

Applied Intellect LLC
Health Insurance Comparison
In-Network Benefits Plan Comparison

<i>Benefit Description</i>		CURRENT United Healthcare VA Choice Plus Gold HSA BG-1X/827 IN-NETWORK		RENEWAL United Healthcare VA Choice Plus Gold HSA BO-3S/827 IN-NETWORK		CURRENT United Healthcare VA Choice Plus Bronze BG-2D/575 HSA IN-NETWORK		RENEWAL United Healthcare VA Choice Plus Bronze BG-2D/575 HSA IN-NETWORK	
<i>Annual Deductible (single/family) Coinsurance Out-of-Pocket Maximum (single/family) (includes deductible) Maximum Benefit</i>		\$1,500/\$3,000 Plan pays 100%		\$1,750/\$3,500 Plan pays 100%		\$6,700/\$13,400 Plan pays 100%		\$6,700/\$13,400 Plan pays 100%	
<i>Office Visits: Preventive Care</i> Primary Care Physician Office Visit Specialist Physician Office Visit Well Child Care		Plan pays 100% Plan pays 100% Plan pays 100%		Plan pays 100% Plan pays 100% Plan pays 100%		Plan pays 100% Plan pays 100% Plan pays 100%		Plan pays 100% Plan pays 100% Plan pays 100%	
<i>Office Visits: Illness or Injury</i> Primary Care Physician (PCP) office visit Specialty Care Physician office visit		Plan pays 100% after deductible Plan pays 100% after deductible		Plan pays 100% after deductible Plan pays 100% after deductible		Plan pays 100% after deductible Plan pays 100% after deductible		Plan pays 100% after deductible Plan pays 100% after deductible	
<i>Emergency Room Services</i> Life-threatening illness, serious accidental injury Urgent Care		\$250 Copay after deductible Plan pays 100% after deductible		\$250 Copay after deductible Plan pays 100% after deductible		Plan pays 100% after deductible Plan pays 100% after deductible		Plan pays 100% after deductible Plan pays 100% after deductible	
<i>Hospital Services - Inpatient</i> Facility/ Hospital Charges Physician Fees for Surgical and Medical Services		Plan pays 100% after deductible Plan pays 100% after deductible		Plan pays 100% after deductible Plan pays 100% after deductible		Plan pays 100% after deductible Plan pays 100% after deductible		Plan pays 100% after deductible Plan pays 100% after deductible	
<i>Outpatient Services</i> Surgery facility/Hospital charges Diagnostic Lab services Diagnostic X-Ray Major Diagnostics (CT, PET, MRI, MRA, and nuclear medicine) Physician Fees for Surgical and Medical Services		Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible		Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible		Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible		Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible	
<i>Prescription Drugs</i> Tier 1 Tier 1: Specialty Tier 2 Tier 2: Specialty Tier 3 Tier 3: Specialty		\$10 Copay after deductible \$10 Copay after deductible \$40 Copay after deductible \$250 Copay after deductible \$75 Copay after deductible \$500 Copay after deductible		\$10 Copay after deductible \$10 Copay after deductible \$40 Copay after deductible \$250 Copay after deductible \$75 Copay after deductible \$500 Copay after deductible		Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible		Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible Plan pays 100% after deductible	
Employee	Benefit Tier	EE Monthly Amount	EE Cost Per Pay Period	EE Monthly Amount	EE Cost Per Pay Period	EE Monthly Amount	EE Cost Per Pay Period	EE Monthly Amount	EE Cost Per Pay Period
	Employee Only	\$408.15	\$188.38	\$456.99	\$210.92	\$151.58	\$69.96	\$183.22	\$84.56
	Employee + Spouse	\$816.27	\$376.74	\$901.98	\$416.30	\$303.13	\$139.91	\$354.44	\$163.59
	Employee + Child(ren)	\$795.89	\$367.33	\$879.43	\$405.89	\$295.58	\$136.42	\$345.58	\$159.50
	Family	\$1,204.04	\$555.71	\$1,330.42	\$614.04	\$447.16	\$206.38	\$522.80	\$241.29
Employer	Benefit Tier	Original Rates	AI Flat Fee Contribution	Original Rates	AI Flat Fee Contribution	Original Rates	AI Flat Fee Contribution	Original Rates	AI Flat Fee Contribution
	Employee Only	\$635.52	\$227.37	\$716.82	\$259.83	\$378.95	\$227.37	\$443.05	\$259.83
	Employee + Spouse	\$1,271.04	\$454.77	\$1,433.64	\$531.66	\$757.90	\$454.77	\$886.10	\$531.66
	Employee + Child(ren)	\$1,239.26	\$443.37	\$1,397.80	\$518.37	\$738.95	\$443.37	\$863.95	\$518.37
	Family	\$1,874.78	\$670.74	\$2,114.62	\$784.20	\$1,117.90	\$670.74	\$1,307.00	\$784.20

