Side By Side Detail

Region 15 2017 3rd qtr broad network Silver PPO

Prepared by Clifford Grekin Effective July 01, 2017

Run Date: 06-09-2017 #5786226

License:

Whittier, Los Angeles, 90601

		Blue Cross 250/40%/7150		Blue Cross 750/35%/7150		Blue Cross 000/35%/7150	Silver 70 PPO	Shield 2000/45 + Child ntal
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$1,250	\$2,500	\$1,750	\$3,500	\$2,000	\$4,000	\$2,000	\$4,000
Family Deductible	\$2,500 (embedded)	\$5,000 (embedded)	\$3,500 (embedded)	\$7,000 (embedded)	\$4,000 (embedded)	\$8,000 (embedded)	\$4,000	\$8,000
Individual OOP Limit	\$7,150 (incl ded)	\$14,300 (incl ded)	\$7,150 (incl ded)	\$14,300 (incl ded)	\$7,150 (incl ded)	\$14,300 (incl ded)	\$6,800 (incl ded)	\$10,000 (incl ded)
Family OOP Limit	\$14,300 (incl ded)	\$28,600 (incl ded)	\$14,300 (incl ded)	\$28,600 (incl ded)	\$14,300 (incl ded)	\$28,600 (incl ded)	\$13,600 (incl ded)	\$20,000 (incl ded)
PC/Specialist	\$30/\$60 ded waived	50% after ded	\$25/\$50 ded waived	50% after ded	\$25/\$50 ded waived	50% after ded	\$45/\$75 ded waived	50% after ded
Lab/X-Ray	40% after ded	50% after ded	35% after ded	50% after ded	35% after ded	50% after ded	\$40/\$70 ded waived	50% after ded
Inpatient Hospital	40% after ded	50% after ded; \$650 benefit max/day	35% after ded	50% after ded; \$650 benefit max/day	35% after ded	50% after ded; \$650 benefit max/day	20% after ded	50% after ded; \$2,000 benefit max/day
Outpatient Facility	40% after ded	50% after ded; \$380 benefit max/admit	35% after ded	50% after ded; \$380 benefit max/admit	35% after ded	50% after ded; \$380 benefit max/admit	20% ded waived	50% after ded; \$350 benefit max/day
Emergency Room	\$250 + 40% after ded	Paid as in-network	\$300 + 35% after ded	Paid as in-network	\$300 + 35% after ded	Paid as in-network	\$350 (waived if admitted) ded waived	\$350 (waived if admitted) ded waived
Urgent Care	\$50 ded waived	50% after ded	\$50 ded waived	50% after ded	\$50 ded waived	50% after ded	\$45 ded waived	50% after ded
Rx Generic	\$5/\$20 ded waived	Not covered	\$5/\$20 ded waived	Not covered	\$5/\$20 ded waived	Not covered	\$15 ded waived	Not covered
Rx Preferred	\$50 ded waived	Not covered	\$50 ded waived	Not covered	\$50 ded waived	Not covered	\$55 after \$250	Not covered
EE's Included	5	/5	5,	/5	5,	/5	5,	/5
EE Cost	\$2,69	95.81	\$2,67	72.23	\$2,63	36.89	\$2,74	17.58
Dep Cost	\$0	.00	\$0	.00	\$0	.00	\$0.	.00
Total	\$2,69	95.81	\$2,67	72.23	\$2,63	36.89	\$2,74	17.58
ER Total	\$2,69	95.81	\$2,67	72.23	\$2,63	36.89	\$2,74	17.58

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Clifford Grekin, Inc.

Side By Side Detail

Region 15 2017 3rd qtr broad network Silver PPO

Prepared by Clifford Grekin Effective July 01, 2017

Whittier, Los Angeles, 90601

	Silver 70 PPO	Shield 2000/45 + Child al INF		Shield 0 1300/45 OffEx		Shield 0 1700/40 OffEx		iser PO 2000/45
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$2,000	\$4,000	\$1,300	\$2,600	\$1,700	\$3,400	\$2,000	\$4,000
Family Deductible	\$4,000	\$8,000	\$2,600	\$5,200	\$3,400	\$6,800	\$4,000 (embedded)	\$8,000 (embedded)
Individual OOP Limit	\$6,800 (incl ded)	\$10,000 (incl ded)	\$6,800 (incl ded)	\$10,000 (incl ded)	\$6,800 (incl ded)	\$10,000 (incl ded)	\$6,800 (incl ded)	\$13,600 (incl ded)
Family OOP Limit	\$13,600 (incl ded)	\$20,000 (incl ded)	\$13,600 (incl ded)	\$20,000 (incl ded)	\$13,600 (incl ded)	\$20,000 (incl ded)	\$13,600 (incl ded)	\$27,200 (incl ded)
PC/Specialist	\$45/\$75 ded waived	50% after ded	\$45/\$60 ded waived	50% after ded	\$40/\$70 ded waived	50% after ded	\$45/\$75 ded waived	40% after ded
Lab/X-Ray	\$40/\$70 ded waived	50% after ded	40% after ded	50% after ded	30% after ded	50% after ded	\$40/\$70 ded waived	40% after ded
Inpatient Hospital	20% after ded	50% after ded; \$2,000 benefit max/day	40% after ded	50% after ded; \$2,000 benefit max/day	30% after ded	50% after ded; \$2,000 benefit max/day	20% after ded	40% after ded
Outpatient Facility	20% ded waived	50% after ded; \$350 benefit max/day	40% after ded	50% after ded; \$350 benefit max/day	30% after ded	50% after ded; \$350 benefit max/day	20% ded waived	40% after ded
Emergency Room	\$350 (waived if admitted) ded waived	\$350 (waived if admitted) ded waived	\$250 (waived if admitted) + 40% after ded	\$250 (waived if admitted) + 40% after ded	\$250 (waived if admitted) + 30% after ded	\$250 (waived if admitted) + 30% after ded	\$350 (waived if admitted) ded waived	Paid as in-network
Urgent Care	\$45 ded waived	50% after ded	\$45 ded waived	Not covered	\$40 ded waived	Not covered	\$45 ded waived	40% after ded
Rx Generic	\$15 ded waived	Not covered	\$15 ded waived	Not covered	\$15 ded waived	Not covered	\$15 ded waived	Not covered
Rx Preferred	\$55 after \$250	Not covered	\$55 after \$250	Not covered	\$50 after \$300	Not covered	\$55 after \$250	Not covered
EE's Included	5,	/5	5,	/5	5,	/5	5,	/5
EE Cost	\$2,82	27.08	\$2,59	98.49	\$2,60	09.26	\$3,89	91.59
Dep Cost	\$0.	.00	\$0.	.00	\$0.	.00	\$0	.00
Total	\$2,82	27.08	\$2,59	98.49	\$2,60	09.26	\$3,89	91.59
ER Total	\$2,82	27.08	\$2,59	98.49	\$2,60	09.26	\$3,89	91.59

