

**AXIOM Accident & Hail Repair**  
Denver County (80110)

**Effective Date: 4/1/2022**


**Eric Flazer**

Male, DOB: 05-04-1985, Home Zip Code: 80123, Denver County

Spouse/Partner: N/A, Child(ren): N/A

These rates reflect your cost after your employer's contribution of 50% toward employee and 0% toward dependent(s) based on UnitedHealthcare - Select Colorado HMO Gold 1000/80% (CMCN K16Y) rates and are for an Effective Date of 4/1/2022.

The Contribution amounts listed on this report may not reflect actual final contribution totals.

<b>MEDICAL</b>  <b>UnitedHealthcare CO - Multi-Choice CO032/CO033 All Plans (Select and Doctors Plans may</b>							
<b>Weekly Rate (52 pay periods)</b>	<b>Employee Cost Breakdown</b>	<b>Dependent Cost Breakdown</b>	<b>Deductible</b>	<b>Office Visits (PCP/ Specialist) *</b>	<b>Inpatient Hospital Services *</b>	<b>Out-of-Pocket Max</b>	<b>RX Tiers 1/2/3/4</b>
<a href="#">Colorado Doctors Plan Gold 500/80% (CBWM K24Y)</a> <b>\$45.22</b> HMO/Gold/ CO Doctors Plan	Employee: 100.28 Ped. Dental: Embedded Employer Pays: (55.06) Enrollee Pays: <b>45.22</b>	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: <b>0.00</b>	\$500/ \$1,000	0%/\$100 (ded waived)	20%	\$7,000/ \$14,000	\$250 (3-4); \$10/\$60/\$115/ \$350; SMCS-\$500
<a href="#">Select Colorado HMO Gold 1000/80% (CMCN K16Y)</a> <b>\$55.06</b> HMO/Gold/ Select Colorado	Employee: 110.12 Ped. Dental: Embedded Employer Pays: (55.06) Enrollee Pays: <b>55.06</b>	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: <b>0.00</b>	\$1,000; \$2,500/ \$2,000; \$5,000	0%/\$100 (ded waived); 50%	20%; 50%	\$5,000; \$8,550/ \$10,000; \$17,100	\$10/\$50/\$115/ \$250; SMCS-\$250
<a href="#">Choice Direct Silver 30/3250/80% (CMKA K23Y)</a> <b>\$50.63</b> EPO/Silver/ Choice Direct	Employee: 105.69 Ped. Dental: Embedded Employer Pays: (55.06) Enrollee Pays: <b>50.63</b>	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: <b>0.00</b>	\$3,250/ \$6,500	\$30/\$60 (ded waived 3 visits) then 20%	\$500 + 20%	\$8,350/ \$16,700	\$15/\$55/\$125/ \$350; SMCS-\$500
<a href="#">Choice Direct Silver 40/2250/70% (CMJ9 K19Y)</a> <b>\$52.62</b> EPO/Silver/ Choice Direct	Employee: 107.68 Ped. Dental: Embedded Employer Pays: (55.06) Enrollee Pays: <b>52.62</b>	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: <b>0.00</b>	\$2,250/ \$4,500	\$40/\$80 (ded waived)	\$500 + 30%	\$8,550/ \$17,100	\$250 (2-4); R- 15/50/100/350; SMCS- 15/150/350/500
<a href="#">Choice Plus Platinum 10/500/90% (BG5E K13Y)</a> <b>\$94.83</b> POS/Platinum/ Choice Plus	Employee: 149.89 Ped. Dental: Embedded Employer Pays: (55.06) Enrollee Pays: <b>94.83</b>	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: <b>0.00</b>	\$500/ \$1,000	\$10/\$20 (ded waived)	10%	\$4,000/ \$8,000	R-10/40/85/250; SMCS- 10/150/250/250

\* Unless stated, all services are subject to deductible.

Final rates are determined by the Carrier.

# 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.

This is not a guarantee of coverage. An enrollment application may be required.

Create Date: 3/22/2022

*Presented By: Unlimited Benefits License # 527060*

Quote ID: 3976-1338

*AXIOM Accident & Hail Repair*  
Denver County (80110)

**Effective Date: 4/1/2022**

## Eric Flazer

Male, DOB: 05-04-1985, Home Zip Code: 80123, Denver County

Spouse/Partner: N/A, Child(ren): N/A

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<b>MEDICAL</b> <b>UnitedHealthcare CO - Multi-Choice CO032/CO033 All Plans (Select and Doctors Plans may</b>							
Weekly Rate (52 pay periods)	Employee Cost Breakdown	Dependent Cost Breakdown	Deductible	Office Visits (PCP/ Specialist) *	Inpatient Hospital Services *	Out-of-Pocket Max	RX Tiers 1/2/3/4
<a href="#">Choice Plus Platinum 10/250/90% (BG5L K13Y)</a>  <b>\$98.92</b> POS/Platinum/ Choice Plus	Employee: 153.98 Ped. Dental: Embedded Employer Pays: (55.06) Enrollee Pays: <b>98.92</b>	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: <b>0.00</b>	\$250/ \$500	\$10/\$20 (ded waived)	10%	\$3,000/ \$6,000	R-10/40/85/250; SMCS- 10/150/250/250

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**Effective Date: 4/1/2022**

## Robert Frasher

Male, DOB: 09-19-1979, Home Zip Code: 80223, Denver County

Spouse/Partner: F, DOB: 03-30-1982, Child(ren): DOB: 06-01-2012

These rates reflect your cost after your employer's contribution of 50% toward employee and 0% toward dependent(s) based on UnitedHealthcare - Select Colorado HMO Gold 1000/80% (CMCN K16Y) rates and are for an Effective Date of 4/1/2022.

