

Side By Side Detail

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

Prepared by Clifford Grekin
Effective July 01, 2017

| | Anthem Blue Cross Gold HMO 25/20%/6600 | | Anthem Blue Cross Gold HMO 40/20%/6500 | | Anthem Blue Cross Gold HMO 500/20%/6500 | | Blue Shield Gold Access+ HMO® 1700/30 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 | | \$500 | | \$1,700 | |
| Family Deductible | \$0 | | \$0 | | \$1,500 (embedded) | | \$3,400 | |
| Individual OOP Limit | \$6,600 | | \$6,500 | | \$6,500 (incl ded) | | \$6,000 (incl ded) | |
| Family OOP Limit | \$13,200 | | \$13,000 | | \$13,000 (incl ded) | | \$12,000 (incl ded) | |
| PC/Specialist | \$25/\$50 | | \$40/\$80 | | \$30/\$60 ded waived | | \$30/\$50 ded waived; \$50 ded waived Access+ SP | |
| Lab/X-Ray | \$25 | | \$40 | | \$25 ded waived | | No charge | |
| Inpatient Hospital | \$500/day; 4 days/admit | | \$750/day; 3 days/admit | | 20% after ded | | 20% after ded | |
| Outpatient Facility | \$250 | | \$500 | | 20% after ded | | \$150 after ded/\$300 after ded (ASC/Hospital) | |
| Emergency Room | \$250 | | \$250 | | \$250 + 20% after ded | | \$200 (waived if admitted) after ded | |
| Urgent Care | \$50 | | \$50 | | \$50 ded waived | | \$30 ded waived | |
| Rx Generic | \$5/\$15 | | \$5/\$20 | | \$5/\$20 ded waived | | \$15 ded waived | |
| Rx Preferred | \$35 | | \$40 | | \$40 after \$250 | | \$30 after \$300 | |
| EE's Included | 5/5 | | 5/5 | | 5/5 | | 5/5 | |
| EE Cost | \$3,337.33 | | \$3,081.08 | | \$3,228.11 | | \$2,936.08 | |
| Dep Cost | \$0.00 | | \$0.00 | | \$0.00 | | \$0.00 | |
| Total | \$3,337.33 | | \$3,081.08 | | \$3,228.11 | | \$2,936.08 | |
| ER Total | \$3,337.33 | | \$3,081.08 | | \$3,228.11 | | \$2,936.08 | |

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| | Blue Shield | | Kaiser | | Kaiser | | Kaiser | |
|------------------------------|--|----------------|-------------------------------|----------------|---|----------------|-------------------------|----------------|
| | Gold Access+ HMO® 500/35 OffEx | | Gold 80 HMO 0/30 | | Gold 80 HMO 500/35 | | Gold 80 HRA HMO 2000/30 | |
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Individual Deductible | \$500 | | \$0 | | \$500 | | \$2,000 | |
| Family Deductible | \$1,000 | | \$0 | | \$1,000 (embedded) | | \$4,000 (embedded) | |
| Individual OOP Limit | \$5,600 (incl ded) | | \$6,750 | | \$6,750 (incl ded) | | \$6,500 (incl ded) | |
| Family OOP Limit | \$11,200 (incl ded) | | \$13,500 | | \$13,500 (incl ded) | | \$13,000 (incl ded) | |
| PC/Specialist | \$35/\$55 ded waived; \$55 ded waived Access+ SP | | \$30/\$55 | | \$35 ded waived | | \$30 ded waived | |
| Lab/X-Ray | \$35/\$50 ded waived | | \$35/\$55 | | \$20/\$40 ded waived | | 20% after ded | |
| Inpatient Hospital | 20% after ded | | \$655/day up to 5 days | | \$600/day after ded up to 5 days | | 20% after ded | |
| Outpatient Facility | 20% ded waived/\$300 after ded (ASC/Hospital) | | \$655 | | \$600 after ded | | 20% after ded | |
| Emergency Room | \$250 (waived if admitted) after ded | | \$325 (waived if admitted) | | \$250 (waived if admitted) after ded | | 20% ded waived | |
| Urgent Care | \$35 ded waived | | \$30 | | \$35 ded waived | | \$30 ded waived | |
| Rx Generic | \$15 ded waived | | \$15 | | \$15 ded waived | | \$15 ded waived | |
| Rx Preferred | \$30 ded waived | | \$55 | | \$50 ded waived | | \$30 ded waived | |
| EE's Included | 5/5 | | 5/5 | | 5/5 | | 5/5 | |
| EE Cost | \$3,010.36 | | \$2,654.13 | | \$2,633.44 | | \$2,481.67 | |
| Dep Cost | \$0.00 | | \$0.00 | | \$0.00 | | \$0.00 | |
| Total | \$3,010.36 | | \$2,654.13 | | \$2,633.44 | | \$2,481.67 | |
| ER Total | \$3,010.36 | | \$2,654.13 | | \$2,633.44 | | \$2,481.67 | |

