

Side By Side Detail

Region 15 2017 3rd qtr broad network Gold PPO 2
Whittier, Los Angeles, 90601

Prepared by Clifford Grekin
Effective July 01, 2017

	Anthem Blue Cross Gold PPO 1000/20%/6000		Anthem Blue Cross Gold PPO 20/30%/6500		Anthem Blue Cross Gold PPO 2000/20%/4000		Anthem Blue Cross Gold PPO 500/20%/6500	
	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	\$500	\$1,000
Family Deductible	\$3,000 (embedded)	\$4,000 (embedded)	\$0	\$4,000	\$4,000 (embedded)	\$8,000 (embedded)	\$1,500 (embedded)	\$2,000 (embedded)
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)	\$6,500 (incl ded)	\$13,000 (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)	\$13,000 (incl ded)	\$26,000 (incl ded)
PC/Specialist	\$20/\$40 ded waived	50% after ded	\$20/\$40	50% after ded	\$25/\$50 ded waived	50% after ded	\$30/\$60 ded waived	50% after ded
Lab/X-Ray	20% after ded	50% after ded	30%	50% after ded	20% after ded	50% after ded	20% after ded	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% after ded	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% after ded	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	\$250 + 20% after ded	Paid as in-network
Urgent Care	\$40 ded waived	50% after ded	\$40	50% after ded	\$50 ded waived	50% after ded	\$60 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	\$5/\$20 ded waived	Not covered
Rx Preferred	\$40 ded waived	Not covered	\$40 after \$250	Not covered	\$40 ded waived	Not covered	\$40 after \$250	Not covered
EE's Included	5/5		5/5		5/5		5/5	
EE Cost	\$2,977.23		\$3,059.92		\$2,924.71		\$2,975.36	
Dep Cost	\$0.00		\$0.00		\$0.00		\$0.00	
Total	\$2,977.23		\$3,059.92		\$2,924.71		\$2,975.36	
ER Total	\$2,977.23		\$3,059.92		\$2,924.71		\$2,975.36	

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	Anthem Blue Cross Gold PPO 700/20%/6600		Blue Shield Gold 80 PPO 0/30 + Child Dental		Blue Shield Gold 80 PPO 0/30 + Child Dental INF		Blue Shield Gold Full PPO 0/20 OffEx	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$700	\$1,400	\$0	\$0	\$0	\$0	\$0	\$0
Family Deductible	\$2,100 (embedded)	\$2,800 (embedded)	\$0	\$0	\$0	\$0	\$0	\$0
Individual OOP Limit	\$6,600 (incl ded)	\$13,200 (incl ded)	\$6,750	\$10,000	\$6,750	\$10,000	\$6,800	\$10,000
Family OOP Limit	\$13,200 (incl ded)	\$26,400 (incl ded)	\$13,500	\$20,000	\$13,500	\$20,000	\$13,600	\$20,000
PC/Specialist	\$20/\$40 ded waived	50% after ded	\$30/\$55	50%	\$30/\$55	50%	\$20/\$60	40%
Lab/X-Ray	20% after ded	50% after ded	\$35/\$55	50%	\$35/\$55	50%	30%	40%
Inpatient Hospital	20% after ded	50% after ded; \$650 benefit max/day	20%	50%; \$2,000 benefit max/day	20%	50%; \$2,000 benefit max/day	30%	40%; \$2,000 benefit max/day
Outpatient Facility	20% after ded	50% after ded; \$380 benefit max/admit	20%	50%; \$350 benefit max/day	20%	50%; \$350 benefit max/day	30%	40%; \$350 benefit max/day
Emergency Room	\$250 + 20% ded waived	Paid as in-network	\$325 (waived if admitted)	\$325 (waived if admitted)	\$325 (waived if admitted)	\$325 (waived if admitted)	\$250 (waived if admitted) + 30%	\$250 (waived if admitted) + 30%
Urgent Care	\$40 ded waived	50% after ded	\$30	Not covered	\$30	Not covered	\$20	Not covered
Rx Generic	\$5/\$20 ded waived	Not covered	\$15	Not covered	\$15	Not covered	\$15	Not covered
Rx Preferred	\$40 after \$250	Not covered	\$55	Not covered	\$55	Not covered	\$40	Not covered
EE's Included	5/5		5/5		5/5		5/5	
EE Cost	\$2,953.73		\$3,281.14		\$3,360.64		\$3,116.59	
Dep Cost	\$0.00		\$0.00		\$0.00		\$0.00	
Total	\$2,953.73		\$3,281.14		\$3,360.64		\$3,116.59	
ER Total	\$2,953.73		\$3,281.14		\$3,360.64		\$3,116.59	

