# Region 15 2017 3rd qtr Narrow network Platinum HMO Whittier, Los Angeles, 90601

Prepared by Clifford Grekin Effective July 01, 2017

	Anthem Blue Cross Platinum Select HMO 10/10%/2700		Blue Shield Platinum 90 HMO 0/15 + Child Dental INF		Blue Shield Platinum Local Access+ HMO® 0/20 OffEx		Blue Shield Platinum Local Access+ HMO® 0/25 OffEx	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$0		\$0		\$0		\$0	
Family Deductible	\$0		\$0		\$0		\$0	
Individual OOP Limit	\$2,700		\$4,000		\$1,750		\$2,500	
Family OOP Limit	\$5,400		\$8,000		\$3,500		\$5,000	
PC/Specialist	\$10/\$30		\$15/\$40; \$40 Access+ SP		\$20/\$40; \$40 Access+ SP		\$25/\$50; \$50 Access+ SP	
Lab/X-Ray	\$10		\$20/\$40		\$10/\$30		\$20/\$50	
Inpatient Hospital	\$250/day; 4 days/admit		\$250/day; 5 days/admit		\$500/admit		\$250/day; 3 days/admit	
Outpatient Facility	\$200		\$250		\$100/\$150 (ASC/Hospital)		\$100/\$150 (ASC/Hospital)	
Emergency Room	\$100		\$150 (waived if admitted)		\$200 (waived if admitted)		\$250 (waived if admitted)	
Urgent Care	\$10		\$15		\$20		\$25	
Rx Generic	\$5/\$15		\$5		\$5		\$5	
Rx Preferred	\$35		\$15		\$15		\$15	
EE's Included	5	5/5	5	/5	5	/5	5	/5
EE Cost	\$3,2	47.26	\$2,6	04.23	\$2,9	16.60	\$2,8	88.07
Dep Cost	\$0	0.00	\$0	.00	\$0.00		\$0	.00
Total	\$3,2	47.26	\$2,6	04.23	\$2,916.60		\$2,8	88.07
ER Total	\$3,247.26		\$2,6	04.23	\$2,916.60		\$2,888.07	

# Region 15 2017 3rd qtr Narrow network Platinum HMO Whittier, Los Angeles, 90601

Prepared by Clifford Grekin Effective July 01, 2017

	Blue Shield Platinum Local Access+ HMO® 0/30 OffEx		Blue Shield Platinum Trio ACO HMO® 0/20 OffEx		Blue Shield Platinum Trio ACO HMO® 0/25 OffEx		Blue Shield Platinum Trio ACO HMO® 0/30 OffEx	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$0		\$0		\$0		\$0	
Family Deductible	\$0		\$0		\$0		\$0	
Individual OOP Limit	\$3,000		\$1,750		\$2,500		\$3,000	
Family OOP Limit	\$6,000		\$3,500		\$5,000		\$6,000	
PC/Specialist	\$30/\$40; \$40 Access+ SP		\$20/\$40; \$40 Access+ SP		\$25/\$50; \$50 Access+ SP		\$30/\$40; \$40 Access+ SP	
Lab/X-Ray	\$30/\$50		\$10/\$30		\$20/\$50		\$30/\$50	
Inpatient Hospital	\$500/day; 4 days/admit		\$500/admit		\$250/day; 3 days/admit		\$500/day; 4 days/admit	
Outpatient Facility	\$100/\$150 (ASC/Hospital)		\$100/\$150 (ASC/Hospital)		\$100/\$150 (ASC/Hospital)		\$100/\$150 (ASC/Hospital)	
Emergency Room	\$250 (waived if admitted)		\$200 (waived if admitted)		\$250 (waived if admitted)		\$250 (waived if admitted)	
Urgent Care	\$30		\$20		\$25		\$30	
Rx Generic	\$5		\$5		\$5		\$5	
Rx Preferred	\$15		\$15		\$15		\$15	
EE's Included	5	/5	5	/5	5	/5	5	/5
EE Cost	\$2,8	63.10	\$2,64	40.46	\$2,6	14.85	\$2,5	92.48
Dep Cost	\$0	.00	\$0	.00	\$0.00		\$0	.00
Total	\$2,8	63.10	\$2,64	40.46	\$2,614.85		\$2,5	92.48
ER Total	\$2,8	63.10	\$2,64	40.46	\$2,6	14.85	\$2,592.48	

