Side By Side Detail

Region 16 2017 3rd qtr Narrow network Gold PPO

Los Angeles, Los Angeles, 90001

Prepared by Clifford Grekin Effective July 01, 2017

		Blue Cross D 1000/20%/6000		Blue Cross PO 20/30%/6500		lue Cross 0 2000/20%/4000		Blue Cross PO 30/20%/6750
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$1,000	\$2,000	\$0	\$2,000	\$2,000	\$4,000	\$0	\$2,000
Family Deductible	\$3,000 (embedded)	\$4,000 (embedded)	\$0	\$4,000	\$4,000 (embedded)	\$8,000 (embedded)	\$0	\$4,000
Individual OOP Limit	\$6,000 (incl ded)	\$12,000 (incl ded)	\$6,500	\$13,000 (incl ded)	\$4,000 (incl ded)	\$8,000 (incl ded)	\$6,750	\$13,500 (incl ded)
Family OOP Limit	\$12,000 (incl ded)	\$24,000 (incl ded)	\$13,000	\$26,000 (incl ded)	\$8,000 (incl ded)	\$16,000 (incl ded)	\$13,500	\$27,000 (incl ded)
PC/Specialist	\$20/\$40 ded waived	50% after ded	\$20/\$40	50% after ded	\$25/\$50 ded waived	50% after ded	\$30/\$55	50% after ded
Lab/X-Ray	20% after ded	50% after ded	30%	50% after ded	20% after ded	50% after ded	\$35/\$55	50% after ded
Inpatient Hospital	20% after ded 50% after ded; \$650 benefit max/day		30%	50% after ded; \$650 benefit max/day	20% after ded	50% after ded; \$650 benefit max/day	20%	50% after ded; \$650 benefit max/day
Outpatient Facility	20% after ded	50% after ded; \$380 benefit max/admit	30%	50% after ded; \$380 benefit max/admit	20% after ded	50% after ded; \$380 benefit max/admit	20%	50% after ded; \$380 benefit max/admit
Emergency Room	\$250 + 20% after ded	Paid as in-network	\$250 + 30%	Paid as in-network	\$250 + 20% after ded	Paid as in-network	\$325	Paid as in-network
Urgent Care	\$40 ded waived	50% after ded	\$40	50% after ded	\$50 ded waived	50% after ded	\$30	50% after ded
Rx Generic	\$5/\$20 ded waived	Not covered	\$5/\$20 ded waived	Not covered	\$5/\$20 ded waived	Not covered	\$15	Not covered
Rx Preferred	\$40 ded waived	Not covered	\$40 after \$250	Not covered	\$40 ded waived	Not covered	\$55	Not covered
EE's Included	5	/5	5	/5	5,	/5	5/5	
EE Cost	\$3,5	38.20	\$3,63	36.54	\$3,47	75.63	\$3,908.08	
Dep Cost	\$0	.00	\$0	.00	\$0.00		\$0.00	
Total	\$3,5	38.20	. ,	36.54	\$3,475.63		\$3,9	08.08
ER Total	\$3,5	38.20	\$3,63	36.54	\$3,47	75.63	\$3,9	08.08

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Side By Side Detail

Region 16 2017 3rd qtr Narrow network Gold PPO

Los Angeles, Los Angeles, 90001

Prepared by Clifford Grekin Effective July 01, 2017

		lue Cross O 500/20%/6500	Anthem Blue Cross Gold Select PPO 700/20%/6600		UnitedHealthcare Core Gold 20/1000/20% (AK-SD)		UnitedHealthcare Core Gold 20/250/20% (AK-SB)	
	In Network		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$500	\$1,000	\$700	\$1,400	\$1,000	\$2,000	\$250	\$1,000
Family Deductible	\$1,500 (embedded)	\$2,000 (embedded)	\$2,100 (embedded)	\$2,800 (embedded)	\$2,000	\$4,000	\$500	\$2,000
Individual OOP Limit	\$6,500 (incl ded)	\$13,000 (incl ded)	\$6,600 (incl ded)	\$13,200 (incl ded)	\$6,000 (incl ded)	\$12,000 (incl ded)	\$5,500 (incl ded)	\$11,000 (incl ded)
Family OOP Limit	\$13,000 (incl ded)	\$26,000 (incl ded)	\$13,200 (incl ded)	\$26,400 (incl ded)	\$12,000 (incl ded)	\$24,000 (incl ded)	\$11,000 (incl ded)	\$22,000 (incl ded)
PC/Specialist	\$30/\$60 ded waived	50% after ded	\$20/\$40 ded waived	50% after ded	\$20/\$40 ded waived	50% after ded	\$20/\$40 ded waived	50% after ded
Lab/X-Ray	20% after ded	50% after ded	20% after ded	50% after ded	\$250 + 20% after ded	\$250 + 50% after ded	\$250 + 20% after ded	\$250 + 50% after ded
Inpatient Hospital	20% after ded	50% after ded; \$650 benefit max/day	20% after ded	50% after ded; \$650 benefit max/day	\$250/admit + 20% after ded	\$250/admit + 50% after ded	\$250/admit + 20% after ded	\$250/admit + 50% after ded
Outpatient Facility	20% after ded	50% after ded; \$380 benefit max/admit	20% after ded	50% after ded; \$380 benefit max/admit	\$250 + 20% after ded	\$250 + 50% after ded	\$250 + 20% after ded	\$250 + 50% after ded
Emergency Room	\$250 + 20% after ded	Paid as in-network	\$250 + 20% ded waived	Paid as in-network	\$100 ded waived	Paid as in-network	\$100 ded waived	Paid as in-network
Urgent Care	\$60 ded waived	50% after ded	\$40 ded waived	50% after ded	\$50 ded waived	50% after ded	\$50 ded waived	50% after ded
Rx Generic	\$5/\$20 ded waived	Not covered	\$5/\$20 ded waived	Not covered	\$15	\$15 ded waived	\$15	\$15 ded waived
Rx Preferred	\$40 after \$250	Not covered	\$40 after \$250	Not covered	\$35	\$35 ded waived	\$35	\$35 ded waived
EE's Included	5,	/5	5.	/5	5/	/5	5,	/5
EE Cost	\$3,5	35.79	\$3,5	10.16	\$3,23	30.43	\$3,39	95.45
Dep Cost	\$0	.00	\$0	.00	\$0.	.00	\$0	.00
Total	\$3,5	35.79	\$3,5	10.16	\$3,230.43		\$3,395.45	
ER Total	\$3,53	35.79	\$3,5	10.16	\$3,23	30.43	\$3,39	95.45