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	Blue Shield Gold Full PPO 1000/35 OffEx		Blue Shield Gold Full PPO 250/30 OffEx		Blue Shield Gold Full PPO 750/20 OffEx		Kaiser Gold 80 PPO 0/30	
	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	\$250	\$500	\$750	\$1,500	\$0
Family Deductible	\$2,000	\$4,000	\$500	\$1,000	\$1,500	\$3,000	\$0	\$2,000 (embedded)
Individual OOP Limit	\$6,500 (incl ded)	\$10,000 (incl ded)	\$6,800 (incl ded)	\$10,000 (incl ded)	\$6,500 (incl ded)	\$10,000 (incl ded)	\$6,750	\$13,500 (incl ded)
Family OOP Limit	\$13,000 (incl ded)	\$20,000 (incl ded)	\$13,600 (incl ded)	\$20,000 (incl ded)	\$13,000 (incl ded)	\$20,000 (incl ded)	\$13,500	\$27,000 (incl ded)
PC/Specialist	\$35/\$50 ded waived	40% after ded	\$30/\$50 ded waived	40% after ded	\$20/\$35 ded waived	40% after ded	\$30/\$55	40% after ded
Lab/X-Ray	20% after ded	40% after ded	20% after ded	40% after ded	20% after ded	40% after ded	\$35/\$55	40% after ded
Inpatient Hospital	20% after ded	40% after ded; \$2,000 benefit max/day	20% after ded	40% after ded; \$2,000 benefit max/day	20% after ded	40% after ded; \$2,000 benefit max/day	20%	40% after ded
Outpatient Facility	20% after ded	40% after ded; \$350 benefit max/day	20% after ded	40% after ded; \$350 benefit max/day	20% after ded	40% after ded; \$350 benefit max/day	20%	40% after ded
Emergency Room	\$100 (waived if admitted) + 20% after ded	\$100 (waived if admitted) + 20% after ded	\$200 (waived if admitted) + 20% after ded	\$200 (waived if admitted) + 20% after ded	\$100 (waived if admitted) + 20% after ded	\$100 (waived if admitted) + 20% after ded	\$325 (waived if admitted)	Paid as in-network
Urgent Care	\$35 ded waived	Not covered	\$30 ded waived	Not covered	\$20 ded waived	Not covered	\$30	40% after ded
Rx Generic	\$5 ded waived	Not covered	\$15 ded waived	Not covered	\$10 ded waived	Not covered	\$15	Not covered
Rx Preferred	\$30 after \$500	Not covered	\$40 ded waived	Not covered	\$30 after \$200	Not covered	\$55	Not covered
EE's Included	5/5		5/5		5/5		5/5	
EE Cost	\$2,878.88		\$3,128.19		\$3,004.13		\$4,274.65	
Dep Cost	\$0.00		\$0.00		\$0.00		\$0.00	
Total	\$2,878.88		\$3,128.19		\$3,004.13		\$4,274.65	
ER Total	\$2,878.88		\$3,128.19		\$3,004.13		\$4,274.65	

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Whittier, Los Angeles, 90601