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Side By Side Detail

Region 15 2017 3rd qtr broad network Silver PPO

Prepared by Clifford Grekin Effective July 01, 2017

Whittier, Los Angeles, 90601

	UnitedHealthcare Non-Differential PPO Silver 2000/30% (AK-RU)		tial PPO Silver Select Plus Silver 2000/30%		UnitedHe Select Plus Silv (AK	ver 30/2000/30%	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Individual Deductible		\$2,000	\$2,000	\$4,000	\$2,000	\$4,000	
Family Deductible		\$4,000	\$4,000	\$8,000	\$4,000	\$8,000	
Individual OOP Limit		\$6,750 (incl ded)	\$6,750 (incl ded)	\$13,000 (incl ded)	\$6,750 (incl ded)	\$13,500 (incl ded)	
Family OOP Limit		\$13,500 (incl ded)	\$13,500 (incl ded)	\$26,000 (incl ded)	\$13,500 (incl ded)	\$27,000 (incl ded)	
PC/Specialist		30% after ded	30% after ded	50% after ded	\$30/\$60 ded waived	50% after ded	
Lab/X-Ray		30% after ded	30% after ded	50% after ded	\$250 + 30% after ded	\$250 + 50% after ded	
Inpatient Hospital		30% after ded	30% after ded	50% after ded	\$250/admit + 30% after ded	\$250/admit + 50% after ded	
Outpatient Facility		30% after ded	30% after ded	50% after ded	\$250 + 30% after ded	\$250 + 50% after ded	
Emergency Room		30% after ded	30% after ded	Paid as in-network	\$250 ded waived	Paid as in-network	
Urgent Care		30% after ded	30% after ded	50% after ded	\$75 ded waived	50% after ded	
Rx Generic		\$20 ded waived	\$20 ded waived	\$20 ded waived	\$20 ded waived	\$20 ded waived	
Rx Preferred		\$50 after \$200	\$50 after \$200	\$50 after \$200	\$50 after \$200	\$50 after \$200	
EE's Included	5	/5	5,	/5	5/	/5	
EE Cost	\$4,6	06.55	\$2,62	28.62	\$2,81	16.05	
Dep Cost	\$0	.00	\$0	.00	\$0.	.00	
Total	\$4,6	06.55	\$2,62	28.62	\$2,81	16.05	
ER Total	\$4,6	06.55	\$2,62	28.62	\$2,81	16.05	

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Prepared For	Effective Date	Zip (County)	Employer Contribution
Region 15 2017 3rd qtr broad network Silver PPO by Clifford Grekin on June 09, 2017	July 01, 2017	90601 (Los Angeles)	EE: 100% Dep: 0%