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Side By Side Detail

Region 16 2017 3rd qtr Narrow network Gold PPO

Prepared by Clifford Grekin Effective July 01, 2017

Los Angeles, Los Angeles, 90001

		ealthcare 50/20% (AK-SC)		ealthcare I 30/20% (AK-R3)		
	In Network	Out of Network	In Network	Out of Network		
Individual Deductible	\$750	\$1,500	\$0	\$1,000		
Family Deductible	\$1,500	\$3,000	\$0	\$2,000		
Individual OOP Limit	\$5,500 (incl ded)	\$11,000 (incl ded)	\$6,750	\$13,500 (incl ded)		
Family OOP Limit	\$11,000 (incl ded)	\$22,000 (incl ded)	\$13,500	\$27,000 (incl ded)		
PC/Specialist	\$20/\$40 ded waived	50% after ded	\$30/\$55	50% after ded		
Lab/X-Ray	\$250 + 20% after ded	\$250 + 50% after ded	\$35/\$55	50% after ded		
Inpatient Hospital	\$250/admit + 20% after ded	\$250/admit + 50% after ded	20%	50% after ded		
Outpatient Facility	\$250 + 20% after ded	\$250 + 50% after ded	20%	50% after ded		
Emergency Room	\$100 ded waived	Paid as in-network	\$325	Paid as in-network		
Urgent Care	\$50 ded waived	50% after ded	\$30	50% after ded		
Rx Generic	\$15	\$15 ded waived	\$15	\$15 ded waived		
Rx Preferred	\$35	\$35 ded waived	\$55	\$55 ded waived		
EE's Included	5,	/5	5	5/5		,
EE Cost	\$3,29	95.14	\$3,4	08.43		
Dep Cost	\$0	.00	\$0	.00		
Total	\$3,29	95.14	\$3,4	08.43		
ER Total	\$3,29	95.14	\$3,4	08.43		

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Region 16 2017 3rd qtr Narrow network Gold PPO	July 01, 2017	90001 (Los Angeles)	EE: 100% Dep: 0%

