

# Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Garbage 16 by Jeanette Griffin on September 15, 2016	December 01, 2016	94597 (Contra Costa)	EE: 90% Dep: 90%

## Current/Renewal

Summary Benefits	Current		Renewal	
	In-Network	Out-Network	In-Network	Out-Network
<b>Carrier</b>	Anthem Blue Cross		Anthem Blue Cross	
<b>Plan</b>	Gold PPO 1000/20%/4000		Gold PPO 1000/20%/4000	
<b>RAF</b>	1.000		1.000	
<b>Deductible</b>	\$1,000	\$2,000	\$1,000	\$2,000
<b>Co-Insurance</b>	20%	50%	20%	50%
<b>PC/Specialist</b>	\$20/\$40 (ded waived)	50%	\$20/\$40 ded waived	50% after ded
<b>Inpatient Hospital</b>	20%	50%; max \$650/day	20% after ded	50% after ded; \$650 max/day
<b>Individual OOP Limit</b>	\$4,000 (Includes ded)	\$8,000 (Includes ded)	\$4,000 (incl ded)	\$8,000 (incl ded)
<b>Family OOP Limit</b>	\$8,000 (Includes ded)	\$16,000 (Includes ded)	\$8,000 (incl ded)	\$16,000 (incl ded)
<b>Rx Generic</b>	\$15 (ded waived)	50%	\$15 ded waived	50% ded waived
<b>Rx Preferred</b>	\$35 after \$250	50%	\$40 after \$250	50% after ded
<b>Rx Non-Preferred</b>	\$70 after \$250	50%	\$80 after \$250	50% after ded

Rates			Current Premiums			Renewal Premiums		
Employee	Age	Coverage	EE	Dep	Total	EE	Dep	Total
Anderson , Adam	38	Employee	\$549.55	\$0.00	\$549.55	\$540.09	\$0.00	\$540.09
Brooks , John	76	Employee/Child(ren)	\$1,331.70	\$281.88	\$1,613.58	\$1,300.38	\$275.25	\$1,575.63
Crawford , Peter	41	Employee/Child(ren)	\$567.30	\$281.88	\$849.18	\$564.36	\$275.25	\$839.61
Dunham , Jamie	46	Employee/Spouse	\$640.99	\$693.82	\$1,334.81	\$650.19	\$708.71	\$1,358.90
Jackson , Sara	36	Employee/Child(ren)	\$542.45	\$281.88	\$824.33	\$533.16	\$275.25	\$808.41
Jones , Lee	43	Employee/Spouse	\$588.17	\$531.79	\$1,119.96	\$588.21	\$526.22	\$1,114.43
Rogers , Jack	46	Employee/Child(ren)	\$640.99	\$281.88	\$922.87	\$650.19	\$275.25	\$925.44
Smith , Bob	66	Family	\$1,331.70	\$1,768.50	\$3,100.20	\$1,300.38	\$1,926.73	\$3,227.11
Stone , Sam	31	Employee/Spouse	\$503.83	\$496.72	\$1,000.55	\$502.38	\$491.98	\$994.36
Test , JG	43	Employee/Spouse	\$588.17	\$531.79	\$1,119.96	\$588.21	\$526.22	\$1,114.43

<b>Total Monthly Premium</b>	\$7,284.85	\$5,150.14	\$12,434.99	\$7,217.55	\$5,280.86	\$12,498.41
<b>Monthly Change (\$)</b>				(\$67.30)	\$130.72	\$63.42
<b>Monthly Change (%)</b>				-0.92%	2.54%	0.51%

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by the carrier. Final rates are determined by the carrier's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this website or printed output, will form the contract between the insured and the carrier.