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 Los Angeles, Los Angeles, 90001

Prepared by Clifford Grekin
 Effective July 01, 2017

| | UnitedHealthcare Signature Gold 30-50/30% (AK-QZ) | | UnitedHealthcare Signature Gold 30-50/30%/1000ded (AK-Q1) | | UnitedHealthcare State Signature Gold 30-55/20% (AK-RL) | | | |
|------------------------------|--|----------------|---|----------------|---|----------------|--|--|
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | | |
| Individual Deductible | \$0 | | \$1,000 | | \$0 | | | |
| Family Deductible | \$0 | | \$2,000 | | \$0 | | | |
| Individual OOP Limit | \$5,500 | | \$5,500 (incl ded) | | \$6,750 | | | |
| Family OOP Limit | \$11,000 | | \$11,000 (incl ded) | | \$13,500 | | | |
| PC/Specialist | \$30/\$50 | | \$30/\$50 ded waived | | \$30/\$55 | | | |
| Lab/X-Ray | \$25 | | \$25 ded waived | | \$35/\$55 | | | |
| Inpatient Hospital | 30% | | 30% after ded | | 20% | | | |
| Outpatient Facility | 30% | | 30% after ded | | 20% | | | |
| Emergency Room | \$300 | | \$300 ded waived | | \$325 | | | |
| Urgent Care | \$30/\$75 (in/out of area) | | \$30/\$75 ded waived (in/out of area) | | \$30 | | | |
| Rx Generic | \$15 | | \$15 ded waived | | \$15 | | | |
| Rx Preferred | \$35 | | \$35 ded waived | | \$55 | | | |
| EE's Included | 5/5 | | 5/5 | | 5/5 | | | |
| EE Cost | \$2,875.50 | | \$2,732.75 | | \$2,766.57 | | | |
| Dep Cost | \$0.00 | | \$0.00 | | \$0.00 | | | |
| Total | \$2,875.50 | | \$2,732.75 | | \$2,766.57 | | | |
| ER Total | \$2,875.50 | | \$2,732.75 | | \$2,766.57 | | | |

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Group Medical Proposal

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

Employee Rate Breakdown

| Anthem Blue Cross | | HMO | Gold HMO 25/20%/6600 | | | EE's Included: 5/5 | \$3,337.33 |
|-------------------|-------|-----------|----------------------|----------|-------------------------|-----------------------|--------------|
| Ded | Colns | Copay | OOP Ind | OOP Fam | Hospital | Rx Gen | Rx Preferred |
| \$0 | 20% | \$25/\$50 | \$6,600 | \$13,200 | \$500/day; 4 days/admit | \$5/\$15 | \$35 |