# Region 15 2017 3rd qtr Narrow network Platinum HMO Whittier, Los Angeles, 90601

Prepared by Clifford Grekin Effective July 01, 2017

	UnitedHealthcare Advantage Platinum 20-40/30% (AK-Q4)		UnitedHealthcare Alliance Platinum 20-40/30% (AK-RE)		UnitedHealthcare Focus Platinum 20-40/30% (AK-Q9)		UnitedHealthcare State Alliance Platinum 15-40/10% (AK-RQ)	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$0		\$0		\$0		\$0	
Family Deductible	\$0		\$0		\$0		\$0	
Individual OOP Limit	\$3,000		\$3,000		\$3,000		\$4,000	
Family OOP Limit	\$6,000		\$6,000		\$6,000		\$8,000	
PC/Specialist	\$20/\$40		\$20/\$40		\$20/\$40		\$15/\$40	
Lab/X-Ray	\$15		\$15		\$15		\$20/\$40	
Inpatient Hospital	30%		30%		30%		10%	
Outpatient Facility	30%		30%		30%		10%	
Emergency Room	\$200		\$200		\$200		\$150	
Urgent Care	\$20/\$50 (in/out of area)		\$20/\$50 (in/out of area)		\$20/\$50 (in/out of area)		\$15	
Rx Generic	\$15		\$15		\$15		\$5	
Rx Preferred	\$35		\$35		\$35		\$15	
EE's Included	5,	/5	5,	/5	5	/5		5/5
EE Cost	\$2,88	38.41	\$2,80	66.60	\$2,5	68.10	\$3,1	73.39
Dep Cost	\$0	.00	\$0	.00	\$0.00		\$0	0.00
Total	·	38.41	\$2,866.60		\$2,568.10		\$3,173.39	
ER Total	\$2,88	38.41	\$2,80	66.60	\$2,568.10		\$3,173.39	

# Region 15 2017 3rd qtr Narrow network Platinum HMO Whittier, Los Angeles, 90601

Prepared by Clifford Grekin Effective July 01, 2017

**UnitedHealthcare State Focus Platinum 15-40/10%** (AK-RN) **Out of Network** In Network Individual Deductible \$0 \$0 **Family Deductible Individual OOP Limit** \$4,000 **Family OOP Limit** \$8,000 \$15/\$40 PC/Specialist \$20/\$40 Lab/X-Ray 10% Inpatient Hospital 10% **Outpatient Facility Emergency Room** \$150 **Urgent Care** \$15 \$5 Rx Generic **Rx Preferred** \$15 5/5 EE's Included **EE Cost** \$2,842.93 \$0.00 **Dep Cost** Total \$2,842.93 **ER Total** \$2,842.93

**Employer Contribution Prepared For Effective Date** Zip (County) Region 15 2017 3rd qtr Narrow network Platinum July 01, 2017 90601 (Los Angeles) EE: 100% Dep: 0%