by Clifford Grekin on June 12, 2017

Employee Rate Breakdown

Anthem Blue C	ross	PPO Gold Select PPO 100				000/20%/6000	led:	\$3,538.20	
				_			5/5		
Ded	Colns	Copay	OOP Ind		OP Fam	Hospital	Rx Gen		eferred
In-Net:\$1,000	20%	\$20/\$40 ded waive	\$6,000 (inc	I ded) \$	12,000 (incl ded)	20% after ded	\$5/\$20 ded w	aived \$40 ded	d waived
Out-Net:\$2,000	50%	50% after ded	\$12,000 (in	cl ded) \$2	24,000 (incl ded)	50% after ded; \$650 max/day	Not covered	Not cov	ered
Employee Rate			as 7in	Dogion	EE Doto	Don Boto	Total Data	EE Cont	ED Con
Name	Age		 	Region	EE Rate	Dep Rate	Total Rate		ER Cont
Employee 1	25	<u>EE</u>	90001	16	\$399.14	\$0.00	\$399.14	\$0.00	\$399.14
Employee 2	35	EE	90001	16	\$485.81	\$0.00	\$485.81	\$0.00	\$485.81
Employee 3	45	EE	90001	16	\$574.06	\$0.00	\$574.06	\$0.00	\$574.06
Employee 4	55	EE	90001	16	\$886.54	\$0.00	\$886.54	\$0.00	\$886.54
Employee 5	65	EE	90001	16	\$1192.65	\$0.00	\$1192.65	\$0.00	\$1,192.65
				Totals	\$3,538.20	\$0.00	\$3,538.20	(\$0.00)	\$3,538.20
Anthem Blue C	ross		PPO	Gol	d Select PPO 2	20/30%/6500	EE's Includ 5/5	ed:	\$3,636.54
Ded	Colns	Copay	OOP Ind	0	OP Fam	Hospital	Rx Gen	Rx Pre	eferred
In-Net:\$0	30%	\$20/\$40	\$6,500		13,000 (incl ded)	30%		aived \$40 after	
Out-Net:\$2,000	50%		\$13,000 (in		26,000 (incl ded)	50% after ded; \$650 max/day	Not covered	Not covered	
Employee Rate				_					
Name	Age			Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	16	\$410.23	\$0.00	\$410.23	\$0.00	\$410.23
Employee 2	35	EE	90001	16	\$499.31	\$0.00	\$499.31	\$0.00	
Employee 3	45							A	
		EE	90001	16	\$590.02	\$0.00	\$590.02	\$0.00	\$590.02
Employee 4	55	EE	90001	16	\$911.18	\$0.00 \$0.00	\$590.02 \$911.18	\$0.00	\$590.02 \$911.18
				16 16	\$911.18 \$1225.80	\$0.00 \$0.00 \$0.00	\$590.02 \$911.18 \$1225.80	\$0.00 \$0.00	\$590.02 \$911.18 \$1,225.80
	55	EE	90001	16	\$911.18	\$0.00 \$0.00	\$590.02 \$911.18	\$0.00	\$590.02 \$911.18 \$1,225.80
Employee 4 Employee 5 Anthem Blue C	55 65	EE	90001	16 16 Totals	\$911.18 \$1225.80	\$0.00 \$0.00 \$0.00 \$0.00	\$590.02 \$911.18 \$1225.80	\$0.00 \$0.00 \$0.00	\$499.31 \$590.02 \$911.18 \$1,225.80 \$3,636.54 \$3,475.63
Employee 5	55 65	EE	90001 90001	16 16 Totals Gold	\$911.18 \$1225.80 \$3,636.54	\$0.00 \$0.00 \$0.00 \$0.00	\$590.02 \$911.18 \$1225.80 \$3,636.54 EE's Include	\$0.00 \$0.00 \$0.00 ied:	\$590.02 \$911.18 \$1,225.80 \$3,636.54
Employee 5 Anthem Blue C	55 65 Cross	EE EE Copay \$25/\$50	90001 90001 PPO OOP Ind \$4,000 (inc	16 16 Totals Gold	\$911.18 \$1225.80 \$3,636.54 Select PPO 20	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 000/20%/4000	\$590.02 \$911.18 \$1225.80 \$3,636.54 EE's Includ 5/5 Rx Gen	\$0.00 \$0.00 \$0.00 ied:	\$590.02 \$911.18 \$1,225.80 \$3,636.54 \$3,475.63
