

Group Insurance Proposal

Presented to:
ABC Test Company

Proposed Effective Date: June 1, 2017



Presented by:

Mr. Broker
Insurance Services
123 Main Street
Anytown , CA 94597
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License: TBD

Table of Contents

Please note the report order follows the order on the bpQuote Report Preferences page.

Sample Report	Page
bpQuote Preferences	3
Group Profile	4
Census Including Dependents	5
Plan Grid	6
Side by Side Comparison	7
Side by Side Detail	8
Employee Rate Side by Side	9
Employee Rate Breakdown	10
Member Rate Detail	11
Full Benefits	12
Single Plan Details	13
Underwriting Guidelines	14
Rider Report	15
Portfolio Plan List	16
Current/Renewal	17
Cost Comparison	18
Employee Worksheet	19
Employee Worksheet ACA	20
Table Rates ACA	21
Dual Choice Plan Summary	22
Multi Choice Plan Summary	23
Final Rates	24
Dental Side by Side	25
Dental Plan Listing	26
Dental Cost Comparison	27
Dental Employee Elect	28
Dental Underwriting Guidelines	29
Group Life Proposal	30
Life Underwriting Guidelines	31
Group Vision Proposal	32
Vision Underwriting Guidelines	33
Footnotes	34

bpQuote Report Preferences

Proposal Options for ABC Test Company

Menu Privacy Logout Manual Tutorial

Select the desired proposal options.

Group Information

BP Quote

- Cover Page Producer Detail Yes No
- Census [Edit Group/Census Info](#)
- Census Including Dependents

Save Settings
Proposal Order

Selected Medical Plan Information

[Excluded Plans](#)

Select plans by clicking them (Hold ctrl to select multiple) and use the arrow buttons to move plans between boxes. Then put the plans in the order you would like them to appear by selecting a plan and using the up and down buttons to move it.

Exclude from Proposal

Include in Proposal



Set

Page by Carrier Yes No Page by Type Yes No Incl Contr Yes No Override Sort Premium Ascend

- Plan Grid Full Benefits 1 2 per page
- Side by Side 2 3 4 5 6 7
- Benefits Only Curr Plan Yes No Single Plan Detail
- Side by Side Detail 2 3 4 Add Full Benefits
- Benefits Only Curr Plan Yes No Underwriting Guidelines
- EE Rate Side by Side 3 4 Rider Report
- Employee Rate Detail Curr Plan Yes No Portfolio Grid
- Member Rate Detail

General Plan Information

- Current/Renewal Summary Full
- Cost Comparison *(select to expand)*
- Employee Worksheet *(select to expand)*
- Employee Worksheet ACA *(select to expand)*
- Table Rates ACA *(select to expand)*

Dual/Multi Option Proposals

- Dual Option *(select to expand)*
- Multi Option *(select to expand)*
- Final Rates for Multi Option *(select to expand)*

Think HR Information

- HR Advisor [view](#) Broker Toolbox [view](#) Hotline Questions [view](#)

Dental Plan Information

- Dental Side-by-Side Benefits Only Dental U/W Guidelines
- Dental Plan Listing Include Dental Table Rates
- Dental Cost Comparison *(select to expand)*
- Dental Employee Elect *(select to expand)*

Life and Vision Plan Information

- Group Life Proposal *(select to expand)*
- Group Vision Proposal *(select to expand)*

Printing Options

- Use Letterhead Top Margin: Bottom Margin: (inches)
- Include Page Numbers

bpQuote default reports

Preferences for:

Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
ABC Test Company by Mr. Broker on February 15, 2017	June 01, 2017	94597 (Contra Costa)	EE: 100% Dep: 0%

Group Profile

ABC Test Company

Contra Costa , CA 94597

SIC: 7372

Employee List							
Name	Age	DOB	Medical	Dental	Vision	Gender	Zip
1. Employee 01	31		ES	ES	ES	Male	90254
2. Employee 02	43		EE	EE	EE	Female	94597
3. Employee 03	46		EF	EF	EF	Male	94107
4. Employee 04	50		ES	ES	ES	Female	94549
5. Employee 05	34		EE	EE	EE	Male	94109
6. Employee 06	62		EE	EE	EE	Male	94507
7. Employee 07	36		EC	EC	EC	Female	94549
8. Employee 08	36		EE	EE	EE	Male	94550
9. Employee 09	26		EE	EE	EE	Female	94597
10. Employee 10	58		EF	EF	EF	Male	94513

Check "Census" for basic employee only information with Medical, Dental and Vision tiers.

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
ABC Test Company by Mr. Broker on February 15, 2017	June 01, 2017	94597 (Contra Costa)	EE: 100% Dep: 0%

Census Including Dependents

ABC Test Company
 Contra Costa , CA 94597
 SIC: 7372

Employee List							
Name	Age	DOB	Medical	Dental	Vision	Gender	Zip
1. Employee 01	31		ES	ES	ES	Male	90254
Spouse	33		SP				90254
2. Employee 02	43		EE	EE	EE	Female	94597
3. Employee 03	46		EF	EF	EF	Male	94107
Spouse	47		SP				94107
Child	16		CH				94107
Child	12		CH				94107
Child	12		CH				94107
4. Employee 04	50		ES	ES	ES	Female	94549
Spouse	51		SP				94549
5. Employee 05	34		EE	EE	EE	Male	94109
6. Employee 06	62		EE	EE	EE	Male	94507
7. Employee 07	36		EC	EC	EC	Female	94549
Child	4		CH				94549
8. Employee 08	36		EE	EE	EE	Male	94550
9. Employee 09	26		EE	EE	EE	Female	94597
10. Employee 10	58		EF	EF	EF	Male	94513
Spouse	53		SP				94513
Child	19		CH				94513

Same as "Group Profile" with added rows for dependent information.

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
ABC Test Company by Mr. Broker on February 15, 2017	June 01, 2017	94597 (Contra Costa)	EE: 100% Dep: 0%

Plan Grid

Aetna		PPO		CA Gold MC 750 80/50		EE's Included: 10/10		\$12,264.02
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$750	20%	\$30/\$40	\$6,000 (incl ded)	\$12,000 (incl ded)	20% after ded	\$20 ded waived	\$60 ded waived	
Out-Net:\$1,500	50%	50% after ded	\$12,000 (incl ded)	\$24,000 (incl ded)	50% after ded	Not covered	Not covered	
Anthem Blue Cross		PPO		Gold PPO 500/20%/6500		EE's Included: 10/10		\$12,015.52
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$500	20%	\$30/\$60	\$6,500 (incl ded)	\$13,000 (incl ded)	20% after ded	\$5/\$20 ded waived	\$40 after \$250	
Out-Net:\$1,000	50%	50% after ded	\$13,000 (incl ded)	\$26,000 (incl ded)	50% after ded; \$650 max/day	Not covered	Not covered	
Anthem Blue Cross		PPO		Gold PPO 700/20%/6600		EE's Included: 10/10		\$11,935.41
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$700	20%	\$20/\$40	\$6,600 (incl ded)	\$13,200 (incl ded)	20% after ded	\$5/\$20 ded waived	\$40 after \$250	
Out-Net:\$1,400	50%	50% after ded	\$13,200 (incl ded)	\$26,400 (incl ded)	50% after ded; \$650 max/day	Not covered	Not covered	
Blue Shield		PPO		Gold Full PPO 250/30 OffEx		EE's Included: 10/10		\$12,615.09
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$250	20%	\$30/\$50	\$6,800 (incl ded)	\$13,600 (incl ded)	20% after ded	\$15 ded waived	\$40 ded waived	
Out-Net:\$500	40%	40% after ded	\$10,000 (incl ded)	\$20,000 (incl ded)	40% after ded; \$2,000 benefit max/day	Not covered	Not covered	
Health Net		PPO		Gold 80 PPO 0/30		EE's Included: 10/10		\$12,935.28
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$0	20%	\$30/\$55	\$6,750	\$13,500	20%	\$15	\$55	
Out-Net:\$2,000	50%	50% after ded	\$13,500 (incl ded)	\$27,000 (incl ded)	50% after ded	Not covered	Not covered	
UnitedHealthcare		PPO		Select Plus Gold 20/250/20% (AK-R7)		EE's Included: 10/10		\$11,815.74
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred	
In-Net:\$250	20%	\$20/\$40	\$5,500 (incl ded)	\$11,000 (incl ded)	\$250/admit + 20% after ded	\$15	\$35	
Out-Net:\$1,000	50%	50% after ded	\$11,000 (incl ded)	\$22,000 (incl ded)	\$250/admit + 50% after ded	\$15 ded waived	\$35 ded waived	

Plan summary with group totals displayed vertically. Illustrates number of employees included in total with no employer contribution.

