

Side By Side Detail

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

Prepared by Clifford Grekin
Effective July 01, 2017

	Anthem Blue Cross Gold Select PPO 1000/20%/6000		Anthem Blue Cross Gold Select PPO 20/30%/6500		Anthem Blue Cross Gold Select PPO 2000/20%/4000		Anthem Blue Cross Gold Select PPO 30/20%/6750	
	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	\$0
Family Deductible	\$3,000 (embedded)	\$4,000 (embedded)	\$0	\$4,000	\$4,000 (embedded)	\$8,000 (embedded)	\$0	\$4,000
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)	\$6,750	\$13,500 (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)	\$13,500	\$27,000 (incl ded)
PC/Specialist	\$20/\$40 ded waived	50% after ded	\$20/\$40	50% after ded	\$25/\$50 ded waived	50% after ded	\$30/\$55	50% after ded
Lab/X-Ray	20% after ded	50% after ded	30%	50% after ded	20% after ded	50% after ded	\$35/\$55	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%	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%	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	\$325	Paid as in-network
Urgent Care	\$40 ded waived	50% after ded	\$40	50% after ded	\$50 ded waived	50% after ded	\$30	50% after ded
Rx Generic	\$5/\$20 ded waived	Not covered	\$5/\$20 ded waived	Not covered	\$5/\$20 ded waived	Not covered	\$15	Not covered
Rx Preferred	\$40 ded waived	Not covered	\$40 after \$250	Not covered	\$40 ded waived	Not covered	\$55	Not covered
EE's Included	5/5		5/5		5/5		5/5	
EE Cost	\$3,538.20		\$3,636.54		\$3,475.63		\$3,908.08	
Dep Cost	\$0.00		\$0.00		\$0.00		\$0.00	
Total	\$3,538.20		\$3,636.54		\$3,475.63		\$3,908.08	
ER Total	\$3,538.20		\$3,636.54		\$3,475.63		\$3,908.08	

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	Anthem Blue Cross Gold Select PPO 500/20%/6500		Anthem Blue Cross Gold Select PPO 700/20%/6600		UnitedHealthcare Core Gold 20/1000/20% (AK-SD)		UnitedHealthcare Core Gold 20/250/20% (AK-SB)	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
	Individual Deductible	\$500	\$1,000	\$700	\$1,400	\$1,000	\$2,000	\$250
Family Deductible	\$1,500 (embedded)	\$2,000 (embedded)	\$2,100 (embedded)	\$2,800 (embedded)	\$2,000	\$4,000	\$500	\$2,000
Individual OOP Limit	\$6,500 (incl ded)	\$13,000 (incl ded)	\$6,600 (incl ded)	\$13,200 (incl ded)	\$6,000 (incl ded)	\$12,000 (incl ded)	\$5,500 (incl ded)	\$11,000 (incl ded)
Family OOP Limit	\$13,000 (incl ded)	\$26,000 (incl ded)	\$13,200 (incl ded)	\$26,400 (incl ded)	\$12,000 (incl ded)	\$24,000 (incl ded)	\$11,000 (incl ded)	\$22,000 (incl ded)
PC/Specialist	\$30/\$60 ded waived	50% after ded	\$20/\$40 ded waived	50% after ded	\$20/\$40 ded waived	50% after ded	\$20/\$40 ded waived	50% after ded
Lab/X-Ray	20% after ded	50% after ded	20% after ded	50% after ded	\$250 + 20% after ded	\$250 + 50% after ded	\$250 + 20% after ded	\$250 + 50% after ded
Inpatient Hospital	20% after ded	50% after ded; \$650 benefit max/day	20% after ded	50% after ded; \$650 benefit max/day	\$250/admit + 20% after ded	\$250/admit + 50% after ded	\$250/admit + 20% after ded	\$250/admit + 50% after ded
Outpatient Facility	20% after ded	50% after ded; \$380 benefit max/admit	20% after ded	50% after ded; \$380 benefit max/admit	\$250 + 20% after ded	\$250 + 50% after ded	\$250 + 20% after ded	\$250 + 50% after ded
Emergency Room	\$250 + 20% after ded	Paid as in-network	\$250 + 20% ded waived	Paid as in-network	\$100 ded waived	Paid as in-network	\$100 ded waived	Paid as in-network
Urgent Care	\$60 ded waived	50% after ded	\$40 ded waived	50% after ded	\$50 ded waived	50% after ded	\$50 ded waived	50% after ded
Rx Generic	\$5/\$20 ded waived	Not covered	\$5/\$20 ded waived	Not covered	\$15	\$15 ded waived	\$15	\$15 ded waived
Rx Preferred	\$40 after \$250	Not covered	\$40 after \$250	Not covered	\$35	\$35 ded waived	\$35	\$35 ded waived
EE's Included	5/5		5/5		5/5		5/5	
EE Cost	\$3,535.79		\$3,510.16		\$3,230.43		\$3,395.45	
Dep Cost	\$0.00		\$0.00		\$0.00		\$0.00	
Total	\$3,535.79		\$3,510.16		\$3,230.43		\$3,395.45	
ER Total	\$3,535.79		\$3,510.16		\$3,230.43		\$3,395.45	

