

## Cost Comparison

## Cost Comparison

## Test EE Worksheets

Rates Effective June 01, 2014

Employer Contribution - EE: 80% Dep: 60%

## Proposed Plan Information

Carrier	Plan	Type	Incl	EE Prem	Dep Prem	Total
Health Net	Bronze PPO \$60/\$5000	PPO	5/5	\$1,487.85	\$2,374.85	\$3,862.70
Health Net	Bronze PPO \$60/\$5000 w/Infertility	PPO	5/5	\$1,516.05	\$2,436.89	\$3,952.94
Health Net	WholeCare HMO Gold \$45	HMO	5/5	\$2,330.01	\$3,800.70	\$6,130.71*
Health Net	WholeCare HMO Gold \$35	HMO	5/5	\$2,480.74	\$4,046.23	\$6,526.97*

\*Rider rates are included in the premium. To view rider benefits, please attach a Rider report to your proposal.

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Test EE Worksheets  
(Sample Only) B & P Staff

Effective Date: 06-01-14  
Beere & Purves, Inc.

Run Date: 05-14-2014 #40441  
License: TBD

**Group Medical Proposal**

**Prepared For:** Test EE Worksheets  
**Prepared By:** (Sample Only) B & P Staff

**Prepared On:** May 14, 2014  
**Effective Date:** June 01, 2014

**Employer Contribution**  
**EE: 80% Dep: 60%**

**Plan Grid**

Health Net	HMO	WholeCare HMO Gold \$35				EE's Included: 5/5		\$6,526.97
	<u>Ded</u>	<u>Colns</u>	<u>Copay</u>	<u>OOP Ind</u>	<u>OOP Fam</u>	<u>Hospital</u>	<u>Rx Gen</u>	<u>Rx Preferred</u>
	\$0	N/A	\$35/\$50	\$5,000	\$10,000	\$700/day; max 5	\$20	\$35 after \$200
Health Net	HMO	WholeCare HMO Gold \$45				EE's Included: 5/5		\$6,130.71
	<u>Ded</u>	<u>Colns</u>	<u>Copay</u>	<u>OOP Ind</u>	<u>OOP Fam</u>	<u>Hospital</u>	<u>Rx Gen</u>	<u>Rx Preferred</u>
	\$0	N/A	\$45/\$60	\$6,000	\$12,000	\$800/day; max 5	\$20	\$35 after \$250
Health Net	PPO	Bronze PPO \$60/\$5000				EE's Included: 5/5		\$3,862.70
	<u>Ded</u>	<u>Colns</u>	<u>Copay</u>	<u>OOP Ind</u>	<u>OOP Fam</u>	<u>Hospital</u>	<u>Rx Gen</u>	<u>Rx Preferred</u>
<b>In-Net:</b>	\$5,000	30%	\$60 (ded waived 1st 3 visits)/\$70	\$6,350	\$12,700	30%	\$19	\$50
<b>Out-Net:</b>	\$10,000	50%	50%	\$12,700	\$25,400	50%	N/A	N/A
Health Net	PPO	Bronze PPO \$60/\$5000 w/Infertility				EE's Included: 5/5		\$3,952.94
	<u>Ded</u>	<u>Colns</u>	<u>Copay</u>	<u>OOP Ind</u>	<u>OOP Fam</u>	<u>Hospital</u>	<u>Rx Gen</u>	<u>Rx Preferred</u>
<b>In-Net:</b>	\$5,000	30%	\$60 (ded waived 1st 3 visits)/\$70	\$6,350	\$12,700	30%	\$19	\$50
<b>Out-Net:</b>	\$10,000	50%	50%	\$12,700	\$25,400	50%	N/A	N/A