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Side By Side Comparison

ABC Test Company

Effective June 01, 2017

Zip Code 94597 -
Contra Costa

	CURRENT PLAN	RENEWAL PLAN					
	Anthem Blue Cross	Anthem Blue Cross	Aetna	Anthem Blue Cross	Blue Shield	Health Net	UnitedHealthcare
							
	PPO	PPO	PPO	PPO	PPO	PPO	PPO
	Gold PPO	Gold PPO	CA Gold MC 750 80/50	Gold PPO	Gold Full PPO 250/30	Gold 80 PPO 0/30	Select Plus Gold
	500/20%/4500	500/20%/6500		700/20%/6600	OffEx		20/250/20% (AK-R7)

Deductible In Net	\$500	\$500	\$750	\$700	\$250	\$0	\$250
Out Net	\$1,000	\$1,000	\$1,500	\$1,400	\$500	\$2,000	\$1,000
PC/Specialist In Net	\$30/\$60 ded waived	\$30/\$60 ded waived	\$30/\$40 ded waived	\$20/\$40 ded waived	\$30/\$50 ded waived	\$30/\$55	\$20/\$40 ded waived
Out Net	50% after ded	50% after ded	50% after ded	50% after ded	40% after ded	50% after ded	50% after ded
Co-Insurance In Net	20%	20%	20%	20%	20%	20%	20%
Out Net	50%	50%	50%	50%	40%	50%	50%
OOP Limit In Net	\$4,500 (incl ded)	\$6,500 (incl ded)	\$6,000 (incl ded)	\$6,600 (incl ded)	\$6,800 (incl ded)	\$6,750	\$5,500 (incl ded)
Out Net	\$9,000 (incl ded)	\$13,000 (incl ded)	\$12,000 (incl ded)	\$13,200 (incl ded)	\$10,000 (incl ded)	\$13,500 (incl ded)	\$11,000 (incl ded)
Inpatient Hosp In Net	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded	20%	\$250/admit + 20% after ded
Out Net	50% after ded; \$650 max/day	50% after ded; \$650 max/day	50% after ded	50% after ded; \$650 max/day	40% after ded; \$2,000 benefit max/day	50% after ded	\$250/admit + 50% after ded
Urgent Care In Net	\$100 ded waived	\$60 ded waived	\$50 ded waived	\$40 ded waived	\$30 ded waived	\$30	\$50 ded waived
Out Net	50% after ded	50% after ded	Paid as In-Network	50% after ded	Not covered	50% after ded	50% after ded
Rx Generic In Net	\$15 ded waived	\$5/\$20 ded waived	\$20 ded waived	\$5/\$20 ded waived	\$15 ded waived	\$15	\$15
Out Net	50% ded waived	Not covered	Not covered	Not covered	Not covered	Not covered	\$15 ded waived
Rx Preferred In Net	\$40 after \$250	\$40 after \$250	\$60 ded waived	\$40 after \$250	\$40 ded waived	\$55	\$35
Out Net	50% after ded	Not covered	Not covered	Not covered	Not covered	Not covered	\$35 ded waived
Rx Non-Preferred In Net	\$80 after \$250	\$80 after \$250	\$75 ded waived	\$80 after \$250	\$60 ded waived	\$75	\$60
Out Net	50% after ded	Not covered	Not covered	Not covered	Not covered	Not covered	\$60 ded waived
Riders Included		Infertility		Infertility			
RAF	1.000	1.000	1.000	1.000	1.000	1.000	1.000
EE's Included	10/10	10/10	10/10	10/10	10/10	10/10	10/10
EE Cost	\$6,980.54	\$7,769.44	\$7,579.21	\$7,719.91	\$7,796.15	\$7,994.04	\$7,302.18
Dep Cost	\$4,320.79	\$4,246.08	\$4,684.81	\$4,215.50	\$4,818.94	\$4,941.24	\$4,513.56
Rider Cost (Incl)	\$0.00	\$900.00	\$0.00	\$900.00	\$0.00	\$0.00	\$0.00
Total	\$11,301.33	\$12,015.52	\$12,264.02	\$11,935.41	\$12,615.09	\$12,935.28	\$11,815.74
ER Total	\$6,980.54	\$7,769.44	\$7,579.21	\$7,719.91	\$7,796.15	\$7,994.04	\$7,302.18
Increase		\$714.19	\$962.69	\$634.08	\$1,313.76	\$1,633.95	\$514.41
Change		6%	9%	6%	12%	14%	5%

Most popular report. The "Side by Side Comparison" summarizes benefits and total premium for up to seven plans per page.

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ABC Test Company
Mr. Broker

Effective Date: 06-01-2017
Insurance Services

Run Date: 02-15-2017 #5653062
License: TBD

Side By Side Detail

ABC Test Company
Walnut Creek, Contra Costa, 94597

Prepared by Mr. Broker
Effective June 01, 2017

	CURRENT PLAN		RENEWAL PLAN		Aetna	
	Anthem Blue Cross Gold PPO 500/20%/4500		Anthem Blue Cross Gold PPO 500/20%/6500		CA Gold MC 750 80/50	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$500	\$1,000	\$500	\$1,000	\$750	\$1,500
Family Deductible	\$1,500 (embedded)	\$2,000 (embedded)	\$1,500 (embedded)	\$2,000 (embedded)	\$1,500 (embedded)	\$3,000 (embedded)
Individual OOP Limit	\$4,500 (incl ded)	\$9,000 (incl ded)	\$6,500 (incl ded)	\$13,000 (incl ded)	\$6,000 (incl ded)	\$12,000 (incl ded)
Family OOP Limit	\$9,000 (incl ded)	\$18,000 (incl ded)	\$13,000 (incl ded)	\$26,000 (incl ded)	\$12,000 (incl ded)	\$24,000 (incl ded)
PC/Specialist	\$30/\$60 ded waived	50% after ded	\$30/\$60 ded waived	50% after ded	\$30/\$40 ded waived	50% after ded
Lab/X-Ray	20% after ded	50% after ded	20% after ded	50% after ded	\$15 ded waived	50% after ded
Inpatient Hospital	20% after ded	50% after ded; \$650 max/day	20% after ded	50% after ded; \$650 benefit max/day	20% after ded	50% after ded
Outpatient Facility	20% after ded	50% after ded; \$380 max/admit	20% after ded	50% after ded; \$380 benefit max/admit	Hosp-\$750 after ded; FS-\$500 after ded	50% after ded
Emergency Room	\$200 + 20% after ded	Paid as in-network	\$250 + 20% after ded	Paid as in-network	20% after ded	Paid as In-Network
Urgent Care	\$100 ded waived	50% after ded	\$60 ded waived	50% after ded	\$50 ded waived	Paid as In-Network
Rx Generic	\$15 ded waived	50% ded waived	\$5/\$20 ded waived	Not covered	\$20 ded waived	Not covered
Rx Preferred	\$40 after \$250	50% after ded	\$40 after \$250	Not covered	\$60 ded waived	Not covered
Optional Rider(s)			Infertility			

RAF	1.000	1.000	1.000
EE's Included	10/10	10/10	10/10
EE Cost	\$6,980.54	\$7,769.44	\$7,579.21
Dep Cost	\$4,320.79	\$4,246.08	\$4,684.81
Rider Cost (Incl)	\$0.00	\$900.00	\$0.00
Total	\$11,301.33	\$12,015.52	\$12,264.02
ER Total	\$6,980.54	\$7,769.44	\$7,579.21
Increase		\$714.19	\$962.69
Change		6%	9%

Side by Side Detail includes the four (4) highlighted categories that the "Side By Side Comparison" does not. Due to extra details, only include three (3) plan per page versus seven (7) on the "Side By Side Comparison."

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
ABC Test Company by Mr. Broker on February 15, 2017	June 01, 2017	94597 (Contra Costa)	EE: 100% Dep: 0%

Employee Rate Side by Side

	CURRENT PLAN Anthem Blue Cross PPO Gold PPO 500/20%/4500	RENEWAL PLAN Anthem Blue Cross PPO Gold PPO 500/20%/6500	Aetna PPO CA Gold MC 750 80/50	Anthem Blue Cross PPO Gold PPO 700/20%/6600
Deductible In Net	\$500	\$500	\$750	\$700
Out Net	\$1,000	\$1,000	\$1,500	\$1,400
PC/Specialist In Net	\$30/\$60 ded waived	\$30/\$60 ded waived	\$30/\$40 ded waived	\$20/\$40 ded waived
Out Net	50% after ded	50% after ded	50% after ded	50% after ded
Co-Insurance In Net	20%	20%	20%	20%
Out Net	50%	50%	50%	50%
OOP Limit In Net	\$4,500 (incl ded)	\$6,500 (incl ded)	\$6,000 (incl ded)	\$6,600 (incl ded)
Out Net	\$9,000 (incl ded)	\$13,000 (incl ded)	\$12,000 (incl ded)	\$13,200 (incl ded)
Inpatient Hospital In Net	20% after ded	20% after ded	20% after ded	20% after ded
Out Net	50% after ded; \$650 max/day	50% after ded; \$650 max/day	50% after ded	50% after ded; \$650 max/day
Urgent Care In Net	\$100 ded waived	\$60 ded waived	\$50 ded waived	\$40 ded waived
Out Net	50% after ded	50% after ded	Paid as In-Network	50% after ded
Rx Generic In Net	\$15 ded waived	\$5/\$20 ded waived	\$20 ded waived	\$5/\$20 ded waived
Out Net	50% ded waived	Not covered	Not covered	Not covered
Rx Preferred In Net	\$40 after \$250	\$40 after \$250	\$60 ded waived	\$40 after \$250
Out Net	50% after ded	Not covered	Not covered	Not covered
Rx Non-Preferred In Net	\$80 after \$250	\$80 after \$250	\$75 ded waived	\$80 after \$250
Out Net	50% after ded	Not covered	Not covered	Not covered

	EE/Dep/Total	EE/Dep/Total	EE/Dep/Total	EE/Dep/Total
Employee 01 EE/SP 31	\$511.06 / \$532.67 / \$1,043.73	\$590.07 / \$516.90 / \$1,106.97	\$551.74 / \$570.31 / \$1,122.05	\$586.47 / \$513.18 / \$1,099.65
Employee 02 EE 43	\$596.61 / \$0.00 / \$596.61	\$675.50 / \$0.00 / \$675.50	\$646.00 / \$0.00 / \$646.00	\$671.28 / \$0.00 / \$671.28
Employee 03 FAM 46	\$650.19 / \$1,533.17 / \$2,183.36	\$737.21 / \$1,496.33 / \$2,233.54	\$714.08 / \$1,650.94 / \$2,365.02	\$732.54 / \$1,485.56 / \$2,218.10
Employee 04 EE/SP 50	\$768.16 / \$804.18 / \$1,572.34	\$860.61 / \$804.69 / \$1,665.30	\$850.23 / \$887.84 / \$1,738.07	\$855.05 / \$798.89 / \$1,653.94
Employee 05 EE 34	\$539.42 / \$0.00 / \$539.42	\$613.80 / \$0.00 / \$613.80	\$577.93 / \$0.00 / \$577.93	\$610.03 / \$0.00 / \$610.03
Employee 06 EE 62	\$1,265.26 / \$0.00 / \$1,265.26	\$1,329.61 / \$0.00 / \$1,329.61	\$1,367.69 / \$0.00 / \$1,367.69	\$1,320.68 / \$0.00 / \$1,320.68
Employee 07 EE/CH 36	\$550.23 / \$285.92 / \$836.15	\$620.71 / \$273.98 / \$894.69	\$585.54 / \$302.29 / \$887.83	\$616.88 / \$272.01 / \$888.89
Employee 08 EE 36	\$550.23 / \$0.00 / \$550.23	\$620.71 / \$0.00 / \$620.71	\$585.54 / \$0.00 / \$585.54	\$616.88 / \$0.00 / \$616.88
Employee 09 EE 26	\$452.07 / \$0.00 / \$452.07	\$531.83 / \$0.00 / \$531.83	\$487.48 / \$0.00 / \$487.48	\$528.64 / \$0.00 / \$528.64
Employee 10 FAM 58	\$1,097.31 / \$1,164.85 / \$2,262.16	\$1,189.39 / \$1,154.18 / \$2,343.57	\$1,212.98 / \$1,273.43 / \$2,486.41	\$1,181.46 / \$1,145.86 / \$2,327.32
Riders Included		Infertility		Infertility
RAF	1.000	1.000	1.000	1.000
EE's Included	10/10	10/10	10/10	10/10
EE Cost	\$6,980.54	\$7,769.44	\$7,579.21	\$7,719.91
Dep Cost	\$4,320.79	\$4,246.08	\$4,684.81	\$4,215.50
Rider Cost (Incl)	\$0.00	\$900.00	\$0.00	\$900.00
Total	\$11,301.33	\$12,015.52	\$12,264.02	\$11,935.41
ER Total	\$6,980.54	\$7,769.44	\$7,579.21	\$7,719.91
Increase		\$714.19	\$962.69	\$634.08
Change		6%	9%	6%