Employee Rate Breakdown

| Name | Age | Coverage | Zip | Region | EE Rate | Dep Rate | Total Rate | EE Cont | ER Cont |
|---------------|-----|----------|-------|--------|-------------------|---------------|-------------------|-----------------|-------------------|
| Employee 1 | 25 | EE | 90001 | 16 | \$376.48 | \$0.00 | \$376.48 | \$0.00 | \$376.48 |
| Employee 2 | 35 | EE | 90001 | 16 | \$458.23 | \$0.00 | \$458.23 | \$0.00 | \$458.23 |
| Employee 3 | 45 | EE | 90001 | 16 | \$541.47 | \$0.00 | \$541.47 | \$0.00 | \$541.47 |
| Employee 4 | 55 | EE | 90001 | 16 | \$836.21 | \$0.00 | \$836.21 | \$0.00 | \$836.21 |
| Employee 5 | 65 | EE | 90001 | 16 | \$1124.94 | \$0.00 | \$1124.94 | \$0.00 | \$1,124.94 |
| Totals | | | | | \$3,337.33 | \$0.00 | \$3,337.33 | (\$0.00) | \$3,337.33 |

| Anthem Blue Cross | | HMO | Gold HMO 40/20%/6500 | | | EE's Included: 5/5 | \$3,081.08 |
|-------------------|-------|-----------|----------------------|----------|-------------------------|-----------------------|--------------|
| Ded | Colns | Copay | OOP Ind | OOP Fam | Hospital | Rx Gen | Rx Preferred |
| \$0 | 20% | \$40/\$80 | \$6,500 | \$13,000 | \$750/day; 3 days/admit | \$5/\$20 | \$40 |

Employee Rate Breakdown

| Name | Age | Coverage | Zip | Region | EE Rate | Dep Rate | Total Rate | EE Cont | ER Cont |
|---------------|-----|----------|-------|--------|-------------------|---------------|-------------------|---------------|-------------------|
| Employee 1 | 25 | EE | 90001 | 16 | \$347.57 | \$0.00 | \$347.57 | \$0.00 | \$347.57 |
| Employee 2 | 35 | EE | 90001 | 16 | \$423.04 | \$0.00 | \$423.04 | \$0.00 | \$423.04 |
| Employee 3 | 45 | EE | 90001 | 16 | \$499.90 | \$0.00 | \$499.90 | \$0.00 | \$499.90 |
| Employee 4 | 55 | EE | 90001 | 16 | \$772.00 | \$0.00 | \$772.00 | \$0.00 | \$772.00 |
| Employee 5 | 65 | EE | 90001 | 16 | \$1038.57 | \$0.00 | \$1038.57 | \$0.00 | \$1,038.57 |
| Totals | | | | | \$3,081.08 | \$0.00 | \$3,081.08 | \$0.00 | \$3,081.08 |

| Anthem Blue Cross | | HMO | Gold HMO 500/20%/6500 | | | EE's Included: 5/5 | \$3,228.11 |
|-------------------|-------|-----------|----------------------------------|---------------------|---------------|-----------------------|------------------|
| Ded | Colns | Copay | OOP Ind | OOP Fam | Hospital | Rx Gen | Rx Preferred |
| \$500 | 20% | \$30/\$60 | \$6,500 (incl ded) ded waived | \$13,000 (incl ded) | 20% after ded | \$5/\$20 ded waived | \$40 after \$250 |

Employee Rate Breakdown

| Name | Age | Coverage | Zip | Region | EE Rate | Dep Rate | Total Rate | EE Cont | ER Cont |
|---------------|-----|----------|-------|--------|-------------------|---------------|-------------------|---------------|-------------------|
| Employee 1 | 25 | EE | 90001 | 16 | \$364.16 | \$0.00 | \$364.16 | \$0.00 | \$364.16 |
| Employee 2 | 35 | EE | 90001 | 16 | \$443.23 | \$0.00 | \$443.23 | \$0.00 | \$443.23 |
| Employee 3 | 45 | EE | 90001 | 16 | \$523.75 | \$0.00 | \$523.75 | \$0.00 | \$523.75 |
| Employee 4 | 55 | EE | 90001 | 16 | \$808.84 | \$0.00 | \$808.84 | \$0.00 | \$808.84 |
| Employee 5 | 65 | EE | 90001 | 16 | \$1088.13 | \$0.00 | \$1088.13 | \$0.00 | \$1,088.13 |
| Totals | | | | | \$3,228.11 | \$0.00 | \$3,228.11 | \$0.00 | \$3,228.11 |