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	UnitedHealthcare Select Plus Gold 20/1000/20% (AK-R9)		UnitedHealthcare Select Plus Gold 20/250/20% (AK-R7)		UnitedHealthcare Select Plus Gold 20/750/20% (AK-R8)			
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network		
Individual Deductible	\$1,000	\$2,000	\$250	\$1,000	\$750	\$1,500		
Family Deductible	\$2,000	\$4,000	\$500	\$2,000	\$1,500	\$3,000		
Individual OOP Limit	\$6,000 (incl ded)	\$12,000 (incl ded)	\$5,500 (incl ded)	\$11,000 (incl ded)	\$5,500 (incl ded)	\$11,000 (incl ded)		
Family OOP Limit	\$12,000 (incl ded)	\$24,000 (incl ded)	\$11,000 (incl ded)	\$22,000 (incl ded)	\$11,000 (incl ded)	\$22,000 (incl ded)		
PC/Specialist	\$20/\$40 ded waived	50% after ded	\$20/\$40 ded waived	50% after ded	\$20/\$40 ded waived	50% after ded		
Lab/X-Ray	\$250 + 20% after ded	\$250 + 50% after ded	\$250 + 20% after ded	\$250 + 50% after ded	\$250 + 20% after ded	\$250 + 50% after ded		
Inpatient Hospital	\$250/admit + 20% after ded	\$250/admit + 50% after ded	\$250/admit + 20% after ded	\$250/admit + 50% after ded	\$250/admit + 20% after ded	\$250/admit + 50% after ded		
Outpatient Facility	\$250 + 20% after ded	\$250 + 50% after ded	\$250 + 20% after ded	\$250 + 50% after ded	\$250 + 20% after ded	\$250 + 50% after ded		
Emergency Room	\$100 ded waived	Paid as in-network	\$100 ded waived	Paid as in-network	\$100 ded waived	Paid as in-network		
Urgent Care	\$50 ded waived	50% after ded	\$50 ded waived	50% after ded	\$50 ded waived	50% after ded		
Rx Generic	\$15	\$15 ded waived	\$15	\$15 ded waived	\$15	\$15 ded waived		
Rx Preferred	\$35	\$35 ded waived	\$35	\$35 ded waived	\$35	\$35 ded waived		
EE's Included	5/5		5/5		5/5			
EE Cost	\$3,193.95		\$3,357.09		\$3,257.93			
Dep Cost	\$0.00		\$0.00		\$0.00			
Total	\$3,193.95		\$3,357.09		\$3,257.93			
ER Total	\$3,193.95		\$3,357.09		\$3,257.93			

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Region 15 2017 3rd qtr broad network Gold PPO 2 by Clifford Grekin on June 09, 2017	July 01, 2017	90601 (Los Angeles)	EE: 100% Dep: 0%

Employee Rate Breakdown

Anthem Blue Cross		PPO		Gold PPO 1000/20%/6000		EE's Included: 5/5		\$2,977.23	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred		
In-Net:\$1,000	20%	\$20/\$40 ded waived	\$6,000 (incl ded)	\$12,000 (incl ded)	20% after ded	\$5/\$20 ded waived	\$40 ded waived		
Out-Net:\$2,000	50%	50% after ded	\$12,000 (incl ded)	\$24,000 (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	\$335.86	\$0.00	\$335.86	\$0.00	\$335.86
Employee 2	35	EE	90001	15	\$408.78	\$0.00	\$408.78	\$0.00	\$408.78
Employee 3	45	EE	90001	15	\$483.05	\$0.00	\$483.05	\$0.00	\$483.05
Employee 4	55	EE	90001	15	\$745.98	\$0.00	\$745.98	\$0.00	\$745.98
Employee 5	65	EE	90001	15	\$1003.56	\$0.00	\$1003.56	\$0.00	\$1,003.56
Totals					\$2,977.23	\$0.00	\$2,977.23	\$0.00	\$2,977.23

