



## Sold Confirmation

Client Name: **Innowave Marketing Medical**  
 Effective Date: **1/1/2026**  
 Brokerage Name: **Acrisure**

The following table outlines the monthly premiums by plan.

Coverage	EE Cost	ER Cost	Sold Rates	Sold Plan	Rate Guarantee
<b>Medical (General)</b>					
Medical - PPO	<b>Aetna</b>	<b>Aetna</b>	<b>Aetna</b>	<b>Aetna</b>	
EE Only	\$271.36	\$814.09	\$1,085.45	CT OAMC 3000 100/50	
Spouse	\$1,499.02	\$814.09	\$2,313.11		
Child(ren)	\$1,275.75	\$814.09	\$2,089.84		
Family	\$2,503.40	\$814.09	\$3,317.49		
<b>Medical (General)</b>					
Medical - PPO	<b>Aetna</b>	<b>Aetna</b>	<b>Aetna</b>	<b>Aetna</b>	
EE Only	\$265.02	\$795.05	\$1,060.07	CT OAMC 2500 80/50	
Spouse	\$1,458.80	\$795.05	\$2,253.85		
Child(ren)	\$1,241.71	\$795.05	\$2,036.76		
Family	\$2,435.50	\$795.05	\$3,230.55		
<b>Dental (General)</b>					
Dental - DPPO	<b>MetLife</b>	<b>MetLife</b>	<b>MetLife</b>	<b>MetLife</b>	1 Year
EE Only	\$10.69	\$32.08	\$42.77	MetLife Dental	
One more	\$50.96	\$32.08	\$83.04		
Family	\$107.70	\$32.08	\$139.78		
<b>Vision (General)</b>					
Vision - VISION	<b>MetLife</b>	<b>MetLife</b>	<b>MetLife</b>	<b>MetLife</b>	1 Year
EE Only	\$1.88	\$5.65	\$7.53	MetLife Vision	
Spouse	\$9.45	\$5.65	\$15.10		
Child(ren)	\$7.14	\$5.65	\$12.79		
Family	\$15.43	\$5.65	\$21.08		
<b>Life and AD&amp;D</b>					
Basic Life Basic AD&D		<b>MetLife</b> \$0.14 per \$1,000 \$0.016 per \$1,000	<b>MetLife</b> \$0.14 per \$1,000 \$0.016 per \$1,000	<b>MetLife</b> All Eligible Employees Benefit Amount - \$25,000	1 Year