Compares up to four (4) plans with benefits and rates side by side. Includes employee, dependent and total breakdown in addition to group totals.

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
ABC Test Company by Mr. Broker on February 15, 2017	June 01, 2017	94597 (Contra Costa)	EE: 100% Dep: 0%

Employee Rate Breakdown

Aetna		PPO				CA Gold MC 750 80/50		EE's Included: 10/10	\$12,264.02
Ded	Coins	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred		
In-Net:\$750	20%	\$30/\$40 ded waived	\$6,000 (incl ded)	\$12,000 (incl ded)	20% after ded	\$20 ded waived	\$60 ded waived		
Out-Net:\$1,500	50%	50% after ded	\$12,000 (incl ded)	\$24,000 (incl ded)	50% after ded	Not covered	Not covered		

Employee Rate Breakdown

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 01	31	EE/SP	90254	5	\$551.74	\$570.31	\$1122.05	\$570.31	\$551.74
Employee 02	43	EE	94597	5	\$646.00	\$0.00	\$646.00	\$0.00	\$646.00
Employee 03	46	FAM	94107	5	\$714.08	\$1,650.94	\$2365.02	\$1,650.94	\$714.08
Employee 04	50	EE/SP	94549	5	\$850.23	\$887.84	\$1738.07	\$887.84	\$850.23
Employee 05	34	EE	94109	5	\$577.93	\$0.00	\$577.93	\$0.00	\$577.93
Employee 06	62	EE	94507	5	\$1367.69	\$0.00	\$1367.69	\$0.00	\$1,367.69
Employee 07	36	EE/CH	94549	5	\$585.54	\$302.29	\$887.83	\$302.29	\$585.54
Employee 08	36	EE	94550	5	\$585.54	\$0.00	\$585.54	\$0.00	\$585.54
Employee 09	26	EE	94597	5	\$487.48	\$0.00	\$487.48	\$0.00	\$487.48
Employee 10	58	FAM	94513	5	\$1212.98	\$1,273.43	\$2486.41	\$1,273.43	\$1,212.98
Totals					\$7,579.21	\$4,684.81	\$12,264.02	\$4,684.81	\$7,579.21

Anthem Blue Cross		PPO				Gold PPO 500/20%/6500		EE's Included: 10/10	\$12,015.52
Ded	Coins	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred		
In-Net:\$500	20%	\$30/\$60 ded waived	\$6,500 (incl ded)	\$13,000 (incl ded)	20% after ded	\$5/\$20 ded waived	\$40 after \$250		
Out-Net:\$1,000	50%	50% after ded	\$13,000 (incl ded)	\$26,000 (incl ded)	50% after ded; \$650 max/day	Not covered	Not covered		

Employee Rate Breakdown

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 01	31	EE/SP	90254	5	\$590.07	\$516.90	\$1106.97	\$516.90	\$590.07
Employee 02	43	EE	94597	5	\$675.50	\$0.00	\$675.50	\$0.00	\$675.50
Employee 03	46	FAM	94107	5	\$737.21	\$1,496.33	\$2233.54	\$1,496.33	\$737.21
Employee 04	50	EE/SP	94549	5	\$860.61	\$804.69	\$1665.30	\$804.69	\$860.61
Employee 05	34	EE	94109	5	\$613.80	\$0.00	\$613.80	\$0.00	\$613.80
Employee 06	62	EE	94507	5	\$1329.61	\$0.00	\$1329.61	\$0.00	\$1,329.61
Employee 07	36	EE/CH	94549	5	\$620.71	\$273.98	\$894.69	\$273.98	\$620.71
Employee 08	36	EE	94550	5	\$620.71	\$0.00	\$620.71	\$0.00	\$620.71
Employee 09	26	EE	94597	5	\$531.83	\$0.00	\$531.83	\$0.00	\$531.83
Employee 10	58	FAM	94513	5	\$1189.39	\$1,154.18	\$2343.57	\$1,154.18	\$1,189.39
Totals					\$7,769.44	\$4,246.08	\$12,015.52	\$4,246.08	\$7,769.44

Similar to the "Single Plan Details" report except benefits are displayed horizontally with an employee rate breakdown. Will accommodate two (2) plans per page if group size is not too large.

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
ABC Test Company by Mr. Broker on February 15, 2017	June 01, 2017	94597 (Contra Costa)	EE: 100% Dep: 0%

Member Rate Detail

Aetna	PPO	CA Gold MC 750 80/50	EE's Included: 10/10	\$12,264.02			
Ded	Colns	Copay	OOP Ind	OOP Fam	Hospital	Rx Gen	Rx Preferred
In-Net:\$750	20%	\$30/\$40 ded waived	\$6,000 (incl ded)	\$12,000 (incl ded)	20% after ded	\$20 ded waived	\$60 ded waived
Out-Net:\$1,500	50%	50% after ded	\$12,000 (incl ded)	\$24,000 (incl ded)	50% after ded	Not covered	Not covered

Member Rate Detail

Name	Status	Age	Zip	Region	EE Rate	Dep Rate	Total Rate
Employee 01	ES	31	90254	5	\$551.74		\$1122.05
Spouse	SP	33				\$570.31	
Employee 02	EE	43	94597	5	\$646.00		\$646.00
Employee 03	EF	46	94107	5	\$714.08		\$2365.02
Spouse	SP	47				\$744.07	
Child	CH	16				\$302.29	
Child	CH	12				\$302.29	
Child	CH	12				\$302.29	
Employee 04	ES	50	94549	5	\$850.23		\$1738.07
Spouse	SP	51				\$887.84	
Employee 05	EE	34	94109	5	\$577.93		\$577.93
Employee 06	EE	62	94507	5	\$1367.69		\$1367.69
Employee 07	EC	36	94549	5	\$585.54		\$887.83
Child	CH	4				\$302.29	
Employee 08	EE	36	94550	5	\$585.54		\$585.54
Employee 09	EE	26	94597	5	\$487.48		\$487.48
Employee 10	EF	58	94513	5	\$1212.98		\$2486.41
Spouse	SP	53				\$971.14	
Child	CH	19				\$302.29	
Totals					\$7,579.21	\$4,684.81	\$12,264.02

Provides a snapshot of benefits and more detailed individual rates for each enrolling member in the displayed plan.

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Benefit Sheet

Aetna CA Gold MC 750 80/50

Benefit	In Network	Out of Network
Individual Ded	\$750	\$1,500
Family Ded	\$1,500 (embedded)	\$3,000 (embedded)
Individual OOP Max	\$6,000 (incl ded)	\$12,000 (incl ded)
Family OOP Max	\$12,000 (incl ded)	\$24,000 (incl ded)
Co-insurance	20%	50%
Lifetime Max	Unlimited	Unlimited
PC/Specialist	\$30/\$40 ded waived	50% after ded
Adult Preventive Care	No charge; frequency limits apply	50% after ded; frequency limits apply
Child Preventive Care	No charge; frequency limits apply	50% after ded; frequency limits apply
Pre/Postnatal Care	No charge/20% after ded	50% after ded
Physical Therapy	20% after ded	50% after ded
Chiropractic Care	20% after ded; 20 visits/yr comb in/out	50% after ded; 20 visits/yr comb in/out
Inpatient Hospital	20% after ded	50% after ded
Inpatient Surgery	20% after ded	50% after ded
Maternity Delivery/IP	20% after ded	50% after ded
Mental Health IP	20% after ded	50% after ded
Substance Abuse IP	20% after ded	50% after ded
Outpatient Facility	Hosp-\$750 after ded; FS-\$500 after ded	50% after ded
Outpatient Surgery	20% after ded	50% after ded
Lab/X-Ray	\$15 ded waived	50% after ded
Advanced Radiology	20% after ded	50% after ded
Mental Health OP	\$40 ded waived	50% after ded
Substance Abuse OP	\$40 ded waived	50% after ded
Emergency Room	20% after ded	Paid as In-Network
Ambulance	20% after ded	Paid as In-Network
Urgent Care	\$50 ded waived	Paid as In-Network
Rx Generic	\$20 ded waived	Not covered
Rx Preferred	\$60 ded waived	Not covered
Rx Non-Preferred	\$75 ded waived	Not covered
Rx Specialty	30% ded waived; \$250 max/script	Not covered
Rx Mail Order	2x retail copay; Specialty not covered	Not covered
Home Health Care	20% after ded; 100 visits/yr comb in/out	50% after ded; 100 visits/yr comb in/out
Skilled Nursing	20% after ded; 100 days/yr comb in/out	50% after ded; 100 days/yr comb in/out
Infertility Treatment	Refer to carrier	Refer to carrier
DME	20% after ded	50% after ded
Hospice Services	20% after ded	50% after ded
Pediatric Vision	\$30 ded waived/No charge (exam/HW); 1 pair/yr	Not covered
Pediatric Dental	No charge	30% after ded

Full summary with in-network and out-of-network benefits. Option to show one (1) or two (2) plans per page. Check the "Full Benefits" box in bpQuote.