Anthem Blue Cross		PPO		Gold PPO 20/30%/6500		EE's Included: 5/5		\$3,059.92	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred		
In-Net:\$0	30%	\$20/\$40	\$6,500	\$13,000	30%	\$5/\$20 ded waived	\$40 after \$250		
Out-Net:\$2,000	50%	50% after ded	\$13,000 (incl ded)	\$26,000 (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	\$345.19	\$0.00	\$345.19	\$0.00	\$345.19
Employee 2	35	EE	90001	15	\$420.14	\$0.00	\$420.14	\$0.00	\$420.14
Employee 3	45	EE	90001	15	\$496.46	\$0.00	\$496.46	\$0.00	\$496.46
Employee 4	55	EE	90001	15	\$766.70	\$0.00	\$766.70	\$0.00	\$766.70
Employee 5	65	EE	90001	15	\$1031.43	\$0.00	\$1031.43	\$0.00	\$1,031.43
Totals					\$3,059.92	\$0.00	\$3,059.92	\$0.00	\$3,059.92

Anthem Blue Cross		PPO		Gold PPO 2000/20%/4000		EE's Included: 5/5		\$2,924.71	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred		
In-Net:\$2,000	20%	\$25/\$50 ded waived	\$4,000 (incl ded)	\$8,000 (incl ded)	20% after ded	\$5/\$20 ded waived	\$40 ded waived		
Out-Net:\$4,000	50%	50% after ded	\$8,000 (incl ded)	\$16,000 (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	\$329.93	\$0.00	\$329.93	\$0.00	\$329.93
Employee 2	35	EE	90001	15	\$401.57	\$0.00	\$401.57	\$0.00	\$401.57
Employee 3	45	EE	90001	15	\$474.53	\$0.00	\$474.53	\$0.00	\$474.53
Employee 4	55	EE	90001	15	\$732.82	\$0.00	\$732.82	\$0.00	\$732.82
Employee 5	65	EE	90001	15	\$985.86	\$0.00	\$985.86	\$0.00	\$985.86
Totals					\$2,924.71	\$0.00	\$2,924.71	\$0.00	\$2,924.71

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Region 15 2017 3rd qtr broad network Gold PPO 2 by Clifford Grekin on June 09, 2017	July 01, 2017	90601 (Los Angeles)	EE: 100% Dep: 0%

Employee Rate Breakdown

Anthem Blue Cross		PPO		Gold PPO 500/20%/6500		EE's Included: 5/5		\$2,975.36
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$500	20%	\$30/\$60 ded waived	\$6,500 (incl ded)	\$13,000 (incl ded)	20% after ded	\$5/\$20 ded waived	\$40 after \$250	
Out-Net:\$1,000	50%	50% after ded	\$13,000 (incl ded)	\$26,000 (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	\$335.65	\$0.00	\$335.65	\$0.00	\$335.65
Employee 2	35	EE	90001	15	\$408.53	\$0.00	\$408.53	\$0.00	\$408.53
Employee 3	45	EE	90001	15	\$482.74	\$0.00	\$482.74	\$0.00	\$482.74
Employee 4	55	EE	90001	15	\$745.51	\$0.00	\$745.51	\$0.00	\$745.51
Employee 5	65	EE	90001	15	\$1002.93	\$0.00	\$1002.93	\$0.00	\$1,002.93
Totals					\$2,975.36	\$0.00	\$2,975.36	\$0.00	\$2,975.36