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## Side By Side Comparison

## Test EE Worksheets

Effective June 01, 2014

	 <b>Health Net</b> <b>HMO</b> <b>WholeCare HMO Gold \$35</b>	 <b>Health Net</b> <b>HMO</b> <b>WholeCare HMO Gold \$45</b>	 <b>Health Net</b> <b>PPO</b> <b>Bronze PPO \$60/\$5000</b>	 <b>Health Net</b> <b>PPO</b> <b>Bronze PPO \$60/\$5000 w/Infertility</b>
<b>Deductible</b> In Net	\$0	\$0	\$5,000	\$5,000
Out Net	N/A	N/A	\$10,000	\$10,000
<b>PC/Specialist</b> In Net	\$35/\$50	\$45/\$60	\$60 (ded waived 1st 3 visits)/\$70	\$60 (ded waived 1st 3 visits)/\$70
Out Net	N/A	N/A	50%	50%
<b>Co-Insurance</b> In Net	N/A	N/A	30%	30%
Out Net	N/A	N/A	50%	50%
<b>OOP Limit</b> In Net	\$5,000	\$6,000	\$6,350	\$6,350
Out Net	N/A	N/A	\$12,700	\$12,700
<b>Inpatient Hospital</b> In Net	\$700/day; max 5	\$800/day; max 5	30%	30%
Out Net	N/A	N/A	50%	50%
<b>Rx Generic</b> In Net	\$20	\$20	\$19	\$19
Out Net	N/A	N/A	N/A	N/A
<b>Rx Preferred</b> In Net	\$35 after \$200	\$35 after \$250	\$50	\$50
Out Net	N/A	N/A	N/A	N/A
<b>Rx Non-Preferred</b> In Net	\$60 after \$200	\$60 after \$250	\$75	\$75
Out Net	N/A	N/A	N/A	N/A
<b>Riders Included</b>	Chiropractic	Chiropractic	Chiropractic	Chiropractic
<b>RAF</b>	<b>1.000</b>	<b>1.000</b>	<b>1.000</b>	<b>1.000</b>
<b>EE's Included</b>	<b>5/5</b>	<b>5/5</b>	<b>5/5</b>	<b>5/5</b>
<b>EE Cost</b>	<b>\$2,480.74</b>	<b>\$2,330.01</b>	<b>\$1,487.85</b>	<b>\$1,516.05</b>
<b>Dep Cost</b>	<b>\$4,046.23</b>	<b>\$3,800.70</b>	<b>\$2,374.85</b>	<b>\$2,436.89</b>
<b>Rider Cost (Incl)</b>	<b>\$29.28</b>	<b>\$29.28</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total</b>	<b>\$6,526.97</b>	<b>\$6,130.71</b>	<b>\$3,862.70</b>	<b>\$3,952.94</b>
<b>ER Total</b>	<b>\$4,412.33</b>	<b>\$4,144.43</b>	<b>\$2,615.19</b>	<b>\$2,674.97</b>

\* Unless stated "ded waived", the service is subject to the deductible.

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Test EE Worksheets

(Sample Only) B &amp; P Staff

Effective Date: 06-01-14

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Run Date: 05-14-2014 #40441

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## Side By Side Detail

## Test EE Worksheets

Prepared by (Sample Only) B &amp; P Staff

San Francisco, San Francisco, 94105

Effective June 01, 2014

	Health Net WholeCare HMO Gold \$35		Health Net WholeCare HMO Gold \$45		Health Net Bronze PPO \$60/\$5000	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$0		\$0		\$5,000	\$10,000
Family Deductible	\$0		\$0		\$10,000	\$20,000
Individual OOP Limit	\$5,000		\$6,000		\$6,350	\$12,700
Family OOP Limit	\$10,000		\$12,000		\$12,700	\$25,400
PC/Specialist	\$35/\$50		\$45/\$60		\$60 (ded waived 1st 3 visits)/\$70 after ded	50% after ded
Lab/X-Ray	\$20		\$25		30% after ded	50% after ded
Inpatient Hospital	\$700/day; max 5 days		\$800/day; max 5 days		30% after ded	50% after ded
Outpatient Facility	\$700		\$800		30% after ded	50% after ded
Emergency Room	\$150 (waived if admitted)		\$250 (waived if admitted)		\$300 (waived if admitted) after ded	\$300 (waived if admitted) after ded
Rx Generic	\$20		\$25		\$19 after ded	Not covered
Rx Preferred	\$35 after \$200		\$35 after \$250		\$50 after ded	Not covered
Optional Rider(s)	Chiropractic		Chiropractic		Chiropractic	
RAF	1.000		1.000		1.000	
EE's Included	5/5		5/5		5/5	
EE Cost	\$2,480.74		\$2,330.01		\$1,487.85	
Dep Cost	\$4,046.23		\$3,800.70		\$2,374.85	
Rider Cost (Incl)	\$29.28		\$29.28		\$0.00	
Total	\$6,526.97		\$6,130.71		\$3,862.70	
ER Total	\$4,412.33		\$4,144.43		\$2,615.19	

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Effective Date: 06-01-14

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(Sample Only) B &amp; P Staff

Beere &amp; Purves, Inc.