Employee 5 Anthem Blue C	55 65 Cross	EE EE Copay \$25/\$50 ded waive	90001 90001 PPO OOP Ind \$4,000 (inc	16 16 Totals Gold O	\$911.18 \$1225.80 \$3,636.54 Select PPO 20	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Hospital	\$590.02 \$911.18 \$1225.80 \$3,636.54 EE's Includ 5/5 Rx Gen	\$0.00 \$0.00 \$0.00 ied:	\$590.02 \$911.18 \$1,225.80 \$3,636.54 \$3,475.63 eferred
Employee 5 Anthem Blue C Ded In-Net:\$2,000 Out-Net:\$4,000 Employee Rate	55 65 Cross Colns 20% 50%	EE EE Copay \$25/\$50 ded waive 50% after ded	90001 90001 PPO OOP Ind \$4,000 (inc	16 16 Totals Gold O I ded) \$8	\$911.18 \$1225.80 \$3,636.54 Select PPO 20 OP Fam 3,000 (incl ded) 16,000 (incl ded)	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 D00/20%/4000 Hospital 20% after ded 50% after ded; \$650 max/day	\$590.02 \$911.18 \$1225.80 \$3,636.54 EE's Include 5/5 Rx Gen \$5/\$20 ded w	\$0.00 \$0.00 \$0.00 ded: Rx Prevaived \$40 dec	\$590.02 \$911.18 \$1,225.80 \$3,636.54 \$3,475.63 eferred d waived
Employee 5 Anthem Blue C Ded In-Net:\$2,000 Out-Net:\$4,000 Employee Rate Name	55 65 Cross Colns 20% 50% Breakdow Age	Copay \$25/\$50 ded waive 50% after ded	90001 90001 PPO OOP Ind \$4,000 (inc d \$8,000 (inc	16 16 Totals Gold O I ded) \$8	\$911.18 \$1225.80 \$3,636.54 Select PPO 20 OP Fam 3,000 (incl ded) 16,000 (incl ded)	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00/20%/4000 Hospital 20% after ded; \$650 max/day	\$590.02 \$911.18 \$1225.80 \$3,636.54 EE's Include 5/5 Rx Gen \$5/\$20 ded w Not covered	\$0.00 \$0.00 \$0.00 ded: Rx Prevaived \$40 dec Not cov	\$590.02 \$911.18 \$1,225.80 \$3,636.54 \$3,475.63 eferred d waived ered
Employee 5 Anthem Blue C Ded In-Net:\$2,000 Out-Net:\$4,000 Employee Rate Name Employee 1	55 65 Cross Colns 20% 50% Breakdow Age 25	Copay \$25/\$50 ded waive 50% after ded	90001 90001 PPO OOP Ind \$4,000 (inc) d \$8,000 (inc) uge Zip 90001	16 16 Totals Gold O I ded) \$8 I ded) \$8 Region	\$911.18 \$1225.80 \$3,636.54 Select PPO 20 OP Fam 3,000 (incl ded) 16,000 (incl ded) EE Rate \$392.08	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00/20%/4000 Hospital 20% after ded; \$650 max/day Dep Rate \$0.00	\$590.02 \$911.18 \$1225.80 \$3,636.54 EE's Include 5/5 Rx Gen \$5/\$20 ded w Not covered	\$0.00 \$0.00 \$0.00 \$0.00 ded: Rx Prevaived \$40 dec Not cov	\$590.02 \$911.18 \$1,225.80 \$3,636.54 \$3,475.63 eferred d waived ered ER Con \$392.08
Employee 5 Anthem Blue C Ded In-Net:\$2,000 Out-Net:\$4,000 Employee Rate Name Employee 1 Employee 2	55 65 Cross Colns 20% 50% Breakdow Age 25 35	Copay \$25/\$50 ded waive 50% after ded 'In E Covera EE	90001 90001 PPO OOP Ind \$4,000 (inc) \$8,000 (inc) ge Zip 90001 90001	16 16 Totals Gold O I ded) \$8 I ded) \$8 Region 16 16	\$911.18 \$1225.80 \$3,636.54 Select PPO 20 OP Fam 3,000 (incl ded) 16,000 (incl ded) EE Rate \$392.08 \$477.22	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00/20%/4000 Hospital 20% after ded; \$650 max/day Dep Rate \$0.00 \$0.00	\$590.02 \$911.18 \$1225.80 \$3,636.54 EE's Included 5/5 Rx Gen \$5/\$20 ded w Not covered Total Rate \$392.08 \$477.22	\$0.00 \$0.00 \$0.00 \$0.00 ded: Rx Prevaived \$40 dec Not cov EE Cont \$0.00 \$0.00	\$590.02 \$911.18 \$1,225.80 \$3,636.54 \$3,475.63 eferred d waived ered ER Cont \$392.08 \$477.22