HMO by Clifford Grekin on June 09, 2017

## **Employee Rate Breakdown**

				, ,	10100				
Anthem Blue	Anthem Blue Cross HMO Platinum Select HMO 10/10%/2700 EE's Included: 5/5								\$3,247.20
Ded	Colns	Copay	OOP Ind	0(	OP Fam	Hospital	Rx Gen	Rx Pre	eferred
\$0 Employee Rat	10% e Breakdow	\$10/\$30	\$2,700	\$5	,400	\$250/day; 4 days/admit	\$5/\$15	\$35	
Name	Age	_	rage Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Con
Employee 1	25	EE	90001	15	\$366.32	\$0.00	\$366.32	\$0.00	\$366.32
Employee 2	35	EE	90001	15	\$445.86	\$0.00	\$445.86	\$0.00	\$445.86
Employee 3	45	EE	90001	15	\$526.86	\$0.00	\$526.86	\$0.00	\$526.86
Employee 4	55	EE	90001	15	\$813.64	\$0.00	\$813.64	\$0.00	\$813.64
Employee 5	65	EE	90001	15	\$1094.58	\$0.00	\$1094.58	\$0.00	\$1,094.58
				Totals	\$3,247.26	\$0.00	\$3,247.26	\$0.00	\$3,247.26
Blue Shield			НМО			O 0/15 + Child	EE's Include		\$2,604.23
Dide Siliela			TIMO		ntal INF	O 0/13 + Clilla	5/5	su.	Ψ2,004.20
Ded	Colns	Copay	OOP Ind		OP Fam	Hospital	Rx Gen	Rx Pre	eferred
\$0	0%	\$15/\$40	\$4,000		,000	\$250/day; 5	\$5	\$15	J. 0.1. 0 u
Employee Rat			ψ 1,000	ΨΟ	,000	days/admit	Ψ	ψio	
Name	Age		rage Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Con
Employee 1	25	EE	90001	15	\$293.78	\$0.00	\$293.78	\$0.00	\$293.78
Employee 2	35	EE	90001	15	\$357.57	\$0.00	\$357.57	\$0.00	\$357.57
Employee 3	35 45	EE	90001	15	\$422.53	\$0.00	\$422.53	\$0.00	\$422.53
	55	EE	90001	15	\$652.52	\$0.00	\$652.52	\$0.00	\$652.52
Employee 4 Employee 5	65	EE	90001	15	\$877.83	\$0.00	\$877.83	\$0.00	\$877.83
Lilipioyee 5	03	LL	90001	Totals	\$2,604.23	\$0.00	\$2,604.23	\$0.00 \$0.00	\$2,604.23
Diver Objects			LIMO			· · · · · · · · · · · · · · · · · · ·			
Blue Shield			НМО		0 OffEx	Access+ HMO®	EE's Include 5/5	ea: 	\$2,916.60
Ded	Colns	Copay	OOP Ind	00	OP Fam	Hospital	Rx Gen	Rx Pre	eferred
\$0 Employee Rat	0% e Breakdow	\$20/\$40 <b>/n</b>	\$1,750	\$3	,500	\$500/admit	\$5	\$15	
Name	Age	Cover	rage Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Con
Employee 1	25	EE	90001	15	\$329.02	\$0.00	\$329.02	\$0.00	\$329.02
Employee 2	35	EE	90001	15	\$400.46	\$0.00	\$400.46	\$0.00	\$400.46
Employee 3	45	EE	90001	15	\$473.21	\$0.00	\$473.21	\$0.00	\$473.2°
Employee 4	55	EE	90001	15	\$730.79	\$0.00	\$730.79	\$0.00	\$730.79
Employee 5	65	EE	90001	15	\$983.12	\$0.00	\$983.12	\$0.00	\$983.12
				Totals	\$2,916.60	\$0.00	\$2,916.60	\$0.00	\$2,916.60
Blue Shield			НМО		tinum Local 5 OffEx	Access+ HMO®	EE's Include 5/5	ed:	\$2,888.07
Ded	Colns	Copay	OOP Ind		OP Fam	Hospital	Rx Gen	Rx Pre	eferred
\$0	0%	\$25/\$50	\$2,500	\$5	,000	\$250/day; 3 days/admit	\$5	\$15	
<b>Employee Rat</b>						D. D.	<b>T</b> (15)	FF 0	ED 0
Name	Age		rage Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Con
Employee 1	25	<u>EE</u>	90001	15	\$325.80	\$0.00	\$325.80	\$0.00	\$325.80
Employee 2	35	<u>EE</u>	90001	15	\$396.54	\$0.00	\$396.54	\$0.00	\$396.54
Employee 3	45	EE	90001	15	\$468.58	\$0.00	\$468.58	\$0.00	\$468.58
Employee 4	55	EE	90001	15	\$723.64	\$0.00	\$723.64	\$0.00	\$723.64
E [	~-		00004	4 -	CO70 54	ሞለ ለለ	CO70 C4	ው	mozo -