License: TBD

## Side By Side Detail

## Test EE Worksheets

Prepared by (Sample Only) B &amp; P Staff

San Francisco, San Francisco, 94105

Effective June 01, 2014

	Health Net					
	Bronze PPO \$60/\$5000 w/Infertility					
	In Network	Out of Network				
Individual Deductible	\$5,000	\$10,000				
Family Deductible	\$10,000	\$20,000				
Individual OOP Limit	\$6,350	\$12,700				
Family OOP Limit	\$12,700	\$25,400				
PC/Specialist	\$60 (ded waived 1st 3 visits)/\$70 after ded	50% after ded				
Lab/X-Ray	30% after ded	50% after ded				
Inpatient Hospital	30% after ded	50% after ded				
Outpatient Facility	30% after ded	50% after ded				
Emergency Room	\$300 (waived if admitted) after ded	\$300 (waived if admitted) after ded				
Rx Generic	\$19 after ded	Not covered				
Rx Preferred	\$50 after ded	Not covered				
Optional Rider(s)	Chiropractic					
RAF	1.000					
EE's Included	5/5					
EE Cost	\$1,516.05					
Dep Cost	\$2,436.89					
Rider Cost (Incl)	\$0.00					
Total	\$3,952.94					
ER Total	\$2,674.97					

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Effective Date: 06-01-14

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**Group Medical Proposal**

**Prepared For:** Test EE Worksheets  
**Prepared By:** (Sample Only) B & P Staff

**Prepared On:** May 14, 2014  
**Effective Date:** June 01, 2014

**Employer Contribution**  
**EE: 80% Dep: 60%**

**Employee Rate Breakdown**

Health Net	HMO	WholeCare HMO Gold \$35			EE's Included: 5/5		\$6,526.97
<u>Ded</u>	<u>Colns</u>	<u>Copay</u>	<u>OOP Ind</u>	<u>OOP Fam</u>	<u>Hospital</u>	<u>Rx Gen</u>	<u>Rx Preferred</u>
\$0	N/A	\$35/\$50	\$5,000	\$10,000	\$700/day; max 5	\$20	\$35 after \$200

**Employee Rate Breakdown**

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Amy	20	EE	94105	4	\$260.54	\$0.00	\$260.54	\$52.11	\$208.43
Bob	30	EE/SP	95135	7	\$423.24	\$441.06	\$864.30	\$261.07	\$603.23
Cathy	40	EE/CH	94612	6	\$555.18	\$830.31	\$1385.49	\$443.16	\$942.33
David	50	FAM	94558	2	\$832.41	\$2,120.49	\$2952.90	\$1,014.68	\$1,938.22
Warner, Match	26	EE/CH	94404	8	\$409.37	\$654.37	\$1063.74	\$343.62	\$720.12
<b>Totals</b>					<b>\$2,480.74</b>	<b>\$4,046.23</b>	<b>\$6,526.97</b>	<b>\$2,114.64</b>	<b>\$4,412.33</b>

Health Net	HMO	WholeCare HMO Gold \$45			EE's Included: 5/5		\$6,130.71
<u>Ded</u>	<u>Colns</u>	<u>Copay</u>	<u>OOP Ind</u>	<u>OOP Fam</u>	<u>Hospital</u>	<u>Rx Gen</u>	<u>Rx Preferred</u>
\$0	N/A	\$45/\$60	\$6,000	\$12,000	\$800/day; max 5	\$20	\$35 after \$250

**Employee Rate Breakdown**

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Amy	20	EE	94105	4	\$244.76	\$0.00	\$244.76	\$48.95	\$195.81
Bob	30	EE/SP	95135	7	\$397.54	\$414.28	\$811.82	\$245.22	\$566.60
Cathy	40	EE/CH	94612	6	\$521.43	\$780.00	\$1301.43	\$416.29	\$885.14
David	50	FAM	94558	2	\$781.76	\$1,991.73	\$2773.49	\$953.04	\$1,820.45
Warner, Match	26	EE/CH	94404	8	\$384.52	\$614.69	\$999.21	\$322.78	\$676.43
<b>Totals</b>					<b>\$2,330.01</b>	<b>\$3,800.70</b>	<b>\$6,130.71</b>	<b>\$1,986.28</b>	<b>\$4,144.43</b>

Health Net	PPO	Bronze PPO \$60/\$5000			EE's Included: 5/5		\$3,862.70
<u>Ded</u>	<u>Colns</u>	<u>Copay</u>	<u>OOP Ind</u>	<u>OOP Fam</u>	<u>Hospital</u>	<u>Rx Gen</u>	<u>Rx Preferred</u>
<b>In-Net:</b> \$5,000	30%	\$60 (ded waived 1st 3 visits)/\$70	\$6,350	\$12,700	30%	\$19	\$50
<b>Out-Net:</b> \$10,000	50%	50%	\$12,700	\$25,400	50%	N/A	N/A