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<b>MEDICAL</b> <b>UnitedHealthcare CO - Multi-Choice CO032/CO033 All Plans (Select and Doctors Plans may vary)</b>							
Weekly Rate (52 pay periods)	Employee Cost Breakdown	Dependent Cost Breakdown	Deductible	Office Visits (PCP/ Specialist) *	Inpatient Hospital Services *	Out-of-Pocket Max	RX Tiers 1/2/3/4
<a href="#">Colorado Doctors Plan Gold 500/80% (CBWM K24Y)</a>  <b>\$215.29</b> HMO/Gold/ CO Doctors Plan	Employee: 108.03 Ped. Dental: Embedded Employer Pays: (59.31) <b>Enrollee Pays: 48.72</b>	Spouse: 104.20 Child 1: 62.37 Ped. Dental: Embedded TOTAL: 166.57 Employer Pays: (0.00) <b>Enrollee Pays: 166.57</b>	\$500/ \$1,000	0%/\$100 (ded waived)	20%	\$7,000/ \$14,000	\$250 (3-4); \$10/\$60/\$115/ \$350; SMCS-\$500
<a href="#">Select Colorado HMO Gold 1000/80% (CMCN K16Y)</a>  <b>\$242.23</b> HMO/Gold/ Select Colorado	Employee: 118.63 Ped. Dental: Embedded Employer Pays: (59.31) <b>Enrollee Pays: 59.32</b>	Spouse: 114.42 Child 1: 68.49 Ped. Dental: Embedded TOTAL: 182.91 Employer Pays: (0.00) <b>Enrollee Pays: 182.91</b>	\$1,000; \$2,500/ \$2,000; \$5,000	0%/\$100 (ded waived); 50%	20%; 50%	\$5,000; \$8,550/ \$10,000; \$17,100	\$10/\$50/\$115/ \$250; SMCS-\$250
<a href="#">Choice Direct Silver 30/3250/80% (CMKA K23Y)</a>  <b>\$230.08</b> EPO/Silver/ Choice Direct	Employee: 113.85 Ped. Dental: Embedded Employer Pays: (59.31) <b>Enrollee Pays: 54.54</b>	Spouse: 109.81 Child 1: 65.73 Ped. Dental: Embedded TOTAL: 175.54 Employer Pays: (0.00) <b>Enrollee Pays: 175.54</b>	\$3,250/ \$6,500	\$30/\$60 (ded waived 3 visits) then 20%	\$500 + 20%	\$8,350/ \$16,700	\$15/\$55/\$125/ \$350; SMCS-\$500
<a href="#">Choice Direct Silver 40/2250/70% (CMJ9 K19Y)</a>  <b>\$235.54</b> EPO/Silver/ Choice Direct	Employee: 116.00 Ped. Dental: Embedded Employer Pays: (59.31) <b>Enrollee Pays: 56.69</b>	Spouse: 111.88 Child 1: 66.97 Ped. Dental: Embedded TOTAL: 178.85 Employer Pays: (0.00) <b>Enrollee Pays: 178.85</b>	\$2,250/ \$4,500	\$40/\$80 (ded waived)	\$500 + 30%	\$8,550/ \$17,100	\$250 (2-4); R- 15/50/100/350; SMCS- 15/150/350/500
<a href="#">Choice Plus Platinum 10/500/90% (BG5E K13Y)</a>  <b>\$351.11</b> POS/Platinum/ Choice Plus	Employee: 161.46 Ped. Dental: Embedded Employer Pays: (59.31) <b>Enrollee Pays: 102.15</b>	Spouse: 155.74 Child 1: 93.22 Ped. Dental: Embedded TOTAL: 248.96 Employer Pays: (0.00) <b>Enrollee Pays: 248.96</b>	\$500/ \$1,000	\$10/\$20 (ded waived)	10%	\$4,000/ \$8,000	R-10/40/85/250; SMCS- 10/150/250/250

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<b>MEDICAL</b> <b>UnitedHealthcare CO - Multi-Choice CO032/CO033 All Plans (Select and Doctors Plans may</b>							
Weekly Rate (52 pay periods)	Employee Cost Breakdown	Dependent Cost Breakdown	Deductible	Office Visits (PCP/ Specialist) *	Inpatient Hospital Services *	Out-of-Pocket Max	RX Tiers 1/2/3/4
<a href="#">Choice Plus Platinum 10/250/90% (BG5L K13Y)</a>  <b>\$362.33</b> POS/Platinum/ Choice Plus	Employee: 165.88 Ped. Dental: Embedded Employer Pays: (59.31) <b>Enrollee Pays: 106.57</b>	Spouse: 159.99 Child 1: 95.77 Ped. Dental: Embedded TOTAL: 255.76 Employer Pays: (0.00) <b>Enrollee Pays: 255.76</b>	\$250/ \$500	\$10/\$20 (ded waived)	10%	\$3,000/ \$6,000	R-10/40/85/250; SMCS- 10/150/250/250