Employee Rate Breakdown

	ross		PPO	Silve	er PPO 1250/40	%//15U	EE's Includ 5/5	ea:	\$2,695.81
Ded	Colns	Copay	OOP Ind	C	OP Fam	Hospital	Rx Gen		eferred
In-Net:\$1,250	40%	\$30/\$60	\$7,150 (inc	l ded) \$	14,300 (incl ded)	40% after ded	\$5/\$20 ded w	aived \$50 ded	d waived
Out-Net:\$2,500	50%	ded waive 50% after ded	d \$14,300 (in	cl ded) \$	28,600 (incl ded)	50% after ded; \$650 max/day	Not covered	Not cov	rered
Employee Rate	_		as 7in	Dogion	EE Boto	Don Bata	Total Data	EE Cont	ER Con
Name	Age		ge Zip	Region	EE Rate	Dep Rate	Total Rate		
mployee 1	25	EE	90001	15	\$304.11	\$0.00	\$304.11	\$0.00	\$304.1
mployee 2	35	<u>EE</u>	90001	15	\$370.14	\$0.00	\$370.14	\$0.00	\$370.1
Employee 3	45	EE	90001	15	\$437.39	\$0.00	\$437.39	\$0.00	\$437.3
Employee 4	55	EE	90001	15	\$675.47	\$0.00	\$675.47	\$0.00	\$675.47
Employee 5	65	EE	90001	15	\$908.70	\$0.00	\$908.70	\$0.00	\$908.70
				Totals	\$2,695.81	\$0.00	\$2,695.81	\$0.00	\$2,695.81
Anthem Blue C	ross		PPO	Silve	er PPO 1750/35	%/7150	EE's Includ 5/5	led:	\$2,672.23
Ded	Colns	Copay	OOP Ind		OP Fam	Hospital	Rx Gen		eferred
In-Net:\$1,750	35%	\$25/\$50 ded waive	\$7,150 (inc	l ded) \$	14,300 (incl ded)	35% after ded	\$5/\$20 ded w	aived \$50 ded	d waived
Out-Net:\$3,500	50%	50% after ded	\$14,300 (in	cl ded) \$	28,600 (incl ded)	50% after ded; \$650 max/day	Not covered	Not cov	rered
Employee Rate Name		_	ge Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Con
Employee 1	Age	EE EE							
-mniovee i						<u></u>	<u> </u>	ተለ ለለ	
	25		90001	15	\$301.45	\$0.00	\$301.45	\$0.00	
Employee 2	35	EE	90001	15	\$366.91	\$0.00	\$366.91	\$0.00	\$366.9
Employee 2 Employee 3	35 45	EE EE	90001 90001	15 15	\$366.91 \$433.56	\$0.00 \$0.00	\$366.91 \$433.56	\$0.00 \$0.00	\$366.9° \$433.56
Employee 2 Employee 3 Employee 4	35 45 55	EE EE EE	90001 90001 90001	15 15 15	\$366.91 \$433.56 \$669.56	\$0.00 \$0.00 \$0.00	\$366.91 \$433.56 \$669.56	\$0.00 \$0.00 \$0.00	\$366.9° \$433.56 \$669.56
Employee 2 Employee 3 Employee 4	35 45	EE EE	90001 90001	15 15 15 15	\$366.91 \$433.56 \$669.56 \$900.75	\$0.00 \$0.00 \$0.00 \$0.00	\$366.91 \$433.56 \$669.56 \$900.75	\$0.00 \$0.00 \$0.00 \$0.00	\$366.9° \$433.56 \$669.56 \$900.75
Employee 2 Employee 3 Employee 4 Employee 5	35 45 55 65	EE EE	90001 90001 90001 90001	15 15 15 15 Totals	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$366.91 \$433.56 \$669.56	\$0.00 \$0.00 \$0.00	\$301.45 \$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23
Employee 2 Employee 3 Employee 4 Employee 5	35 45 55 65	EE EE	90001 90001 90001	15 15 15 15 Totals	\$366.91 \$433.56 \$669.56 \$900.75	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$366.91 \$433.56 \$669.56 \$900.75	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$366.9° \$433.56 \$669.56 \$900.7° \$2,672.2 3
Employee 2 Employee 3 Employee 4 Employee 5	35 45 55 65	EE EE EE	90001 90001 90001 90001	15 15 15 15 Totals Silve	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23 er PPO 2000/35	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.7150	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23 EE's Includ	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$366.9 ² \$433.56 \$669.56 \$900.75
Employee 2 Employee 3 Employee 4 Employee 5 Anthem Blue C	35 45 55 65	EE EE EE EE Copay \$25/\$50	90001 90001 90001 90001 PPO OOP Ind \$7,150 (inc	15 15 15 15 Totals Silve	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23 EE's Includ 5/5 Rx Gen	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$366.9 \$433.56 \$669.56 \$900.75 \$2,672.2 5 \$2,636.8 9
Employee 2 Employee 3 Employee 4 Employee 5 Anthem Blue C Ded In-Net:\$2,000 Out-Net:\$4,000	35 45 55 65 Cross Colns 35% 50%	EE EE EE Copay \$25/\$50 ded waive 50% after ded	90001 90001 90001 90001 PPO OOP Ind \$7,150 (inc	15 15 15 15 Totals Silve	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23 er PPO 2000/35	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 %/7150 Hospital 35% after ded	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23 EE's Includ 5/5 Rx Gen	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$366.9 \$433.5 \$669.5 \$900.7 \$2,672.2 \$2,636.89 eferred
Employee 2 Employee 3 Employee 4 Employee 5 Anthem Blue C Ded In-Net:\$2,000 Out-Net:\$4,000 Employee Rate	35 45 55 65 Cross Colns 35% 50%	EE EE EE Copay \$25/\$50 ded waive 50% after ded	90001 90001 90001 90001 PPO OOP Ind \$7,150 (inc	15 15 15 15 Totals Silve	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23 PPO 2000/35 OOP Fam 14,300 (incl ded) 28,600 (incl ded)	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \(\frac{\pmax}{7150}\) Hospital 35% after ded 50% after ded; \$650 max/day	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23 EE's Includ 5/5 Rx Gen \$5/\$20 ded w	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 led: Rx Pre aived \$50 dec	\$366.9 \$433.56 \$669.56 \$900.75 \$2,672.23 \$2,636.89 eferred d waived
