



# Sold Confirmation

Client Name: **Innowave Marketing Medical**

Effective Date: **1/1/2024**

Brokerage Name: **ProCo**

The following table outlines the monthly premiums by plan.

Coverage	EE Cost	ER Cost	Sold Rates	Sold Plan	Rate Guarantee
<b>Medical</b>					
Medical - PPO	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	
EE Only	\$201.69	\$605.06	\$806.75	CT Direct Freedom \$3000	
Spouse	\$733.34	\$605.06	\$1,338.40	Negotiated	
Child(ren)	\$1,043.94	\$605.06	\$1,649.00		
Family	\$1,732.09	\$605.06	\$2,337.15		
<b>Medical</b>					
Medical - PPO	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	
EE Only	\$219.69	\$659.08	\$878.77	CT Direct Freedom \$2,500	
Spouse	\$798.81	\$659.08	\$1,457.89	Negotiated	
Child(ren)	\$1,137.13	\$659.08	\$1,796.21		
Family	\$1,886.71	\$659.08	\$2,545.79		
<b>Medical</b>					
Medical - HMO	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	
EE Only	\$205.10	\$615.29	\$820.39	CT Liberty HMO \$2500	
Spouse	\$745.73	\$615.29	\$1,361.02	Negotiated	
Child(ren)	\$1,061.57	\$615.29	\$1,676.86		
Family	\$1,761.37	\$615.29	\$2,376.66		
<b>Medical</b>					
Medical - HMO	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	
EE Only	\$210.13	\$630.41	\$840.54	CT Liberty HMO \$3000	
Spouse	\$764.05	\$630.41	\$1,394.46	Negotiated	
Child(ren)	\$1,087.66	\$630.41	\$1,718.06		
Family	\$1,804.64	\$630.41	\$2,435.04		
<b>Dental</b>					
Dental - DPPO	MetLife	MetLife	MetLife	MetLife	1 Year
EE Only	\$10.18	\$30.55	\$40.73	MetLife Dental Non TX	



One more Family	\$48.54 \$102.57	\$30.55 \$30.55	\$79.09 \$133.12		
<b>Dental</b>					
Dental - DPPO EE Only One more Family	MetLife \$10.18 \$48.54 \$102.57	MetLife \$30.55 \$30.55 \$30.55	MetLife \$40.73 \$79.09 \$133.12	MetLife MetLife Dental TX	1 Year
<b>Vision</b>					
Vision - VISION EE Only Spouse Child(ren) Family	MetLife \$1.88 \$9.45 \$7.14 \$15.43	MetLife \$5.65 \$5.65 \$5.65 \$5.65	MetLife \$7.53 \$15.10 \$12.79 \$21.08	MetLife MetLife Vision	1/1/2025
Basic Life Basic AD&D		MetLife \$0.13 per \$1,000 \$0.016 per \$1,000	MetLife \$0.13 per \$1,000 \$0.016 per \$1,000	MetLife All Eligible Employees Benefit Amount - \$25,000	1/1/2025
Vol. Life/AD&D	MetLife (see rate table)		MetLife (see rate table)	MetLife (see rate table)	1/1/2025

**Employer Contribution**

Medical: CT Direct Freedom \$3000 Negotiated EO=75%, ES=No Contribution, EC=No Contribution, EF=No Contribution; CT Direct Freedom \$2,500 Negotiated EO=75%, ES=No Contribution, EC=No Contribution, EF=No Contribution; CT Liberty HMO \$2500 Negotiated EO=75%, ES=No Contribution, EC=No Contribution, EF=No Contribution; CT Liberty HMO \$3000 Negotiated EO=75%, ES=No Contribution, EC=No Contribution, EF=No Contribution

Dental: MetLife Dental Non TX EO=75%, ES=No Contribution, EC=No Contribution; MetLife Dental TX EO=75%, ES=No Contribution, EC=No Contribution

Vision: MetLife Vision EO=75%, ES=No Contribution, EC=No Contribution, EF=No Contribution

# Rate Sheet

## Voluntary Life/AD&D

Client: Innowave Marketing Medical

Carrier: MetLife

Effective Date: 1/1/2024

Zip Code: 06382

Region: CT06

Class Name	Employee Benefit Amount	Employee Maximum Benefit	Employee Guarantee Issue
All Eligible Employees	Increments of \$10,000	5x salary up to \$500,000	\$100,000
Rates			
	Employee	Employee Tobacco	Spouse
15 - 29	\$0.073	\$0.073	\$0.073
30 - 34	\$0.097	\$0.097	\$0.097
35 - 39	\$0.109	\$0.109	\$0.109
40 - 44	\$0.145	\$0.145	\$0.145
45 - 49	\$0.224	\$0.224	\$0.224
50 - 54	\$0.362	\$0.362	\$0.362
55 - 59	\$0.557	\$0.557	\$0.557
60 - 64	\$0.841	\$0.841	\$0.841
65 - 69	\$1.553	\$1.553	\$1.553
70 - 74	\$2.521	\$2.521	\$2.521
Employee AD&D		\$0.017	
Spouse AD&D		\$0.017	
Child AD&D		0.051	
Child Life		0.24	
Spouse Rate Basis		Employee Age	
Rate Guarantee		1/1/2025	

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