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Single Plan Details

ABC Test Company
Walnut Creek, Contra Costa, 94597

Prepared by Mr. Broker
Effective June 01, 2017

Aetna CA Gold MC 750 80/50

Plan Summary

	In Network	Out of Network
Deductible	\$750	\$1,500
Co-Insurance	20%	50%
PC/Specialist	\$30/\$40 ded waived	50% after ded
Individual OOP Limit	\$6,000 (incl ded)	\$12,000 (incl ded)
Family OOP Limit	\$12,000 (incl ded)	\$24,000 (incl ded)
Inpatient Hospital	20% after ded	50% after ded
Urgent Care	\$50 ded waived	Paid as In-Network
Rx Generic	\$20 ded waived	Not covered
Rx Preferred	\$60 ded waived	Not covered
Rx Non-Preferred	\$75 ded waived	Not covered

Rate Summary

EE's Included	10 out of 10	Employer EE Contribution	100%
RAF	1.000	Employer Dep Contribution	0%
Employee Premium	\$7,579.21	Employer EE Cost	\$7,579.21
Dependent Premium	\$4,684.81	Employer Dep Cost	\$0.00
Total Premium	\$12,264.02	Employer Total Cost	\$7,579.21

Employee Rates

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Employee 01	31	EE/SP	90254	5	\$551.74	\$570.31	\$1122.05	\$570.31	\$551.74
Employee 02	43	EE	94597	5	\$646.00	\$0.00	\$646.00	\$0.00	\$646.00
Employee 03	46	FAM	94107	5	\$714.08	\$1,650.94	\$2365.02	\$1,650.94	\$714.08
Employee 04	50	EE/SP	94549	5	\$850.23	\$887.84	\$1738.07	\$887.84	\$850.23
Employee 05	34	EE	94109	5	\$577.93	\$0.00	\$577.93	\$0.00	\$577.93
Employee 06	62	EE	94507	5	\$1367.69	\$0.00	\$1367.69	\$0.00	\$1,367.69
Employee 07	36	EE/CH	94549	5	\$585.54	\$302.29	\$887.83	\$302.29	\$585.54
Employee 08	36	EE	94550	5	\$585.54	\$0.00	\$585.54	\$0.00	\$585.54
Employee 09	26	EE	94597	5	\$487.48	\$0.00	\$487.48	\$0.00	\$487.48
Employee 10	58	FAM	94513	5	\$1212.98	\$1,273.43	\$2486.41	\$1,273.43	\$1,212.98

Illustrates a summary of benefits, premiums and contributions including an employee by employee breakdown. Option to "Add Full Benefits" which will provide a "Full Benefits" summary immediately after each plan's "Single Plan Details."

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Underwriting Guidelines

Aetna

This list is meant to be informative and is not intended to be all-inclusive. Other policies and guidelines may apply.

Group Size:	1 to 100
Rate Guarantee:	12 months
Rates:	Based on ER zip code. OOS EE's based on ER zip code. New Hire rates are based on the employee's age as of his/her coverage effective date.
Contribution:	Traditional: minimum 50% of EE premium. Defined: minimum \$80 per EE.
Participation:	1-100 EE's = 60%; 100% contribution requires 100% participation.
Carve Outs:	Non-Union carve-outs allowed. Minimum of 5 enrolled. Total group size (union & non-union) must be 100 or less. 75% of the carve out population must enroll with Aetna.
Cobra/CALCobra:	No maximum.
Out of Area:	Maximum 49% of eligibles out-of-state. EE's and dependents in HI and VT are not eligible.
Multiple Carriers:	Waivers required. 40% minimum and 5 enrolled. Calculating Kaiser participation: Total eligibles then subtract ER's COBRA enrollees, subtract valid waivers, multiply remaining eligibles by 40%. Eligible for Aetna Pick Five if non-Kaiser EE = 40% and minimum of 5 non-Kaiser enrollees.
Waiting Periods:	1st of the month after date of hire; 1st of the month after 30 days; 1st of the month after 60 days. Dual waiting periods are not allowed.
Eligibility	Full-Time. Part-Time - 20+ hours per normal work week for at least 50% of the weeks in the previous calendar quarter. 1099 EE's not eligible.
Network Options	HMO Networks - Full HMO, Value HMO, HMO Deductible, Basic HMO, PrimeCare. PPO Networks - Full PPO, MC. Savings Plus MC. Network pairing - all networks may be mixed and matched to include up to 5 plans.
Product Options	1-100 - Metallic tiers may be mixed and matched. Medical Plan Options - PPO, HSA, HMO. All other networks available alongside all plans. Dental - NonVol & Vol (3+ standalone). Life (26+ standalone).

Provides detailed underwriting rules per carrier.

Rider Summary

Anthem Blue Cross Gold PPO 500/20%/6500

Infertility: Covered at 50% up to \$2,000 lifetime max

Name	Age	Status	Zip	EE Rate	Dep Rate	Total Rate
1, Employee 01	31	Employee/Spouse	90254	\$90.00	\$0.00	\$90.00
2, Employee 02	43	Employee	94597	\$90.00	\$0.00	\$90.00
3, Employee 03	46	Family	94107	\$90.00	\$0.00	\$90.00
4, Employee 04	50	Employee/Spouse	94549	\$90.00	\$0.00	\$90.00
5, Employee 05	34	Employee	94109	\$90.00	\$0.00	\$90.00
6, Employee 06	62	Employee	94507	\$90.00	\$0.00	\$90.00
7, Employee 07	36	Employee/Child(ren)	94549	\$90.00	\$0.00	\$90.00
8, Employee 08	36	Employee	94550	\$90.00	\$0.00	\$90.00
9, Employee 09	26	Employee	94597	\$90.00	\$0.00	\$90.00
10, Employee 10	58	Family	94513	\$90.00	\$0.00	\$90.00
						\$900.00

Anthem Blue Cross Gold PPO 700/20%/6600

Infertility: Covered at 50% up to \$2,000 lifetime max

Name	Age	Status	Zip	EE Rate	Dep Rate	Total Rate
1, Employee 01	31	Employee/Spouse	90254	\$90.00	\$0.00	\$90.00
2, Employee 02	43	Employee	94597	\$90.00	\$0.00	\$90.00
3, Employee 03	46	Family	94107	\$90.00	\$0.00	\$90.00
4, Employee 04	50	Employee/Spouse	94549	\$90.00	\$0.00	\$90.00
5, Employee 05	34	Employee	94109	\$90.00	\$0.00	\$90.00
6, Employee 06	62	Employee	94507	\$90.00	\$0.00	\$90.00
7, Employee 07	36	Employee/Child(ren)	94549	\$90.00	\$0.00	\$90.00
8, Employee 08	36	Employee	94550	\$90.00	\$0.00	\$90.00
9, Employee 09	26	Employee	94597	\$90.00	\$0.00	\$90.00
10, Employee 10	58	Family	94513	\$90.00	\$0.00	\$90.00
						\$900.00

Displays the additional cost of riders by employee. Riders may be infertility, chiropractic, etc. Riders can be added on the page following the plan selection in bpQuote.

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Portfolio Plan List

Carrier - Plan	Package(s)	Premium
Aetna - CA Gold MC 750 80/50	Pick 5	\$12,264.02
Anthem Blue Cross - Gold PPO 500/20%/6500	All Plans (2 HMO Networks/1 PPO Network Max) EmployeeElect (Full HMOs)/ Full PPO EmployeeElect (Select HMOs)/ Full PPO	\$12,015.52
Anthem Blue Cross - Gold PPO 700/20%/6600	All Plans (2 HMO Networks/1 PPO Network Max) EmployeeElect (Full HMOs)/ Full PPO EmployeeElect (Select HMOs)/ Full PPO	\$11,935.41
Blue Shield - Gold Full PPO 250/30 OffEx	Off Exchange Package	\$12,615.09
Health Net - Gold 80 PPO 0/30	Enhanced Choice A Enhanced Choice B	\$12,935.28
UnitedHealthcare - Select Plus Gold 20/250/20% (AK-R7)	Choice Simplified	\$11,815.74

Summarizes the portfolios that the quoted plans are available in.

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
ABC Test Company by Mr. Broker on February 15, 2017	June 01, 2017	94597 (Contra Costa)	EE: 100% Dep: 0%

Current/Renewal

Summary Benefits	Current		Renewal	
	In-Network	Out-Network	In-Network	Out-Network
Carrier	Anthem Blue Cross		Anthem Blue Cross	
Plan	Gold PPO 500/20%/4500		Gold PPO 500/20%/6500	
RAF	1.000		*	
Deductible	\$500	\$1,000	\$500	\$1,000
Co-Insurance	20%	50%	20%	50%
PC/Specialist	\$30/\$60 ded waived	50% after ded	\$30/\$60 ded waived	50% after ded
Inpatient Hospital	20% after ded	50% after ded; \$650 max/day	20% after ded	50% after ded; \$650 max/day
Individual OOP Limit	\$4,500 (incl ded)	\$9,000 (incl ded)	\$6,500 (incl ded)	\$13,000 (incl ded)
Family OOP Limit	\$9,000 (incl ded)	\$18,000 (incl ded)	\$13,000 (incl ded)	\$26,000 (incl ded)
Urgent Care	\$100 ded waived	50% after ded	\$60 ded waived	50% after ded
Rx Generic	\$15 ded waived	50% ded waived	\$5/\$20 ded waived	Not covered
Rx Preferred	\$40 after \$250	50% after ded	\$40 after \$250	Not covered
Rx Non-Preferred	\$80 after \$250	50% after ded	\$80 after \$250	Not covered