| Blue Shield | | HMO | Gold Access+ HMO® 1700/30 OffEx | | | EE's Included: 5/5 | \$2,936.08 |
|-------------|-------|-----------|----------------------------------|---------------------|---------------|-----------------------|------------------|
| Ded | Colns | Copay | OOP Ind | OOP Fam | Hospital | Rx Gen | Rx Preferred |
| \$1,700 | 20% | \$30/\$50 | \$6,000 (incl ded) ded waived | \$12,000 (incl ded) | 20% after ded | \$15 ded waived | \$30 after \$300 |

Employee Rate Breakdown

| Name | Age | Coverage | Zip | Region | EE Rate | Dep Rate | Total Rate | EE Cont | ER Cont |
|---------------|-----|----------|-------|--------|-------------------|---------------|-------------------|---------------|-------------------|
| Employee 1 | 25 | EE | 90001 | 16 | \$331.22 | \$0.00 | \$331.22 | \$0.00 | \$331.22 |
| Employee 2 | 35 | EE | 90001 | 16 | \$403.13 | \$0.00 | \$403.13 | \$0.00 | \$403.13 |
| Employee 3 | 45 | EE | 90001 | 16 | \$476.37 | \$0.00 | \$476.37 | \$0.00 | \$476.37 |
| Employee 4 | 55 | EE | 90001 | 16 | \$735.67 | \$0.00 | \$735.67 | \$0.00 | \$735.67 |
| Employee 5 | 65 | EE | 90001 | 16 | \$989.69 | \$0.00 | \$989.69 | \$0.00 | \$989.69 |
| Totals | | | | | \$2,936.08 | \$0.00 | \$2,936.08 | \$0.00 | \$2,936.08 |

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Group Medical Proposal

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

Employee Rate Breakdown

| Blue Shield | | HMO | | Gold Access+ HMO® 500/35 OffEx | | EE's Included: | \$3,010.36 |
|-------------|-------|-----------|----------------------------------|--------------------------------|---------------|-----------------|-----------------|
| Ded | Colns | Copay | OOP Ind | OOP Fam | Hospital | Rx Gen | Rx Preferred |
| \$500 | 20% | \$35/\$55 | \$5,600 (incl ded) ded waived | \$11,200 (incl ded) | 20% after ded | \$15 ded waived | \$30 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 | \$339.60 | \$0.00 | \$339.60 | \$0.00 | \$339.60 |
| Employee 2 | 35 | EE | 90001 | 16 | \$413.33 | \$0.00 | \$413.33 | \$0.00 | \$413.33 |
| Employee 3 | 45 | EE | 90001 | 16 | \$488.42 | \$0.00 | \$488.42 | \$0.00 | \$488.42 |
| Employee 4 | 55 | EE | 90001 | 16 | \$754.28 | \$0.00 | \$754.28 | \$0.00 | \$754.28 |
| Employee 5 | 65 | EE | 90001 | 16 | \$1014.73 | \$0.00 | \$1014.73 | \$0.00 | \$1,014.73 |
| Totals | | | | | \$3,010.36 | \$0.00 | \$3,010.36 | \$0.00 | \$3,010.36 |

| Kaiser | | HMO | | Gold 80 HMO 0/30 | | EE's Included: | \$2,654.13 |
|--------|-------|-----------|---------|------------------|------------------------|----------------|--------------|
| Ded | Colns | Copay | OOP Ind | OOP Fam | Hospital | Rx Gen | Rx Preferred |
| \$0 | 0% | \$30/\$55 | \$6,750 | \$13,500 | \$655/day up to 5 days | \$15 | \$55 |

