

Side By Side Detail

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

Prepared by Clifford Grekin
Effective July 01, 2017

	Anthem Blue Cross Silver Select PPO 1250/40%/7150		Anthem Blue Cross Silver Select PPO 1750/35%/7150		Anthem Blue Cross Silver Select PPO 2000/20%/6800		Anthem Blue Cross Silver Select PPO 2000/35%/7150	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
	Individual Deductible	\$1,250	\$2,500	\$1,750	\$3,500	\$2,000	\$4,000	\$2,000
Family Deductible	\$2,500 (embedded)	\$5,000 (embedded)	\$3,500 (embedded)	\$7,000 (embedded)	\$4,000 (embedded)	\$8,000 (embedded)	\$4,000 (embedded)	\$8,000 (embedded)
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)	\$7,150 (incl ded)	\$14,300 (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)	\$27,200 (incl ded)	\$14,300 (incl ded)	\$28,600 (incl ded)
PC/Specialist	\$30/\$60 ded waived	50% after ded	\$25/\$50 ded waived	50% after ded	\$45/\$75 ded waived	50% after ded	\$25/\$50 ded waived	50% after ded
Lab/X-Ray	40% after ded	50% after ded	35% after ded	50% after ded	\$40/\$70 ded waived	50% after ded	35% after ded	50% after ded
Inpatient Hospital	40% after ded	50% after ded; \$650 benefit max/day	35% after ded	50% after ded; \$650 benefit max/day	20% after ded	50% after ded; \$650 benefit max/day	35% after ded	50% after ded; \$650 benefit max/day
Outpatient Facility	40% after ded	50% after ded; \$380 benefit max/admit	35% after ded	50% after ded; \$380 benefit max/admit	20% ded waived	50% after ded; \$380 benefit max/admit	35% after ded	50% after ded; \$380 benefit max/admit
Emergency Room	\$250 + 40% after ded	Paid as in-network	\$300 + 35% after ded	Paid as in-network	\$350 ded waived	Paid as in-network	\$300 + 35% after ded	Paid as in-network
Urgent Care	\$50 ded waived	50% after ded	\$50 ded waived	50% after ded	\$45 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 ded waived	Not covered	\$5/\$20 ded waived	Not covered
Rx Preferred	\$50 ded waived	Not covered	\$50 ded waived	Not covered	\$55 after \$250	Not covered	\$50 ded waived	Not covered
EE's Included	5/5		5/5		5/5		5/5	
EE Cost	\$3,201.42		\$3,174.72		\$3,699.46		\$3,133.51	
Dep Cost	\$0.00		\$0.00		\$0.00		\$0.00	
Total	\$3,201.42		\$3,174.72		\$3,699.46		\$3,133.51	
ER Total	\$3,201.42		\$3,174.72		\$3,699.46		\$3,133.51	

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	UnitedHealthcare Core Silver 2000/30% (AK-RZ)		UnitedHealthcare Core Silver 30/2000/30% (AK-SE)		UnitedHealthcare State Core Silver 45/2000/20% (AK-R4)			
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network		
Individual Deductible	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000		
Family Deductible	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	\$8,000		
Individual OOP Limit	\$6,750 (incl ded)	\$13,000 (incl ded)	\$6,750 (incl ded)	\$13,500 (incl ded)	\$6,800 (incl ded)	\$13,600 (incl ded)		
Family OOP Limit	\$13,500 (incl ded)	\$26,000 (incl ded)	\$13,500 (incl ded)	\$27,000 (incl ded)	\$13,600 (incl ded)	\$27,300 (incl ded)		
PC/Specialist	30% after ded	50% after ded	\$30/\$60 ded waived	50% after ded	\$45/\$75 ded waived	50% after ded		
Lab/X-Ray	30% after ded	50% after ded	\$250 + 30% after ded	\$250 + 50% after ded	\$40/\$70 ded waived	50% after ded		
Inpatient Hospital	30% after ded	50% after ded	\$250/admit + 30% after ded	\$250/admit + 50% after ded	20% after ded	50% after ded		
Outpatient Facility	30% after ded	50% after ded	\$250 + 30% after ded	\$250 + 50% after ded	20% ded waived	50% after ded		
Emergency Room	30% after ded	Paid as in-network	\$250 ded waived	Paid as in-network	\$350 ded waived	Paid as in-network		
Urgent Care	30% after ded	50% after ded	\$75 ded waived	50% after ded	\$45 ded waived	50% after ded		
Rx Generic	\$20 ded waived	\$20 ded waived	\$20 ded waived	\$20 ded waived	\$15 ded waived	\$15 ded waived		
Rx Preferred	\$50 after \$200	\$50 after \$200	\$50 after \$200	\$50 after \$200	\$55 after \$250	\$55 after \$250		
EE's Included	5/5		5/5		5/5			
EE Cost	\$2,658.70		\$2,848.17		\$2,945.73			
Dep Cost	\$0.00		\$0.00		\$0.00			
Total	\$2,658.70		\$2,848.17		\$2,945.73			
ER Total	\$2,658.70		\$2,848.17		\$2,945.73			