Rates	Employee	Age	Coverage	Current Premiums			Renewal Premiums		
				EE	Dep	Total	EE	Dep	Total
Employee 01	31	Employee/Spouse	\$511.06	\$532.67	\$1,043.73	\$590.07	\$516.90	\$1,106.97	
Employee 02	43	Employee	\$596.61	\$0.00	\$596.61	\$675.50	\$0.00	\$675.50	
Employee 03	46	Family	\$650.19	\$1,533.17	\$2,183.36	\$737.21	\$1,496.33	\$2,233.54	
Employee 04	50	Employee/Spouse	\$768.16	\$804.18	\$1,572.34	\$860.61	\$804.69	\$1,665.30	
Employee 05	34	Employee	\$539.42	\$0.00	\$539.42	\$613.80	\$0.00	\$613.80	
Employee 06	62	Employee	\$1,265.26	\$0.00	\$1,265.26	\$1,329.61	\$0.00	\$1,329.61	
Employee 07	36	Employee/Child(ren)	\$550.23	\$285.92	\$836.15	\$620.71	\$273.98	\$894.69	
Employee 08	36	Employee	\$550.23	\$0.00	\$550.23	\$620.71	\$0.00	\$620.71	
Employee 09	26	Employee	\$452.07	\$0.00	\$452.07	\$531.83	\$0.00	\$531.83	
Employee 10	58	Family	\$1,097.31	\$1,164.85	\$2,262.16	\$1,189.39	\$1,154.18	\$2,343.57	
Total Monthly Premium				\$6,980.54	\$4,320.79	\$11,301.33	\$7,769.44	\$4,246.08	\$12,015.52
Monthly Change (\$)							\$788.90	(\$74.71)	\$714.19
Monthly Change (%)							11.30%	-1.73%	6.32%

* RAF Rules Overriden

Displays benefit summaries and employee totals for current and renewal plans. "Summary" option will display the information above. "Full" option will display the same information and include a one page Current and one page Renewal benefit summary immediately following this page.

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Cost Comparison

ABC Test Company
 Rates Effective June 01, 2017
 Zip: 94597

Employer Contribution - EE: 100% Dep: 0%
 County: Contra Costa

Current Plan Information						
Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total
Anthem Blue Cross	Gold PPO 500/20%/4500	PPO	10/10	\$6,980.54	\$4,320.79	\$11,301.33

Renewal Plan Information						
Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total Change
Anthem Blue Cross	Gold PPO 500/20%/6500	PPO	10/10	\$7,769.44	\$4,246.08	\$12,015.52* 6%

Proposed Plan Information							
Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total	Total Change
Aetna	CA Bronze MemorialCare MC 6500 Copay	PPO	1/10	\$321.46	\$332.28	\$653.74	-94%
Aetna	CA Bronze Savings Plus 6500 Copay	PPO	1/10	\$321.46	\$332.28	\$653.74	-94%
Aetna	CA Bronze Savings Plus HDHP 4800 60/50 HSA Plan	PPO(HSA)	1/10	\$329.35	\$340.43	\$669.78	-94%
Aetna	CA Bronze Savings Plus 6550 100/50 HSA	PPO(HSA)	1/10	\$356.21	\$368.20	\$724.41	-94%
Aetna	CA Bronze Savings Plus 4000 Copay	PPO	1/10	\$363.82	\$376.06	\$739.88	-93%
Aetna	CA Silver MemorialCare MC 2000 60/50	PPO	1/10	\$458.22	\$473.64	\$931.86	-92%
Aetna	CA Silver Savings Plus 2000 60/50	PPO	1/10	\$458.22	\$473.64	\$931.86	-92%
Aetna	CA Silver Savings Plus 2000 Copay	PPO	1/10	\$472.90	\$488.81	\$961.71	-91%
Aetna	CA Silver Savings Plus 2000 80/50 HDHP Plan	PPO	1/10	\$474.52	\$490.49	\$965.01	-91%
Aetna	CA Silver Savings Plus 1000 70/50	PPO	1/10	\$500.45	\$517.29	\$1,017.74	-91%
Aetna	CA Gold Savings Plus 750 80/50	PPO	1/10	\$551.74	\$570.31	\$1,122.05	-90%
Aetna	CA Gold Savings Plus 0 Copay Plan	PPO	1/10	\$552.48	\$571.07	\$1,123.55	-90%
Aetna	CA Platinum Savings Plus 0 Copay Plan	PPO	1/10	\$586.97	\$606.72	\$1,193.69	-89%
Aetna	CA Bronze MC 6500 Copay	PPO	10/10	\$4,415.91	\$2,729.55	\$7,145.46	-37%
United	State Core Bronze 75/6300/100% (AK-R5)	PPO	10/10	\$4,474.28	\$2,765.59	\$7,239.87	-36%
Aetna	CA Bronze MC HDHP 4800 60/50 HSA Plan	PPO(HSA)	10/10	\$4,524.18	\$2,796.44	\$7,320.62	-35%
United	Core HSA Bronze 6500/0% (AK-R1)	PPO(HSA)	10/10	\$4,747.96	\$2,934.79	\$7,682.75	-32%
Anthem BC	Bronze Select PPO 6500/0%/6500 w/HSA	PPO(HSA)	10/10	\$4,803.06	\$2,968.85	\$7,771.91	-31%
United	State Core HSA Bronze 4800/40% (AK-R6)	PPO(HSA)	10/10	\$4,842.84	\$2,993.42	\$7,836.26	-31%
Aetna	CA Bronze MC 6550 100/50 HSA	PPO(HSA)	10/10	\$4,893.18	\$3,024.55	\$7,917.73	-30%
Anthem BC	Bronze Select PPO 5000/35%/6550 w/HSA	PPO(HSA)	10/10	\$4,920.39	\$3,041.38	\$7,961.77	-30%
Aetna	CA Bronze MC 4000 Copay	PPO	10/10	\$4,997.68	\$3,089.14	\$8,086.82	-28%
Anthem BC	Bronze Select PPO 4800/40%/6550 w/HSA	PPO(HSA)	10/10	\$5,017.82	\$3,101.57	\$8,119.39	-28%
Anthem BC	Bronze PPO 6500/0%/6500 w/HSA	PPO(HSA)	10/10	\$5,032.18	\$3,110.42	\$8,142.60	-28%
Anthem BC	Bronze Select PPO 6000/35%/7150	PPO	10/10	\$5,052.86	\$3,123.24	\$8,176.10	-28%
United	Core Silver 2000/30% (AK-RZ)	PPO	10/10	\$5,146.14	\$3,180.90	\$8,327.04	-26%
Anthem BC	Bronze PPO 5000/35%/6550 w/HSA	PPO(HSA)	10/10	\$5,155.21	\$3,186.50	\$8,341.71	-26%
Blue Shield	Bronze 60 PPO 6300/75 + Child Dental	PPO	10/10	\$5,201.08	\$3,214.85	\$8,415.93	-26%
Anthem BC	Bronze Select PPO 5000/30%/7150	PPO	10/10	\$5,215.58	\$3,223.81	\$8,439.39	-25%
United	Select Plus HSA Bronze 6500/0% (AK-RX)	PPO(HSA)	10/10	\$5,275.42	\$3,260.83	\$8,536.25	-24%
Anthem BC	Bronze PPO 6000/35%/7150	PPO	10/10	\$5,293.42	\$3,271.92	\$8,565.34	-24%
Blue Shield	Bronze 60 PPO 6300/75 + Child Dental INF	PPO	10/10	\$5,360.08	\$3,357.95	\$8,718.03	-23%
Anthem BC	Bronze PPO 5000/30%/7150	PPO	10/10	\$5,464.26	\$3,377.55	\$8,841.81	-22%
United	Core Silver 30/2000/30% (AK-SE)	PPO	10/10	\$5,512.97	\$3,407.63	\$8,920.60	-21%

Premium totals are broken down by employee, dependent and total in a vertical format so brokers can:

1. Analyze quoted plans compared to the current plan
2. Show all carriers and all plans in a few pages

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Employee Worksheet

Anthem Blue Cross Employee Worksheet

ABC Test Company

Employee 01	31	Employee/Spouse	90254		
All Plans (2 HMO Networks/1 PPO Network Max)		Cost to Employee			
Plan	Type	EE	EE/SP	EE/CH	EE/FAM
Gold PPO 500/20%/6500	PPO	\$0.00	\$516.90	N/A	N/A

Rate Based on: Anthem Blue Cross Employer Zip - 94597

Effective Date: Jun-01-2017

Employer Contribution - EE: 100% / Dep: 0%

Contribution Period: Monthly

This report doesn't include rider rates in the premium.

More suited for pre-ACA plans or grandfathered plans where rates were based on tier instead of age of enrolling dependents. Use "Employee Worksheet ACA" instead.

Employee Worksheet ACA

ER: 94597 (Contra Costa) EE: 90254 (Los Angeles)

Employee 01

Category	Plan Option 1 Anthem Blue Cross Gold HMO 25/20%/6600		Plan Option 2 Anthem Blue Cross Gold HMO 500/20%/6500		Plan Option 3 Anthem Blue Cross Gold PPO 500/20%/6500		Plan Option 4 Anthem Blue Cross Gold PPO 700/20%/6600	
	In Network	Out Network	In Network	Out Network	In Network	Out Network	In Network	Out Network
Individual Deductible	\$0	N/A	\$500	N/A	\$500	\$1,000	\$700	\$1,400
Family Deductible	\$0	N/A	\$1,500 (embedded)	N/A	\$1,500 (embedded)	\$2,000 (embedded)	\$2,100 (embedded)	\$2,800 (embedded)
Individual OOP Limit	\$6,600	N/A	\$6,500 (incl ded)	N/A	\$6,500 (incl ded)	\$13,000 (incl ded)	\$6,600 (incl ded)	\$13,200 (incl ded)
Family OOP Limit	\$13,200	N/A	\$13,000 (incl ded)	N/A	\$13,000 (incl ded)	\$26,000 (incl ded)	\$13,200 (incl ded)	\$26,400 (incl ded)
Co-insurance	20%	N/A	20%	N/A	20%	50%	20%	50%
PC/Specialist	\$25/\$50	N/A	\$30/\$60 ded waived	N/A	\$30/\$60 ded waived	50% after ded	\$20/\$40 ded waived	50% after ded
Inpatient Hospital	\$500/day; 4 days/admit	N/A	20% after ded	N/A	20% after ded	50% after ded; \$650 benefit max/day	20% after ded	50% after ded; \$650 benefit max/day
Outpatient Facility	\$250	N/A	20% after ded	N/A	20% after ded	50% after ded; \$380 benefit max/admit	20% after ded	50% after ded; \$380 benefit 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	\$25	N/A	\$25 ded waived	N/A	20% after ded	50% after ded	20% after ded	50% after ded
Emergency Room	\$250	N/A	\$250 + 20% after ded	N/A	\$250 + 20% after ded	Paid as in-network	\$250 + 20% ded waived	Paid as in-network
Urgent Care	\$50	N/A	\$50 ded waived	N/A	\$60 ded waived	50% after ded	\$40 ded waived	50% after ded
Rx Generic	\$5/\$15	N/A	\$5/\$20 ded waived	N/A	\$5/\$20 ded waived	Not covered	\$5/\$20 ded waived	Not covered
Rx Preferred	\$35	N/A	\$40 after \$250	N/A	\$40 after \$250	Not covered	\$40 after \$250	Not covered
Rx Non-Preferred	\$70	N/A	\$80 after \$250	N/A	\$80 after \$250	Not covered	\$80 after \$250	Not covered

