

Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Test Group by Cole Seeger on September 18, 2024	December 01, 2024	94596 (Contra Costa)	EE: 100% Dep: 50%

Current/Renewal

Summary Benefits	Current		Renewal	
	In-Network	Out-Network	In-Network	Out-Network
Carrier	Kaiser		Kaiser	
Plan	Platinum 90 HMO 0/20 + Child Dental		Platinum 90 HMO 0/20 + Child Dental	
Deductible	\$0	N/A	\$0	N/A
Co-Insurance	10%	N/A	10%	N/A
PC/Specialist	\$20/\$30	N/A	\$20/\$30	N/A
Inpatient Hospital	\$250/day up to 5 days	N/A	\$250/day up to 5 days	N/A
Individual OOP	\$4,500	N/A	\$4,500	N/A
Limit				
Family OOP Limit	\$9,000	N/A	\$9,000	N/A
Urgent Care	\$20	N/A	\$20	N/A
Rx Tier 1	\$5	N/A	\$5	N/A
Rx Tier 2	\$20	N/A	\$20	N/A
Rx Tier 3	\$20	N/A	\$20	N/A

Rates			Current Premiums			Renewal Premiums		
Employee	Age	Coverage	EE	Dep	Total	EE	Dep	Total
Alexander , Adrian	34	Family	\$538.14	\$1,702.68	\$2,240.82	\$594.88	\$1,900.45	\$2,495.33
Bradley , Boris	44	Family	Not Current Plan					
Cooper , Christian	39	Family	Not Current Plan					
Davids , David	64	Employee	\$1,326.04	\$0.00	\$1,326.04	\$1,470.03	\$0.00	\$1,470.03
Earl , Elon	39	Employee/Spouse	Not Current Plan					
Frank , Francis	44	Employee/Child(ren)	\$609.57	\$357.63	\$967.20	\$684.55	\$389.13	\$1,073.68
Gary , Gina	19	Employee/Spouse	\$424.11	\$424.11	\$848.22	\$461.10	\$461.10	\$922.20
Henry , Hunter	34	Employee/Spouse	\$538.14	\$538.14	\$1,076.28	\$594.88	\$594.88	\$1,189.76
Igloo , Ivan	54	Employee	Not Current Plan					
Johnson , Jim	44	Family	\$609.57	\$1,033.68	\$1,643.25	\$684.55	\$1,145.65	\$1,830.20
Kim , Kyle	24	Employee	\$449.20	\$0.00	\$449.20	\$490.01	\$0.00	\$490.01
Lion , Lonnie	74	Employee	Not Current Plan					
McGwire , Mark	45	Family	\$627.53	\$931.71	\$1,559.24	\$707.58	\$1,027.13	\$1,734.71
Total Monthly Premium			\$5,122.30	\$4,987.95	\$10,110.25	\$5,687.58	\$5,518.34	\$11,205.92
Monthly Change (\$)						\$565.28	\$530.39	\$1,095.67
Monthly Change (%)						11.04%	10.63%	10.84%

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Current/Renewal

Current Plan - Kaiser	Platinum 90 HMO 0/20 + Child Dental
Benefit	In Network
Individual Deductible	\$0
Family Deductible	\$0
Individual OOP Limit	\$4,500
Family OOP Limit	\$9,000
Co-insurance	10%
Lifetime Maximum	Unlimited
PC/Specialist	\$20/\$30
Adult Preventive Care	No charge
Child Preventive Care	No charge
Pre/Postnatal Care	No charge
Physical Therapy	\$20
Chiropractic Care	Not covered
Inpatient Hospital	\$250/day up to 5 days
IP Physician/Surgeon	N/A
Maternity Delivery/IP	\$250/day up to 5 days
Mental Health IP	\$250/day up to 5 days
Substance Abuse IP	\$250/day up to 5 days
Outpatient Facility	\$125
OP Physician/Surgeon	N/A
Lab/X-Ray	\$20/\$30
Advanced Radiology	\$100
Mental Health OP	\$20
Substance Abuse OP	\$20
Emergency Room	\$150 (waived if admitted)
Ambulance	\$150
Urgent Care	\$20
Rx Tier 1	\$5
Rx Tier 2	\$20
Rx Tier 3	\$20
Rx Tier 4	10%; \$250 max/script
Rx Mail Order	2x retail (100 day supply)
Home Health Care	\$20; 100 visits/yr
Skilled Nursing	\$150/day up to 5 days; 100 days/yr
Infertility Treatment	Not covered
DME	10% (base and supplemental)
Hospice Services	No charge
Pediatric Vision	No charge; 1 pair/yr
Pediatric Dental	Bundled w/copay plan

