

Side By Side Detail

Region 16 2017 3rd qtr Broad network Bronze HMO
 Los Angeles, Los Angeles, 90001

Prepared by Clifford Grekin
 Effective July 01, 2017

Kaiser Bronze 60 HMO 6300/75				
In Network		Out of Network		
Individual Deductible	\$6,300			
Family Deductible	\$12,600 (embedded)			
Individual OOP Limit	\$6,800 (incl ded)			
Family OOP Limit	\$13,600 (incl ded)			
PC/Specialist	\$75/\$105 ded waived 1st 3 visits			
Lab/X-Ray	\$40 ded waived/100% after ded (up to OOP)			
Inpatient Hospital	100% after ded (up to OOP)			
Outpatient Facility	100% after ded (up to OOP)			
Emergency Room	100% after ded (up to OOP)			
Urgent Care	\$75 ded waived 1st 3 visits			
Rx Generic	100% after \$500 (up to OOP); \$500 max/script			
Rx Preferred	100% after \$500 (up to OOP); \$500 max/script			
EE's Included	5/5			
EE Cost	\$1,669.29			
Dep Cost	\$0.00			
Total	\$1,669.29			
ER Total	\$1,669.29			

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Region 16 2017 3rd qtr Broad network Bronze HMO by Clifford Grekin on June 12, 2017	July 01, 2017	90001 (Los Angeles)	EE: 100% Dep: 0%

Employee Rate Breakdown

Kaiser		HMO		Bronze 60 HMO 6300/75		EE's Included:	\$1,669.29
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	5/5	
\$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

Employee Rate Breakdown

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	16	\$188.31	\$0.00	\$188.31	\$0.00	\$188.31
Employee 2	35	EE	90001	16	\$229.20	\$0.00	\$229.20	\$0.00	\$229.20
Employee 3	45	EE	90001	16	\$270.84	\$0.00	\$270.84	\$0.00	\$270.84
Employee 4	55	EE	90001	16	\$418.26	\$0.00	\$418.26	\$0.00	\$418.26
Employee 5	65	EE	90001	16	\$562.68	\$0.00	\$562.68	\$0.00	\$562.68
Totals					\$1,669.29	\$0.00	\$1,669.29	\$0.00	\$1,669.29

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Footnotes

Footnotes

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.