Employee 5 Anthem Blue C Ded In-Net:\$2,000 Out-Net:\$4,000 Employee Rate Name Employee 1 Employee 2 Employee 3	55 65 Cross Colns 20% 50% Breakdow Age 25 35 45	Copay \$25/\$50 ded waive 50% after ded vn e Covera EE EE	90001 90001 PPO OOP Ind \$4,000 (inc) \$8,000 (inc) ge Zip 90001 90001 90001	16 16 Totals Gold Olded) \$8 I ded) \$8 Region 16 16	\$911.18 \$1225.80 \$3,636.54 Select PPO 20 OP Fam 3,000 (incl ded) 16,000 (incl ded) EE Rate \$392.08 \$477.22 \$563.91	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00/20%/4000 Hospital 20% after ded; \$650 max/day Dep Rate \$0.00 \$0.00	\$590.02 \$911.18 \$1225.80 \$3,636.54 EE's Included 5/5 Rx Gen \$5/\$20 ded w Not covered Total Rate \$392.08 \$477.22 \$563.91	\$0.00 \$0.00 \$0.00 \$0.00 ded: Rx Prevaived \$40 ded Not cov EE Cont \$0.00 \$0.00	\$590.02 \$911.18 \$1,225.80 \$3,636.54 \$3,475.63 eferred d waived ered ER Cont \$392.08 \$477.22 \$563.91
Employee 5 Anthem Blue C Ded In-Net:\$2,000 Out-Net:\$4,000 Employee Rate Name Employee 1 Employee 2 Employee 3 Employee 4	55 65 Cross Colns 20% 50% Breakdow Age 25 35 45 55	Copay \$25/\$50 ded waive 50% after ded 'In E Covera EE EE EE	90001 90001 PPO OOP Ind \$4,000 (inc) \$8,000 (inc) ge Zip 90001 90001 90001	16 16 Totals Gold Olded) \$8 I ded) \$8 Region 16 16 16	\$911.18 \$1225.80 \$3,636.54 Select PPO 20 OP Fam 3,000 (incl ded) 16,000 (incl ded) EE Rate \$392.08 \$477.22 \$563.91 \$870.86	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00/20%/4000 Hospital 20% after ded; \$650 max/day Dep Rate \$0.00 \$0.00 \$0.00 \$0.00	\$590.02 \$911.18 \$1225.80 \$3,636.54 EE's Included 5/5 Rx Gen \$5/\$20 ded w Not covered Total Rate \$392.08 \$477.22 \$563.91 \$870.86	\$0.00 \$0.00 \$0.00 \$0.00 ded: Rx Prevaived \$40 ded Not cov EE Cont \$0.00 \$0.00 \$0.00 \$0.00	\$590.02 \$911.18 \$1,225.80 \$3,636.54 \$3,475.63 eferred d waived ered ER Cont \$392.08 \$477.22 \$563.91 \$870.86
Employee 5 Anthem Blue C Ded In-Net:\$2,000	55 65 Cross Colns 20% 50% Breakdow Age 25 35 45	Copay \$25/\$50 ded waive 50% after ded vn e Covera EE EE	90001 90001 PPO OOP Ind \$4,000 (inc) \$8,000 (inc) ge Zip 90001 90001 90001	16 16 Totals Gold Olded) \$8 I ded) \$8 Region 16 16	\$911.18 \$1225.80 \$3,636.54 Select PPO 20 OP Fam 3,000 (incl ded) 16,000 (incl ded) EE Rate \$392.08 \$477.22 \$563.91	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00/20%/4000 Hospital 20% after ded; \$650 max/day Dep Rate \$0.00 \$0.00	\$590.02 \$911.18 \$1225.80 \$3,636.54 EE's Included 5/5 Rx Gen \$5/\$20 ded w Not covered Total Rate \$392.08 \$477.22 \$563.91	\$0.00 \$0.00 \$0.00 \$0.00 ded: Rx Prevaived \$40 ded Not cov EE Cont \$0.00 \$0.00	\$590.02 \$911.18 \$1,225.80 \$3,636.54 \$3,475.63 eferred