**Employee Rate Breakdown**

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Amy	20	EE	94105	4	\$166.19	\$0.00	\$166.19	\$33.24	\$132.95
Bob	30	EE/SP	95135	7	\$270.10	\$281.52	\$551.62	\$166.63	\$384.99
Cathy	40	EE/CH	94612	6	\$309.00	\$460.59	\$769.59	\$246.04	\$523.55
David	50	FAM	94558	2	\$472.97	\$1,202.28	\$1675.25	\$575.51	\$1,099.74
Warner, Match	26	EE/CH	94404	8	\$269.59	\$430.46	\$700.05	\$226.10	\$473.95
<b>Totals</b>					<b>\$1,487.85</b>	<b>\$2,374.85</b>	<b>\$3,862.70</b>	<b>\$1,247.51</b>	<b>\$2,615.19</b>

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**Group Medical Proposal**

**Prepared For:** Test EE Worksheets  
**Prepared By:** (Sample Only) B & P Staff

**Prepared On:** May 14, 2014  
**Effective Date:** June 01, 2014

**Employer Contribution**  
**EE: 80% Dep: 60%**

**Employee Rate Breakdown**

Health Net	PPO	Bronze PPO \$60/\$5000 w/Infertility				EE's Included: 5/5	\$3,952.94	
	<u>Ded</u>	<u>Coins</u>	<u>Copay</u>	<u>OOP Ind</u>	<u>OOP Fam</u>	<u>Hospital</u>	<u>Rx Gen</u>	<u>Rx Preferred</u>
<b>In-Net:</b>	\$5,000	30%	\$60 (ded waived 1st 3 visits)/\$70	\$6,350	\$12,700	30%	\$19	\$50
<b>Out-Net:</b>	\$10,000	50%	50%	\$12,700	\$25,400	50%	N/A	N/A

**Employee Rate Breakdown**

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Amy	20	EE	94105	4	\$171.83	\$0.00	\$171.83	\$34.37	\$137.46
Bob	30	EE/SP	95135	7	\$275.74	\$287.16	\$562.90	\$170.01	\$392.89
Cathy	40	EE/CH	94612	6	\$314.64	\$477.51	\$792.15	\$253.93	\$538.22
David	50	FAM	94558	2	\$478.61	\$1,230.48	\$1709.09	\$587.91	\$1,121.18
Warner, Match	26	EE/CH	94404	8	\$275.23	\$441.74	\$716.97	\$231.74	\$485.23
<b>Totals</b>					<b>\$1,516.05</b>	<b>\$2,436.89</b>	<b>\$3,952.94</b>	<b>\$1,277.97</b>	<b>\$2,674.97</b>