Applied Intellect LLC

Dental Plan Comparison

In-Network Comparison

<i>Benefit Description</i>		OPTION 1 United Concordia - Concordia Flex	
<i>Calendar Year Deductible</i>		Single: \$50 Family: \$150	
<i>Annual Benefit Maximum</i>		\$2,000 per person	
<i>Orthodontia Lifetime Maximum</i>		N/A	
<i>Class 1 - Diagnostic/Preventive Services</i>			
Exams		Plan pays 100%	
Cleanings & Fluoride Treatments		Plan pays 100%	
X-Rays (Bitewings)		Plan pays 100%	
X-Rays (All others)		Plan pays 100%	
Palliative Treatment (Emergency)		Plan pays 100%	
Space Maintainers		Plan pays 100%	
Sealants		Plan pays 100%	
<i>Class 2 - Basic Services</i>			
Basic Restorative		Plan pays 80% after deductible	
Simple Extractions		Plan pays 80% after deductible	
Complex Oral Surgery		Plan pays 80% after deductible	
Endodontics		Plan pays 80% after deductible	
Non-Surgical Periodontics		Plan pays 80% after deductible	
Surgical Periodontics		Plan pays 80% after deductible	
<i>Class 3 - Major Services</i>			
Inlays, Onlays, Crowns		Plan pays 50% after deductible	
Prosthetics (Bridges, Dentures)		Plan pays 50% after deductible	
<i>Waiting Period</i>		None	
<i>Out of Network Reimbursement</i>		90th Percentile of U&C	
Benefit Tier		EE Monthly Amount	EE Cost Per Pay Period
Employee	Employee Only	\$14.16	\$6.54
	Employee & Spouse	\$28.03	\$12.94
	Employee & Child(ren)	\$25.38	\$11.71
	Family	\$42.44	\$19.59
Benefit Tier		Original Rates	AI Flat Contribution
Employer	Employee Only	\$35.40	\$21.24
	Employee & Spouse	\$70.07	\$42.04
	Employee & Child(ren)	\$63.45	\$38.07
	Family	\$106.11	\$63.67

Applied Intellect LLC
Vision Insurance Comparison
In-Network Benefits Plan Comparison

		OPTION 1	
<i>Benefit Description</i>		VSP PA Signature Plan C	
<i>In-Network Copayments</i>			
Exam		\$10 Copay	
Materials		\$25 Copay	
<i>Frequencies</i>			
Exam		1 X per 12 Months	
Lenses		1 X per 12 Months	
Frames		1 X per 12 Months	
<i>Frame Allowance</i>			
Allowance		\$130 Allowance	
<i>Elective Contacts (in lieu of glasses) - Standard Lenses Allowance</i>			
Allowance		\$130 Allowance	
<i>Out-of-Network Reimbursement</i>			
Exam		Reimbursed up to \$45	
Single Lenses		Reimbursed up to \$45	
Bifocal Lenses		Reimbursed up to \$65	
Trifocal Lenses		Reimbursed up to \$85	
Frames		Reimbursed up to \$70	
Elective Contacts		Reimbursed up to \$105	
Benefit Tier		EE Monthly Amount	EE Cost Per Pay Period
Employee	Employee Only	\$3.91	\$1.80
	Employee & Spouse	\$6.26	\$2.89
	Employee & Child(ren)	\$6.39	\$2.95
	Family	\$10.30	\$4.75
Benefit Tier		Original Rates	AI Flat Fee Contribution
Employer	Employee Only	\$9.78	\$5.87
	Employee & Spouse	\$15.65	\$9.39
	Employee & Child(ren)	\$15.97	\$9.58
	Family	\$25.75	\$15.45

Applied Intellect LLC
Life and Disability Comparisons

Basic Life and AD&D

<i>Benefit Description</i>	OPTION 1	
	The Hartford	
<i>Life Benefit Amount</i>	\$50,000	
<i>Benefit Reduction Schedule</i>	35% @Age 65, 50% @Age 70	
<i>AD&D Benefit Amount</i>	Equal to the Employee Life Benefit Amount	
	Rates	
	Life & AD&D Rate	Monthly Cost
<i>Life Rates</i>	\$0.205 per \$1,000 benefit	\$148.63
<i>AD&D Rates</i>	\$0.026 per \$1,000 benefit	\$18.85
<i>TOTAL COST</i>		\$167.48

Short Term Disability

<i>Benefit Description</i>	OPTION 1	
	The Hartford	
<i>Weekly Benefit Percentage of Weekly Earnings</i>	60%	
<i>Maximum Weekly Benefit</i>	\$1,500	
<i>Elimination Period</i>	14 Days, Benefit Starts On 15th Day	
<i>Duration of Benefits</i>	11 Weeks	
	Rates	
	STD Rates	Monthly Cost
<i>Short Term Disability Rates</i>	\$0.276 per \$10 Weekly Benefit	\$479.03
<i>TOTAL COST</i>		\$479.03

Long Term Disability

<i>Benefit Description</i>	OPTION 1	
	The Hartford	
<i>Monthly Benefit Percentage of Monthly Earnings</i>	60%	
<i>Maximum Monthly Benefit</i>	\$6,000	
<i>Minimum Monthly Benefit</i>	Greater of \$100 or 10%	
<i>Elimination Period</i>	90 Days	
<i>Duration of Benefits</i>	Later of Age 65 or SSNRA	
	Rates	
	LTD Rates	Monthly Cost
<i>Long Term Disability Rates</i>	\$0.256 of Covered Payroll	\$312.66
<i>TOTAL COST</i>		\$312.66