

Aetna

- * PrimeCare Physicians MC plans have two levels of benefits: Level 1: When members use the PrimeCare Physician Network to coordinate all of their care, they realize maximum savings. Level 2: Use of any other provider will result in a lower level of benefits. While Aetna Whole Health members have the freedom to receive care from any provider, they realize the highest benefit level and lowest out-of-pocket costs when they access care through the PrimeCare Physicians Network.
- * For Aetna PrimeCare Physicians HMO plans, members must select a PrimeCare physician for PCP.
- * Employees who reside in a non-HMO network may enroll in an HMO product offered by their Employer if they live within a 30 miles radius of their work site that is within the HMO, AVN, HMO Coinsurance, and HMO Deductible service area. Employees who reside in a non-Vitalidad and Vitalidad Plus network may enroll in a Vitalidad and Vitalidad Plus product if they live within a 50 miles radius of their work site that is within the Vitalidad and Vitalidad Plus service area
- * Producers should obtain the Summary of Benefits and Coverage (SBC) documents for Aetna medical plans by accessing the following link: <https://www.aetna.com/sbcsearch/home>

Anthem Blue Cross

- * New Hire rates for this Carrier are based upon the new employee's age on the date his coverage will be effective & not his age when the Group was most recently written or renewed.
- * The Anthem Blue Cross medical and dental premiums displayed in this proposal are based on the census information provided and the zip code rating region designations in Health Connects' system. Some zip codes may have a dual county rating region. Health Connect has defaulted these zip codes to the most populous county. However, once Anthem Blue Cross receives the enrollment the county may be updated based on the physical address. To improve the accuracy of this proposal, insure the correct rating region designation is noted for each quoted subscriber. Please note Pediatric Dental is a required benefit and has to be quoted separately. Rating regions can be referenced in the rate guide Final rates are set by Anthem Blue Cross .
- * Anthem Essential Guided Access Plus w/Dental gboa includes the required pediatric dental essential health benefits and a separate standalone pediatric dental does not need to be purchased.
- * All Groups are required to purchase coverage for the 10 Essential Health Benefits (EHBs), including pediatric dental EHBs. If a medical plans is selected that does not include pediatric dental EHBs, the Group will also need to be enrolled in an Anthem Dental Pediatric plan, a separate standalone dental plan providing the required EHB pediatric dental benefits. The additional cost of this pediatric dental coverage will need to be included in your medical quote.
- * This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits. This summary of benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).
- * Employers are responsible for sending an electronic or printed copy of the summary of benefits and coverage (also called an "SBC") to plan participants and beneficiaries. To access your groups Pre- ACA Compliant plan- SBC's, go to www.find-sbc.com. For ACA Compliant medical plan got to <https://sbc.anthem.com>
- * All Medical and Dental Plans and Rates are subject to Regulatory Approval.

Blue Shield

- * New Hire rates for this Carrier are based upon the new employee's age on the date his coverage will be effective & not his age when the Group was most recently written or renewed.
- * If you are an employer located in certain California counties whose eligible employees live or work in the Exclusive HMO® service area, you have the option of choosing any of the Full HMO® plans or Exclusive HMO, but not both. The Exclusive HMO plans have the same benefits as our Full HMO plans. Exclusive HMO plan options may not be combined with or offered alongside any other full network HMO plan.
- * The Blue Shield medical and dental premiums displayed in this proposal are based on census information and zip code

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.

rating regions in HealthConnect's system. Some zip codes have a dual county rating region, meaning that one zip code exists for two or more counties. HealthConnect defaults the zip codes to the most populous county. If your zip code spans two or more counties, your county information may be updated after your application has been received based on your physical address. For accuracy and consistency please make sure the correct rating region designation is noted for each quoted subscriber.

- * Mandated Essential Health Pediatric Dental not included in medical rates or benefits. Select a plan from the Blue Shield dental options under "pediatric".

Health Net

- * New Hire rates for this Carrier are based upon the new employee's age on the date his coverage will be effective & not his age when the Group was most recently written or renewed.

SeeChange Health

- * Please also note that rating areas are based on county not zip code. Whenever a zip code falls under more than one county, the most populous county will be selected by default - this may be different than the final rate at the time of underwriting depending on what county the employee actually lives in.
- * SeeChange Health FINANCIAL REWARDS - Members are rewarded with financial incentives after completing two Preventive Health Actions which are covered 100% under preventive care: 1. Register on myseechangehealth.com and complete the health questionnaire 2. Complete an annual biometric screening.
- * After completing your Health Actions, SeeChange Health will reward members with a financial incentive. Rewards vary from plan to plan. Please see benefit summary for more details. In order to receive the financial incentive, Health Actions must be completed during the first six months of start date or between January 1st and June 30th.
- * It's important to remember, SeeChange Health strongly encourage its members to participate in the preventive and condition specific Health Actions; however, ALL Health Actions are voluntary.
- * If a husband and wife both work for the same employer, they may apply separately as employees or one may be a dependent on the other's coverage.
- * Rates and Plan Benefits are subject to DOI approval

United Healthcare

- * For plans Select Plus 15/250/10% Gold, Select Plus 15/500/10% Gold , Select Plus 15/1000/10% Gold, Select Plus 25/1800/20% Silver, and/or Select Plus 4500/20% Bronze the outpatient per occurrence deductible may be waived for outpatient services received at an in-network independent, non-hospital affiliated provider.
- * For HSA plans: Making sure that the employer contribution to HSAs fall into the designated dollar amount ranges helps ensure that the plan meets the actuarial value for the metallic level of coverage selected and ensures compliance with the requirements of the ACA. If the employer does not intend to make the contributions or intends to change the amount or timing of the contributions, please contact your UnitedHealthcare representative immediately. Please refer to the HRA HSA confirmation letter under the forms section for the applicable HSA Employer Contribution ranges

Includes special rules and considerations for each carrier. These are in addition to Underwriting Guidelines.