

# Employee Worksheet ACA

ER: 94597 (Contra Costa) EE: 94123 (San Francisco)

Amy Amerson

	Plan Option 1		Plan Option 2		Plan Option 3		Plan Option 4	
	Anthem Blue Cross		Anthem Blue Cross		Anthem Blue Cross		Anthem Blue Cross	
	Platinum PPO 5/250/15% 5SRH		Platinum PPO 15/250/10% 5SYC		Platinum PPO 5/250/15% WH		Platinum PPO 20/10% 5SVU	
					5SZF			

Category	In Network	Out Network	In Network	Out Network	In Network	Out Network	In Network	Out Network
Individual Deductible	\$250	\$2,000	\$250	\$2,000	\$250	\$2,000	\$0	\$2,000
Family Deductible	\$750 (embedded)	\$4,000 (embedded)	\$750 (embedded)	\$4,000 (embedded)	\$750 (embedded)	\$4,000 (embedded)	\$0	\$4,000 (embedded)
Individual OOP Limit	\$4,000 (incl ded)	\$8,000 (incl ded)	\$4,000 (incl ded)	\$8,000 (incl ded)	\$4,000 (incl ded)	\$8,000 (incl ded)	\$4,000	\$8,000 (incl ded)
Family OOP Limit	\$8,000 (incl ded)	\$16,000 (incl ded)	\$8,000 (incl ded)	\$16,000 (incl ded)	\$8,000 (incl ded)	\$16,000 (incl ded)	\$8,000	\$16,000 (incl ded)
Co-insurance	15%	50%	10%	50%	15%	50%	10%	50%
PC/Specialist	\$5/\$45 ded waived	50% after ded	\$15/\$30 ded waived	50% after ded	\$5/\$45 ded waived	50% after ded	\$20/\$40	50% after ded
Inpatient Hospital	15% after ded	50% after ded; \$650 benefit max/day	10% after ded	50% after ded; \$650 benefit max/day	15% after ded	50% after ded; \$650 benefit max/day	10%	50% after ded; \$650 benefit max/day
Outpatient Facility	15% after ded/\$200 + 15% after ded (ASC/Hospital)	50% after ded; \$380 benefit max/admit	10% after ded/\$200 + 10% after ded (ASC/Hospital)	50% after ded; \$380 benefit max/admit	15% after ded/\$200 + 15% after ded (ASC/Hospital)	50% after ded; \$380 benefit max/admit	10%/150 + 10% (ASC/Hospital)	50% after ded; \$380 benefit max/admit
Outpatient Surgery	15% after ded	50% after ded	10% after ded	50% after ded	15% after ded	50% after ded	10%	50% after ded
Lab/X-Ray	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)	50% after ded	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)	50% after ded	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)	50% after ded	Lab-No charge (FS)/\$10 (Office)/10% (OP Hosp); X-ray-10% (FS & OP Hosp)/\$10 (Office)	50% after ded
Emergency Room	\$250 + 15% after ded	Paid as in-network	\$200 + 10% after ded	Paid as in-network	\$250 + 15% after ded	Paid as in-network	\$200 + 10%	Paid as in-network
Urgent Care	\$45 ded waived	50% after ded	\$30 ded waived	50% after ded	\$45 ded waived	50% after ded	\$40	50% after ded
Rx Generic	\$5/\$15 ded waived	Not covered	\$10/\$20 ded waived	Not covered	\$5/\$15 ded waived	Not covered	\$10/\$20	Not covered
Rx Preferred	\$35/\$50 ded waived	Not covered	\$35/\$50 ded waived	Not covered	\$35/\$50 ded waived	Not covered	\$35/\$50	Not covered
Rx Non-Preferred	\$70/\$85 ded waived	Not covered	\$70/\$85 ded waived	Not covered	\$70/\$85 ded waived	Not covered	\$70/\$85	Not covered

**Premium Breakdown**

Total Monthly Cost								
Amy Amerson (57)		\$1,421.89		\$1,441.44		\$1,474.63		\$1,476.04
Alex Amerson (55)		\$1,301.12		\$1,319.00		\$1,349.37		\$1,350.67
<b>Total Monthly Premium</b>		<b>\$2,723.01</b>		<b>\$2,760.44</b>		<b>\$2,824.00</b>		<b>\$2,826.71</b>
Employer Pays		\$200.00		\$200.00		\$200.00		\$200.00
Employee's Monthly Premium		\$2,523.01		\$2,560.44		\$2,624.00		\$2,626.71

**Roll Over Contribution: No; Employer Monthly Contribution: \$200 Employee, \$0 Dependent; Base Plan = No Base Plan Selected**

The system will display only those dependents used in calculating the plan rates per ACA guidelines.

Use of this site constitutes acceptance of HealthConnect's Terms of service and Privacy Policy. The rates and benefits displayed within are for discussion and estimation purposes only and is not a substitute for an insurance quote prepared by an insurance carrier. Final benefits and rates must be based on insurance carrier confirmation and final enrollment.

**Test Group**  
Cole Seeger

**Effective Date: 10-01-2021**

**Run Date: 07-07-2021 #7834796**  
License: 0005851