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Prepared On: May 14, 2014

Employer Contribution

Prepared By: (Sample Only) B &amp; P Staff

Effective Date: June 01, 2014

EE: 80% Dep: 60%

**Employee Rate Side by Side**

	Health Net HMO WholeCare HMO Gold \$35	Health Net HMO WholeCare HMO Gold \$45	Health Net PPO Bronze PPO \$60/\$5000	Health Net PPO Bronze PPO \$60/\$5000 w/Infertility
<b>Deductible</b> In Net	\$0	\$0	\$5,000	\$5,000
Out Net	N/A	N/A	\$10,000	\$10,000
<b>PC/Specialist</b> In Net	\$35/\$50	\$45/\$60	\$60 (ded waived 1st 3 visits)/\$70	\$60 (ded waived 1st 3 visits)/\$70
Out Net	N/A	N/A	50%	50%
<b>Co-Insurance</b> In Net	N/A	N/A	30%	30%
Out Net	N/A	N/A	50%	50%
<b>OOP Limit</b> In Net	\$5,000	\$6,000	\$6,350	\$6,350
Out Net	N/A	N/A	\$12,700	\$12,700
<b>Inpatient Hospital</b> In Net	\$700/day; max 5	\$800/day; max 5	30%	30%
Out Net	N/A	N/A	50%	50%
<b>Rx Generic</b> In Net	\$20	\$20	\$19	\$19
Out Net	N/A	N/A	N/A	N/A
<b>Rx Preferred</b> In Net	\$35 after \$200	\$35 after \$250	\$50	\$50
Out Net	N/A	N/A	N/A	N/A
<b>Rx Non-Preferred</b> In Net	\$60 after \$200	\$60 after \$250	\$75	\$75
Out Net	N/A	N/A	N/A	N/A
	<b>EE/Dep/Total</b>	<b>EE/Dep/Total</b>	<b>EE/Dep/Total</b>	<b>EE/Dep/Total</b>
<b>Amy</b> EE 20	\$260.54 / \$0.00 / \$260.54	\$244.76 / \$0.00 / \$244.76	\$166.19 / \$0.00 / \$166.19	\$171.83 / \$0.00 / \$171.83
<b>Bob</b> EE/SP 30	\$423.24 / \$441.06 / \$864.30	\$397.54 / \$414.28 / \$811.82	\$270.10 / \$281.52 / \$551.62	\$275.74 / \$287.16 / \$562.90
<b>Cathy</b> EE/CH 40	\$555.18 / \$830.31 / \$1,385.49	\$521.43 / \$780.00 / \$1,301.43	\$309.00 / \$460.59 / \$769.59	\$314.64 / \$477.51 / \$792.15
<b>David</b> FAM 50	\$832.41 / \$2,120.49 / \$2,952.90	\$781.76 / \$1,991.73 / \$2,773.49	\$472.97 / \$1,202.28 / \$1,675.25	\$478.61 / \$1,230.48 / \$1,709.09
<b>Warner , Match</b> EE/CH 26	\$409.37 / \$654.37 / \$1,063.74	\$384.52 / \$614.69 / \$999.21	\$269.59 / \$430.46 / \$700.05	\$275.23 / \$441.74 / \$716.97
<b>Riders Included</b>	Chiropractic	Chiropractic	Chiropractic	Chiropractic
<b>RAF</b>	<b>1.000</b>	<b>1.000</b>	<b>1.000</b>	<b>1.000</b>
<b>EE's Included</b>	<b>5/5</b>	<b>5/5</b>	<b>5/5</b>	<b>5/5</b>
<b>EE Cost</b>	<b>\$2,480.74</b>	<b>\$2,330.01</b>	<b>\$1,487.85</b>	<b>\$1,516.05</b>
<b>Dep Cost</b>	<b>\$4,046.23</b>	<b>\$3,800.70</b>	<b>\$2,374.85</b>	<b>\$2,436.89</b>
<b>Rider Cost (Incl)</b>	<b>\$29.28</b>	<b>\$29.28</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total</b>	<b>\$6,526.97</b>	<b>\$6,130.71</b>	<b>\$3,862.70</b>	<b>\$3,952.94</b>
<b>ER Total</b>	<b>\$4,412.33</b>	<b>\$4,144.43</b>	<b>\$2,615.19</b>	<b>\$2,674.97</b>

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## Single Plan Details

## Test EE Worksheets

Prepared by (Sample Only) B &amp; P Staff

San Francisco, San Francisco, 94105

Effective June 01, 2014

**Health Net**  
**WholeCare HMO Gold \$35**

## Plan Summary

	In Network
Deductible	\$0
Co-Insurance	N/A
PC/Specialist	\$35/\$50
Individual OOP Limit	\$5,000
Family OOP Limit	\$10,000
Inpatient Hospital	\$700/day; max 5
Rx Generic	\$20
Rx Preferred	\$35 after \$200
Rx Non-Preferred	\$60 after \$200

## Rate Summary

EE's Included	5 out of 5	Employer EE Contribution	80%
RAF	1.000	Employer Dep Contribution	60%
Employee Premium	\$2,480.74	Employer EE Cost	\$1,984.59
Dependent Premium	\$4,046.23	Employer Dep Cost	\$2,427.74
Total Premium	\$6,526.97	Employer Total Cost	\$4,412.33

## Employee Rates

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Amy	20	EE	94105	4	\$260.54	\$0.00	\$260.54	\$52.11	\$208.43
Bob	30	EE/SP	95135	7	\$423.24	\$441.06	\$864.30	\$261.07	\$603.23
Cathy	40	EE/CH	94612	6	\$555.18	\$830.31	\$1385.49	\$443.16	\$942.33
David	50	FAM	94558	2	\$832.41	\$2,120.49	\$2952.90	\$1,014.68	\$1,938.22
Warner, Match	26	EE/CH	94404	8	\$409.37	\$654.37	\$1063.74	\$343.62	\$720.12

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## Single Plan Details

## Test EE Worksheets

Prepared by (Sample Only) B &amp; P Staff

San Francisco, San Francisco, 94105

Effective June 01, 2014

**Health Net**  
**WholeCare HMO Gold \$45**

## Plan Summary

	In Network
Deductible	\$0
Co-Insurance	N/A
PC/Specialist	\$45/\$60
Individual OOP Limit	\$6,000
Family OOP Limit	\$12,000
Inpatient Hospital	\$800/day; max 5
Rx Generic	\$20
Rx Preferred	\$35 after \$250
Rx Non-Preferred	\$60 after \$250

