

Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Test Group by Cole Seeger on July 07, 2021	October 01, 2021	94597 (Contra Costa)	EE: \$200 Dep: \$0

Employee Rate Breakdown

Anthem Blue Cross		PPO	Platinum PPO		Broad Network	EE's Included:	\$8,927.20
			15/250/10% 5SYC			7/7	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred
In-Net:\$250	10%	\$15/\$30 ded waived	\$4,000 (incl ded)	\$8,000 (incl ded)	10% after ded	\$10/\$20 ded waived	\$35/\$50 ded waived
Out-Net:\$2,000	50%	50% after ded	\$8,000 (incl ded)	\$16,000 (incl ded)	50% after ded; \$650 benefit max/day	Not covered	Not covered

Employee Rate Breakdown

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate
Adamson, Adam	21	EE	92123	5	\$591.48	\$0.00	\$591.48
Amerson, Amy	57	EE/SP	94123	5	\$1441.44	\$1,319.00	\$2760.44
Bradley, Brad	31	EE	94123	5	\$685.53	\$0.00	\$685.53
Christianson, Cathy	49	EE	94597	5	\$1009.06	\$0.00	\$1009.06
Davidson, David	33	FAM	94597	5	\$708.59	\$1,161.07	\$1869.66
Edwards, Edward	30	EE	92123	5	\$671.33	\$0.00	\$671.33
Rogers, Roger	46	EE/CH	94597	5	\$887.22	\$452.48	\$1339.70
Totals					\$5,994.65	\$2,932.55	\$8,927.20

Anthem Blue Cross		PPO	Platinum PPO 20/10%		Broad Network	EE's Included:	\$9,141.53
			5SVU			7/7	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred
In-Net:\$0	10%	\$20/\$40	\$4,000	\$8,000	10%	\$10/\$20	\$35/\$50
Out-Net:\$2,000	50%	50% after ded	\$8,000 (incl ded)	\$16,000 (incl ded)	50% after ded; \$650 benefit max/day	Not covered	Not covered

Employee Rate Breakdown

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate
Adamson, Adam	21	EE	92123	5	\$605.68	\$0.00	\$605.68
Amerson, Amy	57	EE/SP	94123	5	\$1476.04	\$1,350.67	\$2826.71
Bradley, Brad	31	EE	94123	5	\$701.98	\$0.00	\$701.98
Christianson, Cathy	49	EE	94597	5	\$1033.29	\$0.00	\$1033.29
Davidson, David	33	FAM	94597	5	\$725.60	\$1,188.95	\$1914.55
Edwards, Edward	30	EE	92123	5	\$687.45	\$0.00	\$687.45
Rogers, Roger	46	EE/CH	94597	5	\$908.52	\$463.35	\$1371.87
Totals					\$6,138.56	\$3,002.97	\$9,141.53

Anthem Blue Cross		PPO	Platinum PPO		Broad Network	EE's Included:	\$8,806.18
			5/250/15% 5SRH			7/7	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred
In-Net:\$250	15%	\$5/\$45 ded waived	\$4,000 (incl ded)	\$8,000 (incl ded)	15% after ded	\$5/\$15 ded waived	\$35/\$50 ded waived
Out-Net:\$2,000	50%	50% after ded	\$8,000 (incl ded)	\$16,000 (incl ded)	50% after ded; \$650 benefit max/day	Not covered	Not covered

Employee Rate Breakdown

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate
Adamson, Adam	21	EE	92123	5	\$583.46	\$0.00	\$583.46
Amerson, Amy	57	EE/SP	94123	5	\$1421.89	\$1,301.12	\$2723.01
Bradley, Brad	31	EE	94123	5	\$676.23	\$0.00	\$676.23
Christianson, Cathy	49	EE	94597	5	\$995.38	\$0.00	\$995.38
Davidson, David	33	FAM	94597	5	\$698.99	\$1,145.34	\$1844.33
Edwards, Edward	30	EE	92123	5	\$662.23	\$0.00	\$662.23
Rogers, Roger	46	EE/CH	94597	5	\$875.19	\$446.35	\$1321.54
Totals					\$5,913.37	\$2,892.81	\$8,806.18

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