Group Medical Proposal

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

Plan Grid

				1 10111 0110	•		
Anthem Blue C	ross		PPO Pla	atinum PPO	Broad Netwo	ork EE's Included:	\$8,927.20
			<u>15</u>	/250/10% 5SYC		7/7	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred
In-Net:\$250	10%	\$15/\$30 ded waive	\$4,000 (incl ded d	d) \$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 dec	d) \$16,000 (incl ded)	50% after ded; \$650 benefit max/day	Not covered	Not covered
Anthem Blue C	ross		PPO <u>F</u>	Platinum PPO 20/10%	6 Broad Networ	rk EE's Included:	\$9,141.53
			5	SSVU		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 dec	d) \$16,000 (incl ded)	50% after ded; \$650 benefit max/day	Not covered	Not covered
Anthem Blue C	ross		PPO <u>P</u> I	atinum PPO	Broad Netwo	rk EE's Included:	\$8,806.18
			<u>5/</u>	250/15% 5SRH		7/7	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred
In-Net:\$250	15%	\$5/\$45 dec	d\$4,000 (incl dec	d) \$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 dec	d) \$16,000 (incl ded)	50% after ded; \$650 benefit max/day	Not covered	Not covered
Anthem Blue C	ross		PPO <u></u>	atinum PPO	Broad Netwo	rk EE's Included:	\$9,132.77
			<u>5/</u>	250/15% WH 5SZF		7/7	
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred
In-Net:\$250	15%	\$5/\$45 dec	d\$4,000 (incl dec	d) \$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 dec	d) \$16,000 (incl ded)	50% after ded; \$650 benefit max/day	Not covered	Not covered

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Effective Date: 10-01-2021 Run Date: 07-07-2021 #7834679 License: 0005851

Test Group Cole Seeger