Employee 2 Employee 3 Employee 4 Employee 5 Anthem Blue C Ded In-Net:\$2,000 Out-Net:\$4,000 Employee Rate Name	35 45 55 65 Cross Colns 35% 50% Breakdow Age	EE EE EE EE Copay \$25/\$50 ded waive 50% after ded	90001 90001 90001 90001 PPO OOP Ind \$7,150 (inc d \$14,300 (in	15 15 15 15 Totals Silve C (ded) \$	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23 PPO 2000/35 DOP Fam 14,300 (incl ded) 28,600 (incl ded)	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 %/7150 Hospital 35% after ded 50% after ded; \$650 max/day	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23 EE's Includ 5/5 Rx Gen \$5/\$20 ded w Not covered	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 led: Rx Pre aived \$50 dec	\$366.9 \$433.56 \$669.56 \$900.76 \$2,672.23 \$2,636.89 eferred d waived
Employee 2 Employee 3 Employee 4 Employee 5 Anthem Blue C Ded In-Net:\$2,000 Out-Net:\$4,000 Employee Rate Name Employee 1	35 45 55 65 Cross Colns 35% 50% Breakdow Age 25	EE EE EE EE Copay \$25/\$50 ded waive 50% after ded	90001 90001 90001 90001 PPO OOP Ind \$7,150 (inc d \$14,300 (in	15 15 15 15 Totals Silve C (ded) \$	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23 PPO 2000/35 DOP Fam 14,300 (incl ded) 28,600 (incl ded) EE Rate \$297.47	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$/7150 Hospital 35% after ded; \$650 max/day Dep Rate \$0.00	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23 EE's Includ 5/5 Rx Gen \$5/\$20 ded w Not covered	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 led: Rx Pre aived \$50 dec Not cov	\$366.9 \$433.56 \$669.56 \$900.76 \$2,672.23 \$2,636.89 eferred d waived rered ER Con \$297.4
Employee 2 Employee 3 Employee 4 Employee 5 Anthem Blue C Ded In-Net:\$2,000 Out-Net:\$4,000 Employee Rate Name Employee 1 Employee 2	35 45 55 65 Cross Colns 35% 50% Breakdow Age 25 35	EE EE EE EE Copay \$25/\$50 ded waive 50% after ded Vn E Covera EE EE	90001 90001 90001 90001 PPO OOP Ind \$7,150 (inc d \$14,300 (in	15 15 15 15 Totals Silve C (ded) \$ acl ded) \$ Region 15 15	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23 PPO 2000/35 0OP Fam 14,300 (incl ded) 28,600 (incl ded) EE Rate \$297.47 \$362.05	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$/7150 Hospital 35% after ded; \$650 max/day Dep Rate \$0.00 \$0.00	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23 EE's Includ 5/5 Rx Gen \$5/\$20 ded w Not covered Total Rate \$297.47 \$362.05	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 led: Rx Pre aived \$50 ded Not cov	\$366.9 \$433.56 \$669.56 \$900.75 \$2,672.23 \$2,636.89 eferred d waived vered ER Con \$297.4 \$362.06
Employee 2 Employee 3 Employee 4 Employee 5 Anthem Blue C Ded In-Net:\$2,000 Out-Net:\$4,000 Employee Rate Name Employee 1 Employee 2 Employee 3	35 45 55 65 Cross Colns 35% 50% Breakdow Age 25 35 45	EE EE EE EE Copay \$25/\$50 ded waive 50% after ded Vn E Covera EE EE	90001 90001 90001 PPO OOP Ind \$7,150 (inc d \$14,300 (in	15 15 15 15 Totals Silve C (ded) \$ acl ded) \$ Region 15 15	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23 PPO 2000/35 DOP Fam 14,300 (incl ded) 28,600 (incl ded) EE Rate \$297.47 \$362.05 \$427.83	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 %/7150 Hospital 35% after ded; \$650 max/day Dep Rate \$0.00 \$0.00	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23 EE's Includ 5/5 Rx Gen \$5/\$20 ded w Not covered Total Rate \$297.47 \$362.05 \$427.83	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 led: Rx Pre aived \$50 dec Not cov EE Cont \$0.00 \$0.00	\$366.9 \$433.56 \$669.56 \$900.75 \$2,672.23 \$2,636.89 eferred d waived vered ER Con \$297.47 \$362.05 \$427.83
Employee 2 Employee 3 Employee 4 Employee 5 Anthem Blue C Ded In-Net:\$2,000 Out-Net:\$4,000 Employee Rate Name Employee 1 Employee 2	35 45 55 65 Cross Colns 35% 50% Breakdow Age 25 35	EE EE EE EE Copay \$25/\$50 ded waive 50% after ded Vn E Covera EE EE	90001 90001 90001 90001 PPO OOP Ind \$7,150 (inc d \$14,300 (in	15 15 15 15 Totals Silve C (ded) \$ acl ded) \$ Region 15 15	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23 PPO 2000/35 0OP Fam 14,300 (incl ded) 28,600 (incl ded) EE Rate \$297.47 \$362.05	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$/7150 Hospital 35% after ded; \$650 max/day Dep Rate \$0.00 \$0.00	\$366.91 \$433.56 \$669.56 \$900.75 \$2,672.23 EE's Includ 5/5 Rx Gen \$5/\$20 ded w Not covered Total Rate \$297.47 \$362.05	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 led: Rx Pre aived \$50 ded Not cov	\$366.9 \$433.56 \$669.56 \$900.75 \$2,672.23 \$2,636.89 eferred d waived vered ER Con \$297.4 \$362.06