## Rate Summary

EE's Included	5 out of 5	Employer EE Contribution	80%
RAF	1.000	Employer Dep Contribution	60%
Employee Premium	\$2,330.01	Employer EE Cost	\$1,864.01
Dependent Premium	\$3,800.70	Employer Dep Cost	\$2,280.42
Total Premium	\$6,130.71	Employer Total Cost	\$4,144.43

## Employee Rates

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Amy	20	EE	94105	4	\$244.76	\$0.00	\$244.76	\$48.95	\$195.81
Bob	30	EE/SP	95135	7	\$397.54	\$414.28	\$811.82	\$245.22	\$566.60
Cathy	40	EE/CH	94612	6	\$521.43	\$780.00	\$1301.43	\$416.29	\$885.14
David	50	FAM	94558	2	\$781.76	\$1,991.73	\$2773.49	\$953.04	\$1,820.45
Warner, Match	26	EE/CH	94404	8	\$384.52	\$614.69	\$999.21	\$322.78	\$676.43

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## Single Plan Details

## Test EE Worksheets

Prepared by (Sample Only) B &amp; P Staff

San Francisco, San Francisco, 94105

Effective June 01, 2014

**Health Net  
Bronze PPO \$60/\$5000**

## Plan Summary

	In Network	Out of Network
Deductible	\$5,000	\$10,000
Co-Insurance	30%	50%
PC/Specialist	\$60 (ded waived 1st 3 visits)/\$70	50%
Individual OOP Limit	\$6,350	\$12,700
Family OOP Limit	\$12,700	\$25,400
Inpatient Hospital	30%	50%
Rx Generic	\$19	N/A
Rx Preferred	\$50	N/A
Rx Non-Preferred	\$75	N/A

## Rate Summary

EE's Included	5 out of 5	Employer EE Contribution	80%
RAF	1.000	Employer Dep Contribution	60%
Employee Premium	\$1,487.85	Employer EE Cost	\$1,190.28
Dependent Premium	\$2,374.85	Employer Dep Cost	\$1,424.91
Total Premium	\$3,862.70	Employer Total Cost	\$2,615.19

## Employee Rates

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Amy	20	EE	94105	4	\$166.19	\$0.00	\$166.19	\$33.24	\$132.95
Bob	30	EE/SP	95135	7	\$270.10	\$281.52	\$551.62	\$166.63	\$384.99
Cathy	40	EE/CH	94612	6	\$309.00	\$460.59	\$769.59	\$246.04	\$523.55
David	50	FAM	94558	2	\$472.97	\$1,202.28	\$1675.25	\$575.51	\$1,099.74
Warner, Match	26	EE/CH	94404	8	\$269.59	\$430.46	\$700.05	\$226.10	\$473.95

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## Single Plan Details

## Test EE Worksheets

Prepared by (Sample Only) B &amp; P Staff

San Francisco, San Francisco, 94105

Effective June 01, 2014

**Health Net**  
**Bronze PPO \$60/\$5000 w/Infertility**

## Plan Summary

	In Network	Out of Network
Deductible	\$5,000	\$10,000
Co-Insurance	30%	50%
PC/Specialist	\$60 (ded waived 1st 3 visits)/\$70	50%
Individual OOP Limit	\$6,350	\$12,700
Family OOP Limit	\$12,700	\$25,400
Inpatient Hospital	30%	50%
Rx Generic	\$19	N/A
Rx Preferred	\$50	N/A
Rx Non-Preferred	\$75	N/A

## Rate Summary

EE's Included	5 out of 5	Employer EE Contribution	80%
RAF	1.000	Employer Dep Contribution	60%
Employee Premium	\$1,516.05	Employer EE Cost	\$1,212.84
Dependent Premium	\$2,436.89	Employer Dep Cost	\$1,462.13
Total Premium	\$3,952.94	Employer Total Cost	\$2,674.97

## Employee Rates

Name	Age	Coverage	Zip	Region	EE Rate	Dep Rate	Total Rate	EE Cont	ER Cont
Amy	20	EE	94105	4	\$171.83	\$0.00	\$171.83	\$34.37	\$137.46
Bob	30	EE/SP	95135	7	\$275.74	\$287.16	\$562.90	\$170.01	\$392.89
Cathy	40	EE/CH	94612	6	\$314.64	\$477.51	\$792.15	\$253.93	\$538.22
David	50	FAM	94558	2	\$478.61	\$1,230.48	\$1709.09	\$587.91	\$1,121.18
Warner, Match	26	EE/CH	94404	8	\$275.23	\$441.74	\$716.97	\$231.74	\$485.23