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Los Angeles, Los Angeles, 90001

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Effective July 01, 2017

	UnitedHealthcare Core Gold 20/750/20% (AK-SC)		UnitedHealthcare State Core Gold 30/20% (AK-R3)					
	In Network	Out of Network	In Network	Out of Network				
	Individual Deductible	\$750	\$1,500	\$0				
Family Deductible	\$1,500	\$3,000	\$0	\$2,000				
Individual OOP Limit	\$5,500 (incl ded)	\$11,000 (incl ded)	\$6,750	\$13,500 (incl ded)				
Family OOP Limit	\$11,000 (incl ded)	\$22,000 (incl ded)	\$13,500	\$27,000 (incl ded)				
PC/Specialist	\$20/\$40 ded waived	50% after ded	\$30/\$55	50% after ded				
Lab/X-Ray	\$250 + 20% after ded	\$250 + 50% after ded	\$35/\$55	50% after ded				
Inpatient Hospital	\$250/admit + 20% after ded	\$250/admit + 50% after ded	20%	50% after ded				
Outpatient Facility	\$250 + 20% after ded	\$250 + 50% after ded	20%	50% after ded				
Emergency Room	\$100 ded waived	Paid as in-network	\$325	Paid as in-network				
Urgent Care	\$50 ded waived	50% after ded	\$30	50% after ded				
Rx Generic	\$15	\$15 ded waived	\$15	\$15 ded waived				
Rx Preferred	\$35	\$35 ded waived	\$55	\$55 ded waived				
EE's Included	5/5		5/5					
EE Cost	\$3,295.14		\$3,408.43					
Dep Cost	\$0.00		\$0.00					
Total	\$3,295.14		\$3,408.43					
ER Total	\$3,295.14		\$3,408.43					

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Region 16 2017 3rd qtr Narrow network Gold 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		Gold Select PPO 1000/20%/6000		EE's Included: 5/5		\$3,538.20
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)	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	16	\$399.14	\$0.00	\$399.14	\$0.00	\$399.14
Employee 2	35	EE	90001	16	\$485.81	\$0.00	\$485.81	\$0.00	\$485.81
Employee 3	45	EE	90001	16	\$574.06	\$0.00	\$574.06	\$0.00	\$574.06
Employee 4	55	EE	90001	16	\$886.54	\$0.00	\$886.54	\$0.00	\$886.54
Employee 5	65	EE	90001	16	\$1192.65	\$0.00	\$1192.65	\$0.00	\$1,192.65
Totals					\$3,538.20	\$0.00	\$3,538.20	(\$0.00)	\$3,538.20

