

Side By Side Detail

Region 15 2017 3rd qtr broad network Bronze PPO
Whittier, Los Angeles, 90601

Prepared by Clifford Grekin
Effective July 01, 2017

	Anthem Blue Cross Bronze PPO 5000/30%/7150		Anthem Blue Cross Bronze PPO 6000/35%/7150		Blue Shield Bronze 60 PPO 6300/75 + Child Dental		Blue Shield Bronze 60 PPO 6300/75 + Child Dental INF	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$5,000	\$10,000	\$6,000	\$12,000	\$6,300	\$6,300	\$6,300	\$6,300
Family Deductible	\$10,000 (embedded)	\$20,000 (embedded)	\$12,000 (embedded)	\$24,000 (embedded)	\$12,600	\$12,600	\$12,600	\$12,600
Individual OOP Limit	\$7,150 (incl ded)	\$14,300 (incl ded)	\$7,150 (incl ded)	\$14,300 (incl ded)	\$6,800 (incl ded)	\$10,000 (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)	\$13,600 (incl ded)	\$20,000 (incl ded)	\$13,600 (incl ded)	\$20,000 (incl ded)
PC/Specialist	\$30 ded waived visits 1-3; 30% after ded visits 4+	50% after ded	\$70 ded waived visits 1-3; 35% after ded visits 4+	50% after ded	\$75/\$105 ded waived 1st 3 visits	50% after ded	\$75/\$105 ded waived 1st 3 visits	50% after ded
Lab/X-Ray	30% after ded	50% after ded	35% after ded	50% after ded	\$40 ded waived/100% after ded (up to OOP)	50% after ded	\$40 ded waived/100% after ded (up to OOP)	50% after ded
Inpatient Hospital	\$500/admit after ded	50% after ded; \$650 benefit max/day	35% after ded	50% after ded; \$650 benefit max/day	100% after ded (up to OOP)	50% after ded; \$2,000 benefit max/day	100% after ded (up to OOP)	50% after ded; \$2,000 benefit max/day
Outpatient Facility	\$300 + 30% after ded	50% after ded; \$380 benefit max/admit	35% after ded	50% after ded; \$380 benefit max/admit	100% after ded (up to OOP)	50% after ded; \$350 benefit max/day	100% after ded (up to OOP)	50% after ded; \$350 benefit max/day
Emergency Room	\$300 + 30% after ded	Paid as in-network	35% after ded	Paid as in-network	100% after ded (up to OOP)	100% after ded (up to OOP)	100% after ded (up to OOP)	100% after ded (up to OOP)
Urgent Care	30% after ded	50% after ded	35% after ded	50% after ded	\$75 ded waived 1st 3 visits	Not covered	\$75 ded waived 1st 3 visits	Not covered
Rx Generic	\$5/\$20 ded waived	Not covered	\$5/\$20 ded waived	Not covered	100% after \$500 (up to OOP); \$500 max/script	Not covered	100% after \$500 (up to OOP); \$500 max/script	Not covered
Rx Preferred	\$50 after \$500	Not covered	\$50 after \$250	Not covered	100% after \$500 (up to OOP); \$500 max/script	Not covered	100% after \$500 (up to OOP); \$500 max/script	Not covered
EE's Included	5/5		5/5		5/5		5/5	
EE Cost	\$2,367.75		\$2,293.89		\$2,086.92		\$2,166.42	
Dep Cost	\$0.00		\$0.00		\$0.00		\$0.00	
Total	\$2,367.75		\$2,293.89		\$2,086.92		\$2,166.42	
ER Total	\$2,367.75		\$2,293.89		\$2,086.92		\$2,166.42	

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	Blue Shield		Blue Shield		Kaiser			
	Bronze Full PPO 3750/65 OffEx		Bronze Full PPO 5100/60 OffEx		Bronze 60 PPO 6300/75			
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network		
Individual Deductible	\$3,750	\$7,500	\$5,100	\$5,100	\$6,300	\$12,600		
Family Deductible	\$7,500	\$15,000	\$10,200	\$10,200	\$12,600 (embedded)	\$25,200 (embedded)		
Individual OOP Limit	\$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)	\$27,200 (incl ded)		
PC/Specialist	\$65/\$85 after ded	50% after ded	\$60/\$70 ded waived 1st 3 visits	50% after ded	\$75/\$105 ded waived 1st 3 visits	100% after ded (up to OOP)		
Lab/X-Ray	10% after ded	50% after ded	15% after ded	50% after ded	\$40 ded waived/100% after ded (up to OOP)	100% after ded (up to OOP)		
Inpatient Hospital	10% after ded	50% after ded; \$2,000 benefit max/day	15% after ded	50% after ded; \$2,000 benefit max/day	100% after ded (up to OOP)	100% after ded (up to OOP)		
Outpatient Facility	10% after ded	50% after ded; \$350 benefit max/day	15% after ded	50% after ded; \$350 benefit max/day	100% after ded (up to OOP)	100% after ded (up to OOP)		
Emergency Room	50% after ded	50% after ded	\$200 (waived if admitted) + 15% after ded	\$200 (waived if admitted) + 15% after ded	100% after ded (up to OOP)	100% after ded (up to OOP)		
Urgent Care	\$65 after ded	Not covered	\$60 ded waived 1st 3 visits	Not covered	\$75 ded waived 1st 3 visits	100% after ded (up to OOP)		
Rx Generic	\$15 ded waived	Not covered	\$15 ded waived	Not covered	100% after \$500 (up to OOP); \$500 max/script	Not covered		
Rx Preferred	\$50 after \$225	Not covered	\$50 after \$200	Not covered	100% after \$500 (up to OOP); \$500 max/script	Not covered		
EE's Included	5/5		5/5		5/5			
EE Cost	\$2,261.05		\$2,303.44		\$2,682.53			
Dep Cost	\$0.00		\$0.00		\$0.00			
Total	\$2,261.05		\$2,303.44		\$2,682.53			
ER Total	\$2,261.05		\$2,303.44		\$2,682.53			