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## Rider Summary

### Health Net WholeCare HMO Gold \$35

Chiropractic:\$10 (20 visit max)

Name	Age	Status	zip	EE Rate	Dep Rate	Total Rate
1, Bob	30	Employee/Spouse	95135	\$1.83	\$1.83	\$3.66
2, David	50	Family	94558	\$1.83	\$9.15	\$10.98
3, Amy	20	Employee	94105	\$1.83	\$0.00	\$1.83
4, Cathy	40	Employee/Child(ren)	94612	\$1.83	\$5.49	\$7.32
Warner, Match	26	Employee/Child(ren)	94404	\$1.83	\$3.66	\$5.49
						<b>\$29.28</b>

### Health Net WholeCare HMO Gold \$45

Chiropractic:\$10 (20 visit max)

Name	Age	Status	zip	EE Rate	Dep Rate	Total Rate
1, Amy	20	Employee	94105	\$1.83	\$0.00	\$1.83
2, Cathy	40	Employee/Child(ren)	94612	\$1.83	\$5.49	\$7.32
Warner, Match	26	Employee/Child(ren)	94404	\$1.83	\$3.66	\$5.49
4, Bob	30	Employee/Spouse	95135	\$1.83	\$1.83	\$3.66
5, David	50	Family	94558	\$1.83	\$9.15	\$10.98
						<b>\$29.28</b>

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Test EE Worksheets  
(Sample Only) B & P Staff

Effective Date: 06-01-14  
Beere & Purves, Inc.

Run Date: 05-14-2014 #40441  
License: TBD

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## Footnotes

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Test EE Worksheets  
(Sample Only) B & P Staff

Effective Date: 06-01-14  
Beere & Purves, Inc.

Run Date: 05-14-2014 #40441  
License: TBD

**Group Medical Proposal**

**Prepared For:** Test EE Worksheets  
**Prepared By:** (Sample Only) B & P Staff

**Prepared On:** May 14, 2014  
**Effective Date:** June 01, 2014

**Employer Contribution**  
**EE: 80% Dep: 60%**

**Member Rate Detail**

Health Net	HMO	WholeCare HMO Gold \$35			EE's Included: 5/5		\$6,526.97
<u>Ded</u>	<u>CoIns</u>	<u>Copay</u>	<u>OOP Ind</u>	<u>OOP Fam</u>	<u>Hospital</u>	<u>Rx Gen</u>	<u>Rx Preferred</u>
\$0	N/A	\$35/\$50	\$5,000	\$10,000	\$700/day; max 5	\$20	\$35 after \$200

**Member Rate Detail**

Name	Status	Age	Zip	Region	EE Rate	Dep Rate	Total Rate
Amy	EE	20	94105	4	\$260.54		\$260.54
Bob	ES	30	95135	7	\$423.24		\$864.30
Debra	SP	32				\$441.06	
Cathy	EC	40	94612	6	\$555.18		\$1385.49
Bobby	CH	9				\$276.77	
Cindy	CH	7				\$276.77	
Junior	CH	5				\$276.77	
David	EF	50	94558	2	\$832.41		\$2952.90
Eve	SP	48				\$762.19	
Mary	CH	13				\$297.14	
Jack	CH	15				\$297.14	
Joanna	CH	17				\$297.14	
Jimmy	CH	21				\$466.88	
Warner, Match	EC	26	94404	8	\$409.37		\$1063.74
	CH	12				\$254.55	
	CH	22				\$399.82	
<b>Totals</b>					<b>\$2,480.74</b>	<b>\$4,046.23</b>	<b>\$6,526.97</b>

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**Group Medical Proposal**

**Prepared For:** Test EE Worksheets  
**Prepared By:** (Sample Only) B & P Staff

**Prepared On:** May 14, 2014  
**Effective Date:** June 01, 2014

**Employer Contribution**  
**EE: 80% Dep: 60%**

**Member Rate Detail**

Health Net	HMO	WholeCare HMO Gold \$45			EE's Included: 5/5		\$6,130.71
<u>Ded</u>	<u>Colns</u>	<u>Copay</u>	<u>OOP Ind</u>	<u>OOP Fam</u>	<u>Hospital</u>	<u>Rx Gen</u>	<u>Rx Preferred</u>
\$0	N/A	\$45/\$60	\$6,000	\$12,000	\$800/day; max 5	\$20	\$35 after \$250