Anthem Blue Cross		PPO		Gold Select PPO 20/30%/6500		EE's Included: 5/5		\$3,636.54
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$0	30%	\$20/\$40	\$6,500	\$13,000 (incl ded)	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	16	\$410.23	\$0.00	\$410.23	\$0.00	\$410.23
Employee 2	35	EE	90001	16	\$499.31	\$0.00	\$499.31	\$0.00	\$499.31
Employee 3	45	EE	90001	16	\$590.02	\$0.00	\$590.02	\$0.00	\$590.02
Employee 4	55	EE	90001	16	\$911.18	\$0.00	\$911.18	\$0.00	\$911.18
Employee 5	65	EE	90001	16	\$1225.80	\$0.00	\$1225.80	\$0.00	\$1,225.80
Totals					\$3,636.54	\$0.00	\$3,636.54	\$0.00	\$3,636.54

Anthem Blue Cross		PPO		Gold Select PPO 2000/20%/4000		EE's Included: 5/5		\$3,475.63
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$2,000	20%	\$25/\$50	\$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	16	\$392.08	\$0.00	\$392.08	\$0.00	\$392.08
Employee 2	35	EE	90001	16	\$477.22	\$0.00	\$477.22	\$0.00	\$477.22
Employee 3	45	EE	90001	16	\$563.91	\$0.00	\$563.91	\$0.00	\$563.91
Employee 4	55	EE	90001	16	\$870.86	\$0.00	\$870.86	\$0.00	\$870.86
Employee 5	65	EE	90001	16	\$1171.56	\$0.00	\$1171.56	\$0.00	\$1,171.56
Totals					\$3,475.63	\$0.00	\$3,475.63	\$0.00	\$3,475.63

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Region 16 2017 3rd qtr Narrow network Gold 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	Gold Select PPO 30/20%/6750			EE's Included:	\$3,908.08
						5/5	
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:\$2,000	50%	50% after ded	\$13,500 (incl ded)	\$27,000 (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	16	\$440.87	\$0.00	\$440.87	\$0.00	\$440.87
Employee 2	35	EE	90001	16	\$536.59	\$0.00	\$536.59	\$0.00	\$536.59
Employee 3	45	EE	90001	16	\$634.07	\$0.00	\$634.07	\$0.00	\$634.07
Employee 4	55	EE	90001	16	\$979.22	\$0.00	\$979.22	\$0.00	\$979.22
Employee 5	65	EE	90001	16	\$1317.33	\$0.00	\$1317.33	\$0.00	\$1,317.33
Totals					\$3,908.08	\$0.00	\$3,908.08	\$0.00	\$3,908.08

Anthem Blue Cross		PPO	Gold Select PPO 500/20%/6500			EE's Included:	\$3,535.79
						5/5	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred
In-Net:\$500	20%	\$30/\$60	\$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	16	\$398.87	\$0.00	\$398.87	\$0.00	\$398.87
Employee 2	35	EE	90001	16	\$485.48	\$0.00	\$485.48	\$0.00	\$485.48
Employee 3	45	EE	90001	16	\$573.67	\$0.00	\$573.67	\$0.00	\$573.67
Employee 4	55	EE	90001	16	\$885.93	\$0.00	\$885.93	\$0.00	\$885.93
Employee 5	65	EE	90001	16	\$1191.84	\$0.00	\$1191.84	\$0.00	\$1,191.84
Totals					\$3,535.79	\$0.00	\$3,535.79	\$0.00	\$3,535.79

Anthem Blue Cross		PPO	Gold Select PPO 700/20%/6600			EE's Included:	\$3,510.16
						5/5	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred
In-Net:\$700	20%	\$20/\$40	\$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	16	\$395.98	\$0.00	\$395.98	\$0.00	\$395.98
Employee 2	35	EE	90001	16	\$481.96	\$0.00	\$481.96	\$0.00	\$481.96
Employee 3	45	EE	90001	16	\$569.51	\$0.00	\$569.51	\$0.00	\$569.51
Employee 4	55	EE	90001	16	\$879.51	\$0.00	\$879.51	\$0.00	\$879.51
Employee 5	65	EE	90001	16	\$1183.20	\$0.00	\$1183.20	\$0.00	\$1,183.20
Totals					\$3,510.16	\$0.00	\$3,510.16	\$0.00	\$3,510.16