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## Ryan Hampton

Male, DOB: 09-22-1968, Home Zip Code: 65066, Crawford County

Spouse/Partner: F, DOB: 06-11-1985, Child(ren): DOB: 07-21-1997, 11-04-1999, 10-21-2004, 01-04-2009

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<b>MEDICAL</b> <b>UnitedHealthcare CO - Multi-Choice CO032/CO033 All Plans (Select and Doctors Plans may vary)</b>							
Weekly Rate (52 pay periods)	Employee Cost Breakdown	Dependent Cost Breakdown	Deductible	Office Visits (PCP/ Specialist) *	Inpatient Hospital Services *	Out-of-Pocket Max	RX Tiers 1/2/3/4
<a href="#">Choice Direct Silver 30/3250/80% (CMKA K23Y)</a>  <b>\$503.27</b> EPO/Silver/ Choice Direct	Employee: 175.29 Ped. Dental: Embedded <i>Employer Pays:</i> (91.32) <b>Enrollee Pays: 83.97</b>	Spouse: 105.69 Child 1: 85.92 Child 2: 85.92 Child 3: 76.04 Child 4: 65.73 Ped. Dental: Embedded TOTAL: 419.30 <i>Employer Pays:</i> (0.00) <b>Enrollee Pays: 419.30</b>	\$3,250/ \$6,500	\$30/\$60 (ded waived 3 visits) then 20%	\$500 + 20%	\$8,350/ \$16,700	\$15/\$55/\$125/\$350; SMCS-\$500
<a href="#">Choice Direct Silver 40/2250/70% (CMJ9 K19Y)</a>  <b>\$514.50</b> EPO/Silver/ Choice Direct	Employee: 178.59 Ped. Dental: Embedded <i>Employer Pays:</i> (91.32) <b>Enrollee Pays: 87.27</b>	Spouse: 107.68 Child 1: 87.55 Child 2: 87.55 Child 3: 77.48 Child 4: 66.97 Ped. Dental: Embedded TOTAL: 427.23 <i>Employer Pays:</i> (0.00) <b>Enrollee Pays: 427.23</b>	\$2,250/ \$4,500	\$40/\$80 (ded waived)	\$500 + 30%	\$8,550/ \$17,100	\$250 (2-4); R-15/50/100/350; SMCS-15/150/350/500
<a href="#">Choice Plus Platinum 10/500/90% (BG5E K13Y)</a>  <b>\$751.95</b> POS/Platinum/ Choice Plus	Employee: 248.59 Ped. Dental: Embedded <i>Employer Pays:</i> (91.32) <b>Enrollee Pays: 157.27</b>	Spouse: 149.89 Child 1: 121.86 Child 2: 121.86 Child 3: 107.85 Child 4: 93.22 Ped. Dental: Embedded TOTAL: 594.68 <i>Employer Pays:</i> (0.00) <b>Enrollee Pays: 594.68</b>	\$500/ \$1,000	\$10/\$20 (ded waived)	10%	\$4,000/ \$8,000	R-10/40/85/250; SMCS-10/150/250/250
<a href="#">Choice Plus Platinum 10/250/90% (BG5L K13Y)</a>  <b>\$774.99</b> POS/Platinum/ Choice Plus	Employee: 255.39 Ped. Dental: Embedded <i>Employer Pays:</i> (91.32) <b>Enrollee Pays: 164.07</b>	Spouse: 153.98 Child 1: 125.19 Child 2: 125.19 Child 3: 110.79 Child 4: 95.77 Ped. Dental: Embedded TOTAL: 610.92 <i>Employer Pays:</i> (0.00) <b>Enrollee Pays: 610.92</b>	\$250/ \$500	\$10/\$20 (ded waived)	10%	\$3,000/ \$6,000	R-10/40/85/250; SMCS-10/150/250/250

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Denver County (80110)