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Region 16 2017 3rd qtr Narrow network Silver 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	Silver Select PPO 1250/40%/7150			EE's Included: 5/5	\$3,201.42
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred
In-Net:\$1,250	40%	\$30/\$60 ded waived	\$7,150 (incl ded)	\$14,300 (incl ded)	40% after ded	\$5/\$20 ded waived	\$50 ded waived
Out-Net:\$2,500	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	\$361.15	\$0.00	\$361.15	\$0.00	\$361.15
Employee 2	35	EE	90001	16	\$439.57	\$0.00	\$439.57	\$0.00	\$439.57
Employee 3	45	EE	90001	16	\$519.42	\$0.00	\$519.42	\$0.00	\$519.42
Employee 4	55	EE	90001	16	\$802.15	\$0.00	\$802.15	\$0.00	\$802.15
Employee 5	65	EE	90001	16	\$1079.13	\$0.00	\$1079.13	\$0.00	\$1,079.13
Totals					\$3,201.42	\$0.00	\$3,201.42	\$0.00	\$3,201.42

Anthem Blue Cross		PPO	Silver Select PPO 1750/35%/7150			EE's Included: 5/5	\$3,174.72
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred
In-Net:\$1,750	35%	\$25/\$50 ded waived	\$7,150 (incl ded)	\$14,300 (incl ded)	35% after ded	\$5/\$20 ded waived	\$50 ded waived
Out-Net:\$3,500	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	\$358.14	\$0.00	\$358.14	\$0.00	\$358.14
Employee 2	35	EE	90001	16	\$435.90	\$0.00	\$435.90	\$0.00	\$435.90
Employee 3	45	EE	90001	16	\$515.09	\$0.00	\$515.09	\$0.00	\$515.09
Employee 4	55	EE	90001	16	\$795.46	\$0.00	\$795.46	\$0.00	\$795.46
Employee 5	65	EE	90001	16	\$1070.13	\$0.00	\$1070.13	\$0.00	\$1,070.13
Totals					\$3,174.72	\$0.00	\$3,174.72	(\$0.00)	\$3,174.72

Anthem Blue Cross		PPO	Silver Select PPO 2000/20%/6800			EE's Included: 5/5	\$3,699.46
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred
In-Net:\$2,000	20%	\$45/\$75 ded waived	\$6,800 (incl ded)	\$13,600 (incl ded)	20% after ded	\$15 ded waived	\$55 after \$250
Out-Net:\$4,000	50%	50% after ded	\$13,600 (incl ded)	\$27,200 (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	\$417.33	\$0.00	\$417.33	\$0.00	\$417.33
Employee 2	35	EE	90001	16	\$507.95	\$0.00	\$507.95	\$0.00	\$507.95
Employee 3	45	EE	90001	16	\$600.23	\$0.00	\$600.23	\$0.00	\$600.23
Employee 4	55	EE	90001	16	\$926.94	\$0.00	\$926.94	\$0.00	\$926.94
Employee 5	65	EE	90001	16	\$1247.01	\$0.00	\$1247.01	\$0.00	\$1,247.01
Totals					\$3,699.46	\$0.00	\$3,699.46	\$0.00	\$3,699.46