Employee Rate Breakdown

| Name | Age | Coverage | Zip | Region | EE Rate | Dep Rate | Total Rate | EE Cont | ER Cont |
|------------|-----|----------|-------|--------|------------|----------|------------|---------|------------|
| Employee 1 | 25 | EE | 90001 | 16 | \$299.41 | \$0.00 | \$299.41 | \$0.00 | \$299.41 |
| Employee 2 | 35 | EE | 90001 | 16 | \$364.42 | \$0.00 | \$364.42 | \$0.00 | \$364.42 |
| Employee 3 | 45 | EE | 90001 | 16 | \$430.62 | \$0.00 | \$430.62 | \$0.00 | \$430.62 |
| Employee 4 | 55 | EE | 90001 | 16 | \$665.02 | \$0.00 | \$665.02 | \$0.00 | \$665.02 |
| Employee 5 | 65 | EE | 90001 | 16 | \$894.66 | \$0.00 | \$894.66 | \$0.00 | \$894.66 |
| Totals | | | | | \$2,654.13 | \$0.00 | \$2,654.13 | \$0.00 | \$2,654.13 |

| Kaiser | | HMO | | Gold 80 HMO 500/35 | | EE's Included: | \$2,633.44 |
|--------|-------|-----------------|--------------------|---------------------|----------------------------------|-----------------|-----------------|
| Ded | Colns | Copay | OOP Ind | OOP Fam | Hospital | Rx Gen | Rx Preferred |
| \$500 | 0% | \$35 ded waived | \$6,750 (incl ded) | \$13,500 (incl ded) | \$600/day after ded up to 5 days | \$15 ded waived | \$50 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 | \$297.08 | \$0.00 | \$297.08 | \$0.00 | \$297.08 |
| Employee 2 | 35 | EE | 90001 | 16 | \$361.58 | \$0.00 | \$361.58 | \$0.00 | \$361.58 |
| Employee 3 | 45 | EE | 90001 | 16 | \$427.27 | \$0.00 | \$427.27 | \$0.00 | \$427.27 |
| Employee 4 | 55 | EE | 90001 | 16 | \$659.84 | \$0.00 | \$659.84 | \$0.00 | \$659.84 |
| Employee 5 | 65 | EE | 90001 | 16 | \$887.67 | \$0.00 | \$887.67 | \$0.00 | \$887.67 |
| Totals | | | | | \$2,633.44 | \$0.00 | \$2,633.44 | \$0.00 | \$2,633.44 |

| Kaiser | | HMO | | Gold 80 HRA HMO 2000/30 | | EE's Included: | \$2,481.67 |
|---------|-------|-----------------|--------------------|-------------------------|---------------|-----------------|-----------------|
| Ded | Colns | Copay | OOP Ind | OOP Fam | Hospital | Rx Gen | Rx Preferred |
| \$2,000 | 20% | \$30 ded waived | \$6,500 (incl ded) | \$13,000 (incl ded) | 20% after ded | \$15 ded waived | \$30 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 | \$279.96 | \$0.00 | \$279.96 | \$0.00 | \$279.96 |
| Employee 2 | 35 | EE | 90001 | 16 | \$340.74 | \$0.00 | \$340.74 | \$0.00 | \$340.74 |
| Employee 3 | 45 | EE | 90001 | 16 | \$402.64 | \$0.00 | \$402.64 | \$0.00 | \$402.64 |
| Employee 4 | 55 | EE | 90001 | 16 | \$621.81 | \$0.00 | \$621.81 | \$0.00 | \$621.81 |
| Employee 5 | 65 | EE | 90001 | 16 | \$836.52 | \$0.00 | \$836.52 | \$0.00 | \$836.52 |
| Totals | | | | | \$2,481.67 | \$0.00 | \$2,481.67 | \$0.00 | \$2,481.67 |

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Group Medical Proposal

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

Employee Rate Breakdown

| UnitedHealthcare | | | | HMO | Signature Gold 30-50/30% (AK-QZ) | EE's Included: 5/5 | \$2,875.50 |
|------------------|-------|-----------|---------|----------|-------------------------------------|-----------------------|--------------|
| Ded | Colns | Copay | OOP Ind | OOP Fam | Hospital | Rx Gen | Rx Preferred |
| \$0 | 30% | \$30/\$50 | \$5,500 | \$11,000 | 30% | \$15 | \$35 |