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\$973.51

\$2,888.07

\$0.00

\$0.00

\$973.51

\$2,888.07

\$0.00

\$0.00

Run Date: 06-09-2017 #5786684

\$973.51

\$2,888.07

90001

15

Totals

65

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Employee 5

Prepared For	Effective Date	Zip (County)	<b>Employer Contribution</b>
Region 15 2017 3rd atr Narrow network Platinum	July 01. 2017	90601 (Los Angeles)	FF: 100% Dep: 0%

HMO by Clifford Grekin on June 09, 2017

#### **Employee Rate Breakdown**

			Lilibid	Jy CC I	Tate D	eakuow	<u> </u>		
Blue Shield			НМО			Access+ HMO®		ed:	\$2,863.10
					0 OffEx		5/5		
Ded	Colns	Copay	OOP Ind		OP Fam	Hospital	Rx Gen		eferred
\$0 Employee Rat	0% e Breakdov	\$30/\$40	\$3,000	\$6,	,000	\$500/day; 4 days/admit	\$5	\$15	
Name	Age	_	age Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Con
Employee 1	25	EE	90001	15	\$322.98	\$0.00	\$322.98	\$0.00	\$322.9
Employee 2	35	EE	90001	15	\$393.11	\$0.00	\$393.11	\$0.00	\$393.1
Employee 3	45	EE	90001	15	\$464.53	\$0.00	\$464.53	\$0.00	\$464.5
Employee 4	55	EE	90001	15	\$717.39	\$0.00	\$717.39	\$0.00	\$717.3
Employee 5	65	EE	90001	15	\$965.09	\$0.00	\$965.09	\$0.00	\$965.0
, ,				Totals	\$2,863.10	\$0.00	\$2,863.10	\$0.00	\$2,863.1
Blue Shield			НМО		•	CO HMO® 0/20	EE's Include		\$2,640.4
			7.11.10	Off		00 mm00 0/20	5/5	<b>.</b>	ΨΞ,0-101
Ded	Colns	Copay	OOP Ind		OP Fam	Hospital	Rx Gen	Rx Pre	eferred
\$0	0%	\$20/\$40	\$1,750		500	\$500/admit	\$5	\$15	
Employee Rat			ψ.,.σσ	Ψ0,	,000	φουσ, αα	ψ <b>o</b>	ψ.σ	
Name	Age	_	age Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cor
Employee 1	25	EE	90001	15	\$297.87	\$0.00	\$297.87	\$0.00	\$297.8
Employee 2	35	EE	90001	15	\$362.54	\$0.00	\$362.54	\$0.00	\$362.5
Employee 3	45	EE	90001	15	\$428.41	\$0.00	\$428.41	\$0.00	\$428.4
Employee 4	55	EE	90001	15	\$661.60	\$0.00	\$661.60	\$0.00	\$661.6
Employee 5	65	EE	90001	15	\$890.04	\$0.00	\$890.04	\$0.00	\$890.0
, ,, ,, ,				Totals	\$2,640.46	\$0.00	\$2,640.46	\$0.00	\$2,640.4
Blue Shield			НМО			CO HMO® 0/25	EE's Include		\$2,614.8
				Off			5/5		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ded	Colns	Copay	OOP Ind	00	OP Fam	Hospital	Rx Gen	Rx Pre	eferred
\$0 Employee Rat	0%	\$25/\$50	\$2,500	\$5,	000	\$250/day; 3 days/admit	\$5	\$15	
Name	Age		age Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cor
Employee 1	25	EE	90001	15	\$294.98	\$0.00	\$294.98	\$0.00	\$294.9
Employee 2	35	EE	90001	15	\$359.03	\$0.00	\$359.03	\$0.00	\$359.0
Employee 3	45	EE	90001	15	\$424.25	\$0.00	\$424.25	\$0.00	\$424.2
Employee 4	55	EE	90001	15	\$655.18	\$0.00	\$655.18	\$0.00	\$655.1
Employee 5	65	EE	90001	15	\$881.41	\$0.00	\$881.41	\$0.00	\$881.4
,				Totals	\$2,614.85	\$0.00	\$2,614.85	\$0.00	\$2,614.8
Blue Shield			НМО	Pla Off	tinum Trio A	CO HMO® 0/30	EE's Include 5/5	ed:	\$2,592.4
Ded	Colns	Copay	OOP Ind		OP Fam	Hospital	Rx Gen	Rx Pre	eferred
\$0	0%	\$30/\$40	\$3,000		000	\$500/day; 4 days/admit	\$5	\$15	
Employee Rat Name		_	age Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cor
Employee 1	<b>Ag</b> (25	EE COVE	90001	15	\$292.45	\$0.00	\$292.45	\$0.00	\$292.4
Employee 1 Employee 2	35	EE	90001	15	\$355.96	\$0.00	\$355.96	\$0.00	\$355.9
Employee 2	35 45	EE	90001	15	\$420.62	\$0.00	\$420.62	\$0.00	\$420.6
Employee 4	55	EE	90001	15	\$649.58	\$0.00	\$649.58	\$0.00	\$649.5
Employee 5	65	EE	90001	15	\$873.87	\$0.00	\$873.87	\$0.00	\$873.8
pioyoc o	00		30001	T-1-1-	\$075.07	\$0.00	Φ075.07	φο.οο	\$075.0