**Member Rate Detail**

Name	Status	Age	Zip	Region	EE Rate	Dep Rate	Total Rate
Amy	EE	20	94105	4	\$244.76		\$244.76
Bob	ES	30	95135	7	\$397.54		\$811.82
Debra	SP	32				\$414.28	
Cathy	EC	40	94612	6	\$521.43		\$1301.43
Bobby	CH	9				\$260.00	
Junior	CH	5				\$260.00	
Cindy	CH	7				\$260.00	
David	EF	50	94558	2	\$781.76		\$2773.49
Eve	SP	48				\$715.82	
Joanna	CH	17				\$279.13	
Jack	CH	15				\$279.13	
Mary	CH	13				\$279.13	
Jimmy	CH	21				\$438.52	
Warner, Match	EC	26	94404	8	\$384.52		\$999.21
	CH	12				\$239.14	
	CH	22				\$375.55	
<b>Totals</b>					<b>\$2,330.01</b>	<b>\$3,800.70</b>	<b>\$6,130.71</b>

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**Prepared On:** May 14, 2014  
**Effective Date:** June 01, 2014

**Employer Contribution**  
**EE: 80% Dep: 60%**

**Member Rate Detail**

Health Net	PPO	Bronze PPO \$60/\$5000				EE's Included: 5/5		\$3,862.70
	<u>Ded</u>	<u>Coins</u>	<u>Copay</u>	<u>OOP Ind</u>	<u>OOP Fam</u>	<u>Hospital</u>	<u>Rx Gen</u>	<u>Rx Preferred</u>
<b>In-Net:</b>	\$5,000	30%	\$60 (ded waived 1st 3 visits)/\$70	\$6,350	\$12,700	30%	\$19	\$50
<b>Out-Net:</b>	\$10,000	50%	50%	\$12,700	\$25,400	50%	N/A	N/A

**Member Rate Detail**

Name	Status	Age	Zip	Region	EE Rate	Dep Rate	Total Rate
Amy	EE	20	94105	4	\$166.19		\$166.19
Bob	ES	30	95135	7	\$270.10		\$551.62
Debra	SP	32				\$281.52	
Cathy	EC	40	94612	6	\$309.00		\$769.59
Bobby	CH	9				\$153.53	
Cindy	CH	7				\$153.53	
Junior	CH	5				\$153.53	
David	EF	50	94558	2	\$472.97		\$1675.25
Eve	SP	48				\$432.98	
Joanna	CH	17				\$168.16	
Jack	CH	15				\$168.16	
Mary	CH	13				\$168.16	
Jimmy	CH	21				\$264.82	
Warner, Match	EC	26	94404	8	\$269.59		\$700.05
	CH	12				\$167.18	
	CH	22				\$263.28	
<b>Totals</b>					<b>\$1,487.85</b>	<b>\$2,374.85</b>	<b>\$3,862.70</b>

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**Employer Contribution**  
**EE: 80% Dep: 60%**

**Member Rate Detail**

Health Net	PPO	Bronze PPO \$60/\$5000 w/Infertility				EE's Included: 5/5		\$3,952.94
	<u>Ded</u>	<u>Colns</u>	<u>Copay</u>	<u>OOP Ind</u>	<u>OOP Fam</u>	<u>Hospital</u>	<u>Rx Gen</u>	<u>Rx Preferred</u>
<b>In-Net:</b>	\$5,000	30%	\$60 (ded waived 1st 3 visits)/\$70	\$6,350	\$12,700	30%	\$19	\$50
<b>Out-Net:</b>	\$10,000	50%	50%	\$12,700	\$25,400	50%	N/A	N/A

**Member Rate Detail**

Name	Status	Age	Zip	Region	EE Rate	Dep Rate	Total Rate
Amy	EE	20	94105	4	\$171.83		\$171.83
Bob	ES	30	95135	7	\$275.74		\$562.90
Debra	SP	32				\$287.16	
Cathy	EC	40	94612	6	\$314.64		\$792.15
Bobby	CH	9				\$159.17	
Junior	CH	5				\$159.17	
Cindy	CH	7				\$159.17	
David	EF	50	94558	2	\$478.61		\$1709.09
Eve	SP	48				\$438.62	
Joanna	CH	17				\$173.80	
Mary	CH	13				\$173.80	
Jack	CH	15				\$173.80	
Jimmy	CH	21				\$270.46	
Warner, Match	EC	26	94404	8	\$275.23		\$716.97
	CH	12				\$172.82	
	CH	22				\$268.92	
<b>Totals</b>					<b>\$1,516.05</b>	<b>\$2,436.89</b>	<b>\$3,952.94</b>

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