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**Elisa Martinez**

Female, DOB: 10-06-1986, Home Zip Code: 80110, Denver County

Spouse/Partner: N/A, Child(ren): N/A

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<b>MEDICAL</b> <b>UnitedHealthcare CO - Multi-Choice CO032/CO033 All Plans (Select and Doctors Plans may vary)</b>							
Weekly Rate (52 pay periods)	Employee Cost Breakdown	Dependent Cost Breakdown	Deductible	Office Visits (PCP/ Specialist) *	Inpatient Hospital Services *	Out-of-Pocket Max	RX Tiers 1/2/3/4
<a href="#">Colorado Doctors Plan Gold 500/80% (CBWM K24Y)</a> <b>\$44.93</b> HMO/Gold/ CO Doctors Plan	Employee: 99.63 Ped. Dental: Embedded Employer Pays: (54.70) Enrollee Pays: <b>44.93</b>	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: <b>0.00</b>	\$500/ \$1,000	0%/\$100 (ded waived)	20%	\$7,000/ \$14,000	\$250 (3-4); \$10/\$60/\$115/ \$350; SMCS-\$500
<a href="#">Select Colorado HMO Gold 1000/80% (CMCN K16Y)</a> <b>\$54.71</b> HMO/Gold/ Select Colorado	Employee: 109.41 Ped. Dental: Embedded Employer Pays: (54.70) Enrollee Pays: <b>54.71</b>	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: <b>0.00</b>	\$1,000; \$2,500/ \$2,000; \$5,000	0%/\$100 (ded waived); 50%	20%; 50%	\$5,000; \$8,550/ \$10,000; \$17,100	\$10/\$50/\$115/ \$250; SMCS-\$250
<a href="#">Choice Direct Silver 30/3250/80% (CMKA K23Y)</a> <b>\$50.30</b> EPO/Silver/ Choice Direct	Employee: 105.00 Ped. Dental: Embedded Employer Pays: (54.70) Enrollee Pays: <b>50.30</b>	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: <b>0.00</b>	\$3,250/ \$6,500	\$30/\$60 (ded waived 3 visits) then 20%	\$500 + 20%	\$8,350/ \$16,700	\$15/\$55/\$125/ \$350; SMCS-\$500
<a href="#">Choice Direct Silver 40/2250/70% (CMJ9 K19Y)</a> <b>\$52.28</b> EPO/Silver/ Choice Direct	Employee: 106.98 Ped. Dental: Embedded Employer Pays: (54.70) Enrollee Pays: <b>52.28</b>	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: <b>0.00</b>	\$2,250/ \$4,500	\$40/\$80 (ded waived)	\$500 + 30%	\$8,550/ \$17,100	\$250 (2-4); R- 15/50/100/350; SMCS- 15/150/350/500
<a href="#">Choice Plus Platinum 10/500/90% (BG5E K13Y)</a> <b>\$94.21</b> POS/Platinum/ Choice Plus	Employee: 148.91 Ped. Dental: Embedded Employer Pays: (54.70) Enrollee Pays: <b>94.21</b>	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: <b>0.00</b>	\$500/ \$1,000	\$10/\$20 (ded waived)	10%	\$4,000/ \$8,000	R-10/40/85/250; SMCS- 10/150/250/250

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Weekly Rate (52 pay periods)	Employee Cost Breakdown	Dependent Cost Breakdown	Deductible	Office Visits (PCP/ Specialist) *	Inpatient Hospital Services *	Out-of-Pocket Max	RX Tiers 1/2/3/4
<a href="#">Choice Plus Platinum 10/250/90% (BG5L K13Y)</a>  <b>\$98.28</b> POS/Platinum/ Choice Plus	Employee: 152.98 Ped. Dental: Embedded Employer Pays: (54.70) Enrollee Pays: <b>98.28</b>	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: <b>0.00</b>	\$250/ \$500	\$10/\$20 (ded waived)	10%	\$3,000/ \$6,000	R-10/40/85/250; SMCS- 10/150/250/250

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## Lester Park

Male, DOB: 01-10-1966, Home Zip Code: 80525, Larimer County

Spouse/Partner: F, DOB: 01-08-1968, Child(ren): DOB: 07-01-1998, 03-23-2001, 03-23-2001, 04-15-2002

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<a href="#">Colorado Doctors Plan Gold 500/80% (CBWM K24Y)</a>  <b>\$581.15</b> HMO/Gold/ CO Doctors Plan	Employee: 190.21 Ped. Dental: Embedded Employer Pays: (104.44) Enrollee Pays: <b>85.77</b>	Spouse: 174.07 Child 1: 81.53 Child 2: 81.53 Child 3: 81.53 Child 4: 76.72 Ped. Dental: Embedded TOTAL: 495.38 Employer Pays: (0.00) Enrollee Pays: <b>495.38</b>	\$500/ \$1,000	0%/\$100 (ded waived)	20%	\$7,000/ \$14,000	\$250 (3-4); \$10/\$60/\$115/ \$350; SMCS-\$500
<a href="#">Select Colorado HMO Gold 1000/80% (CMCN K16Y)</a>  <b>\$648.41</b> HMO/Gold/ Select Colorado	Employee: 208.87 Ped. Dental: Embedded Employer Pays: (104.44) Enrollee Pays: <b>104.43</b>	Spouse: 191.14 Child 1: 89.53 Child 2: 89.53 Child 3: 89.53 Child 4: 84.25 Ped. Dental: Embedded TOTAL: 543.98 Employer Pays: (0.00) Enrollee Pays: <b>543.98</b>	\$1,000; \$2,500/ \$2,000; \$5,000	0%/\$100 (ded waived); 50%	20%; 50%	\$5,000; \$8,550/ \$10,000; \$17,100	\$10/\$50/\$115/ \$250; SMCS-\$250
<a href="#">Choice Direct Silver 30/3250/80% (CMKA K23Y)</a>  <b>\$618.08</b> EPO/Silver/ Choice Direct	Employee: 200.46 Ped. Dental: Embedded Employer Pays: (104.44) Enrollee Pays: <b>96.02</b>	Spouse: 183.45 Child 1: 85.92 Child 2: 85.92 Child 3: 85.92 Child 4: 80.85 Ped. Dental: Embedded TOTAL: 522.06 Employer Pays: (0.00) Enrollee Pays: <b>522.06</b>	\$3,250/ \$6,500	\$30/\$60 (ded waived 3 visits) then 20%	\$500 + 20%	\$8,350/ \$16,700	\$15/\$55/\$125/ \$350; SMCS-\$500
<a href="#">Choice Direct Silver 40/2250/70% (CMJ9 K19Y)</a>  <b>\$631.75</b> EPO/Silver/ Choice Direct	Employee: 204.25 Ped. Dental: Embedded Employer Pays: (104.44) Enrollee Pays: <b>99.81</b>	Spouse: 186.91 Child 1: 87.55 Child 2: 87.55 Child 3: 87.55 Child 4: 82.38 Ped. Dental: Embedded TOTAL: 531.94 Employer Pays: (0.00) Enrollee Pays: <b>531.94</b>	\$2,250/ \$4,500	\$40/\$80 (ded waived)	\$500 + 30%	\$8,550/ \$17,100	\$250 (2-4); R- 15/50/100/350; SMCS- 15/150/350/500