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\$2,592.48

\$0.00

\$2,592.48

\$0.00

\$2,592.48

Totals

Prepared For Effective Date Zip (County) Employer Contribution

Region 15 2017 3rd qtr Narrow network Platinum HMO by Clifford Grekin on June 09, 2017

July 01, 2017

90601 (Los Angeles)

EE: 100% Dep: 0%

Run Date: 06-09-2017 #5786684

#### **Employee Rate Breakdown**

	ŀ	HMO Advantage Platinum			EE's Inclu	uded:	\$2,888.41		
					20-40/30% (		5/5		_
Ded	Colns	Copay	OOP Ind		OP Fam	Hospital	Rx Gen		eferred
\$0	30%	\$20/\$40	\$3,000	\$6,	,000	30%	\$15	\$35	
Employee Rate	e Breakdow								
Name	Age		age Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	15	\$325.84	\$0.00	\$325.84	\$0.00	\$325.84
Employee 2	35	EE	90001	15	\$396.59	\$0.00	\$396.59	\$0.00	\$396.59
Employee 3	45	EE	90001	15	\$468.64	\$0.00	\$468.64	\$0.00	\$468.64
Employee 4	55	<u>EE</u>	90001	15	\$723.72	\$0.00	\$723.72	\$0.00	\$723.72
Employee 5	65	EE	90001	15	\$973.62	\$0.00	\$973.62	\$0.00	\$973.62
				Totals	\$2,888.41	\$0.00	\$2,888.41	\$0.00	\$2,888.41
UnitedHealthc	are		I	НМО		atinum 20-40/3		ıded:	\$2,866.60
Ded	Colne	Conou	OOD In a	0/	(AK-RE)	Haanital	5/5	Dv. Dv.	of a weard
Ded	Colns	Copay	OOP Ind		OP Fam	Hospital	Rx Gen		eferred
\$0	30%	\$20/\$40	\$3,000	\$6,	,000	30%	\$15	\$35	
Employee Rate			<b>-</b> -	D	EE D. (	Dan But	Tatal Date	FF O	ED 0
Name	Age		age Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	15	\$323.38	\$0.00	\$323.38	\$0.00	\$323.38
Employee 2	35	<u>EE</u>	90001	15	\$393.59	\$0.00	\$393.59	\$0.00	\$393.59
Employee 3	45	EE	90001	15	\$465.10	\$0.00	\$465.10	\$0.00	\$465.10
Employee 4	55	EE	90001	15	\$718.26	\$0.00	\$718.26	\$0.00	\$718.26
Employee 5	65	EE	90001	15	\$966.27	\$0.00	\$966.27	\$0.00	\$966.27
				Totals	\$2,866.60	\$0.00	\$2,866.60	(\$0.00)	\$2,866.60
UnitedHealthc	are		ا	НМО	Focus Plati (AK-Q9)	inum 20-40/30 <sup>4</sup>	% EE's Inclu 5/5	ıded:	\$2,568.10
Ded	Colns	Copay	OOP Ind	00		Hospital	Rx Gen	Rx Pre	eferred
Ded \$0	Colns 30%	<b>Copay</b> \$20/\$40			OP Fam	Hospital 30%		<b>Rx Pro</b> \$35	eferred
\$0	30%	\$20/\$40	<b>OOP Ind</b> \$3,000		OP Fam	<del></del>	Rx Gen		eferred
\$0 Employee Rate	30% e Breakdow	\$20/\$40 <b>/n</b>	\$3,000	\$6,	OP Fam ,000	30%	<b>Rx Gen</b> \$15	\$35	
\$0 Employee Rate Name	30% e Breakdow Age	\$20/\$40 vn Cover	\$3,000 age Zip		OP Fam 000 EE Rate	30%  Dep Rate	Rx Gen \$15 Total Rate	\$35 EE Cont	ER Cont
\$0 Employee Rate Name Employee 1	30% e Breakdow Age 25	\$20/\$40 vn E Cover	\$3,000 age Zip 90001	\$6, <b>Region</b>	DP Fam 0000 EE Rate \$289.70	30%  Dep Rate \$0.00	<b>Rx Gen</b> \$15 <b>Total Rate</b> \$289.70	\$35 <b>EE Cont</b> \$0.00	<b>ER Cont</b> \$289.70
\$0 Employee Rate Name Employee 1 Employee 2	30% e Breakdow Age	\$20/\$40 vn Cover	\$3,000 age Zip	\$6.	OP Fam 000 EE Rate	30%  Dep Rate \$0.00 \$0.00	Rx Gen \$15 Total Rate	\$35 EE Cont	<b>ER Cont</b> \$289.70 \$352.61
\$0 Employee Rate Name Employee 1	30% e Breakdow Age 25 35	\$20/\$40 vn EE EE	\$3,000  age Zip  90001  90001	\$6, <b>Region</b> 15	DP Fam 0000 EE Rate \$289.70 \$352.61	30%  Dep Rate \$0.00	<b>Rx Gen</b> \$15 <b>Total Rate</b> \$289.70 \$352.61	\$35 <b>EE Cont</b> \$0.00 \$0.00	<b>ER Cont</b> \$289.70
\$0 Employee Rate Name Employee 1 Employee 2 Employee 3	30% e Breakdow Age 25 35 45	\$20/\$40  In EE  EE  EE  EE	\$3,000  age Zip  90001  90001  90001	\$6, <b>Region</b> 15 15 15	DP Fam 0000 EE Rate \$289.70 \$352.61 \$416.67	30%  Dep Rate \$0.00 \$0.00 \$0.00	Rx Gen \$15 Total Rate \$289.70 \$352.61 \$416.67	\$35  EE Cont  \$0.00  \$0.00  \$0.00	ER Cont \$289.70 \$352.61 \$416.67