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Region 16 2017 3rd qtr Narrow network

Effective Date: 07-01-2017

Run Date: 06-12-2017 #5787503

Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Region 16 2017 3rd qtr Narrow network Gold PPO	July 01, 2017	90001 (Los Angeles)	EE: 100% Dep: 0%

by Clifford Grekin on June 12, 2017

Employee Rate Breakdown

				руе	e Rate Br	eakdow	<u>/n</u>		
Anthem Blue C	ross		PPO	G	iold Select PPO	30/20%/6750	EE's Include	ed:	\$3,908.08
							5/5		
Ded	Colns	Copay	OOP Ind		OOP Fam	Hospital	Rx Gen	Rx Pre	eferred
In-Net:\$0	20%	\$30/\$55	\$6,750		\$13,500	20%	\$15	\$55	
Out-Net:\$2,000	50%	ded	\$13,500 (ir	ncl ded)	\$27,000 (incl ded)	50% after ded; \$650 max/day	Not covered	Not cov	vered
Employee Rate	_		7:	Dania	FF Data	Dan Data	Total Data	EE Comb	ED Comt
Name	Age			Regio	on EE Rate \$440.87	Dep Rate \$0.00	Total Rate \$440.87	EE Cont	ER Cont
Employee 1	25 35	<u>EE</u> EE	90001	16 16	\$536.59	\$0.00	\$536.59	\$0.00 \$0.00	\$440.87 \$536.59
Employee 2	35 45	EE	90001	16	\$634.07	\$0.00	\$634.07	\$0.00	\$634.07
Employee 3									
Employee 4	55	EE	90001	16	\$979.22	\$0.00	\$979.22	\$0.00	\$979.22
Employee 5	65	EE	90001	16	\$1317.33	\$0.00	\$1317.33	\$0.00	\$1,317.33
A (1 D) 6				Tota		\$0.00	\$3,908.08	\$0.00	\$3,908.08
Anthem Blue C	cross		PPO	G	old Select PPO 5	00/20%/6500	EE's Includ 5/5	ed:	\$3,535.79
Ded	Colns	Copay	OOP Ind		OOP Fam	Hospital	Rx Gen	Rx Pre	eferred
In-Net:\$500	20%	\$30/\$60	\$6,500 (inc	ded)	\$13,000 (incl ded)	20% after ded	\$5/\$20 ded w	aived \$40 afte	er \$250
Out-Net:\$1,000	50%	ded waive 50% after ded	ed \$13,000 (ir	ncl ded)	\$26,000 (incl ded)	50% after ded; \$650 max/day	Not covered	Not cov	vered
Employee Rate	Breakdow					φοσο παλιαάγ			
Name	Age		age Zip	Regio	n EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	16	\$398.87	\$0.00	\$398.87	\$0.00	\$398.87
Employee 2	35	EE	90001	16	\$485.48	\$0.00	\$485.48	\$0.00	\$485.48
Employee 3	45	EE	90001	16	\$573.67	\$0.00	\$573.67	\$0.00	\$573.67
Employee 4	55	EE	90001	16	\$885.93	\$0.00	\$885.93	\$0.00	\$885.93
Employee 5	65	EE	90001	16	\$1191.84	\$0.00	\$1191.84	\$0.00	\$1,191.84
Linployee 5			30001	Tota		\$0.00	\$3,535.79	\$0.00	\$3,535.79
Anthem Blue C	ross		PPO		old Select PPO 7	· · · · · · · · · · · · · · · · · · ·	EE's Includ 5/5	•	\$3,510.16
Ded	Colns	Copay	OOP Ind		OOP Fam	Hospital	Rx Gen	Ry Pre	eferred
In-Net:\$700	20%	\$20/\$40	\$6,600 (inc	:l ded)	\$13,200 (incl ded)	20% after ded	\$5/\$20 ded w		
	2070	ded waive			ψ.ο, <u>2</u> οο (ο. αοα)	2070 0.10. 000	ψο, ψ=ο ασα	ασα φσα	σ. ψ=σσ
Out-Net:\$1,400	50%	50% after ded	\$13,200 (ir	ncl ded)	\$26,400 (incl ded)	50% after ded; \$650 max/day	Not covered	Not cov	vered
Employee Rate	Breakdow	'n							
Name	Age		age Zip	Regio		Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	<u>EE</u>	90001	16	\$395.98	\$0.00	\$395.98	\$0.00	\$395.98
Employee 2	35	EE	90001	16	\$481.96	\$0.00	\$481.96	\$0.00	\$481.96
Employee 3	45	EE	90001	16	\$569.51	\$0.00	\$569.51	\$0.00	\$569.51
Employee 4	55	EE	90001	16	\$879.51	\$0.00	\$879.51	\$0.00	\$879.51
Employee 5	65	EE	90001	16	\$1183.20	\$0.00	\$1183.20	\$0.00	\$1,183.20
				Tota		\$0.00	\$3,510.16	\$0.00	\$3,510.16
UnitedHealthca	are		F	PPO	Core Gold 20	/1000/20% (AK	(-SD) EE's Inclu 5/5	ıded:	\$3,230.43
Ded	Colns	Copay	OOP Ind		OOP Fam	Hospital	Rx Gen	Rx Pre	eferred
In-Net:\$1,000	20%	\$20/\$40	\$6,000 (inc	ded)	\$12,000 (incl ded)	\$250/admit + 20		\$35	
Out-Net:\$2,000	50%	ded waive 50% after ded		ncl ded)	\$24,000 (incl ded)	after ded \$250/admit + 50 after ded	0% \$15 ded waiv	ed \$35 de	d waived
Employee Rate	Breakdow					3.10. 404			
Name	Age	_	age Zip	Regio	n EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	16	\$364.42	\$0.00	\$364.42	\$0.00	\$364.42
Employee 2	35	EE	90001	16	\$443.55	\$0.00	\$443.55	\$0.00	\$443.55
Employee 3	45	EE	90001	16	\$524.13	\$0.00	\$524.13	\$0.00	\$524.13
Employee 4	55	EE	90001	16	\$809.42	\$0.00	\$809.42	\$0.00	\$809.42
Employee 5	65	EE	90001	16	\$1088.91	\$0.00	\$1088.91	\$0.00	\$1,088.91
			30001	T-4-		Φ0.00	Φ1000.01	φο.οο (¢ ο.οο)	¢2.220.42

