeStanding: 30% after ded; OPHospital: \$500 + 30% after ded	PPO: 0% after ded OON: 50% after ded	PPO: 20% after ded OON: 50% after ded
Rehabilitation/Habilitation (PT/OT/ST)	PPO: 10% after ded (Limitations apply, See Summary) OON: 50% after ded	EPO: \$30 (ded waived; Limitations apply, See Summary)	EPO: \$35 (ded waived; Limitations apply, See Summary)	PPO: 0% after ded (Limitations apply, See Summary) OON: 50% after ded	PPO: \$50 (ded waived; Limitations apply, See Summary) OON: 50% after ded

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 9/17/2021

Quote Id: 3695-2486

Sorted By: Premium(Ascending)

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Medical	<b><u>UnitedHealthcare Choice Plus HSA with Motion Bronze 6300/90% (CBWA 836)</u></b>	<b><u>UnitedHealthcare Choice Direct Silver 30/3000/80% (CBW8 836)</u></b>	<b><u>UnitedHealthcare Choice Direct Silver 35/2000/70% (BP9L 834)</u></b>	<b><u>UnitedHealthcare Choice Plus HSA with Motion Silver 4000/100% (CBWE E51)</u></b>	<b><u>UnitedHealthcare Choice Plus Premier (Tiered) Gold 20/1250/80% (CBW3 E52)</u></b>
	Effective Date: 8/1/2021	Effective Date: 8/1/2021	Effective Date: 8/1/2021	Effective Date: 8/1/2021	Effective Date: 8/1/2021
Chiropractic Care	PPO: 10% after ded (20 visits per year) OON: 50% after ded	EPO: \$30 (ded waived; 20 visits per year)	EPO: \$35 (ded waived; 20 visits per year)	PPO: 0% after ded (20 visits per year) OON: 50% after ded	PPO: \$50 (ded waived; 20 visits per year) OON: 50% after ded
<b>PRESCRIPTION DRUGS</b>					
Rx	PPO: MedDed (1-4); \$15/\$50/\$135/\$350 (Rx: 836; Essential PDL) OON: MedDed (1-4); \$15/\$50/\$135/\$350	EPO: \$15/\$50/\$135/\$350 (Rx:836; Essential PDL)	EPO: \$250/\$500 Ded (2-4); \$15/\$40/\$80/\$350 (Rx:834; Advantage PDL)	PPO: MedDed (1-4); \$10/\$45/\$100/\$350 (Rx: E51; Advantage PDL) OON: MedDed (1-4); \$10/\$45/\$100/\$350	PPO: \$10/\$35/\$80/\$350 (Rx: E52; Advantage PDL) OON: \$10/\$35/\$80/\$350
<b>HOSPITAL FACILITY SERVICES</b>					
Inpatient Hospital Services	PPO: 10% after ded OON: 50% after ded	EPO: \$500 + 20% after ded	EPO: \$500 + 30% after ded	PPO: 0% after ded OON: 50% after ded	PPO: 20% after ded OON: 50% after ded
Outpatient Surgery in a Hospital	PPO: 10% after ded OON: 50% after ded	EPO: \$500 + 20% after ded	EPO: \$500 + 30% after ded	PPO: 0% after ded OON: 50% after ded	PPO: 20% after ded OON: 50% after ded
<b>EMERGENCY SERVICES</b>					
Emergency Room	PPO: 10% after ded OON: Paid as In-Network	EPO: \$500 + 20% after ded	EPO: 30% after ded	PPO: 0% after ded OON: Paid as In-Network	PPO: 20% after ded OON: Paid as In-Network
Emergency Transport/Ambulance	PPO: 10% after ded OON: Paid as In-Network	EPO: 20% after ded	EPO: 30% after ded	PPO: 0% after ded OON: Paid as In-Network	PPO: 20% after ded OON: Paid as In-Network
Urgent Care	PPO: 10% after ded OON: 50% after ded	EPO: \$30 (ded waived)	EPO: \$35 (ded waived)	PPO: 0% after ded OON: 50% after ded	PPO: \$20 (ded waived) OON: 50% after ded
<b>MENTAL HEALTH/SUBSTANCE USE DISORDER</b>					
Outpatient Services	PPO: 10% after ded OON: 50% after ded	EPO: 0% (ded waived)	EPO: \$35 (ded waived)	PPO: 0% after ded OON: 50% after ded	PPO: \$20 (ded waived) OON: 50% after ded
Inpatient Services	PPO: 10% after ded OON: 50% after ded	EPO: 20% after ded	EPO: 30% after ded	PPO: 0% after ded OON: 50% after ded	PPO: 20% after ded OON: 50% after ded
<b>MATERNITY</b>					