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Region 16 2017 3rd qtr Narrow network Silver 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		Silver Select PPO 2000/35%/7150		EE's Included: 5/5		\$3,133.51	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred		
In-Net:\$2,000	35%	\$25/\$50 ded waived	\$7,150 (incl ded)	\$14,300 (incl ded)	35% after ded	\$5/\$20 ded waived	\$50 ded waived		
Out-Net:\$4,000	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	\$353.49	\$0.00	\$353.49	\$0.00	\$353.49
Employee 2	35	EE	90001	16	\$430.24	\$0.00	\$430.24	\$0.00	\$430.24
Employee 3	45	EE	90001	16	\$508.40	\$0.00	\$508.40	\$0.00	\$508.40
Employee 4	55	EE	90001	16	\$785.14	\$0.00	\$785.14	\$0.00	\$785.14
Employee 5	65	EE	90001	16	\$1056.24	\$0.00	\$1056.24	\$0.00	\$1,056.24
Totals					\$3,133.51	\$0.00	\$3,133.51	\$0.00	\$3,133.51

UnitedHealthcare		PPO		Core Silver 2000/30% (AK-RZ)		EE's Included: 5/5		\$2,658.70	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred		
In-Net:\$2,000	30%	30% after ded	\$6,750 (incl ded)	\$13,500 (incl ded)	30% after ded	\$20 ded waived	\$50 after \$200		
Out-Net:\$4,000	50%	50% after ded	\$13,000 (incl ded)	\$26,000 (incl ded)	50% after ded	\$20 ded waived	\$50 after \$200		

Employee Rate Breakdown

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	16	\$299.92	\$0.00	\$299.92	\$0.00	\$299.92
Employee 2	35	EE	90001	16	\$365.05	\$0.00	\$365.05	\$0.00	\$365.05
Employee 3	45	EE	90001	16	\$431.37	\$0.00	\$431.37	\$0.00	\$431.37
Employee 4	55	EE	90001	16	\$666.17	\$0.00	\$666.17	\$0.00	\$666.17
Employee 5	65	EE	90001	16	\$896.19	\$0.00	\$896.19	\$0.00	\$896.19
Totals					\$2,658.70	\$0.00	\$2,658.70	(\$0.00)	\$2,658.70

UnitedHealthcare		PPO		Core Silver 30/2000/30% (AK-SE)		EE's Included: 5/5		\$2,848.17	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred		
In-Net:\$2,000	30%	\$30/\$60 ded waived	\$6,750 (incl ded)	\$13,500 (incl ded)	\$250/admit + 30% after ded	\$20 ded waived	\$50 after \$200		
Out-Net:\$4,000	50%	50% after ded	\$13,500 (incl ded)	\$27,000 (incl ded)	\$250/admit + 50% after ded	\$20 ded waived	\$50 after \$200		

Employee Rate Breakdown

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 1	25	EE	90001	16	\$321.30	\$0.00	\$321.30	\$0.00	\$321.30
Employee 2	35	EE	90001	16	\$391.06	\$0.00	\$391.06	\$0.00	\$391.06
Employee 3	45	EE	90001	16	\$462.11	\$0.00	\$462.11	\$0.00	\$462.11
Employee 4	55	EE	90001	16	\$713.64	\$0.00	\$713.64	\$0.00	\$713.64
Employee 5	65	EE	90001	16	\$960.06	\$0.00	\$960.06	\$0.00	\$960.06
Totals					\$2,848.17	\$0.00	\$2,848.17	\$0.00	\$2,848.17

UnitedHealthcare		PPO		State Core Silver 45/2000/20% (AK-R4)		EE's Included: 5/5		\$2,945.73	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred		
In-Net:\$2,000	20%	\$45/\$75 ded waived	\$6,800 (incl ded)	\$13,600 (incl ded)	20% after ded	\$15 ded waived	\$55 after \$250		
Out-Net:\$4,000	50%	50% after ded	\$13,600 (incl ded)	\$27,300 (incl ded)	50% after ded	\$15 ded waived	\$55 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	\$332.30	\$0.00	\$332.30	\$0.00	\$332.30
Employee 2	35	EE	90001	16	\$404.46	\$0.00	\$404.46	\$0.00	\$404.46
Employee 3	45	EE	90001	16	\$477.94	\$0.00	\$477.94	\$0.00	\$477.94
Employee 4	55	EE	90001	16	\$738.09	\$0.00	\$738.09	\$0.00	\$738.09
Employee 5	65	EE	90001	16	\$992.94	\$0.00	\$992.94	\$0.00	\$992.94
Totals					\$2,945.73	\$0.00	\$2,945.73	\$0.00	\$2,945.73

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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