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Effective Date: 07-01-2017

\$3,230.43

\$0.00

\$3,230.43

(\$0.00)

Run Date: 06-12-2017 #5787503

\$3,230.43

Totals

Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Region 16 2017 3rd atr Narrow network Gold PPO	July 01, 2017	90001 (Los Angeles)	FF: 100% Dep: 0%

by Clifford Grekin on June 12, 2017

Employee Rate Breakdown

Ded Colns Copay OOP Ind OOP Fam Hospital Rx Gen Rx Preferred					руев	Rate Br	eakdow	n		
Ded Colns Copay OOP Ind OOP Fam Hospital Rx Gen Rx Preferred	UnitedHealthca	are		F	PPO	Core Gold 20	D/250/20% (AK-	SB) EE's Inclu	ded:	\$3,395.45
In-Net:\$250 20% \$20/\$40 \$5,500 (incl ded) \$11,000 (incl ded) \$25/0admit + 20% \$15 \$35								5/5		
In-Net:\$250	Ded	Colns	Copay	OOP Ind		OOP Fam	Hospital	Rx Gen	Rx Pre	eferred
Sundame	In-Net:\$250	20%	\$20/\$40		l ded)	\$11,000 (incl ded)	\$250/admit + 20	% \$15	\$35	
Name	Out-Net:\$1,000	50%	50% after		icl ded)	\$22,000 (incl ded)	\$250/admit + 50	% \$15 ded waive	ed \$35 de	d waived
Name	Employee Rate	Breakdow	'n							
Employee 1	Name			age Zip	Regio	n EE Rate	Dep Rate	Total Rate	EE Cont	ER Con
Employee 3	Employee 1			90001			\$0.00	\$383.04	\$0.00	\$383.0
Product State Product State	Employee 2	35	EE	90001	16	\$466.21	\$0.00	\$466.21	\$0.00	\$466.2
Totals \$3,395.45 \$0.00 \$1,144.53 \$0.00 \$1,144.53 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00	Employee 3	45	EE	90001	16	\$550.90	\$0.00	\$550.90	\$0.00	\$550.9
Totals \$3,395.45 \$0.00 \$1,144.53 \$0.00 \$1,144.53 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00	Employee 4	55	EE	90001	16	\$850.77	\$0.00	\$850.77	\$0.00	\$850.7
Totals \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00 \$3,395.45 \$0.00	Employee 5	65	EE	90001	16	\$1144.53	\$0.00	\$1144.53	\$0.00	\$1,144.5
Ded Colns Copay OOP Ind OOP Fam Hospital Rx Gen Rx Preferred	•				Total	s \$3,395.45	\$0.00	\$3,395.45	\$0.00	\$3,395.4
Ded Colns Copay OOP Ind OOP Fam Hospital Rx Gen Rx Preferred	UnitedHealthca	are		F	PPO	Core Gold 20	0/750/20% (AK-		ded:	\$3,295.14
In-Net:\$750 20% \$20/\(\frac{9}{4}\) \$5,500 (incl ded) \$11,000 (incl ded) \$250/admit + 20% \$15 \$35 \$35 after ded ded waived ded waived ded waived ded waived ded waived ded waived ded \$250/admit + 50% \$15 ded waived \$35 ded waived \$35 ded waived \$250/admit + 50% \$15 ded waived \$35 ded waived \$35 ded waived \$250/admit + 50% \$15 ded waived \$35 ded waived \$250/admit + 50% \$15 ded waived \$35 ded waived \$250/admit + 50% \$15 ded waived \$35 ded waived \$250/admit + 50% \$15 ded waived \$35 ded waived \$250/admit + 50% \$15 ded waived \$35 ded waived \$250/admit + 50% \$15 ded waived \$35 ded waived \$250/admit + 50% \$15 ded waived \$35 ded waived \$250/admit + 50% \$15 ded waived \$35 ded waived \$250/admit + 50% \$15 ded waived \$35 ded waived \$250/admit + 50% \$15 ded waived \$35 ded waived \$250/admit + 50% \$15 ded waived \$35 ded waived \$250/admit + 50% \$15 ded waived \$35 ded waived \$36 ded waived	Ded	Colns	Copay	OOP Ind		OOP Fam	Hospital		Rx Pre	eferred
Court-Net:\$1,500 50% ded waived 50% after \$11,000 (incl ded) \$22,000 (incl ded) \$22,000 (incl ded) \$250/admit + 50% \$15 ded waived \$35 ded waived after ded \$250/admit + 50% \$15 ded waived \$35 ded waived after ded \$250/admit + 50% \$15 ded waived \$35 ded waived					l ded)					2.0.1.00.
Mark Age Coverage Zip Region EE Rate Dep Rate Total Rate EE Cont ER Colt					,	* · · · , · · · · · · · · · · · · · · ·		,, ,,,	4	
Name Age Coverage Zip Region EE Rate Dep Rate Total Rate EE Cont ER Cont	Out-Net:\$1,500	50%		\$11,000 (in	icl ded)	\$22,000 (incl ded)		% \$15 ded waive	ed \$35 de	d waived
Employee 1 25 EE 90001 16 \$371.72 \$0.00 \$371.72 \$0.00 \$371.72 \$0.00 \$371.72 \$0.00 \$371.72 \$0.00 \$371.72 \$0.00 \$371.72 \$0.00 \$371.72 \$0.00 \$371.72 \$0.00 \$371.72 \$0.00 \$371.72 \$0.00 \$371.72 \$0.00 \$371.72 \$0.00 \$371.72 \$0.00 \$371.72 \$0.00 \$371.72 \$0.00 \$371.72 \$0.00 \$371.72 \$0.00 \$452.42 \$0.00 \$452.43 \$0.00 \$452.43 \$0.00 \$534.63 \$0.00 \$534	Employee Rate	Breakdow	'n							
Employee 2 35 EE 90001 16 \$452.43 \$0.00 \$452.43 \$0.00 \$452.45 \$0.00 \$452.45 \$0.00 \$452.45 \$0.00 \$534.63 \$0.00 \$534.65 \$0.00 \$534.63 \$0.00 \$534.65 \$0.00 \$534	Name	Age	Covera	age Zip	Regio	n EE Rate	Dep Rate	Total Rate	EE Cont	ER Con
Employee 3	Employee 1	25		90001	16	\$371.72		\$371.72	\$0.00	\$371.72
Employee 4 55 EE 90001 16 \$825.64 \$0.00 \$825	Employee 2	35	EE	90001	16	\$452.43	\$0.00	\$452.43	\$0.00	\$452.4
Totals \$3,295.14 \$0.00 \$1,110.72 \$0.	Employee 3	45	EE	90001	16	\$534.63	\$0.00	\$534.63	\$0.00	\$534.6