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Current/Renewal

Renewal Plan - Kaiser	Platinum 90 HMO 0/20 + Child Dental
Benefit	In Network
Individual Deductible	\$0
Family Deductible	\$0
Individual OOP Limit	\$4,500
Family OOP Limit	\$9,000
Co-insurance	10%
Lifetime Maximum	Unlimited
PC/Specialist	\$20/\$30
Adult Preventive Care	No charge
Child Preventive Care	No charge
Pre/Postnatal Care	No charge
Physical Therapy	\$20
Chiropractic Care	Not covered
Inpatient Hospital	\$250/day up to 5 days
IP Physician/Surgeon	N/A
Maternity Delivery/IP	\$250/day up to 5 days
Mental Health IP	\$250/day up to 5 days
Substance Abuse IP	\$250/day up to 5 days
Outpatient Facility	\$125
OP Physician/Surgeon	N/A
Lab/X-Ray	\$20/\$30
Advanced Radiology	\$100
Mental Health OP	\$20
Substance Abuse OP	\$20
Emergency Room	\$150 (waived if admitted)
Ambulance	\$150
Urgent Care	\$20
Rx Tier 1	\$5
Rx Tier 2	\$20
Rx Tier 3	\$20
Rx Tier 4	10%; \$250 max/script
Rx Mail Order	2x retail (100 day supply)
Home Health Care	\$20; 100 visits/yr
Skilled Nursing	\$150/day up to 5 days; 100 days/yr
Infertility Treatment	Not covered
DME	10% (base and supplemental)
Hospice Services	No charge
Pediatric Vision	No charge; 1 pair/yr
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Current/Renewal

Summary Benefits	Current		Renewal	
	In-Network	Out-Network	In-Network	Out-Network
Carrier	Anthem Blue Cross		Anthem Blue Cross	
Plan	Platinum PPO 15/40/10% 6RH4		Platinum PPO 15/40/10% 9B2V	
Deductible	\$0	\$2,000	\$0	\$2,000
Co-Insurance	10%	50%	10%	50%
PC/Specialist	\$15/\$40	50% after ded	\$15/\$40	50% after ded
Inpatient Hospital	10%	50% after ded; \$650 benefit max/day	10%	50% after ded; \$650 benefit max/day
Individual OOP Limit	\$3,800	\$7,600 (incl ded)	\$3,800	\$7,600 (incl ded)
Family OOP Limit	\$7,600	\$15,200 (incl ded)	\$7,600	\$15,200 (incl ded)
Urgent Care	\$15	50% after ded	\$15	50% after ded
Rx Tier 1	\$5/\$15	Not covered	\$5/\$15	Not covered
Rx Tier 2	\$30/\$40	Not covered	\$30/\$40	Not covered
Rx Tier 3	\$50/\$60	Not covered	\$50/\$60	Not covered

Rates			Current Premiums			Renewal Premiums		
Employee	Age	Coverage	EE	Dep	Total	EE	Dep	Total
Alexander , Adrian	34	Family	Not Current Plan					
Bradley , Boris	44	Family	\$942.30	\$3,699.07	\$4,641.37	\$1,003.38	\$3,876.34	\$4,879.72
Cooper , Christian	39	Family	\$865.22	\$4,589.30	\$5,454.52	\$906.42	\$4,825.85	\$5,732.27
Davids , David	64	Employee	Not Current Plan					
Earl , Elon	39	Employee/Spouse	\$865.22	\$1,548.51	\$2,413.73	\$906.42	\$1,675.65	\$2,582.07
Frank , Francis	44	Employee/Child(ren)	Not Current Plan					
Gary , Gina	19	Employee/Spouse	Not Current Plan					
Henry , Hunter	34	Employee/Spouse	Not Current Plan					
Igloo , Ivan	54	Employee	\$1,416.58	\$0.00	\$1,416.58	\$1,533.44	\$0.00	\$1,533.44
Johnson , Jim	44	Family	Not Current Plan					
Kim , Kyle	24	Employee	Not Current Plan					
Lion , Lonnie	74	Employee	\$2,083.20	\$0.00	\$2,083.20	\$2,154.72	\$0.00	\$2,154.72
McGwire , Mark	45	Family	Not Current Plan					
Total Monthly Premium			\$6,172.52	\$9,836.88	\$16,009.40	\$6,504.38	\$10,377.84	\$16,882.22
Monthly Change (\$)						\$331.86	\$540.96	\$872.82
Monthly Change (%)						5.38%	5.50%	5.45%