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Presented By: Unlimited Benefits License # 527060

Quote ID: 3976-1338



**AXIOM Accident & Hail Repair**  
Denver County (80110)

**Effective Date: 4/1/2022**

## Lester Park

Male, DOB: 01-10-1966, Home Zip Code: 80525, Larimer County

Spouse/Partner: F, DOB: 01-08-1968, Child(ren): DOB: 07-01-1998, 03-23-2001, 03-23-2001, 04-15-2002

These rates reflect your cost after your employer's contribution of 50% toward employee and 0% toward dependent(s) based on UnitedHealthcare - Select Colorado HMO Gold 1000/80% (CMCN K16Y) rates and are for an Effective Date of 4/1/2022.  
The Contribution amounts listed on this report may not reflect actual final contribution totals.

<b>MEDICAL</b> <b>UnitedHealthcare CO - Multi-Choice CO032/CO033 All Plans (Select and Doctors Plans may</b>							
Weekly Rate (52 pay periods)	Employee Cost Breakdown	Dependent Cost Breakdown	Deductible	Office Visits (PCP/ Specialist) *	Inpatient Hospital Services *	Out-of-Pocket Max	RX Tiers 1/2/3/4
<a href="#">Choice Plus Platinum 10/500/90% (BG5E K13Y)</a>  <b>\$920.28</b> POS/Platinum/ Choice Plus	Employee: 284.30 Ped. Dental: Embedded <i>Employer Pays:</i> (104.44) <b>Enrollee Pays: 179.86</b>	Spouse: 260.17 Child 1: 121.86 Child 2: 121.86 Child 3: 121.86 Child 4: 114.67 Ped. Dental: Embedded TOTAL: 740.42 <i>Employer Pays:</i> (0.00) <b>Enrollee Pays: 740.42</b>	\$500/ \$1,000	\$10/\$20 (ded waived)	10%	\$4,000/ \$8,000	R-10/40/85/250; SMCS- 10/150/250/250
<a href="#">Choice Plus Platinum 10/250/90% (BG5L K13Y)</a>  <b>\$948.28</b> POS/Platinum/ Choice Plus	Employee: 292.07 Ped. Dental: Embedded <i>Employer Pays:</i> (104.44) <b>Enrollee Pays: 187.63</b>	Spouse: 267.28 Child 1: 125.19 Child 2: 125.19 Child 3: 125.19 Child 4: 117.80 Ped. Dental: Embedded TOTAL: 760.65 <i>Employer Pays:</i> (0.00) <b>Enrollee Pays: 760.65</b>	\$250/ \$500	\$10/\$20 (ded waived)	10%	\$3,000/ \$6,000	R-10/40/85/250; SMCS- 10/150/250/250

\* Unless stated, all services are subject to deductible.

Final rates are determined by the Carrier.

# 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.

This is not a guarantee of coverage. An enrollment application may be required.

Create Date: 3/22/2022

*Presented By: Unlimited Benefits License # 527060*

Quote ID: 3976-1338

**AXIOM Accident & Hail Repair**  
Denver County (80110)

**Effective Date: 4/1/2022**

## Trent Lucas

Male, DOB: 11-04-1966, Home Zip Code: 80122, Arapahoe County

Spouse/Partner: F, DOB: 11-15-1970, Child(ren): DOB: 12-30-2011

These rates reflect your cost after your employer's contribution of 50% toward employee and 0% toward dependent(s) based on UnitedHealthcare - Select Colorado HMO Gold 1000/80% (CMCN K16Y) rates and are for an Effective Date of 4/1/2022.