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Group Medical Proposal

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

Employee Rate Breakdown

Anthem Blue Cross		PPO	Bronze PPO 5000/30%/7150			EE's Included: 5/5	\$2,367.75
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred
In-Net:\$5,000	30%	\$30 no ded visits 1-3; 30% aft ded 4+	\$7,150 (incl ded)	\$14,300 (incl ded)	\$500/admit after ded	\$5/\$20 ded waived	\$50 after \$500
Out-Net:\$10,000	50%	50% after ded	\$14,300 (incl ded)	\$28,600 (incl ded)	50% after ded; \$650 max/day	Not covered	Not covered

Employee Rate Breakdown

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	15	\$267.10	\$0.00	\$267.10	\$0.00	\$267.10
Employee 2	35	EE	90001	15	\$325.10	\$0.00	\$325.10	\$0.00	\$325.10
Employee 3	45	EE	90001	15	\$384.16	\$0.00	\$384.16	\$0.00	\$384.16
Employee 4	55	EE	90001	15	\$593.27	\$0.00	\$593.27	\$0.00	\$593.27
Employee 5	65	EE	90001	15	\$798.12	\$0.00	\$798.12	\$0.00	\$798.12
Totals					\$2,367.75	\$0.00	\$2,367.75	\$0.00	\$2,367.75

Anthem Blue Cross		PPO	Bronze PPO 6000/35%/7150			EE's Included: 5/5	\$2,293.89
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred
In-Net:\$6,000	35%	\$70 no ded visits 1-3; 35% aft ded 4+	\$7,150 (incl ded)	\$14,300 (incl ded)	35% after ded	\$5/\$20 ded waived	\$50 after \$250
Out-Net:\$12,000	50%	50% after ded	\$14,300 (incl ded)	\$28,600 (incl ded)	50% after ded; \$650 max/day	Not covered	Not covered

Employee Rate Breakdown

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	15	\$258.77	\$0.00	\$258.77	\$0.00	\$258.77
Employee 2	35	EE	90001	15	\$314.96	\$0.00	\$314.96	\$0.00	\$314.96
Employee 3	45	EE	90001	15	\$372.18	\$0.00	\$372.18	\$0.00	\$372.18
Employee 4	55	EE	90001	15	\$574.76	\$0.00	\$574.76	\$0.00	\$574.76
Employee 5	65	EE	90001	15	\$773.22	\$0.00	\$773.22	\$0.00	\$773.22
Totals					\$2,293.89	\$0.00	\$2,293.89	(\$0.00)	\$2,293.89

Blue Shield		PPO	Bronze 60 PPO 6300/75 + Child Dental			EE's Included: 5/5	\$2,086.92
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred
In-Net:\$6,300	100%	\$75/\$105 ded waived 1st 3 visits	\$6,800 (incl ded)	\$13,600 (incl ded)	100% after ded (up to OOP)	100% after \$500 (up to OOP); \$500 max/script	100% after \$500 (up to OOP); \$500 max/script
Out-Net:\$6,300	50%	50% after ded	\$10,000 (incl ded)	\$20,000 (incl ded)	50% after ded; \$2,000 benefit max/day	Not covered	Not covered

Employee Rate Breakdown

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	15	\$235.42	\$0.00	\$235.42	\$0.00	\$235.42
Employee 2	35	EE	90001	15	\$286.54	\$0.00	\$286.54	\$0.00	\$286.54
Employee 3	45	EE	90001	15	\$338.60	\$0.00	\$338.60	\$0.00	\$338.60
Employee 4	55	EE	90001	15	\$522.90	\$0.00	\$522.90	\$0.00	\$522.90
Employee 5	65	EE	90001	15	\$703.46	\$0.00	\$703.46	\$0.00	\$703.46
Totals					\$2,086.92	\$0.00	\$2,086.92	\$0.00	\$2,086.92