Employee Rate Breakdown

| Name | Age | Coverage | Zip | Region | EE Rate | Dep Rate | Total Rate | EE Cont | ER Cont |
|------------|-----|----------|-------|--------|------------|----------|------------|---------|------------|
| Employee 1 | 25 | EE | 90001 | 16 | \$324.38 | \$0.00 | \$324.38 | \$0.00 | \$324.38 |
| Employee 2 | 35 | EE | 90001 | 16 | \$394.82 | \$0.00 | \$394.82 | \$0.00 | \$394.82 |
| Employee 3 | 45 | EE | 90001 | 16 | \$466.54 | \$0.00 | \$466.54 | \$0.00 | \$466.54 |
| Employee 4 | 55 | EE | 90001 | 16 | \$720.49 | \$0.00 | \$720.49 | \$0.00 | \$720.49 |
| Employee 5 | 65 | EE | 90001 | 16 | \$969.27 | \$0.00 | \$969.27 | \$0.00 | \$969.27 |
| Totals | | | | | \$2,875.50 | \$0.00 | \$2,875.50 | \$0.00 | \$2,875.50 |

| UnitedHealthcare | | | | HMO | Signature Gold 30-50/30%/1000ded (AK-Q1) | EE's Included: 5/5 | \$2,732.75 |
|------------------|-------|-----------|----------------------------------|---------------------|---|-----------------------|-----------------|
| Ded | Colns | Copay | OOP Ind | OOP Fam | Hospital | Rx Gen | Rx Preferred |
| \$1,000 | 30% | \$30/\$50 | \$5,500 (incl ded) ded waived | \$11,000 (incl ded) | 30% 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 | 16 | \$308.28 | \$0.00 | \$308.28 | \$0.00 | \$308.28 |
| Employee 2 | 35 | EE | 90001 | 16 | \$375.22 | \$0.00 | \$375.22 | \$0.00 | \$375.22 |
| Employee 3 | 45 | EE | 90001 | 16 | \$443.38 | \$0.00 | \$443.38 | \$0.00 | \$443.38 |
| Employee 4 | 55 | EE | 90001 | 16 | \$684.72 | \$0.00 | \$684.72 | \$0.00 | \$684.72 |
| Employee 5 | 65 | EE | 90001 | 16 | \$921.15 | \$0.00 | \$921.15 | \$0.00 | \$921.15 |
| Totals | | | | | \$2,732.75 | \$0.00 | \$2,732.75 | \$0.00 | \$2,732.75 |

| UnitedHealthcare | | | | HMO | State Signature Gold 30-55/20% (AK-RL) | EE's Included: 5/5 | \$2,766.57 |
|------------------|-------|-----------|---------|----------|---|-----------------------|--------------|
| Ded | Colns | Copay | OOP Ind | OOP Fam | Hospital | Rx Gen | Rx Preferred |
| \$0 | 20% | \$30/\$55 | \$6,750 | \$13,500 | 20% | \$15 | \$55 |

Employee Rate Breakdown

| Name | Age | Coverage | Zip | Region | EE Rate | Dep Rate | Total Rate | EE Cont | ER Cont |
|------------|-----|----------|-------|--------|------------|----------|------------|---------|------------|
| Employee 1 | 25 | EE | 90001 | 16 | \$312.09 | \$0.00 | \$312.09 | \$0.00 | \$312.09 |
| Employee 2 | 35 | EE | 90001 | 16 | \$379.86 | \$0.00 | \$379.86 | \$0.00 | \$379.86 |
| Employee 3 | 45 | EE | 90001 | 16 | \$448.87 | \$0.00 | \$448.87 | \$0.00 | \$448.87 |
| Employee 4 | 55 | EE | 90001 | 16 | \$693.20 | \$0.00 | \$693.20 | \$0.00 | \$693.20 |
| Employee 5 | 65 | EE | 90001 | 16 | \$932.55 | \$0.00 | \$932.55 | \$0.00 | \$932.55 |
| Totals | | | | | \$2,766.57 | \$0.00 | \$2,766.57 | \$0.00 | \$2,766.57 |

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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