Premium Breakdown

Total Monthly Cost

Employee 01 (31)	\$586.20	\$566.95	\$590.07	\$586.47
Spouse (33)	\$605.92	\$586.03	\$516.90	\$513.18
Total Monthly Premium	\$1,192.12	\$1,152.98	\$1,106.97	\$1,099.65
Employer Pays	\$842.79	\$823.54	\$843.06	\$843.06
Employee's Monthly Premium	\$349.33	\$329.44	\$263.91	\$256.59

Roll Over Contribution: No; Employer Monthly Contribution: 100% Employee, 50% Dependent; Base Plan = Anthem Blue Cross Gold PPO 700/20%/6600

New for ACA: illustrates an employee's individual and each dependent's cost for each plan being made available for enrollment. Displays costs based on employer contribution, contribution period and can also factor in rollover contributions. Can included benefits on the worksheet (above), full benefits after the worksheet, or not include them at all.

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
ABC Test Company by Mr. Broker on February 15, 2017	June 01, 2017	94597 (Contra Costa)	EE: 100% Dep: 0%

Table Rates

Zip:94597 (Contra Costa) 06/01/2017

Anthem Blue Cross

Region 5

Age

Gold PPO 500/20%/6500

0 -20	273.98
21 -21	431.47
22 -22	431.47
23 -23	431.47
24 -24	431.47
25 -25	433.20
26 -26	441.83
27 -27	452.18
28 -28	469.01
29 -29	482.81
30 -30	489.72
31 -31	500.07
32 -32	510.43
33 -33	516.90
34 -34	523.80
35 -35	527.26
36 -36	530.71
37 -37	534.16
38 -38	537.61
39 -39	544.52
40 -40	551.42
41 -41	561.77
42 -42	571.70
43 -43	585.50
44 -44	602.76
45 -45	623.04
46 -46	647.21
47 -47	674.39
48 -48	705.45
49 -49	736.09
50 -50	770.61
51 -51	804.69
52 -52	842.23
53 -53	880.20
54 -54	921.19
55 -55	962.18
56 -56	1006.62
57 -57	1051.49
58 -58	1099.39
59 -59	1123.12
60 -60	1171.01
61 -61	1212.43
62 -62	1239.61
63 -63	1273.70
64 -99	1294.41

This report doesn't include rider rates in the premium.

Illustrates a plan's rates for every age category in a specific rating region.

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Dual Choice Plan Summary

ABC Test Company

Effective June 01, 2017; Employer Contribution - EE: 100% Dep: 0%

		Current	Renewal	Option 3	Option 4
		HMO Option	HMO Option	HMO Option	HMO Option
Carrier		Anthem Blue Cross	Anthem Blue Cross	Aetna	Blue Shield
Plan Name		Gold HMO 500/20%/5000	Gold HMO 500/20%/6500	CA Gold HMO 20	Gold Access+ HMO® 500/35 OffEx
RAF		1.000	1.000	1.000	1.000
Deductible	In-Net	\$500	\$500	\$0	\$500
	Out-Net				
Copay	In-Net	\$30/\$60 ded waived	\$30/\$60 ded waived	\$20/\$50	\$35/\$55 ded waived
	Out-Net				
Out of Pocket	In-Net	\$5,000 (incl ded)	\$6,500 (incl ded)	\$7,000	\$5,600 (incl ded)
	Out-Net				
Hospital Copay	In-Net	20% after ded	20% after ded	\$750/day days 1-3	20% after ded
	Out-Net				
Rx Gen/Brand	In-Net	\$15 ded waived/\$40 after \$250	\$5/\$20 ded waived/\$40 after \$250	\$20 ded waived/\$60 after \$300	\$15 ded waived/\$30 ded waived
	Out-Net	/	/	/	/
HMO EE's Covered		6	6	6	6
HMO Option Total		\$8,506.15	\$8,467.53	\$9,149.13	\$9,206.72
HMO EE Cost		\$4,565.43	\$4,550.27	\$4,916.52	\$4,947.48
HMO Dep Cost		\$3,940.72	\$3,917.26	\$4,232.61	\$4,259.24
HMO ER Cost		\$4,565.43	\$4,550.27	\$4,916.52	\$4,947.48
		PPO Option	PPO Option	PPO Option	PPO Option
Carrier		Anthem Blue Cross	Anthem Blue Cross	Aetna	Blue Shield
Plan Name		Gold PPO 500/20%/4500	Gold PPO 500/20%/6500	CA Gold MC 0 Copay Plan	Gold Full PPO 250/30 OffEx
RAF		1.000	1.000	1.000	1.000
Deductible	In-Net	\$500	\$500	\$0	\$250
	Out-Net	\$1,000	\$1,000	\$1,000	\$500
Copay	In-Net	\$30/\$60 ded waived	\$30/\$60 ded waived	\$30/\$55	\$30/\$50 ded waived
	Out-Net	50% after ded	50% after ded	50% after ded	40% after ded
Out of Pocket	In-Net	\$4,500 (incl ded)	\$6,500 (incl ded)	\$6,750	\$6,800 (incl ded)
	Out-Net	\$9,000 (incl ded)	\$13,000 (incl ded)	\$13,500 (incl ded)	\$10,000 (incl ded)
Hospital Copay	In-Net	20% after ded	20% after ded	\$600/day days 1-5	20% after ded
	Out-Net	50% after ded; \$650 max/day	50% after ded; \$650 max/day	50% after ded	40% after ded; \$2,000 benefit max/day
Rx Gen/Brand	In-Net	\$15 ded waived / \$40 after \$250	\$5/\$20 ded waived / \$40 after \$250	\$15 / \$55	\$15 ded waived / \$40 ded waived
	Out-Net	50% ded waived / 50% after ded	Not covered / Not covered	Not covered / Not covered	Not covered / Not covered
PPO EE's Covered		4	4	4	4
PPO Option Total		\$3,741.75	\$3,646.77	\$4,028.95	\$4,138.75
PPO EE Cost		\$2,923.16	\$2,855.89	\$3,155.18	\$3,241.17
PPO Dep Cost		\$818.59	\$790.88	\$873.77	\$897.58
PPO ER Cost		\$2,923.16	\$2,855.89	\$3,155.18	\$3,241.17
Total EE's Covered		10/10	10/10	10/10	10/10
Total Cost		\$12,247.90	\$12,114.30	\$13,178.08	\$13,345.47
Change		N/A	-1%	8%	9%
Total EE Cost		\$7,488.59	\$7,406.16	\$8,071.70	\$8,188.65
Total Dep Cost		\$4,759.31	\$4,708.14	\$5,106.38	\$5,156.82
Total ER Cost		\$7,488.59	\$7,406.16	\$8,071.70	\$8,188.65

Also know as the Dual Option, this report displays the rate breakdown of actual enrollment for one (1) HMO and one (1) PPO in the same column; displays four (4) options per page. Additional option to include employee breakdown available.

quote prepared by an insurance carrier. Final benefits and rates must be based on insurance carrier confirmation and final enrollment.

Multi Choice Plan Summary

Multi Choice Plan Summary

Rates Effective June 01, 2017

ABC Test Company

Employer Contribution - EE: 100% Dep: 0%

	Current Plan	Renewal Plan	Option 1	Option 2	Option 3
	Anthem Blue Cross Gold HMO 500/20%/5000 (1.000) Kaiser Gold 80 HMO 0/35 (1.000) Anthem Blue Cross Gold PPO 500/20%/4500 (1.000)	Anthem Blue Cross Gold HMO 500/20%/6500 (1.000) Kaiser Gold 80 HMO 0/30 (1.000) Anthem Blue Cross Gold PPO 500/20%/6500 (1.000)	Aetna CA Gold HMO 20 Aetna CA Gold MC 0 Copay Plan Kaiser Gold 80 HMO 0/30	Blue Shield Gold Access+ HMO® 500/35 OffEx Blue Shield Gold Full PPO 250/30 OffEx Kaiser Gold 80 HMO 0/30	Health Net Full Network HMO Gold \$30 Health Net Gold 80 PPO 0/30 Kaiser Gold 80 HMO 0/30
EE's Included	10	10	10	10	10
EE Cost	\$6,804.22	\$6,794.73	\$7,319.63	\$7,424.69	\$7,536.29
Dep Cost	\$4,259.79	\$4,250.26	\$4,543.17	\$4,584.71	\$4,634.79
Total Cost	\$11,064.01	\$11,044.99	\$11,862.80	\$12,009.40	\$12,171.08
Employer Cost	\$6,804.22	\$6,794.73	\$7,319.63	\$7,424.69	\$7,536.29
Increase		(\$19.02)	\$798.79	\$945.39	\$1,107.07
Percentage Change		0%	7%	9%	10%

Also known as the Multi Option, this report displays total cost for employees and employer (in one column) when the group is offering multiple plans and/or multiple carriers. Employee breakdown would immediately follow this summary page. Up to three (3) options can be shown on one page in addition to the current/renewal, with up to seven (7) pages available.