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Group Medical Proposal

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

Employee Rate Breakdown

Blue Shield		PPO		Bronze 60 PPO 6300/75 + Child Dental INF		EE's Included: 5/5		\$2,166.42
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$6,300	100%	\$75/\$105 ded waived 1st 3 visits	\$6,800 (incl ded)	\$13,600 (incl ded)	100% after ded (up to OOP)	100% after \$500 (up to OOP); \$500 max/script	100% after \$500 (up to OOP); \$500 max/script	
Out-Net:\$6,300	50%	50% after ded	\$10,000 (incl ded)	\$20,000 (incl ded)	50% after ded; \$2,000 benefit max/day	Not covered	Not covered	

Employee Rate Breakdown

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	15	\$251.32	\$0.00	\$251.32	\$0.00	\$251.32
Employee 2	35	EE	90001	15	\$302.44	\$0.00	\$302.44	\$0.00	\$302.44
Employee 3	45	EE	90001	15	\$354.50	\$0.00	\$354.50	\$0.00	\$354.50
Employee 4	55	EE	90001	15	\$538.80	\$0.00	\$538.80	\$0.00	\$538.80
Employee 5	65	EE	90001	15	\$719.36	\$0.00	\$719.36	\$0.00	\$719.36
Totals					\$2,166.42	\$0.00	\$2,166.42	\$0.00	\$2,166.42

Blue Shield		PPO		Bronze Full PPO 3750/65 OffEx		EE's Included: 5/5		\$2,261.05
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$3,750	10%	\$65/\$85 after ded	\$6,800 (incl ded)	\$13,600 (incl ded)	10% after ded	\$15 ded waived	\$50 after \$225	
Out-Net:\$7,500	50%	50% after ded	\$10,000 (incl ded)	\$20,000 (incl ded)	50% after ded; \$2,000 benefit max/day	Not covered	Not covered	

Employee Rate Breakdown

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	15	\$255.07	\$0.00	\$255.07	\$0.00	\$255.07
Employee 2	35	EE	90001	15	\$310.45	\$0.00	\$310.45	\$0.00	\$310.45
Employee 3	45	EE	90001	15	\$366.85	\$0.00	\$366.85	\$0.00	\$366.85
Employee 4	55	EE	90001	15	\$566.53	\$0.00	\$566.53	\$0.00	\$566.53
Employee 5	65	EE	90001	15	\$762.15	\$0.00	\$762.15	\$0.00	\$762.15
Totals					\$2,261.05	\$0.00	\$2,261.05	\$0.00	\$2,261.05

Blue Shield		PPO		Bronze Full PPO 5100/60 OffEx		EE's Included: 5/5		\$2,303.44
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$5,100	15%	\$60/\$70 ded waived 1st 3 visits	\$6,800 (incl ded)	\$13,600 (incl ded)	15% after ded	\$15 ded waived	\$50 after \$200	
Out-Net:\$5,100	50%	50% after ded	\$10,000 (incl ded)	\$20,000 (incl ded)	50% after ded; \$2,000 benefit max/day	Not covered	Not covered	

Employee Rate Breakdown

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	15	\$259.85	\$0.00	\$259.85	\$0.00	\$259.85
Employee 2	35	EE	90001	15	\$316.27	\$0.00	\$316.27	\$0.00	\$316.27
Employee 3	45	EE	90001	15	\$373.73	\$0.00	\$373.73	\$0.00	\$373.73
Employee 4	55	EE	90001	15	\$577.15	\$0.00	\$577.15	\$0.00	\$577.15
Employee 5	65	EE	90001	15	\$776.44	\$0.00	\$776.44	\$0.00	\$776.44
Totals					\$2,303.44	\$0.00	\$2,303.44	\$0.00	\$2,303.44

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Group Medical Proposal

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Region 15 2017 3rd qtr broad network Bronze PPO by Clifford Grekin on June 09, 2017	July 01, 2017	90601 (Los Angeles)	EE: 100% Dep: 0%

Employee Rate Breakdown

Kaiser		PPO			Bronze 60 PPO 6300/75		EE's Included:	\$2,682.53
Ded	Coins	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$6,300	100%	\$75/\$105 ded waived 1st 3 visits	\$6,800 (incl ded)	\$13,600 (incl ded)	100% after ded (up to OOP)	100% after \$500 (up to OOP); \$500 max/script	100% after \$500 (up to OOP); \$500 max/script	
Out-Net:\$12,600	100%	100% after ded (up to OOP)	\$13,600 (incl ded)	\$27,200 (incl ded)	100% after ded (up to OOP)	Not covered	Not covered	

Employee Rate Breakdown

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	15	\$302.61	\$0.00	\$302.61	\$0.00	\$302.61
Employee 2	35	EE	90001	15	\$368.32	\$0.00	\$368.32	\$0.00	\$368.32
Employee 3	45	EE	90001	15	\$435.23	\$0.00	\$435.23	\$0.00	\$435.23
Employee 4	55	EE	90001	15	\$672.14	\$0.00	\$672.14	\$0.00	\$672.14
Employee 5	65	EE	90001	15	\$904.23	\$0.00	\$904.23	\$0.00	\$904.23
Totals					\$2,682.53	\$0.00	\$2,682.53	\$0.00	\$2,682.53

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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 Connect's 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.