

Detalles De Empleado ACA

Detalles De Empleado - Sara Jackson

ER: 92101 (San Diego) EE: 94597 (Contra Costa)

Categoría	Opcion 1		Opcion 2		Opcion 3		Opcion 4	
	Anthem Blue Cross		Anthem Blue Cross		Anthem Blue Cross		Anthem Blue Cross	
	Silver HMO 55 9B2Y		Bronze PPO 40/6200/40% 9KG2		Gold HMO 30 9KFX		Platinum HMO 0/20 9KF7	
	De La Red	Fuera de Red	De La Red	Fuera de Red	De La Red	Fuera de Red	De La Red	Fuera de Red
Deducible Individual	\$0	N/A	\$6,200	\$12,400	\$0	N/A	\$0	N/A
Deducible Familiar	\$0	N/A	\$12,400 (embedded)	\$24,800 (embedded)	\$0	N/A	\$0	N/A
Gasto Maximo De Bolsillo Individual	\$9,200	N/A	\$8,700 (incl ded)	\$17,400 (incl ded)	\$7,500	N/A	\$1,900	N/A
Gasto Maximo De Bolsillo Familiar	\$18,400	N/A	\$17,400 (incl ded)	\$34,800 (incl ded)	\$15,000	N/A	\$3,800	N/A
Coseguro	0%	N/A	40%	50%	0%	N/A	0%	N/A
Consultas Atencion Primaria/Especialista	\$55/\$110	N/A	\$40/\$80 after ded	50% after ded	\$30/\$60	N/A	\$20/\$40	N/A
Paciente Internado	\$750/day; 5 days/admit	N/A	40% after ded	50% after ded; \$650 benefit max/day	\$600/day; 4 days/admit	N/A	\$500/admit	N/A
Centro Ambulatorio	\$550/\$600 (ASC/Hospital)	N/A	\$50 + 40% after ded/\$250 + 40% after ded (ASC/Hospital)	50% after ded; \$380 benefit max/admit	\$300/\$450 (ASC/Hospital)	N/A	\$100/\$150 (ASC/Hospital)	N/A
Cirugía Ambulatoria	No charge	N/A	40% after ded	50% after ded	No charge	N/A	No charge	N/A
Laboratorio/Radiografias	Lab-No charge (FS)/\$40 (Office)/\$55 (OP Hosp); X-ray-\$40 (FS & Office)/\$90 (OP Hosp)	N/A	Lab-No charge (FS)/40% after ded (Office & OP Hosp); X-ray-40% after ded	50% after ded	Lab-No charge (FS)/\$15 (Office)/\$25 (OP Hosp); X-ray-\$15 (FS & Office)/\$45 (OP Hosp)	N/A	Lab-No charge (FS)/\$10 (Office)/\$15 (OP Hosp); X-ray-\$10 (FS & Office)/\$30 (OP Hosp)	N/A
Sala De Emergencia	\$500	N/A	\$250 + 40% after ded	Paid as in-network	\$325	N/A	\$250	N/A
Consultas Atencion Urgente	\$55	N/A	\$40 after ded	50% after ded	\$30	N/A	\$20	N/A
Medicamentos Nivel 1	\$20/\$30 ded waived	N/A	\$20 ded waived	Not covered	\$10/\$20	N/A	\$5/\$15	N/A
Medicamentos Nivel 2	\$95/\$105 after \$400	N/A	\$80/\$90 after ded	Not covered	\$50/\$60	N/A	\$20/\$30	N/A
Medicamentos Nivel 3	\$150/\$160 after \$400	N/A	\$120/\$130 after ded	Not covered	\$90/\$100	N/A	\$50/\$60	N/A

Prima por empleado

Costo Mensual Total

Sara Jackson (01/01/80)	\$512.13	\$517.26	\$584.60	\$654.44
Miles Jackson (01/01/11)	\$288.71	\$291.60	\$329.56	\$368.94
Costo Total Mensual	\$800.84	\$808.86	\$914.16	\$1,023.38
Costo Mensual Empleador	\$663.06	\$663.06	\$663.06	\$663.06
Costo Mensual Empleado	\$137.78	\$145.80	\$251.10	\$360.32

Contribucion reinvertida: Si; Contribucion Mensual del Empleador: 100% Empleado, 50% Dependiente; Basado En Plan = Anthem Blue Cross Bronze PPO 40/6200/40% 9KG2

Fecha de inscripcion de nuevos empleados: 10-01-2023 Tarifas de Anthem Blue Cross basadas en: fechas de inscripcion de empleados

El sistema mostrara solo aquellos dependientes utilizados para calcular las tarifas del plan segun las guias de la ACA.