

Side By Side Detail

Region 16 2017 3rd qtr Narrow network Bronze PPO
Los Angeles, Los Angeles, 90001

Prepared by Clifford Grekin
Effective July 01, 2017

	Anthem Blue Cross Bronze Select PPO 5000/30%/7150		Anthem Blue Cross Bronze Select PPO 6000/35%/7150		UnitedHealthcare State Core Bronze 75/6300/100% (AK-R5)	
	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
Family Deductible	\$10,000 (embedded)	\$20,000 (embedded)	\$12,000 (embedded)	\$24,000 (embedded)	\$12,600	\$25,200
Individual OOP Limit	\$7,150 (incl ded)	\$14,300 (incl ded)	\$7,150 (incl ded)	\$14,300 (incl ded)	\$6,800 (incl ded)	\$13,600 (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)	\$27,300 (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
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
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
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
Emergency Room	\$300 + 30% after ded	Paid as in-network	35% after ded	Paid as in-network	100% after ded (up to OOP)	Paid as in-network
Urgent Care	30% after ded	50% after ded	35% after ded	50% after ded	\$75 ded waived 1st 3 visits	50% after ded
Rx Generic	\$5/\$20 ded waived	Not covered	\$5/\$20 ded waived	Not covered	100% ded waived (up to OOP); \$500 max/script	100% ded waived (up to OOP); \$500 max/script
Rx Preferred	\$50 after \$500	Not covered	\$50 after \$250	Not covered	100% after \$500 (up to OOP); \$500 max/script	100% after \$500 (up to OOP); \$500 max/script
EE's Included	5/5		5/5		5/5	
EE Cost	\$2,813.64		\$2,726.08		\$2,311.60	
Dep Cost	\$0.00		\$0.00		\$0.00	
Total	\$2,813.64		\$2,726.08		\$2,311.60	
ER Total	\$2,813.64		\$2,726.08		\$2,311.60	

Use of this site constitutes acceptance of HealthConnect's Terms of service and Privacy Policy. The rates and benefits displayed within are for discussion and estimation purposes only and is not a substitute for an insurance quote prepared by an insurance carrier. Final benefits and rates must be based on insurance carrier confirmation and final enrollment.

Group Medical Proposal

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

Employee Rate Breakdown

Anthem Blue Cross		PPO		Bronze Select PPO 5000/30%/7150		EE's Included: 5/5		\$2,813.64
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$5,000	30%	\$30 no ded	\$7,150 (incl ded)	\$14,300 (incl ded)	\$500/admit after ded	\$5/\$20 ded waived	\$50 after \$500	
		visits 1-3; 30% aft ded 4+						
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	16	\$317.40	\$0.00	\$317.40	\$0.00	\$317.40
Employee 2	35	EE	90001	16	\$386.32	\$0.00	\$386.32	\$0.00	\$386.32
Employee 3	45	EE	90001	16	\$456.51	\$0.00	\$456.51	\$0.00	\$456.51
Employee 4	55	EE	90001	16	\$704.99	\$0.00	\$704.99	\$0.00	\$704.99
Employee 5	65	EE	90001	16	\$948.42	\$0.00	\$948.42	\$0.00	\$948.42
Totals					\$2,813.64	\$0.00	\$2,813.64	\$0.00	\$2,813.64

Anthem Blue Cross		PPO		Bronze Select PPO 6000/35%/7150		EE's Included: 5/5		\$2,726.08
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$6,000	35%	\$70 no ded	\$7,150 (incl ded)	\$14,300 (incl ded)	35% after ded	\$5/\$20 ded waived	\$50 after \$250	
		visits 1-3; 35% aft ded 4+						
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	16	\$307.53	\$0.00	\$307.53	\$0.00	\$307.53
Employee 2	35	EE	90001	16	\$374.30	\$0.00	\$374.30	\$0.00	\$374.30
Employee 3	45	EE	90001	16	\$442.30	\$0.00	\$442.30	\$0.00	\$442.30
Employee 4	55	EE	90001	16	\$683.05	\$0.00	\$683.05	\$0.00	\$683.05
Employee 5	65	EE	90001	16	\$918.90	\$0.00	\$918.90	\$0.00	\$918.90
Totals					\$2,726.08	\$0.00	\$2,726.08	\$0.00	\$2,726.08

UnitedHealthcare		PPO		State Core Bronze 75/6300/100% (AK-R5)		EE's Included: 5/5		\$2,311.60
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$6,300	100%	\$75/\$105 ded waived	\$6,800 (incl ded)	\$13,600 (incl ded)	100% after ded (up to OOP)	100% ded waived (up to OOP); \$500 max/script	100% after \$500 (up to OOP); \$500 max/script	
Out-Net:\$12,600	50%	50% after ded	\$13,600 (incl ded)	\$27,300 (incl ded)	50% after ded	100% ded waived (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	\$260.77	\$0.00	\$260.77	\$0.00	\$260.77
Employee 2	35	EE	90001	16	\$317.39	\$0.00	\$317.39	\$0.00	\$317.39
Employee 3	45	EE	90001	16	\$375.05	\$0.00	\$375.05	\$0.00	\$375.05
Employee 4	55	EE	90001	16	\$579.20	\$0.00	\$579.20	\$0.00	\$579.20
Employee 5	65	EE	90001	16	\$779.19	\$0.00	\$779.19	\$0.00	\$779.19
Totals					\$2,311.60	\$0.00	\$2,311.60	(\$0.00)	\$2,311.60

Use of this site constitutes acceptance of HealthConnect's Terms of service and Privacy Policy. The rates and benefits displayed within are for discussion and estimation purposes only and is not a substitute for an insurance quote prepared by an insurance carrier. Final benefits and rates must be based on insurance carrier confirmation and final enrollment.

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.

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