UnitedHealthcare		PPO	Core Gold 20/1000/20% (AK-SD)			EE's Included:	\$3,230.43
						5/5	
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	16	\$364.42	\$0.00	\$364.42	\$0.00	\$364.42
Employee 2	35	EE	90001	16	\$443.55	\$0.00	\$443.55	\$0.00	\$443.55
Employee 3	45	EE	90001	16	\$524.13	\$0.00	\$524.13	\$0.00	\$524.13
Employee 4	55	EE	90001	16	\$809.42	\$0.00	\$809.42	\$0.00	\$809.42
Employee 5	65	EE	90001	16	\$1088.91	\$0.00	\$1088.91	\$0.00	\$1,088.91
Totals					\$3,230.43	\$0.00	\$3,230.43	(\$0.00)	\$3,230.43

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Region 16 2017 3rd qtr Narrow network Gold PPO by Clifford Grekin on June 12, 2017	July 01, 2017	90001 (Los Angeles)	EE: 100% Dep: 0%

Employee Rate Breakdown

UnitedHealthcare		PPO		Core Gold 20/250/20% (AK-SB)		EE's Included: 5/5		\$3,395.45
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	16	\$383.04	\$0.00	\$383.04	\$0.00	\$383.04
Employee 2	35	EE	90001	16	\$466.21	\$0.00	\$466.21	\$0.00	\$466.21
Employee 3	45	EE	90001	16	\$550.90	\$0.00	\$550.90	\$0.00	\$550.90
Employee 4	55	EE	90001	16	\$850.77	\$0.00	\$850.77	\$0.00	\$850.77
Employee 5	65	EE	90001	16	\$1144.53	\$0.00	\$1144.53	\$0.00	\$1,144.53
Totals					\$3,395.45	\$0.00	\$3,395.45	\$0.00	\$3,395.45

UnitedHealthcare		PPO		Core Gold 20/750/20% (AK-SC)		EE's Included: 5/5		\$3,295.14
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	16	\$371.72	\$0.00	\$371.72	\$0.00	\$371.72
Employee 2	35	EE	90001	16	\$452.43	\$0.00	\$452.43	\$0.00	\$452.43
Employee 3	45	EE	90001	16	\$534.63	\$0.00	\$534.63	\$0.00	\$534.63
Employee 4	55	EE	90001	16	\$825.64	\$0.00	\$825.64	\$0.00	\$825.64
Employee 5	65	EE	90001	16	\$1110.72	\$0.00	\$1110.72	\$0.00	\$1,110.72
Totals					\$3,295.14	\$0.00	\$3,295.14	(\$0.00)	\$3,295.14

UnitedHealthcare		PPO		State Core Gold 30/20% (AK-R3)		EE's Included: 5/5		\$3,408.43
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	50%	50% after ded	\$13,500 (incl ded)	\$27,000 (incl ded)	50% after ded	\$15 ded waived	\$55 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	\$384.50	\$0.00	\$384.50	\$0.00	\$384.50
Employee 2	35	EE	90001	16	\$467.99	\$0.00	\$467.99	\$0.00	\$467.99
Employee 3	45	EE	90001	16	\$553.01	\$0.00	\$553.01	\$0.00	\$553.01
Employee 4	55	EE	90001	16	\$854.02	\$0.00	\$854.02	\$0.00	\$854.02
Employee 5	65	EE	90001	16	\$1148.91	\$0.00	\$1148.91	\$0.00	\$1,148.91
Totals					\$3,408.43	\$0.00	\$3,408.43	(\$0.00)	\$3,408.43

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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.

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