\$0 Employee Rate Name Employee 1 Employee 2 Employee 3 Employee 4	30% e Breakdow Age 25 35 45 55	\$20/\$40  on  ECOVER  EE  EE  EE  EE	\$3,000  age Zip  90001  90001  90001  90001	\$6, Region 15 15 15 15 15	DP Fam 0000 EE Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65	30%  Dep Rate \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Rx Gen \$15 Total Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65	\$35  EE Cont  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00	\$289.70 \$352.61 \$416.67 \$643.47 \$865.65
\$0 Employee Rate Name Employee 1 Employee 2 Employee 3 Employee 4 Employee 5	30% e Breakdow Age 25 35 45 55 65	\$20/\$40  on  ECOVER  EE  EE  EE  EE	\$3,000  age Zip 90001 90001 90001 90001 90001	\$6,  Region  15  15  15  15  15  Totals	DP Fam 0000 EE Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10	30%  Dep Rate \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Rx Gen \$15 Total Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10	\$35  EE Cont  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00	\$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10
\$0 Employee Rate Name Employee 1 Employee 2 Employee 3 Employee 4	30% e Breakdow Age 25 35 45 55 65	\$20/\$40  on  ECOVER  EE  EE  EE  EE	\$3,000  age Zip 90001 90001 90001 90001 90001	\$6, Region 15 15 15 15 15	DP Fam 0000 EE Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 State Alliar	30%  Dep Rate \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 ace Platinum	Rx Gen \$15 Total Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 EE's Included	\$35  EE Cont  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00	\$289.70 \$352.61 \$416.67 \$643.47 \$865.65
\$0 Employee Rate Name Employee 1 Employee 2 Employee 3 Employee 4 Employee 5  UnitedHealthc	30% e Breakdow Age 25 35 45 55 65	\$20/\$40 vn E Cover EE EE EE EE	\$3,000  age Zip  90001  90001  90001  90001	\$6, Region 15 15 15 15 15 Totals HMO	DP Fam 0000 EE Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 State Alliar 15-40/10%	30%  Dep Rate \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 ACE Platinum (AK-RQ)	Rx Gen \$15 Total Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 EE's Inclu	\$35  EE Cont  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$uded:	\$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 \$3,173.39
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\$0 Employee Rate Name Employee 1 Employee 2 Employee 3 Employee 4 Employee 5 UnitedHealthc Ded \$0 Employee Rate	30% e Breakdow Age 255 35 45 55 65 care  Colns 10% e Breakdow	\$20/\$40  yn  E Cover  EE  EE  EE  EC  Copay \$15/\$40	\$3,000  age Zip 90001 90001 90001 90001 90001  OOP Ind \$4,000	\$6,  Region 15 15 15 15 15 Totals HMO \$8,	DP Fam  0000  EE Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 State Alliar 15-40/10% DP Fam  000	30%  Dep Rate \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  \$0.00 hce Platinum (AK-RQ) Hospital	Rx Gen \$15 Total Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 EE's Inclu- 5/5 Rx Gen	\$35  EE Cont \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$uded:  Rx Pre \$15	\$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 \$3,173.39
\$0 Employee Rate Name Employee 1 Employee 2 Employee 3 Employee 4 Employee 5 UnitedHealthc Ded \$0 Employee Rate Name	30% e Breakdow Age 25 35 45 55 65 care  Colns 10% e Breakdow Age	\$20/\$40  In EE  EE  EE  EE  Copay \$15/\$40  In EC  Cover	\$3,000  age Zip 90001 90001 90001 90001  OOP Ind \$4,000  age Zip	\$6,  Region 15 15 15 15 15 Totals HMO  OC \$8,  Region	DP Fam  0000  EE Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 State Alliar 15-40/10% DP Fam  0000  EE Rate	30%  Dep Rate \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Ace Platinum (AK-RQ) Hospital 10%  Dep Rate	Rx Gen \$15 Total Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 EE's Inclu- 5/5 Rx Gen \$5	\$35  EE Cont \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$uded:  Rx Pro \$15	ER Cont \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 \$3,173.39 eferred
