

Dual Choice Plan Summary

Test Group

Effective October 01, 2021; Employer Contribution - EE: \$200 Dep: \$0

		Option 1	Option 2	Option 3	Option 4
		HMO Option	HMO Option	HMO Option	HMO Option
Carrier		Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross
Plan Name		<u>Platinum HMO 20 5SUJ</u>	<u>Platinum HMO 25 5STK</u>	<u>Gold HMO 35 5SWW</u>	<u>Gold HMO 30 5SVG</u>
Network		Broad	Broad	Broad	Broad
RAF		1.000	1.000	1.000	1.000
Deductible	In-Net	\$0	\$0	\$0	\$0
	Out-Net				
Copay	In-Net	\$20/\$40	\$25/\$50	\$35/\$70	\$30/\$55
	Out-Net				
Out of Pocket	In-Net	\$2,200	\$2,350	\$6,500	\$6,000
	Out-Net				
Hospital Copay	In-Net	\$300/day; 3 days/admit	\$450/day; 4 days/admit	\$750/day; 4 days/admit	\$600/day; 4 days/admit
	Out-Net				
Rx Gen/Brand	In-Net	\$10/\$20/\$35/\$50	\$10/\$20/\$35/\$50	\$15/\$25/\$40/\$60	\$15/\$25/\$40/\$60
	Out-Net	/	/	/	/
HMO EE's Covered		3	3	3	3
HMO Option Total		\$3,019.35	\$2,962.43	\$2,614.22	\$2,669.13
HMO EE Cost		\$1,900.21	\$1,864.38	\$1,645.24	\$1,679.80
HMO Dep Cost		\$1,119.14	\$1,098.05	\$968.98	\$989.33
HMO ER Cost		\$600.00	\$600.00	\$600.00	\$600.00
		PPO Option	PPO Option	PPO Option	PPO Option
Carrier		Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross
Plan Name		<u>Platinum PPO 5/250/15% 5SRH</u>	<u>Platinum PPO 20/10% 5SVU</u>	<u>Gold PPO 5/1500/30% 5SRR</u>	<u>Gold PPO 35/1000/20% 5SZ2</u>
Network		Broad	Broad	Broad	Broad
RAF		1.000	1.000	1.000	1.000
Deductible	In-Net	\$250	\$0	\$1,500	\$1,000
	Out-Net	\$2,000	\$2,000	\$3,000	\$2,000
Copay	In-Net	\$5/\$45 ded waived	\$20/\$40	\$5/\$65 ded waived	\$35/\$60 ded waived
	Out-Net	50% after ded	50% after ded	50% after ded	50% after ded
Out of Pocket	In-Net	\$4,000 (incl ded)	\$4,000	\$7,500 (incl ded)	\$7,800 (incl ded)
	Out-Net	\$8,000 (incl ded)	\$8,000 (incl ded)	\$15,000 (incl ded)	\$15,600 (incl ded)
Hospital Copay	In-Net	15% after ded	10%	30% after ded	20% after ded
	Out-Net	50% after ded; \$650 benefit max/day	50% after ded; \$650 benefit max/day	50% after ded; \$650 benefit max/day	50% after ded; \$650 benefit max/day
Rx Gen/Brand	In-Net	\$5/\$15 ded waived / \$35/\$50 ded waived	\$10/\$20 / \$35/\$50	\$5/\$15 ded waived / \$50/\$75 after \$250	\$15/\$25 ded waived / \$45/\$65 after \$250
	Out-Net	Not covered / Not covered	Not covered / Not covered	Not covered / Not covered	Not covered / Not covered
PPO EE's Covered		4	4	4	4
PPO Option Total		\$5,716.16	\$5,933.85	\$4,634.17	\$4,725.98
PPO EE Cost		\$3,968.69	\$4,119.83	\$3,217.48	\$3,281.22
PPO Dep Cost		\$1,747.47	\$1,814.02	\$1,416.69	\$1,444.76
PPO ER Cost		\$800.00	\$800.00	\$800.00	\$800.00
Total EE's Covered		7/7	7/7	7/7	7/7
Total Cost		\$8,735.51	\$8,896.28	\$7,248.39	\$7,395.11
Total EE Cost		\$5,868.90	\$5,984.21	\$4,862.72	\$4,961.02
Total Dep Cost		\$2,866.61	\$2,912.07	\$2,385.67	\$2,434.09
Total ER Cost		\$1,400.00	\$1,400.00	\$1,400.00	\$1,400.00

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Employee Rate Breakdown

	Option 1	Option 2	Option 3	Option 4
	HMO	HMO	HMO	HMO
	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross
	<u>Platinum HMO 20 5SUJ</u>	<u>Platinum HMO 25 5STK</u>	<u>Gold HMO 35 5SWW</u>	<u>Gold HMO 30 5SVG</u>
	Broad	Broad	Broad	Broad
	PPO	PPO	PPO	PPO
	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross
	<u>Platinum PPO 5/250/15% 5SRH</u>	<u>Platinum PPO 20/10% 5SVU</u>	<u>Gold PPO 5/1500/30% 5SRR</u>	<u>Gold PPO 35/1000/20% 5SZ2</u>
	Broad	Broad	Broad	Broad
Employee - Status / Age / Zip	HMO / PPO *	HMO / PPO *	HMO / PPO *	HMO / PPO *
Adam Adamson - EE / 21 / 92123	\$570.12 / N/A	\$559.37 / N/A	\$493.62 / N/A	\$503.99 / N/A
Amy Amerson - ES / 57 / 94123	N/A / \$2,723.01	N/A / \$2,826.71	N/A / \$2,207.58	N/A / \$2,251.31
Brad Bradley - EE / 31 / 94123	N/A / \$676.23	N/A / \$701.98	N/A / \$548.23	N/A / \$559.09
Cathy Christianson - EE / 49 / 94597	N/A / \$995.38	N/A / \$1,033.29	N/A / \$806.97	N/A / \$822.96
David Davidson - FM / 33 / 94597	\$1,802.14 / N/A	\$1,768.18 / N/A	\$1,560.34 / N/A	\$1,593.11 / N/A
Edward Edwards - EE / 30 / 92123	\$647.09 / N/A	\$634.88 / N/A	\$560.26 / N/A	\$572.03 / N/A
Roger Rogers - EC / 46 / 94597	N/A / \$1,321.54	N/A / \$1,371.87	N/A / \$1,071.39	N/A / \$1,092.62

* Rate in bold is assigned to the employee, all rates are total premium

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