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<b>MEDICAL</b> <b>UnitedHealthcare CO - Multi-Choice CO032/CO033 All Plans (Select and Doctors Plans may vary)</b>							
Weekly Rate (52 pay periods)	Employee Cost Breakdown	Dependent Cost Breakdown	Deductible	Office Visits (PCP/ Specialist) *	Inpatient Hospital Services *	Out-of-Pocket Max	RX Tiers 1/2/3/4
<a href="#">Colorado Doctors Plan Gold 500/80% (CBWM K24Y)</a>  <b>\$296.40</b> HMO/Gold/ CO Doctors Plan	Employee: 181.81 Ped. Dental: Embedded Employer Pays: (99.83) <b>Enrollee Pays: 81.98</b>	Spouse: 152.05 Child 1: 62.37 Ped. Dental: Embedded TOTAL: 214.42 Employer Pays: (0.00) <b>Enrollee Pays: 214.42</b>	\$500/ \$1,000	0%/\$100 (ded waived)	20%	\$7,000/ \$14,000	\$250 (3-4); \$10/\$60/\$115/ \$350; SMCS-\$500
<a href="#">Select Colorado HMO Gold 1000/80% (CMCN K16Y)</a>  <b>\$335.28</b> HMO/Gold/ Select Colorado	Employee: 199.65 Ped. Dental: Embedded Employer Pays: (99.83) <b>Enrollee Pays: 99.82</b>	Spouse: 166.97 Child 1: 68.49 Ped. Dental: Embedded TOTAL: 235.46 Employer Pays: (0.00) <b>Enrollee Pays: 235.46</b>	\$1,000; \$2,500/ \$2,000; \$5,000	0%/\$100 (ded waived); 50%	20%; 50%	\$5,000; \$8,550/ \$10,000; \$17,100	\$10/\$50/\$115/ \$250; SMCS-\$250
<a href="#">Choice Direct Silver 30/3250/80% (CMKA K23Y)</a>  <b>\$317.76</b> EPO/Silver/ Choice Direct	Employee: 191.61 Ped. Dental: Embedded Employer Pays: (99.83) <b>Enrollee Pays: 91.78</b>	Spouse: 160.25 Child 1: 65.73 Ped. Dental: Embedded TOTAL: 225.98 Employer Pays: (0.00) <b>Enrollee Pays: 225.98</b>	\$3,250/ \$6,500	\$30/\$60 (ded waived 3 visits) then 20%	\$500 + 20%	\$8,350/ \$16,700	\$15/\$55/\$125/ \$350; SMCS-\$500
<a href="#">Choice Direct Silver 40/2250/70% (CMJ9 K19Y)</a>  <b>\$325.65</b> EPO/Silver/ Choice Direct	Employee: 195.23 Ped. Dental: Embedded Employer Pays: (99.83) <b>Enrollee Pays: 95.40</b>	Spouse: 163.28 Child 1: 66.97 Ped. Dental: Embedded TOTAL: 230.25 Employer Pays: (0.00) <b>Enrollee Pays: 230.25</b>	\$2,250/ \$4,500	\$40/\$80 (ded waived)	\$500 + 30%	\$8,550/ \$17,100	\$250 (2-4); R-15/50/100/350; SMCS-15/150/350/500
<a href="#">Choice Plus Platinum 10/500/90% (BG5E K13Y)</a>  <b>\$492.41</b> POS/Platinum/ Choice Plus	Employee: 271.75 Ped. Dental: Embedded Employer Pays: (99.83) <b>Enrollee Pays: 171.92</b>	Spouse: 227.27 Child 1: 93.22 Ped. Dental: Embedded TOTAL: 320.49 Employer Pays: (0.00) <b>Enrollee Pays: 320.49</b>	\$500/ \$1,000	\$10/\$20 (ded waived)	10%	\$4,000/ \$8,000	R-10/40/85/250; SMCS-10/150/250/250

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Final rates are determined by the Carrier.

# 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.

This is not a guarantee of coverage. An enrollment application may be required.

Create Date: 3/22/2022

Presented By: Unlimited Benefits License # 527060

Quote ID: 3976-1338

**AXIOM Accident & Hail Repair**  
Denver County (80110)

**Effective Date: 4/1/2022**

## Trent Lucas

Male, DOB: 11-04-1966, Home Zip Code: 80122, Arapahoe County

Spouse/Partner: F, DOB: 11-15-1970, Child(ren): DOB: 12-30-2011

These rates reflect your cost after your employer's contribution of 50% toward employee and 0% toward dependent(s) based on UnitedHealthcare - Select Colorado HMO Gold 1000/80% (CMCN K16Y) rates and are for an Effective Date of 4/1/2022.

The Contribution amounts listed on this report may not reflect actual final contribution totals.

<b>MEDICAL</b> <b>UnitedHealthcare CO - Multi-Choice CO032/CO033 All Plans (Select and Doctors Plans may</b>							
Weekly Rate (52 pay periods)	Employee Cost Breakdown	Dependent Cost Breakdown	Deductible	Office Visits (PCP/ Specialist) *	Inpatient Hospital Services *	Out-of-Pocket Max	RX Tiers 1/2/3/4
<a href="#">Choice Plus Platinum 10/250/90% (BG5L K13Y)</a>  <b>\$508.59</b> POS/Platinum/ Choice Plus	Employee: 279.17 Ped. Dental: Embedded Employer Pays: (99.83) <b>Enrollee Pays: 179.34</b>	Spouse: 233.48 Child 1: 95.77 Ped. Dental: Embedded TOTAL: 329.25 Employer Pays: (0.00) <b>Enrollee Pays: 329.25</b>	\$250/ \$500	\$10/\$20 (ded waived)	10%	\$3,000/ \$6,000	R-10/40/85/250; SMCS- 10/150/250/250

\* Unless stated, all services are subject to deductible.

