

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 Side by Side

	Anthem Blue Cross PPO Platinum PPO 15/250/10% 5SYC Broad Network	Anthem Blue Cross PPO Platinum PPO 20/10% 5SVU Broad Network	Anthem Blue Cross PPO Platinum PPO 5/250/15% 5SRH Broad Network	Anthem Blue Cross PPO Platinum PPO 5/250/15% WH 5SZF Broad Network
Deductible In Net	\$250	\$0	\$250	\$250
Out Net	\$2,000	\$2,000	\$2,000	\$2,000
PC/Specialist In Net	\$15/\$30 ded waived	\$20/\$40	\$5/\$45 ded waived	\$5/\$45 ded waived
Out Net	50% after ded	50% after ded	50% after ded	50% after ded
Co-Insurance In Net	10%	10%	15%	15%
Out Net	50%	50%	50%	50%
OOP Limit In Net	\$4,000 (incl ded)	\$4,000	\$4,000 (incl ded)	\$4,000 (incl ded)
Out Net	\$8,000 (incl ded)	\$8,000 (incl ded)	\$8,000 (incl ded)	\$8,000 (incl ded)
Inpatient Hospital In Net	10% after ded	10%	15% after ded	15% 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
Urgent Care In Net	\$30 ded waived	\$40	\$45 ded waived	\$45 ded waived
Out Net	50% after ded	50% after ded	50% after ded	50% after ded
Rx Generic In Net	\$10/\$20 ded waived	\$10/\$20	\$5/\$15 ded waived	\$5/\$15 ded waived
Out Net	Not covered	Not covered	Not covered	Not covered
Rx Preferred In Net	\$35/\$50 ded waived	\$35/\$50	\$35/\$50 ded waived	\$35/\$50 ded waived
Out Net	Not covered	Not covered	Not covered	Not covered
Rx Non-Preferred In Net	\$70/\$85 ded waived	\$70/\$85	\$70/\$85 ded waived	\$70/\$85 ded waived
Out Net	Not covered	Not covered	Not covered	Not covered
Lab/X-Ray In Net	Lab-No charge (FS)/\$10 ded waived (Office)/10% after ded (OP Hosp); X-ray-10% after ded (FS & OP Hosp)/\$10 ded waived (Office)	Lab-No charge (FS)/\$10 (Office)/10% (OP Hosp); X-ray-10% (FS & OP Hosp)/\$10 (Office)	Lab-No charge (FS)/\$10 ded waived (Office)/15% after ded (OP Hosp); X-ray-15% after ded (FS & OP Hosp)/\$10 ded waived (Office)	Lab-No charge (FS)/\$10 ded waived (Office)/15% after ded (OP Hosp); X-ray-15% after ded (FS & OP Hosp)/\$10 ded waived (Office)
Out Net	50% after ded	50% after ded	50% after ded	50% after ded

	EE/Dep/Total	EE/Dep/Total	EE/Dep/Total	EE/Dep/Total
Adamson, Adam EE 21	\$591.48 / \$0.00 / \$591.48	\$605.68 / \$0.00 / \$605.68	\$583.46 / \$0.00 / \$583.46	\$605.10 / \$0.00 / \$605.10
Amerson, Amy EE/SP 57	\$1,441.44/\$1,319.00/\$2,760.44	\$1,476.04/\$1,350.67/\$2,826.71	\$1,421.89/\$1,301.12/\$2,723.01	\$1,474.63/\$1,349.37/\$2,824.00
Bradley, Brad EE 31	\$685.53 / \$0.00 / \$685.53	\$701.98 / \$0.00 / \$701.98	\$676.23 / \$0.00 / \$676.23	\$701.31 / \$0.00 / \$701.31
Christianson, Cathy EE 49	\$1,009.06 / \$0.00 / \$1,009.06	\$1,033.29 / \$0.00 / \$1,033.29	\$995.38 / \$0.00 / \$995.38	\$1,032.30 / \$0.00 / \$1,032.30
Davidson, David FAM 33	\$708.59 / \$1,161.07 / \$1,869.66	\$725.60 / \$1,188.95 / \$1,914.55	\$698.99 / \$1,145.34 / \$1,844.33	\$724.91 / \$1,187.81 / \$1,912.72
Edwards, Edward EE 30	\$671.33 / \$0.00 / \$671.33	\$687.45 / \$0.00 / \$687.45	\$662.23 / \$0.00 / \$662.23	\$686.79 / \$0.00 / \$686.79
Rogers, Roger EE/CH 46	\$887.22 / \$452.48 / \$1,339.70	\$908.52 / \$463.35 / \$1,371.87	\$875.19 / \$446.35 / \$1,321.54	\$907.65 / \$462.90 / \$1,370.55
RAF	1.000	1.000	1.000	1.000
EE's Included	7/7	7/7	7/7	7/7
EE Cost	\$5,994.65	\$6,138.56	\$5,913.37	\$6,132.69
Dep Cost	\$2,932.55	\$3,002.97	\$2,892.81	\$3,000.08
Total	\$8,927.20	\$9,141.53	\$8,806.18	\$9,132.77

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