\$0 Employee Rate Name Employee 1 Employee 2 Employee 3 Employee 4 Employee 5 UnitedHealthc Ded \$0 Employee Rate Name Employee 1	30% e Breakdow Age 25 35 45 55 65 care Colns 10% e Breakdow Age 25	\$20/\$40  In EE  EE  EE  EE  EC  Copay \$15/\$40  In EE  Cover  Cover  EE  Cover	\$3,000  age Zip 90001 90001 90001 90001  OOP Ind \$4,000  age Zip 90001	\$66  Region 15 15 15 15 15 Totals  HMO  OC \$88  Region 15	DP Fam  0000  EE Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 State Alliar 15-40/10% DP Fam  0000  EE Rate \$357.99	30%  Dep Rate \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  Ce Platinum (AK-RQ) Hospital 10%  Dep Rate \$0.00	Rx Gen \$15 Total Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 EE's Inclusive 5/5 Rx Gen \$5 Total Rate \$357.99	\$35  EE Cont  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$15  EE Cont  \$0.00	ER Cont \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 \$3,173.39 eferred ER Cont \$357.99
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\$0 Employee Rate Name Employee 1 Employee 2 Employee 3 Employee 4 Employee 5 UnitedHealthc  Ded \$0 Employee Rate Name Employee 1 Employee 2 Employee 3	30% e Breakdow Age 25 35 45 55 65 care  Colns 10% e Breakdow Age 25 35 45	\$20/\$40  In EE  EE  EE  EE  Copay \$15/\$40  In EE  EE  Cover  EE  EE  EE  EE  EE  EE  EE  EE  EE	\$3,000  age Zip 90001 90001 90001 90001  OOP Ind \$4,000  age Zip 90001 90001 90001	\$6,  Region  15  15  15  15  15  Totals  HMO  OC  \$8,  Region  15  15  15	DP Fam  0000  EE Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 State Alliar 15-40/10% DP Fam  0000  EE Rate \$357.99 \$435.72 \$514.87	30%  Dep Rate \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  Ce Platinum (AK-RQ) Hospital 10%  Dep Rate \$0.00 \$0.00 \$0.00	Rx Gen \$15 Total Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 EE's Inclusive \$5/5 Rx Gen \$5 Total Rate \$357.99 \$435.72 \$514.87	\$35  EE Cont  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$15  EE Cont  \$0.00  \$0.00  \$0.00  \$0.00	ER Cont \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 \$3,173.39 eferred ER Cont \$357.99 \$435.72 \$514.87
\$0 Employee Rate Name Employee 1 Employee 2 Employee 3 Employee 4 Employee 5 UnitedHealthc Ded \$0 Employee Rate Name Employee 1	30% e Breakdow Age 25 35 45 55 65  Colns 10% e Breakdow Age 25 35	\$20/\$40  In EE  EE  EE  EE  EC  Copay  \$15/\$40  In EE  EE  Cover  EE  EE  EE  Cover  EE  EE  EE  EE  EE  EE  EE  EE  EE	\$3,000  age Zip 90001 90001 90001 90001  OOP Ind \$4,000  age Zip 90001 90001	\$6,  Region 15 15 15 15 15 Totals HMO  COC \$8,  Region 15 15	DP Fam  0000  EE Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 State Alliar 15-40/10% DP Fam  0000  EE Rate \$357.99 \$435.72	30%  Dep Rate \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  ce Platinum (AK-RQ) Hospital 10%  Dep Rate \$0.00 \$0.00	Rx Gen \$15 Total Rate \$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 EE's Inclusive 5/5 Rx Gen \$5 Total Rate \$357.99 \$435.72	\$35  EE Cont \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  \$uded:  Rx Pro \$15  EE Cont \$0.00 \$0.00	\$289.70 \$352.61 \$416.67 \$643.47 \$865.65 \$2,568.10 \$3,173.39