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Region 15 2017 3rd qtr broad network

Effective Date: 07-01-2017

Run Date: 06-09-2017 #5786226

Prepared ForEffective DateZip (County)Employer ContributionRegion 15 2017 3rd qtr broad network Silver PPOJuly 01, 201790601 (Los Angeles)EE: 100% Dep: 0%

by Clifford Grekin on June 09, 2017

Employee Rate Breakdown

			<u> </u>		Ttate Bi	January	<u> </u>		
Blue Shield			PPO		Silver 70 PPO 20	000/45 + Child	EE's Included:		\$2,747.58
					Dental		5/5		
Ded	Colns	Copay	OOP Ind		OOP Fam	Hospital	Rx Gen	Rx Pro	eferred
In-Net:\$2,000	20%	\$45/\$75 ded waive	\$6,800 (inc	l ded)	\$13,600 (incl ded)	20% after ded	\$15 ded waived	l \$55 aft	er \$250
Out-Net:\$4,000	50%	50% after ded	\$10,000 (in	cl ded)	\$20,000 (incl ded)	50% after ded; \$2,000 benefit max/day	Not covered	Not cov	rered
Employee Rate									
Name	Age		<u> </u>	Regio		Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	15	\$309.95	\$0.00	\$309.95	\$0.00	\$309.95
Employee 2	35	EE	90001	15	\$377.25	\$0.00	\$377.25	\$0.00	\$377.25
Employee 3	45	EE	90001	15	\$445.79	\$0.00	\$445.79	\$0.00	\$445.79
Employee 4	55	EE	90001	15	\$688.44	\$0.00	\$688.44	\$0.00	\$688.44
Employee 5	65	EE	90001	15	\$926.15	\$0.00	\$926.15	\$0.00	\$926.15
				Totals	s \$2,747.58	\$0.00	\$2,747.58	\$0.00	\$2,747.58
Blue Shield			PPO		Silver 70 PPO 20 Dental INF	000/45 + Child	EE's Included: 5/5		\$2,827.08
Ded	Colns	Copay	OOP Ind		OOP Fam	Hospital	Rx Gen	Rx Pr	eferred
In-Net:\$2,000	20%	\$45/\$75	\$6,800 (inc		\$13,600 (incl ded)	20% after ded	\$15 ded waived		er \$250
111140ι.φ2,000	2070	ded waive		i ded)	ψ10,000 (mor ασα)	2070 ditor ded	φτο aca waived	φοσαιι	51 Ψ 2 00
Out-Net:\$4,000	50%		\$10,000 (in	cl ded)	\$20,000 (incl ded)	50% after ded; \$2,000 benefit max/day	Not covered	Not cov	rered
Employee Rate									
Name	Age			Regio		Dep Rate		EE Cont	ER Cont
Employee 1	25	EE	90001	15	\$325.85	\$0.00	\$325.85	\$0.00	\$325.85
Employee 2	35	EE	90001	15	\$393.15	\$0.00	\$393.15	\$0.00	\$393.15
Employee 3	45	<u>EE</u>	90001	15	\$461.69	\$0.00	\$461.69	\$0.00	\$461.69
Employee 4	55	EE	90001	15	\$704.34	\$0.00	\$704.34	\$0.00	\$704.34
Employee 5	65	EE	90001	15	\$942.05	\$0.00	\$942.05	\$0.00	\$942.05
				Totals	s \$2,827.08	\$0.00	\$2,827.08	\$0.00	\$2,827.08
Blue Shield			PPO		Silver Full PPO	1300/45 OffEx	EE's Included: 5/5		\$2,598.49
Ded	Colns	Copay	OOP Ind		OOP Fam	Hospital	Rx Gen	Rx Pr	eferred
In-Net:\$1,300	40%	\$45/\$60	\$6,800 (inc		\$13,600 (incl ded)	40% after ded	\$15 ded waived		er \$250
11-140ι.ψ1,500	40 /0	ded waive	. ,	i dcu)	ψ10,000 (Incl dcd)	4070 arter aca	ψ15 aca waivec	φοσ απ	JI Ψ200
Out-Net:\$2,600	50%			cl ded)	\$20,000 (incl ded)	50% after ded; \$2,000 benefit max/day	Not covered	Not cov	rered
Employee Rate	Breakdow	/n							
Name	Age	e Covera	ige Zip	Regio		Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	15	\$293.13	\$0.00	\$293.13	\$0.00	\$293.13
Employee 2	35	EE	90001	15	\$356.78	\$0.00	\$356.78	\$0.00	\$356.78
Employee 3	45	EE	90001	15	\$421.60	\$0.00	\$421.60	\$0.00	\$421.60
Employee 4	55	EE	90001	15	\$651.08	\$0.00	\$651.08	\$0.00	\$651.08
Employee 5	65	EE	90001	15	\$875.90	\$0.00	\$875.90	\$0.00	\$875.90
				Totals	s \$2,598.49	\$0.00	\$2,598.49	(\$0.00)	\$2,598.49
					, ,	,	, ,	(, /	, ,

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Region 15 2017 3rd qtr broad network

Effective Date: 07-01-2017

Run Date: 06-09-2017 #5786226

Prepared For Effective Date Zip (County) Employer Contribution

Region 15 2017 3rd qtr broad network Silver PPO by Clifford Grekin on June 09, 2017

July 01, 2017 90601 (Los Angeles)