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Final Rates

Employee Final Rates for ABC Test Company

Rates Effective June 01, 2017

Employer Contribution - EE: 100% Dep: 0%

Employee Information				Total Cost of Plan			Contribution Costs	
Name	Age	Status	Area OOA Plan	EE Cost	Dep Cost	Total	ER Cost	EE Cost
Employee 01	31	ES	5 CA Gold MC 0 Copay Plan	\$552.48		\$1,123.55	\$552.48	\$571.07
Spouse	33	SP			\$571.07			
Employee 02	43	EE	5 CA Gold MC 0 Copay Plan	\$646.86		\$646.86	\$646.86	\$0.00
Employee 03	46	EF	5 CA Gold HMO 20	\$792.82		\$2,625.83	\$792.82	\$1,833.01
Spouse	47	SP			\$826.12			
Child	16	CH			\$335.63			
Child	12	CH			\$335.63			
Child	12	CH			\$335.63			
Employee 04	50	ES	5 CA Gold HMO 20	\$943.98		\$1,929.72	\$943.98	\$985.74
Spouse	51	SP			\$985.74			
Employee 05	34	EE	5 CA Gold HMO 20	\$641.65		\$641.65	\$641.65	\$0.00
Employee 06	62	EE	5 CA Gold MC 0 Copay Plan	\$1,369.52		\$1,369.52	\$1,369.52	\$0.00
Employee 07	36	EC	5 CA Gold MC 0 Copay Plan	\$586.32		\$889.02	\$586.32	\$302.70
Child	4	CH			\$302.70			
Employee 08	36	EE	5 CA Gold HMO 20	\$650.11		\$650.11	\$650.11	\$0.00
Employee 09	26	EE	5 Gold 80 HMO 0/30	\$325.63		\$325.63	\$325.63	\$0.00
Employee 10	58	EF	5 Gold 80 HMO 0/30	\$810.26		\$1,660.91	\$810.26	\$850.65
Spouse	53	SP			\$648.72			
Child	19	CH			\$201.93			
Totals				\$7,319.63	\$4,543.17	\$11,862.80	\$7,319.63	\$4,543.17

Plans

Aetna CA Gold HMO 20
 Aetna CA Gold MC 0 Copay Plan
 Kaiser Gold 80 HMO 0/30
 Rollover Balance to Dep:No

Displays a specific Multi Choice option and breaks down employee and dependent rates with employer contributions.

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Dental Side-by-Side

ABC Test Company

Walnut Creek, Contra Costa, 94597 SIC:7372

Prepared by Mr. Broker

Effective June 01, 2017

	Anthem Blue Cross Bronze 100/80/50 Active 50/1000 MAC E&P Basic Ortho (2RK0) (5-50)		Anthem Blue Cross Gold 100/90/60 Active 50/1500 80th E&P Basic (2RJT) (5-50)		Anthem Blue Cross Platinum 100/90/60 Active 50/2000 90th E&P Basic Ortho (2RJN) (5-50)		Anthem Blue Cross Silver 100/80/50 Passive 50/1500 80th E&P Basic (2RJX) (5-50)	
	In Network	Out Network	In Network	Out Network	In Network	Out Network	In Network	Out Network
Net Reimbursement		MAC		80th percentile		90th percentile		80th percentile
Ind Deductible	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Fam Deductible	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150
Annual Maximum	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000	\$1,500	\$1,500
Preventive Paid At	100%	80%	100%	100%	100%	100%	100%	100%
Ded Waived for Prev	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basic Paid At	80% (Endo/Perio)	60% (Endo/Perio)	90% (Endo/Perio)	80% (Endo/Perio)	90% (Endo/Perio)	80% (Endo/Perio)	80% (Endo/Perio)	80% (Endo/Perio)
Major Paid At	50%	50%	60%	50%	60%	50%	50%	50%
Wait Period for Major	None	None	None	None	None	None	None	None
Ortho Copay - Child	50%	50%	Not covered	Not covered	50%	50%	Not covered	Not covered
Ortho Copay - Adult	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Ortho Wait	None	None	N/A	N/A	None	None	N/A	N/A
Ortho Annual Max	\$1,000	\$1,000	N/A	N/A	\$2,000	\$2,000	N/A	N/A
Ortho Lifetime Max	\$1,000	\$1,000	N/A	N/A	\$2,000	\$2,000	N/A	N/A

Monthly Premium: \$676.51

Monthly Premium: \$1138.82

Monthly Premium: \$1247.67

Monthly Premium: \$1041.83

Side by side comparison of up to four (4) plans with benefits and rates. Option to included employee rates below benefits, depending on group size, employee rates will show on the same page or the following page.

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Dental Plan Listing

ABC Test Company
Walnut Creek, Contra Costa, 94597
SIC:7372

Prepared by Mr. Broker
Effective June 01, 2017

Anthem Blue Cross - Gold 100/90/60 Active 50/1500 80th E&P Basic (2RJT) (5-50) EE's Included: 10/10 \$1,138.82

Employer Contribution - EE/Dep	Employer Cost	Employee Cost
100% / 0%	\$635.20	\$503.62

Employee Premium	Dependent Premium
\$635.20	\$503.62

Benefit	In Network	Out Network
Network Reimbursement Basis		80th percentile
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Annual Maximum	\$1,500	\$1,500
Preventive Paid At	100%	100%
Ded Waived for Prev	Yes	Yes
Basic Paid At	90% (Endo/Perio)	80% (Endo/Perio)
Major Paid At	60%	50%
Major Wait	None	None
Orthodontia Copay - Child	Not covered	Not covered
Orthodontia Copay - Adult	Not covered	Not covered
Orthodontia Wait	N/A	N/A
Orthodontia Annual Max	N/A	N/A
Orthodontia Lifetime Max	N/A	N/A

Name	Age	Dep Status	Zip	EE Rate	Dep Rate	Total Rate
Employee 01	31	Employee/Spouse	90254	\$63.52	\$66.07	\$129.59
Employee 02	43	Employee	94597	\$63.52	\$0.00	\$63.52
Employee 03	46	Family	94107	\$63.52	\$147.94	\$211.46
Employee 04	50	Employee/Spouse	94549	\$63.52	\$66.07	\$129.59
Employee 05	34	Employee	94109	\$63.52	\$0.00	\$63.52
Employee 06	62	Employee	94507	\$63.52	\$0.00	\$63.52
Employee 07	36	Employee/Child	94549	\$63.52	\$75.60	\$139.12
Employee 08	36	Employee	94550	\$63.52	\$0.00	\$63.52
Employee 09	26	Employee	94597	\$63.52	\$0.00	\$63.52
Employee 10	58	Family	94513	\$63.52	\$147.94	\$211.46

Table Rates

Gold 100/90/60 Active 50/1500 80th E&P Basic **Eff Date:06/01/2017** **Zip:94597**
(2RJT)

Employee	Employee/Spouse	Employee/Child	Employee/Children	Family
\$63.52	\$129.59	\$139.12	\$139.12	\$211.46

Single page summary of plan and rates. Option to "Include Dental Table Rates" available.

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Dental Cost Comparison

ABC Test Company

Rates Effective Jun 01, 2017
SIC: 7372

Employer Contribution - EE: 100% Dep: 0%
Zip: 94597 County: Contra Costa

Proposed Plan Information						
Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total
Anthem Blue Cross	Dental Net 2000A	DHMO	10/10	\$140.00	\$106.00	\$246.00
Anthem Blue Cross	Dental Net Voluntary 2000A	DHMO	10/10	\$150.00	\$115.00	\$265.00
Anthem Blue Cross	Dental Net 2000B	DHMO	10/10	\$170.00	\$129.00	\$299.00
Anthem Blue Cross	Dental Net Voluntary 2000B	DHMO	10/10	\$190.00	\$148.00	\$338.00
Anthem Blue Cross	Dental Net 2000C	DHMO	10/10	\$200.00	\$155.00	\$355.00
Anthem Blue Cross	Dental Net Voluntary 2000C	DHMO	10/10	\$230.00	\$168.00	\$398.00
Anthem Blue Cross	Bronze 100/80/50 Active 50/1000 MAC E&P Basic (2RK1)	PPO	10/10	\$364.30	\$289.98	\$654.28
Anthem Blue Cross	Bronze 100/80/50 Active 50/1000 MAC E&P Basic Ortho (2RK0)	PPO	10/10	\$364.30	\$312.21	\$676.51
Anthem Blue Cross	Bronze Vol 100/80/50 Active 50/1000 MAC E&P Basic (2RK3)	PPO	10/10	\$406.40	\$306.03	\$712.43
Anthem Blue Cross	Bronze Vol 100/80/50 Active 50/1000 MAC E&P Basic Ortho (2RK2)	PPO	10/10	\$406.40	\$326.94	\$733.34
Anthem Blue Cross	Silver 100/80/50 Passive 50/1500 80th E&P Basic (2RJX)	PPO	10/10	\$579.90	\$461.93	\$1,041.83
Anthem Blue Cross	Silver 100/80/50 Passive 50/1500 80th E&P Basic Ortho (2RJW)	PPO	10/10	\$579.90	\$491.83	\$1,071.73
Anthem Blue Cross	Silver Vol 100/80/50 Passive 50/1500 80th E&P Basic (2RJZ)	PPO	10/10	\$646.80	\$487.52	\$1,134.32
Anthem Blue Cross	Gold 100/90/60 Active 50/1500 80th E&P Basic (2RJT)	PPO	10/10	\$635.20	\$503.62	\$1,138.82
Anthem Blue Cross	Silver Vol 100/80/50 Passive 50/1500 80th E&P Basic Ortho (2RJY)	PPO	10/10	\$646.80	\$515.68	\$1,162.48
Anthem Blue Cross	Gold 100/90/60 Active 50/1500 80th E&P Basic Ortho (2RJS)	PPO	10/10	\$635.20	\$533.54	\$1,168.74
Anthem Blue Cross	Platinum 100/90/60 Active 50/2000 90th E&P Basic (2RJP)	PPO	10/10	\$676.50	\$536.26	\$1,212.76
Anthem Blue Cross	Gold Vol 100/90/60 Active 50/1500 80th E&P Basic (2RJV)	PPO	10/10	\$708.50	\$531.52	\$1,240.02
Anthem Blue Cross	Platinum 100/90/60 Active 50/2000 90th E&P Basic Ortho (2RJN)	PPO	10/10	\$676.50	\$571.17	\$1,247.67
Anthem Blue Cross	Gold Vol 100/90/60 Active 50/1500 80th E&P Basic Ortho (2RJU)	PPO	10/10	\$708.50	\$559.66	\$1,268.16
Anthem Blue Cross	Platinum Vol 100/90/60 Active 50/2000 90th E&P Basic (2RJR)	PPO	10/10	\$754.50	\$566.01	\$1,320.51
Anthem Blue Cross	Platinum Vol 100/90/60 Active 50/2000 90th E&P Basic Ortho (2RJQ)	PPO	10/10	\$754.50	\$598.87	\$1,353.37

*Dental Cost Comp is for actual group sizes only.