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Presented By: Unlimited Benefits License# 527060

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Prenatal and Postnatal Care	PPO: Based on point of service OON: Based on point of service	EPO: Based on point of service	EPO: Based on point of service	PPO: Based on point of service OON: Based on point of service	PPO: Based on point of service OON: Based on point of service
Delivery and All Inpatient Services	PPO: 10% after ded OON: 50% after ded	EPO: \$500 + 20% after ded	EPO: \$500 + 30% after ded	PPO: 0% after ded OON: 50% after ded	PPO: 20% after ded OON: 50% after ded
<b>PEDIATRIC SERVICES (UP TO AGE 19)</b>					
Eye Exam	PPO: 0% (ded waived; limited to once every 12 months) OON: 50% after ded	EPO: \$10 (ded waived; limited to once every 12 months)	EPO: \$10 (ded waived; limited to once every 12 months)	PPO: 0% (ded waived; limited to once every 12 months) OON: 50% after ded	PPO: \$10 (ded waived; limited to once every 12 months) OON: 50% after ded
Glasses	PPO: Copay varies by service OON: 50% after ded	EPO: Copay varies by service	EPO: Copay varies by service	PPO: Copay varies by service OON: 50% after ded	PPO: Copay varies by service OON: 50% after ded
Dental Check-up	PPO: 0% after ded (limited to 2 times per 12 months) OON: 50% after ded	EPO: 0% after ded (limited to 2 times per 12 months)	EPO: 0% after ded (limited to 2 times per 12 months)	PPO: 0% after ded (limited to 2 times per 12 months) OON: 50% after ded	PPO: 0% after ded (limited to 2 times per 12 months) OON: 50% after ded

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### Rating Guidelines:

- Rates have not been adjusted for COBRA enrollees.

For more details, please contact your Warner Pacific Sales Executive or Rating Analyst.

- The summary above is meant to be a brief description of plan benefits and features only. This is not a policy. Please consult the contract and/or evidence of coverage and disclosure brochure, either of which is available upon request, for a complete description of benefits, exclusions, limitations and participation requirements. The accuracy of this summary is not guaranteed and the information herein is subject to change without notice. This is not an offer of coverage.

### UnitedHealthcare (CO)

- ANCILLARY RATES: Please note that the ancillary rates displayed are intended for NEW BUSINESS ONLY and should not be presented as renewal rates.
- UHC CO: Colorado Doctors Plan and SelectColorado plans cannot be offered within the same employer group's benefit offering.

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# I hereby acknowledge and agree as follows:

1. Warner Pacific Insurance Services, Inc., (“Warner”), is not guaranteeing the accuracy of the information contained in this tool and its associated output and it is my responsibility to verify the accuracy of all information, including, but not limited to, insurance rates and benefits.
2. Final rates, benefits, product offerings, eligibility and acceptability are determined by the applicable insurance company.
3. On behalf of myself and my assigns, successors, agents, representatives, and insurers hereby expressly release, waive, and discharge Warner, its affiliates, and each of the agents, employees, officers, directors, and shareholders of Warner and its affiliates from and against any and all rights and claims, liabilities, causes of action, damages, demands, liens, losses, costs and expenses (including without limitation attorneys' fees and costs), or charges of any kind or nature whatsoever, whether known or unknown, developed or undeveloped, suspected or unsuspected, fixed or contingent, liquidated or illiquid, past, present or future which arise out of, or that are in any manner related to, my use of any of the data.
4. I hereby waive any and all rights under Section 1542 of the California Civil Code or any similar law of any other state, which Section 1542 reads as follows: “A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY.”