EE: 100% Dep: 0%

Employee Rate Breakdown

					Titato Di	oanao n	• •		
Blue Shield			PPO		Silver Full PPO	1700/40 OffEx	EE's Included 5/5	l:	\$2,609.26
Ded	Colns	Copay	OOP Ind		OOP Fam	Hospital	Rx Gen	Rx Pre	ferred
In-Net:\$1,700	30%	\$40/\$70 ded waive	\$6,800 (inc	l ded)	\$13,600 (incl ded)	30% after ded	\$15 ded waive	ed \$50 afte	r \$300
Out-Net:\$3,400	50%	50% after ded	\$10,000 (ir	cl ded)	\$20,000 (incl ded)	50% after ded; \$2,000 benefit max/day	Not covered	Not cov	ered
Employee Rate	Breakdow	n							
Name	Age	_	age Zip	Regio	n EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	15	\$294.35	\$0.00	\$294.35	\$0.00	\$294.35
Employee 2	35	EE	90001	15	\$358.26	\$0.00	\$358.26	\$0.00	\$358.26
Employee 3	45	EE	90001	15	\$423.34	\$0.00	\$423.34	\$0.00	\$423.34
Employee 4	55	EE	90001	15	\$653.78	\$0.00	\$653.78	\$0.00	\$653.78
Employee 5	65	EE	90001	15	\$879.53	\$0.00	\$879.53	\$0.00	\$879.53

\$2,609.26

\$0.00

\$2,609.26

\$0.00

Run Date: 06-09-2017 #5786226

\$2,609.26

Totals

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Effective Date: 07-01-2017

Prepared For	Effective Date	Zip (County)	Employer Contribution
Region 15 2017 3rd qtr broad network Silver PPO by Clifford Grekin on June 09, 2017	July 01, 2017	90601 (Los Angeles)	EE: 100% Dep: 0%