Final rates are determined by the Carrier.

# 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.

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Create Date: 3/22/2022

*Presented By: Unlimited Benefits License # 527060*

Quote ID: 3976-1338

**AXIOM Accident & Hail Repair**  
Denver County (80110)

**Effective Date: 4/1/2022**


**Robert Patton**

Male, DOB: 11-15-1981, Home Zip Code: 80516, Boulder County

Spouse/Partner: N/A, Child(ren): N/A

These rates reflect your cost after your employer's contribution of 50% toward employee and 0% toward dependent(s) based on UnitedHealthcare - Select Colorado HMO Gold 1000/80% (CMCN K16Y) rates and are for an Effective Date of 4/1/2022.

The Contribution amounts listed on this report may not reflect actual final contribution totals.

<b>MEDICAL</b>  <b>UnitedHealthcare CO - Multi-Choice CO032/CO033 All Plans (Select and Doctors Plans may</b>							
<b>Weekly Rate (52 pay periods)</b>	<b>Employee Cost Breakdown</b>	<b>Dependent Cost Breakdown</b>	<b>Deductible</b>	<b>Office Visits (PCP/ Specialist) *</b>	<b>Inpatient Hospital Services *</b>	<b>Out-of-Pocket Max</b>	<b>RX Tiers 1/2/3/4</b>
<a href="#">Colorado Doctors Plan Gold 500/80% (CBWM K24Y)</a> <b>\$46.99</b> HMO/Gold/ CO Doctors Plan	Employee: 104.20 Ped. Dental: Embedded Employer Pays: (57.21) Enrollee Pays: <b>46.99</b>	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: <b>0.00</b>	\$500/ \$1,000	0%/\$100 (ded waived)	20%	\$7,000/ \$14,000	\$250 (3-4); \$10/\$60/\$115/ \$350; SMCS-\$500
<a href="#">Select Colorado HMO Gold 1000/80% (CMCN K16Y)</a> <b>\$57.21</b> HMO/Gold/ Select Colorado	Employee: 114.42 Ped. Dental: Embedded Employer Pays: (57.21) Enrollee Pays: <b>57.21</b>	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: <b>0.00</b>	\$1,000; \$2,500/ \$2,000; \$5,000	0%/\$100 (ded waived); 50%	20%; 50%	\$5,000; \$8,550/ \$10,000; \$17,100	\$10/\$50/\$115/ \$250; SMCS-\$250
<a href="#">Choice Direct Silver 30/3250/80% (CMKA K23Y)</a> <b>\$52.60</b> EPO/Silver/ Choice Direct	Employee: 109.81 Ped. Dental: Embedded Employer Pays: (57.21) Enrollee Pays: <b>52.60</b>	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: <b>0.00</b>	\$3,250/ \$6,500	\$30/\$60 (ded waived 3 visits) then 20%	\$500 + 20%	\$8,350/ \$16,700	\$15/\$55/\$125/ \$350; SMCS-\$500
<a href="#">Choice Direct Silver 40/2250/70% (CMJ9 K19Y)</a> <b>\$54.67</b> EPO/Silver/ Choice Direct	Employee: 111.88 Ped. Dental: Embedded Employer Pays: (57.21) Enrollee Pays: <b>54.67</b>	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: <b>0.00</b>	\$2,250/ \$4,500	\$40/\$80 (ded waived)	\$500 + 30%	\$8,550/ \$17,100	\$250 (2-4); R- 15/50/100/350; SMCS- 15/150/350/500
<a href="#">Choice Plus Platinum 10/500/90% (BG5E K13Y)</a> <b>\$98.53</b> POS/Platinum/ Choice Plus	Employee: 155.74 Ped. Dental: Embedded Employer Pays: (57.21) Enrollee Pays: <b>98.53</b>	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: <b>0.00</b>	\$500/ \$1,000	\$10/\$20 (ded waived)	10%	\$4,000/ \$8,000	R-10/40/85/250; SMCS- 10/150/250/250

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Final rates are determined by the Carrier.

# 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.

This is not a guarantee of coverage. An enrollment application may be required.