Anthem Blue Cross		PPO		Gold PPO 700/20%/6600		EE's Included: 5/5		\$2,953.73
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$700	20%	\$20/\$40 ded waived	\$6,600 (incl ded)	\$13,200 (incl ded)	20% after ded	\$5/\$20 ded waived	\$40 after \$250	
Out-Net:\$1,400	50%	50% after ded	\$13,200 (incl ded)	\$26,400 (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	\$333.21	\$0.00	\$333.21	\$0.00	\$333.21
Employee 2	35	EE	90001	15	\$405.56	\$0.00	\$405.56	\$0.00	\$405.56
Employee 3	45	EE	90001	15	\$479.23	\$0.00	\$479.23	\$0.00	\$479.23
Employee 4	55	EE	90001	15	\$740.09	\$0.00	\$740.09	\$0.00	\$740.09
Employee 5	65	EE	90001	15	\$995.64	\$0.00	\$995.64	\$0.00	\$995.64
Totals					\$2,953.73	\$0.00	\$2,953.73	\$0.00	\$2,953.73

Blue Shield		PPO		Gold 80 PPO 0/30 + Child Dental		EE's Included: 5/5		\$3,281.14
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:\$0	50%	50%	\$10,000	\$20,000	50%; \$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	\$370.14	\$0.00	\$370.14	\$0.00	\$370.14
Employee 2	35	EE	90001	15	\$450.51	\$0.00	\$450.51	\$0.00	\$450.51
Employee 3	45	EE	90001	15	\$532.36	\$0.00	\$532.36	\$0.00	\$532.36
Employee 4	55	EE	90001	15	\$822.13	\$0.00	\$822.13	\$0.00	\$822.13
Employee 5	65	EE	90001	15	\$1106.00	\$0.00	\$1106.00	\$0.00	\$1,106.00
Totals					\$3,281.14	\$0.00	\$3,281.14	\$0.00	\$3,281.14

Blue Shield		PPO		Gold 80 PPO 0/30 + Child Dental INF		EE's Included: 5/5		\$3,360.64
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:\$0	50%	50%	\$10,000	\$20,000	50%; \$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	\$386.04	\$0.00	\$386.04	\$0.00	\$386.04
Employee 2	35	EE	90001	15	\$466.41	\$0.00	\$466.41	\$0.00	\$466.41
Employee 3	45	EE	90001	15	\$548.26	\$0.00	\$548.26	\$0.00	\$548.26
Employee 4	55	EE	90001	15	\$838.03	\$0.00	\$838.03	\$0.00	\$838.03
Employee 5	65	EE	90001	15	\$1121.90	\$0.00	\$1121.90	\$0.00	\$1,121.90
Totals					\$3,360.64	\$0.00	\$3,360.64	\$0.00	\$3,360.64

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Region 15 2017 3rd qtr broad network Gold PPO 2 by Clifford Grekin on June 09, 2017	July 01, 2017	90601 (Los Angeles)	EE: 100% Dep: 0%

Employee Rate Breakdown

Blue Shield		PPO			Gold Full PPO 0/20 OffEx		EE's Included: 5/5	\$3,116.59
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$0	30%	\$20/\$60	\$6,800	\$13,600	30%	\$15	\$40	
Out-Net:\$0	40%	40%	\$10,000	\$20,000	40%; \$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	\$351.58	\$0.00	\$351.58	\$0.00	\$351.58
Employee 2	35	EE	90001	15	\$427.92	\$0.00	\$427.92	\$0.00	\$427.92
Employee 3	45	EE	90001	15	\$505.66	\$0.00	\$505.66	\$0.00	\$505.66
Employee 4	55	EE	90001	15	\$780.90	\$0.00	\$780.90	\$0.00	\$780.90
Employee 5	65	EE	90001	15	\$1050.53	\$0.00	\$1050.53	\$0.00	\$1,050.53
Totals					\$3,116.59	\$0.00	\$3,116.59	\$0.00	\$3,116.59