Employee Rate Breakdown

			Emplo	yee	Rate Br	eakdow	'n		
Kaiser			PPO		Silver 70 PPO 20	000/45	EE's Included: 5/5		\$3,891.59
Ded	Colns	Copay	OOP Ind		OOP Fam	Hospital	Rx Gen	Rx Pre	eferred
In-Net:\$2,000	20%	\$45/\$75 ded waive	\$6,800 (inc	l ded)	\$13,600 (incl ded)	20% after ded	\$15 ded waived	1 \$55 afte	er \$250
Out-Net:\$4,000	40%		\$13,600 (in	cl ded)	\$27,200 (incl ded)	40% after ded	Not covered	Not cov	rered
Employee Rate Name	_		ige Zip	Regio	n EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
	Age 25	EE	90001	15	\$439.00	\$0.00	\$439.00	\$0.00	\$439.00
Employee 1									
Employee 2	35	EE	90001	15	\$534.33	\$0.00	\$534.33	\$0.00	\$534.33
Employee 3	45	EE	90001	15	\$631.40	\$0.00	\$631.40	\$0.00	\$631.40
Employee 4	55	EE	90001	15	\$975.08	\$0.00	\$975.08	\$0.00	\$975.08
Employee 5	65	EE	90001	15	\$1311.78	\$0.00	\$1311.78	\$0.00	\$1,311.78
				Total	s \$3,891.59	\$0.00	\$3,891.59	\$0.00	\$3,891.59
UnitedHealthca	are		PP	0	Non-Differentia		EE's Includ	ded:	\$4,606.55
Dod	Colne	Conov	OOD Ind		2000/30% (AK-		5/5	Dy Dr	forrad
In-Net:N/A	Colns N/A	Copay N/A	N/A		OOP Fam N/A	Hospital N/A	Rx Gen	KX PIG	eferred
Out-Net:\$2,000	30%	30% after ded	\$6,750 (inc	l ded)	\$13,500 (incl ded)		\$20 ded waived	l \$50 afte	er \$200
Employee Rate	Breakdow	/n							
Name	Age	Covera	ige Zip	Regio	n EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	15	\$519.66	\$0.00	\$519.66	\$0.00	\$519.66
Employee 2	35	EE	90001	15	\$632.49	\$0.00	\$632.49	\$0.00	\$632.49
Employee 3	45	EE	90001	15	\$747.40	\$0.00	\$747.40	\$0.00	\$747.40
Employee 4	55	EE	90001	15	\$1154.23	\$0.00	\$1154.23	\$0.00	\$1,154.23
Employee 5	65	EE	90001	15	\$1552.77	\$0.00	\$1552.77	\$0.00	\$1,552.77
p.oj co c				Total		\$0.00	\$4,606.55	\$0.00	\$4,606.55
UnitedHealthca	are			PPO		Silver 2000/30			\$2,628.62
Ded	Colns	Copay	OOP Ind		OOP Fam	Hospital	Rx Gen	Rx Pre	eferred
In-Net:\$2,000	30%	30% after	\$6,750 (inc		\$13,500 (incl ded)	30% after ded	\$20 ded waived		
Out-Net:\$4,000	50%	ded 50% after ded	\$13,000 (in	cl ded)	\$26,000 (incl ded)	50% after ded	\$20 ded waived	1 \$50 afte	er \$200
Employee Rate	Breakdow	/n							
Name	Age		ige Zip	Regio		Dep Rate		EE Cont	ER Cont
Employee 1	25	EE	90001	15	\$296.53	\$0.00	\$296.53	\$0.00	\$296.53
Employee 2	35	EE	90001	15	\$360.92	\$0.00	\$360.92	\$0.00	\$360.92
Employee 3	45	EE	90001	15	\$426.49	\$0.00	\$426.49	\$0.00	\$426.49
Employee 4	55	EE	90001	15	\$658.63	\$0.00	\$658.63	\$0.00	\$658.63
Employee 5	65	EE	90001	15	\$886.05	\$0.00	\$886.05	\$0.00	\$886.05
				Total	s \$2,628.62	\$0.00	\$2,628.62	\$0.00	\$2,628.62
UnitedHealthca	are		Р	РО	<u> </u>		60% EE's Includ 5/5		\$2,816.05
							<u> </u>		
Ded	Colns	Copay	OOP Ind			Hospital		Rx Pre	eferred
Ded In-Net:\$2,000	Colns 30%	Copay \$30/\$60	OOP Ind \$6,750 (inc		OOP Fam \$13,500 (incl ded)	Hospital \$250/admit + 30	Rx Gen		eferred er \$200
In-Net:\$2,000 Out-Net:\$4,000	30% 50%	\$30/\$60 ded waive 50% after ded	\$6,750 (inc	l ded)	OOP Fam	\$250/admit + 30 after ded	Rx Gen	l \$50 afte	er \$200
In-Net:\$2,000 Out-Net:\$4,000 Employee Rate	30% 50% Breakdow	\$30/\$60 ded waive 50% after ded	\$6,750 (inc d \$13,500 (in	l ded) cl ded)	OOP Fam \$13,500 (incl ded) \$27,000 (incl ded)	\$250/admit + 30 after ded \$250/admit + 50 after ded	Rx Gen 0% \$20 ded waived 0% \$20 ded waived	l \$50 afte	er \$200 er \$200
In-Net:\$2,000 Out-Net:\$4,000 Employee Rate Name	30% 50% Breakdow Age	\$30/\$60 ded waive 50% after ded /n e Covera	\$6,750 (inc d \$13,500 (in	l ded) cl ded) Regio	\$13,500 (incl ded) \$27,000 (incl ded) BE Rate	\$250/admit + 30 after ded \$250/admit + 50 after ded Dep Rate	Rx Gen \$20 ded waived \$20 ded waived Total Rate	\$50 after \$50 af	er \$200 er \$200 ER Cont
In-Net:\$2,000 Out-Net:\$4,000 Employee Rate Name Employee 1	30% 50% Breakdow Age 25	\$30/\$60 ded waive 50% after ded //n E Covera	\$6,750 (inc d \$13,500 (in ige Zip 90001	l ded) cl ded) Regio 15	\$13,500 (incl ded) \$27,000 (incl ded) **EE Rate** \$317.68	\$250/admit + 30 after ded \$250/admit + 50 after ded Dep Rate \$0.00	Rx Gen \$20 ded waived \$20 ded waived Total Rate \$317.68	\$50 after \$50 after \$50 after \$50 after \$50.00	er \$200 er \$200 ER Cont \$317.68
In-Net:\$2,000 Out-Net:\$4,000 Employee Rate Name	30% 50% Breakdow Age 25 35	\$30/\$60 ded waive 50% after ded //n E Covera	\$6,750 (inc d \$13,500 (in	l ded) cl ded) Regio	\$13,500 (incl ded) \$27,000 (incl ded) **EE Rate** \$317.68 \$386.65	\$250/admit + 30 after ded \$250/admit + 50 after ded Dep Rate \$0.00 \$0.00	Rx Gen 0% \$20 ded waived 0% \$20 ded waived Total Rate \$317.68 \$386.65	\$50 after \$50 af	er \$200 er \$200 ER Cont \$317.68 \$386.65
In-Net:\$2,000 Out-Net:\$4,000 Employee Rate Name Employee 1	30% 50% Breakdow Age 25	\$30/\$60 ded waive 50% after ded //n E Covera EE EE	\$6,750 (inc d \$13,500 (in ige Zip 90001	Regio 15 15 15	\$13,500 (incl ded) \$27,000 (incl ded) **EE Rate** \$317.68	\$250/admit + 30 after ded \$250/admit + 50 after ded Dep Rate \$0.00	Rx Gen \$20 ded waived \$20 ded waived Total Rate \$317.68	\$50 after \$50 after \$50 after \$50 after \$50.00	ER Cont \$317.68 \$386.65 \$456.90
In-Net:\$2,000 Out-Net:\$4,000 Employee Rate Name Employee 1 Employee 2	30% 50% Breakdow Age 25 35	\$30/\$60 ded waive 50% after ded //n E Covera	\$6,750 (inc d \$13,500 (in age Zip 90001	I ded) cl ded) Regio 15 15	\$13,500 (incl ded) \$27,000 (incl ded) **EE Rate** \$317.68 \$386.65	\$250/admit + 30 after ded \$250/admit + 50 after ded Dep Rate \$0.00 \$0.00	Rx Gen 0% \$20 ded waived 0% \$20 ded waived Total Rate \$317.68 \$386.65	\$50 after \$50 after \$50 after \$50.00 \$0.00	er \$200
In-Net:\$2,000 Out-Net:\$4,000 Employee Rate Name Employee 1 Employee 2 Employee 3	30% 50% Breakdow Age 25 35 45	\$30/\$60 ded waive 50% after ded //n E Covera EE EE	\$6,750 (inc d \$13,500 (in ige Zip 90001 90001	Regio 15 15 15	\$13,500 (incl ded) \$27,000 (incl ded) EE Rate \$317.68 \$386.65 \$456.90	\$250/admit + 30 after ded \$250/admit + 50 after ded Dep Rate \$0.00 \$0.00 \$0.00	Rx Gen \$20 ded waived \$20 ded waived Total Rate \$317.68 \$386.65 \$456.90	## \$50 after ## \$50 after ## \$50 after ## \$0.00 ## \$0.00 ## \$0.00	ER Cont \$317.68 \$386.65 \$456.90

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Run Date: 06-09-2017 #5786226

Effective Date: 07-01-2017

Footnotes

Footnotes

Anthem Blue Cross

*All Medical and Dental Plans and Rates are subject to Regulatory Review and/or Approval.