Totals \$3,295.14 \$0.00 \$3,295.14 (\$0.00) \$3,295.14 UnitedHealthcare PPO State Core Gold 30/20% EE's Included: \$3,408.4 (AK-R3) 5/5 Ded Colns Copay OOP Ind OOP Fam Hospital Rx Gen Rx Preferred In-Net:\$0 20% \$30/\$55 \$6,750 \$13,500 20% \$15 \$55 Out-Net:\$1,000 50% 50% after \$13,500 (incl ded) \$27,000 (incl ded) 50% after ded ded Employee Rate Breakdown Name Age Coverage Zip Region EE Rate Dep Rate Total Rate EE Cont ER Colemployee 1 25 EE 90001 16 \$384.50 \$0.00 \$384.50 \$0.00 \$384.50 Employee 2 35 EE 90001 16 \$467.99 \$0.00 \$467.99 \$0.00 \$467.99 Employee 3 45 EE 90001 16 \$553.01 \$0.00 \$553.01 \$0.00 \$553.01 Employee 4 55 EE 90001 16 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02	Employee 4	55	EE	90001	16	\$825.64	\$0.00	\$825.64	\$0.00	\$825.6
Ded Colns Copay OOP Ind OOP Fam Hospital Rx Gen Rx Preferred	Employee 5	65	EE	90001	16	\$1110.72	\$0.00	\$1110.72	\$0.00	\$1,110.7
Ded Colns Copay OOP Ind OOP Fam Hospital Rx Gen Rx Preferred					Total	s \$3,295.14	\$0.00	\$3,295.14	(\$0.00)	\$3,295.1
Colns Copay OOP Ind OOP Fam Hospital Rx Gen Rx Preferred	UnitedHealthca	are			PPO	State Core	Gold 30/20%	EE's Includ		\$3,408,43
Ded Colns Copay OOP Ind OOP Fam Hospital Rx Gen Rx Preferred In-Net:\$0 20% \$30/\$55 \$6,750 \$13,500 20% \$15 \$55 Out-Net:\$1,000 50% 50% after \$13,500 (incl ded) \$27,000 (incl ded) 50% after ded \$15 ded waived \$55 ded waived Employee Rate Breakdown Name Age Coverage Zip Region EE Rate Dep Rate Total Rate EE Cont ER Cont Employee 1 25 EE 90001 16 \$384.50 \$0.00 \$384.50 \$0.00 \$384.50 Employee 2 35 EE 90001 16 \$467.99 \$0.00 \$467.99 \$0.00 \$553.01 \$0.00 \$553.01 \$0.00 \$553.01 \$0.00 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02								5/5		
In-Net:\$0	Ded	Coins	Conav	OOP Ind		<u> </u>	Hospital		Rx Pr	eferred
Cut-Net:\$1,000 50% after \$13,500 (incl ded) \$27,000 (incl ded) 50% after ded ded \$15 ded waived \$55 ded waived Employee Rate Breakdown Name Age Coverage Zip Region EE Rate Dep Rate Total Rate EE Cont ER Cont Employee 1 25 EE 90001 16 \$384.50 \$0.00 \$384.50 \$0.00 \$384.50 Employee 2 35 EE 90001 16 \$467.99 \$0.00 \$467.99 \$0.00 \$467.99 Employee 3 45 EE 90001 16 \$553.01 \$0.00 \$553.01 \$0.00 \$854.02 Employee 4 55 EE 90001 16 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02										Jioiroa
Employee Rate Breakdown Age Coverage Zip Region EE Rate Dep Rate Total Rate EE Cont ER Cont Employee 1 25 EE 90001 16 \$384.50 \$0.00 \$384.50 \$0.00 \$384.50 \$0.00 \$384.50 \$0.00 \$384.50 \$0.00 \$384.50 \$0.00 \$467.99 \$0.00 \$467.99 \$0.00 \$467.99 \$0.00 \$553.01 \$0.00 \$553.01 \$0.00 \$553.01 \$0.00 \$553.01 \$0.00 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Out-Net:\$1,000		50% after	+ - ,	ıcl ded)	+ -,		T	7	d waived
Name Age Coverage Zip Region EE Rate Dep Rate Total Rate EE Cont ER Cont Employee 1 25 EE 90001 16 \$384.50 \$0.00 \$384.50 \$0.00 \$384.50 Employee 2 35 EE 90001 16 \$467.99 \$0.00 \$467.99 \$0.00 \$467.99 Employee 3 45 EE 90001 16 \$553.01 \$0.00 \$553.01 \$0.00 \$553.01 Employee 4 55 EE 90001 16 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02	Employee Rate	Breakdow								
Employee 1 25 EE 90001 16 \$384.50 \$0.00 \$384.50 \$0.00 \$384.50 Employee 2 35 EE 90001 16 \$467.99 \$0.00 \$467.99 \$0.00 \$467.99 Employee 3 45 EE 90001 16 \$553.01 \$0.00 \$553.01 \$0.00 \$553.01 Employee 4 55 EE 90001 16 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02	Name			age Zip	Regio	n EE Rate	Dep Rate	Total Rate	EE Cont	ER Con
Employee 2 35 EE 90001 16 \$467.99 \$0.00 \$467.99 \$0.00 \$467.99 Employee 3 45 EE 90001 16 \$553.01 \$0.00 \$553.01 \$0.00 \$553.01 Employee 4 55 EE 90001 16 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02	Employee 1									\$384.5
Employee 3 45 EE 90001 16 \$553.01 \$0.00 \$553.01 \$0.00 \$553.01 Employee 4 55 EE 90001 16 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02 \$0.00 \$854.02	Employee 2			90001	16					\$467.9
Employee 4 55 EE 90001 16 \$854.02 \$0.00 \$854.02 \$0.00 \$854.0	Employee 3									\$553.0
	Employee 4	55		90001	16		\$0.00	\$854.02	\$0.00	\$854.0
	Employee 5		EE			\$1148.91	\$0.00	\$1148.91		\$1,148.9

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Region 16 2017 3rd qtr Narrow network

Effective Date: 07-01-2017

Run Date: 06-12-2017 #5787503

\$3,408.43

\$0.00

\$3,408.43

(\$0.00)

\$3,408.43

Totals

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.

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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Run Date: 06-12-2017 #5787503