Blue Shield		PPO			Gold Full PPO 1000/35 OffEx		EE's Included: 5/5	\$2,878.88
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$1,000	20%	\$35/\$50	\$6,500 (incl ded) ded waived	\$13,000 (incl ded)	20% after ded	\$5 ded waived	\$30 after \$500	
Out-Net:\$2,000	40%	40% after ded	\$10,000 (incl ded)	\$20,000 (incl ded)	40% 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	\$324.76	\$0.00	\$324.76	\$0.00	\$324.76
Employee 2	35	EE	90001	15	\$395.28	\$0.00	\$395.28	\$0.00	\$395.28
Employee 3	45	EE	90001	15	\$467.09	\$0.00	\$467.09	\$0.00	\$467.09
Employee 4	55	EE	90001	15	\$721.34	\$0.00	\$721.34	\$0.00	\$721.34
Employee 5	65	EE	90001	15	\$970.41	\$0.00	\$970.41	\$0.00	\$970.41
Totals					\$2,878.88	\$0.00	\$2,878.88	\$0.00	\$2,878.88

Blue Shield		PPO			Gold Full PPO 250/30 OffEx		EE's Included: 5/5	\$3,128.19
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$250	20%	\$30/\$50	\$6,800 (incl ded) ded waived	\$13,600 (incl ded)	20% after ded	\$15 ded waived	\$40 ded waived	
Out-Net:\$500	40%	40% after ded	\$10,000 (incl ded)	\$20,000 (incl ded)	40% 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	\$352.89	\$0.00	\$352.89	\$0.00	\$352.89
Employee 2	35	EE	90001	15	\$429.51	\$0.00	\$429.51	\$0.00	\$429.51
Employee 3	45	EE	90001	15	\$507.54	\$0.00	\$507.54	\$0.00	\$507.54
Employee 4	55	EE	90001	15	\$783.80	\$0.00	\$783.80	\$0.00	\$783.80
Employee 5	65	EE	90001	15	\$1054.45	\$0.00	\$1054.45	\$0.00	\$1,054.45
Totals					\$3,128.19	\$0.00	\$3,128.19	\$0.00	\$3,128.19

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Region 15 2017 3rd qtr broad network Gold PPO 2 by Clifford Grekin on June 09, 2017	July 01, 2017	90601 (Los Angeles)	EE: 100% Dep: 0%

Employee Rate Breakdown

Blue Shield		PPO		Gold Full PPO 750/20 OffEx		EE's Included:	\$3,004.13
Ded	Coins	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred
In-Net:\$750	20%	\$20/\$35 ded waived	\$6,500 (incl ded)	\$13,000 (incl ded)	20% after ded	\$10 ded waived	\$30 after \$200
Out-Net:\$1,500	40%	40% after ded	\$10,000 (incl ded)	\$20,000 (incl ded)	40% 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	\$338.89	\$0.00	\$338.89	\$0.00	\$338.89
Employee 2	35	EE	90001	15	\$412.48	\$0.00	\$412.48	\$0.00	\$412.48
Employee 3	45	EE	90001	15	\$487.41	\$0.00	\$487.41	\$0.00	\$487.41
Employee 4	55	EE	90001	15	\$752.72	\$0.00	\$752.72	\$0.00	\$752.72
Employee 5	65	EE	90001	15	\$1012.63	\$0.00	\$1012.63	\$0.00	\$1,012.63
Totals					\$3,004.13	\$0.00	\$3,004.13	\$0.00	\$3,004.13

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Region 15 2017 3rd qtr broad network Gold PPO 2 by Clifford Grekin on June 09, 2017	July 01, 2017	90601 (Los Angeles)	EE: 100% Dep: 0%

Employee Rate Breakdown

Kaiser		PPO		Gold 80 PPO 0/30		EE's Included: 5/5		\$4,274.65	
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	40%	40% after ded	\$13,500 (incl ded)	\$27,000 (incl ded)	40% after ded	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	\$482.22	\$0.00	\$482.22	\$0.00	\$482.22
Employee 2	35	EE	90001	15	\$586.92	\$0.00	\$586.92	\$0.00	\$586.92
Employee 3	45	EE	90001	15	\$693.55	\$0.00	\$693.55	\$0.00	\$693.55
Employee 4	55	EE	90001	15	\$1071.06	\$0.00	\$1071.06	\$0.00	\$1,071.06
Employee 5	65	EE	90001	15	\$1440.90	\$0.00	\$1440.90	\$0.00	\$1,440.90
Totals					\$4,274.65	\$0.00	\$4,274.65	\$0.00	\$4,274.65