*Employers are responsible for sending an electronic or printed copy of the summary of benefits and coverage (also called an "SBC") to plan participants and beneficiaries. To access your groups SBC's, go to https://sbc.anthem.com/.

*This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits. This summary of benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).

*The Anthem Blue Cross medical and dental premiums displayed in this proposal are based on the census information provided and the zip code rating region designations in Health Connects' system. Some zip codes may have a dual county rating region. Health Connect has defaulted these zip codes to the most populous county. However, once Anthem Blue Cross receives the enrollment the county may be updated based on the physical address. To improve the accuracy of this proposal, insure the correct rating region designation is noted for the Employer. Rating regions can be referenced in the rate guide Final rates are set by Anthem Blue Cross.

*New Hire rates are based on the employee's age as of his/her coverage effective date. If this is a "New Hire" quote, please make the necessary changes in your census to reflect the true age of the new employee.

Blue Shield

*Blue Shield currently has a billing system glitch when a new hire is added mid-year. The rate that the system assigns the member is based on the group effective date or previous renewal date instead of the age at time of enrollment. They are working to correct this error and hope to have it resolved this year. The correct rate should be based on the employees age at time of enrollment; however, due to the system issue, the incorrect lower rate is being charged.

*The 2016 plan designs are still PENDING REGULATORY APPROVAL.

*New Hire rates are based on the employee's age as of his/her coverage effective date. If this is a "New Hire" quote, please make the necessary changes in your census to reflect the true age of the new employee.

*If you are an employer located in certain California counties whose eligible employees live or work in the Exclusive HMO® service area, you have the option of choosing any of the Full HMO® plans or Exclusive HMO, but not both. The Exclusive HMO plans have the same benefits as our Full HMO plans. Exclusive HMO plan options may not be combined with or offered alongside any other full network HMO plan.

Kaiser

*New Hire rates are based on the employee's age as of group's contract effective date.

*Actual rates may be lower if a less expensive default rating area is applied to the group.

*The Kaiser Permanente medical and dental premiums displayed in this proposal are based on the census information provided and the zip code rating region designations in HealthConnect's system. Some zip codes may have a dual county rating region. HealthConnect has defaulted these zip codes to the most populous county. However, once Kaiser Permanente receives the enrollment the county may be updated based on the physical address. To improve the accuracy of this proposal, insure the correct rating region designation is noted for each quoted subscriber.

*Employees who live outside the Kaiser Permanente service area are not eligible for coverage unless the employer is located in the Kaiser Permanente service area. If an employer is located outside the Kaiser Permanente service area, then only the employees who live in the service area are eligible for coverage. Employees must meet all qualification requirements to be eligible to enroll.

* Groups can only offer one PPO plan alongside HMO plan(s).

*All metal HMO medical plans include a bundled pediatric dental rider. The cost of the rider is included in the medical plan premium for members under 19.

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Footnotes

UnitedHealthcare

*Core and Navigate plans may be available to employees residing outside of CA. Please contact your representative for further information.

*There may be additional plans available for specific service areas not quoted herein. Please contact your broker.

*Premium rates and/or product forms included herein are subject to approval by regulators. If the rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings, in accordance with applicable law. The Navigate network included herein is subject to approval by regulators. If the Navigate network offered herein is subsequently modified by regulators we will immediately advise you of the change in network, in accordance with applicable law.

*UHC will not write business if more than 25% of the population is located in Vermont or Minnesota.

*Each UnitedHealthcare Member can choose their Primary Care Physician, as long as the doctor is selected from United's list of Primary Care Physicians and the doctor is located within 30 miles of either the Member's Primary Residence or Primary Workplace.

*New Hire rates are based on the employee's age as of his/her coverage effective date. If this is a "New Hire" quote, please make the necessary changes in your census to reflect the true age of the new employee.

*Infertility is an optional benefit for all HMO plans and the rate is calculated as a 4.8% premium increase.

*For plans Select Plus 15/250/10% Gold, Select Plus 15/500/10% Gold, Select Plus 20/750/20% Gold, Select Plus 15/1000/10% Gold, Select Plus 25/1800/20% Silver, Select Plus 35/1800/30% Silver, and/or Select Plus 4500/20% Bronze the outpatient per occurrence deductible may be waived for outpatient services received at an in-network independent, non-hospital affiliated provider.

*For HSA plans: Making sure that the employer contribution to HSAs fall into the designated dollar amount ranges helps ensure that the plan meets the actuarial value for the metallic level of coverage selected and ensures compliance with the requirements of the ACA. If the employer does not intend to make the contributions or intends to change the amount or timing of the contributions, please contact your UnitedHealthcare representative immediately. Please refer to the HRA HSA confirmation letter under the forms section for the applicable HSA Employer Contribution ranges

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Region 15 2017 3rd gtr broad network

Effective Date: 07-01-2017

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