

Employee Worksheet ACA

Employee Worksheet

Jamie Dunham

ER: 94597 (Contra Costa) EE: 94612 (Alameda)

Category	Plan Option 1 Anthem Blue Cross Gold HMO 50/30%/6850		Plan Option 2 Anthem Blue Cross Gold HMO 500/20%/5000		Plan Option 3 Anthem Blue Cross Gold PPO 1000/20%/4000		Plan Option 4 Anthem Blue Cross Gold PPO 1000/20%/5900	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$0	N/A	\$500	N/A	\$1,000	\$2,000	\$1,000	\$2,000
Family Deductible	\$0	N/A	\$1,500 (embedded)	N/A	\$3,000 (embedded)	\$4,000 (embedded)	\$3,000 (embedded)	\$4,000 (embedded)
Individual OOP Limit	\$6,850	N/A	\$5,000 (incl ded)	N/A	\$4,000 (incl ded)	\$8,000 (incl ded)	\$5,900 (incl ded)	\$11,800 (incl ded)
Family OOP Limit	\$13,700	N/A	\$10,000 (incl ded)	N/A	\$8,000 (incl ded)	\$16,000 (incl ded)	\$11,800 (incl ded)	\$23,600 (incl ded)
Co-insurance	30%	N/A	20%	N/A	20%	50%	20%	50%
PC/Specialist	\$50/\$100	N/A	\$30/\$60 ded waived	N/A	\$20/\$40 ded waived	50% after ded	\$20/\$40 ded waived	50% after ded
Inpatient Hospital	\$750/day; max 4 days	N/A	20% after ded	N/A	20% after ded	50% after ded; \$650 max/day	20% after ded	50% after ded; \$650 max/day
Outpatient Facility	\$500	N/A	20% after ded	N/A	20% after ded	50% after ded; \$380 max/admit	20% after ded	50% after ded; \$380 max/admit
Outpatient Surgery	No charge	N/A	No charge	N/A	20% after ded	50% after ded	20% after ded	50% after ded
Lab/X-Ray	No charge	N/A	No charge	N/A	20% after ded	50% after ded	20% after ded	50% after ded
Emergency Room	\$350	N/A	\$200 + 20% after ded	N/A	\$200 + 20% after ded	Paid as in-network ded	\$100 + 20% ded waived	Paid as in-network waived
Urgent Care	\$100	N/A	\$100 ded waived	N/A	\$100 ded waived	50% after ded	\$50 ded waived	50% after ded
Rx Generic	\$15 ded waived	N/A	\$15 ded waived	N/A	\$15 ded waived	50% ded waived	\$15 ded waived	50% ded waived
Rx Preferred	\$50 after \$250	N/A	\$40 after \$250	N/A	\$40 after \$250	50% after ded	\$40 after ded	50% after ded
Rx Non-Preferred	\$90 after \$250	N/A	\$80 after \$250	N/A	\$80 after \$250	50% after ded	\$80 after ded	50% after ded

Premium Breakdown

Total Monthly Cost

Jamie Dunham (46)	\$747.41	\$749.81	\$650.19	\$648.87
Joe Dunham (48)	\$814.67	\$817.29	\$708.71	\$707.27
Total Monthly Premium	\$1,562.08	\$1,567.10	\$1,358.90	\$1,356.14
Employer Pays	\$840.29	\$840.29	\$840.29	\$840.29
Employee's Monthly Premium	\$721.79	\$726.81	\$518.61	\$515.85

Roll Over Contribution: Yes; Employer Monthly Contribution: 75% Employee, 50% Dependent; Base Plan = Anthem Blue Cross Gold PPO 1000/20%/5900

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.

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.