Create Date: 3/22/2022

*Presented By: Unlimited Benefits License # 527060*

Quote ID: 3976-1338

*AXIOM Accident & Hail Repair*  
Denver County (80110)

**Effective Date: 4/1/2022**

## Robert Patton

Male, DOB: 11-15-1981, Home Zip Code: 80516, Boulder County

Spouse/Partner: N/A, Child(ren): N/A

These rates reflect your cost after your employer's contribution of 50% toward employee and 0% toward dependent(s) based on UnitedHealthcare - Select Colorado HMO Gold 1000/80% (CMCN K16Y) rates and are for an Effective Date of 4/1/2022.  
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<b>MEDICAL</b> <b>UnitedHealthcare CO - Multi-Choice CO032/CO033 All Plans (Select and Doctors Plans may</b>							
Weekly Rate (52 pay periods)	Employee Cost Breakdown	Dependent Cost Breakdown	Deductible	Office Visits (PCP/ Specialist) *	Inpatient Hospital Services *	Out-of-Pocket Max	RX Tiers 1/2/3/4
<a href="#">Choice Plus Platinum 10/250/90% (BG5L K13Y)</a>  <b>\$102.78</b> POS/Platinum/ Choice Plus	Employee: 159.99 Ped. Dental: Embedded Employer Pays: (57.21) <b>Enrollee Pays: 102.78</b>	Ped. Dental: Embedded Employer Pays: (0.00) <b>Enrollee Pays: 0.00</b>	\$250/ \$500	\$10/\$20 (ded waived)	10%	\$3,000/ \$6,000	R-10/40/85/250; SMCS- 10/150/250/250

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Create Date: 3/22/2022

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Quote ID: 3976-1338

**AXIOM Accident & Hail Repair**  
Denver County (80110)

**Effective Date: 4/1/2022**

## Brian Wood

Male, DOB: 04-25-1983, Home Zip Code: 82001, Laramie County

Spouse/Partner: F, DOB: 05-09-1990, Child(ren): DOB: 02-02-2017, 06-29-2020

These rates reflect your cost after your employer's contribution of 50% toward employee and 0% toward dependent(s) based on UnitedHealthcare - Select Colorado HMO Gold 1000/80% (CMCN K16Y) rates and are for an Effective Date of 4/1/2022.

The Contribution amounts listed on this report may not reflect actual final contribution totals.

<b>MEDICAL</b> <b>UnitedHealthcare CO - Multi-Choice CO032/CO033 All Plans (Select and Doctors Plans may</b>							
Weekly Rate (52 pay periods)	Employee Cost Breakdown	Dependent Cost Breakdown	Deductible	Office Visits (PCP/ Specialist) *	Inpatient Hospital Services *	Out-of-Pocket Max	RX Tiers 1/2/3/4
<a href="#">Choice Direct Silver 30/3250/80% (CMKA K23Y)</a>  <b>\$282.33</b> EPO/Silver/ Choice Direct	Employee: 107.06 Ped. Dental: Embedded Employer Pays: (55.78) <b>Enrollee Pays: 51.28</b>	Spouse: 99.59 Child 1: 65.73 Child 2: 65.73 Ped. Dental: Embedded TOTAL: 231.05 Employer Pays: (0.00) <b>Enrollee Pays: 231.05</b>	\$3,250/ \$6,500	\$30/\$60 (ded waived 3 visits) then 20%	\$500 + 20%	\$8,350/ \$16,700	\$15/\$55/\$125/ \$350; SMCS-\$500
<a href="#">Choice Direct Silver 40/2250/70% (CMJ9 K19Y)</a>  <b>\$288.71</b> EPO/Silver/ Choice Direct	Employee: 109.08 Ped. Dental: Embedded Employer Pays: (55.78) <b>Enrollee Pays: 53.30</b>	Spouse: 101.47 Child 1: 66.97 Child 2: 66.97 Ped. Dental: Embedded TOTAL: 235.41 Employer Pays: (0.00) <b>Enrollee Pays: 235.41</b>	\$2,250/ \$4,500	\$40/\$80 (ded waived)	\$500 + 30%	\$8,550/ \$17,100	\$250 (2-4); R- 15/50/100/350; SMCS- 15/150/350/500
<a href="#">Choice Plus Platinum 10/500/90% (BG5E K13Y)</a>  <b>\$423.74</b> POS/Platinum/ Choice Plus	Employee: 151.84 Ped. Dental: Embedded Employer Pays: (55.78) <b>Enrollee Pays: 96.06</b>	Spouse: 141.24 Child 1: 93.22 Child 2: 93.22 Ped. Dental: Embedded TOTAL: 327.68 Employer Pays: (0.00) <b>Enrollee Pays: 327.68</b>	\$500/ \$1,000	\$10/\$20 (ded waived)	10%	\$4,000/ \$8,000	R-10/40/85/250; SMCS- 10/150/250/250
<a href="#">Choice Plus Platinum 10/250/90% (BG5L K13Y)</a>  <b>\$436.85</b> POS/Platinum/ Choice Plus	Employee: 155.99 Ped. Dental: Embedded Employer Pays: (55.78) <b>Enrollee Pays: 100.21</b>	Spouse: 145.10 Child 1: 95.77 Child 2: 95.77 Ped. Dental: Embedded TOTAL: 336.64 Employer Pays: (0.00) <b>Enrollee Pays: 336.64</b>	\$250/ \$500	\$10/\$20 (ded waived)	10%	\$3,000/ \$6,000	R-10/40/85/250; SMCS- 10/150/250/250

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Create Date: 3/22/2022

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*AXIOM Accident & Hail Repair*  
Denver County (80110)

**Effective Date: 4/1/2022**

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Rates have not been adjusted for COBRA enrollees.

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.

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

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Create Date: 3/22/2022

*Presented By: Unlimited Benefits* License # 527060

Quote ID: 3976-1338

# 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.”