Premium totals are broken down by employee, dependent and total in a vertical format to easily compare plans.

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Employee Dental Elect

Anthem Blue Cross Elect Dental

ABC Test Company

Employee 01	31	Employee/Spouse			90254	
Blue Cross Prime & Complete w/Prior Coverage		Cost to Employee				
Plan	Type	EE	EE/SP	EE/CH	EE/CHRN	FAM
Dental Net 2000C	DHMO	\$0.00	\$21.00	\$21.00	\$46.00	\$46.00

Rate Based on Employer Zip - 94597
Effective Date: Jun-01-2017 , SIC:7372
Employer Contribution - EE: 100%
Employer Contribution - Dep: 0%
Contribution Period: Monthly

Employee dental worksheets. Displays costs based on employer contribution, contribution period and can also factor in rollover contributions.

Dental Underwriting Guidelines

Anthem Blue Cross

This list is meant to be informative and is not intended to be all-inclusive. Other policies and guidelines may apply.

Group Size	DHMO and DPPO products are available to groups with a minimum of 2 enrolled employees. Voluntary Dental is available to groups of 5-100 that have a minimum participation of 5 enrolled employees. Ortho plans are available for 10-100 eligible employees.
Contribution	A minimum of 50% of employee's monthly premium if Traditional Contribution is chosen. Otherwise, a Defined Contribution of \$15 or more per employee is required. Voluntary Dental Plans are intended to be 100% employee-paid. There are no employer contribution requirements for these plans.
Participation	DHMO: 2-4 enrolled: 50%; 5-100 enrolled: 30%. PPO: 2-4 enrolled: 50%; 5-100 enrolled: 30%. For voluntary dental, there is a minimum of 5 enrolled. Participation level is calculated based on [number of employees enrolled] divided by [the number of eligible employees less the qualified waived employees (those with coverage elsewhere)].
Dual Choice	A dual option is available with at least 10 eligible employees. A minimum of 2 employees must enroll in each option and the two dental plans offered must have at least 20% premium differential. Dual option is also available for Voluntary dental plans. A minimum of 5 employees must enroll in each Voluntary plan (one Voluntary DHMO & one Voluntary DPPO).
General	Proof of 12 months of prior comparable coverage affects the PPO Dental rates.

Provides detailed underwriting guidelines per carrier.

Life and AD&D Proposal

ABC Test Company
Walnut Creek, Contra Costa, 94597

Prepared by Mr. Broker
Effective June 01, 2017

Anthem Blue Cross (Existing Groups) Coverage: \$25,000					Group Monthly Premium : \$122.50
Employee Name	Gender	Age	Benefit	Life per \$1000	Monthly Premium
Employee 01	M	31	\$25,000	\$0.49	\$12.25
Employee 02	F	43	\$25,000	\$0.49	\$12.25
Employee 03	M	46	\$25,000	\$0.49	\$12.25
Employee 04	F	50	\$25,000	\$0.49	\$12.25
Employee 05	M	34	\$25,000	\$0.49	\$12.25
Employee 06	M	62	\$25,000	\$0.49	\$12.25
Employee 07	F	36	\$25,000	\$0.49	\$12.25
Employee 08	M	36	\$25,000	\$0.49	\$12.25
Employee 09	F	26	\$25,000	\$0.49	\$12.25
Employee 10	M	58	\$25,000	\$0.49	\$12.25

Total Volume: \$250,000

The insurance volumes quoted may not be available to all group sizes. Please verify availability using the Life Underwriting Guidelines. Effective 4/1/2013 Anthem offers lower rates for new business group sizes 2-9 and applies composite rates starting at 10 lives. Rates for existing group sizes 2-9 remain the same.

Anthem Blue Cross (Existing Groups) Coverage: \$30,000					Group Monthly Premium : \$147.00
Employee Name	Gender	Age	Benefit	Life per \$1000	Monthly Premium
Employee 01	M	31	\$30,000	\$0.49	\$14.70
Employee 02	F	43	\$30,000	\$0.49	\$14.70
Employee 03	M	46	\$30,000	\$0.49	\$14.70
Employee 04	F	50	\$30,000	\$0.49	\$14.70
Employee 05	M	34	\$30,000	\$0.49	\$14.70
Employee 06	M	62	\$30,000	\$0.49	\$14.70
Employee 07	F	36	\$30,000	\$0.49	\$14.70
Employee 08	M	36	\$30,000	\$0.49	\$14.70
Employee 09	F	26	\$30,000	\$0.49	\$14.70
Employee 10	M	58	\$30,000	\$0.49	\$14.70

Total Volume: \$300,000

The insurance volumes quoted may not be available to all group sizes. Please verify availability using the Life Underwriting Guidelines. Effective 4/1/2013 Anthem offers lower rates for new business group sizes 2-9 and applies composite rates starting at 10 lives. Rates for existing group sizes 2-9 remain the same.

Displays benefit amount and per unit rates along with employee rates and group total.

Life Underwriting Guidelines

Anthem Blue Cross (Existing Groups)

This list is meant to be informative and is not intended to be all-inclusive. Other policies and guidelines may apply.

Group Size	Term Life and AD&D available to groups of 2-100 eligible employees. Composite rates for all new groups of 10 + enrolling employees effective 4/1/2013. Effective 4/1/2013 Anthem offers lower rates for new business group sizes 2-9; Rates for existing group sizes 2-9 remain the same.
General	Flat dollar amounts from \$25,000 to \$350,000 for groups of 10-100. Groups of 2-9 may offer \$25,000, \$30,000 or \$50,000. Coverage is guaranteed issued up to \$30,000 to groups with 2-9 eligible employees and \$100,000 for groups of 10+ eligible employees. Groups electing to offer more than the guaranteed issue amounts are subject to medical underwriting.
Participation	A minimum of 75% eligible employee participation is required (100% if non-contributory).
Contribution	Employer must contribute at least 25% of the employee's Basic Term Life premiums. If the employer pays 100% of the coverage cost, all eligible employees must enroll.

Provides detailed underwriting guidelines per carrier.

Group Vision Proposal

ABC Test Company
Walnut Creek, Contra Costa, 94597

Prepared by Mr. Broker
Effective June 01, 2017

Anthem Blue Cross - Blue View A1-10.0 **Group Monthly Premium: \$192.25**

Benefit	In-Network	Out-Network
Eye Exam	\$10 copay (Every 12 months)	\$42 allowance (Every 12 months)
Lenses (Single Vision)	\$0 copay (Every 12 months)	\$40 allowance (Every 12 months)
Lenses (Bifocal)	\$0 copay (Every 12 months)	\$60 allowance (Every 12 months)
Frame	\$130 allowance (Every 12 months); 20% off remaining balance	\$45 allowance (Every 12 months)
Contact Lenses (Conventional)	\$130 allowance (Every 12 months); 15% off remaining balance	\$92 allowance (Every 12 months)
Contact Lenses (Disposable)	\$130 allowance (Every 12 months)	\$92 allowance (Every 12 months)

Name	Age	Status	Zip	EE Rate	Dep rate	TotalRate
Employee Employee 01	31	ES	90254	\$12.69	\$8.88	\$21.57
Employee Employee 02	43	EE	94597	\$12.69	\$0.00	\$12.69
Employee Employee 03	46	EF	94107	\$12.69	\$19.86	\$32.55
Employee Employee 04	50	ES	94549	\$12.69	\$8.88	\$21.57
Employee Employee 05	34	EE	94109	\$12.69	\$0.00	\$12.69
Employee Employee 06	62	EE	94507	\$12.69	\$0.00	\$12.69
Employee Employee 07	36	EC	94549	\$12.69	\$7.87	\$20.56
Employee Employee 08	36	EE	94550	\$12.69	\$0.00	\$12.69
Employee Employee 09	26	EE	94597	\$12.69	\$0.00	\$12.69
Employee Employee 10	58	EF	94513	\$12.69	\$19.86	\$32.55

Displays basic benefit information, employee and dependent rates as well as group total.

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.

Vision Underwriting Guidelines

Anthem Blue Cross

This list is meant to be informative and is not intended to be all-inclusive. Other policies and guidelines may apply.

General	No benefit waiting period. No rating areas. Eligible for CalCobra and Cobra. Available stand alone. Mid-year rate changes could occur due to changes in an employee's age, dependent status or zip code.
Group Size	For groups of 1-100 employees. Voluntary vision plans are available for 10-100 employees.
Contribution	Contribution levels start as low as 50% per employee.
Participation	2-4 enrolled: 50%; 5-100 enrolled: 30%.

Provides detailed underwriting guidelines per carrier.

Footnotes

Aetna

*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.

*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.

*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.

*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

*The 2016 plan designs are still PENDING REGULATORY APPROVAL.

*All Medical and Dental Plans and Rates are subject to Regulatory Review and/or Approval.

*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 SBC's, go to <https://sbc.anthem.com/>.

*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).

*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 Connect's 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 the Employer. Rating regions can be referenced in the rate guide Final rates are set by Anthem Blue Cross.

*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.

Blue Shield

*Blue Shield currently has a billing system glitch when a new hire is added mid-year. The rate that the system assigns the member is based on the group effective date or previous renewal date instead of the age at time of enrollment. They are working to correct this error and hope to have it resolved this year. The correct rate should be based on the employees age at time of enrollment; however, due to the system issue, the incorrect lower rate is being charged.

*The 2016 plan designs are still PENDING REGULATORY APPROVAL.

*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.

*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.

Includes specific rules and considerations for each carrier. These are in addition to the "Underwriting Guidelines."