UnitedHealthcare		PPO		Select Plus Gold 20/1000/20% (AK-R9)		EE's Included: 5/5		\$3,193.95	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred		
In-Net:\$1,000	20%	\$20/\$40	\$6,000 (incl ded)	\$12,000 (incl ded)	\$250/admit + 20% after ded	\$15	\$35		
Out-Net:\$2,000	50%	50% after ded	\$12,000 (incl ded)	\$24,000 (incl ded)	\$250/admit + 50% after ded	\$15 ded waived	\$35 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	15	\$360.31	\$0.00	\$360.31	\$0.00	\$360.31
Employee 2	35	EE	90001	15	\$438.54	\$0.00	\$438.54	\$0.00	\$438.54
Employee 3	45	EE	90001	15	\$518.21	\$0.00	\$518.21	\$0.00	\$518.21
Employee 4	55	EE	90001	15	\$800.28	\$0.00	\$800.28	\$0.00	\$800.28
Employee 5	65	EE	90001	15	\$1076.61	\$0.00	\$1076.61	\$0.00	\$1,076.61
Totals					\$3,193.95	\$0.00	\$3,193.95	\$0.00	\$3,193.95

UnitedHealthcare		PPO		Select Plus Gold 20/250/20% (AK-R7)		EE's Included: 5/5		\$3,357.09	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred		
In-Net:\$250	20%	\$20/\$40	\$5,500 (incl ded)	\$11,000 (incl ded)	\$250/admit + 20% after ded	\$15	\$35		
Out-Net:\$1,000	50%	50% after ded	\$11,000 (incl ded)	\$22,000 (incl ded)	\$250/admit + 50% after ded	\$15 ded waived	\$35 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	15	\$378.71	\$0.00	\$378.71	\$0.00	\$378.71
Employee 2	35	EE	90001	15	\$460.94	\$0.00	\$460.94	\$0.00	\$460.94
Employee 3	45	EE	90001	15	\$544.68	\$0.00	\$544.68	\$0.00	\$544.68
Employee 4	55	EE	90001	15	\$841.16	\$0.00	\$841.16	\$0.00	\$841.16
Employee 5	65	EE	90001	15	\$1131.60	\$0.00	\$1131.60	\$0.00	\$1,131.60
Totals					\$3,357.09	\$0.00	\$3,357.09	\$0.00	\$3,357.09

UnitedHealthcare		PPO		Select Plus Gold 20/750/20% (AK-R8)		EE's Included: 5/5		\$3,257.93	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred		
In-Net:\$750	20%	\$20/\$40	\$5,500 (incl ded)	\$11,000 (incl ded)	\$250/admit + 20% after ded	\$15	\$35		
Out-Net:\$1,500	50%	50% after ded	\$11,000 (incl ded)	\$22,000 (incl ded)	\$250/admit + 50% after ded	\$15 ded waived	\$35 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	15	\$367.52	\$0.00	\$367.52	\$0.00	\$367.52
Employee 2	35	EE	90001	15	\$447.33	\$0.00	\$447.33	\$0.00	\$447.33
Employee 3	45	EE	90001	15	\$528.59	\$0.00	\$528.59	\$0.00	\$528.59
Employee 4	55	EE	90001	15	\$816.31	\$0.00	\$816.31	\$0.00	\$816.31
Employee 5	65	EE	90001	15	\$1098.18	\$0.00	\$1098.18	\$0.00	\$1,098.18
Totals					\$3,257.93	\$0.00	\$3,257.93	(\$0.00)	\$3,257.93

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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.

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