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Effective Date: 07-01-2017

Prepared For Effective Date Zip (County) Employer Contribution

Region 15 2017 3rd qtr Narrow network Platinum HMO by Clifford Grekin on June 09, 2017

July 01, 2017 90601 (Los Angeles)

EE: 100% Dep: 0%

Run Date: 06-09-2017 #5786684

#### **Employee Rate Breakdown**

UnitedHealtho	althcare			НМО	State Focu 15-40/10%		EE's Inclu 5/5	ıded:	\$2,842.93
Ded	Colns	Copay	OOP Ind	00	OP Fam	Hospital	Rx Gen	Rx Pro	eferred
\$0	10%	\$15/\$40	\$4,000	\$8	,000	10%	\$5	\$15	
<b>Employee Rat</b>	te Breakdow	/n							
Name	Age	e Cover	age Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	15	\$320.71	\$0.00	\$320.71	\$0.00	\$320.71
Employee 2	35	EE	90001	15	\$390.34	\$0.00	\$390.34	\$0.00	\$390.34
Employee 3	45	EE	90001	15	\$461.26	\$0.00	\$461.26	\$0.00	\$461.26
Employee 4	55	EE	90001	15	\$712.33	\$0.00	\$712.33	\$0.00	\$712.33
Employee 5	65	EE	90001	15	\$958.29	\$0.00	\$958.29	\$0.00	\$958.29
				Totals	\$2,842.93	\$0.00	\$2,842.93	\$0.00	\$2,842.93

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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.

#### **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.

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#### **Footnotes**

\*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: 06-09-2017 #5786684