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Current/Renewal

Current Plan - Anthem Blue Cross		Platinum PPO 15/40/10% 6RH4
Benefit	In Network	Out Network
Individual Deductible	\$0	\$2,000
Family Deductible	\$0	\$4,000 (embedded)
Individual OOP Limit	\$3,800	\$7,600 (incl ded)
Family OOP Limit	\$7,600	\$15,200 (incl ded)
Co-insurance	10%	50%
Lifetime Maximum	Unlimited	Unlimited
PC/Specialist	\$15/\$40	50% after ded
Adult Preventive Care	No charge	50% after ded
Child Preventive Care	No charge	50% after ded
Pre/Postnatal Care	No charge/\$15	50% after ded
Physical Therapy	\$15	50% after ded
Chiropractic Care	50%	Not covered
Inpatient Hospital	10%	50% after ded; \$650 benefit max/day
IP Physician/Surgeon	10%	50% after ded
Maternity Delivery/IP	10%	50% after ded; \$650 benefit max/day
Mental Health IP	10%	50% after ded; \$650 benefit max/day
Substance Abuse IP	10%	50% after ded; \$650 benefit max/day
Outpatient Facility	10%/\$150 + 10% (ASC/Hospital)	50% after ded; \$380 benefit max/admit
OP Physician/Surgeon	10%	50% after ded
Lab/X-Ray	Lab-No charge (FS)/\$10 (Office)/10% (OP Hosp); X-ray-10% (FS & OP Hosp)/\$10 (Office)	50% after ded
Advanced Radiology	10% (FS & Office)/\$100 + 10% (OP Hosp)	50% after ded; \$380 (FS & OP Hosp)/\$800 (Office) benefit max/procedure
Mental Health OP	\$15	50% after ded
Substance Abuse OP	\$15	50% after ded
Emergency Room	\$200 + 10%	Paid as in-network
Ambulance	10%	Paid as in-network
Urgent Care	\$15	50% after ded
Rx Tier 1	\$5/\$15	Not covered
Rx Tier 2	\$30/\$40	Not covered
Rx Tier 3	\$50/\$60	Not covered
Rx Tier 4	30%/40%; \$250 max/script	Not covered
Rx Mail Order	2.5x/3x/3x/1x retail copay	Not covered
Home Health Care	10%; 100 visits/yr	50% after ded; 100 visits/yr
Skilled Nursing	10%; 100 days/benefit period	50% after ded; \$150 benefit max/day; 100 days/benefit period
Infertility Treatment	Refer to carrier	Refer to carrier
DME	50%	50% after ded
Hospice Services	No charge	50% after ded
Pediatric Vision	Covered; 1 exam & pair/benefit period	Covered; 1 exam & pair/benefit period
Pediatric Dental	Covered; 1 visit/6 months	Covered; 1 visit/6 months

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Current/Renewal

Renewal Plan - Anthem Blue Cross		Platinum PPO 15/40/10% 9B2V
Benefit	In Network	Out Network
Individual Deductible	\$0	\$2,000
Family Deductible	\$0	\$4,000 (embedded)
Individual OOP Limit	\$3,800	\$7,600 (incl ded)
Family OOP Limit	\$7,600	\$15,200 (incl ded)
Co-insurance	10%	50%
Lifetime Maximum	Unlimited	Unlimited
PC/Specialist	\$15/\$40	50% after ded
Adult Preventive Care	No charge	50% after ded
Child Preventive Care	No charge	50% after ded
Pre/Postnatal Care	No charge/\$15	50% after ded
Physical Therapy	\$15	50% after ded
Chiropractic Care	50%	Not covered
Inpatient Hospital	10%	50% after ded; \$650 benefit max/day
IP Physician/Surgeon	10%	50% after ded
Maternity Delivery/IP	10%	50% after ded; \$650 benefit max/day
Mental Health IP	10%	50% after ded; \$650 benefit max/day
Substance Abuse IP	10%	50% after ded; \$650 benefit max/day
Outpatient Facility	\$50 + 10%/\$200 + 10% (ASC/Hospital)	50% after ded; \$380 benefit max/admit
OP Physician/Surgeon	10%	50% after ded
Lab/X-Ray	Lab-No charge (FS)/\$10 (Office)/10% (OP Hosp); X-ray-10% (FS & OP Hosp)/\$10 (Office)	50% after ded
Advanced Radiology	10% (FS & Office)/\$100 + 10% (OP Hosp)	50% after ded; \$380 (FS & OP Hosp)/\$800 (Office) benefit max/procedure
Mental Health OP	\$15	50% after ded
Substance Abuse OP	\$15	50% after ded
Emergency Room	\$200 + 10%	Paid as in-network
Ambulance	10%	Paid as in-network
Urgent Care	\$15	50% after ded
Rx Tier 1	\$5/\$15	Not covered
Rx Tier 2	\$30/\$40	Not covered
Rx Tier 3	\$50/\$60	Not covered
Rx Tier 4	30%/40%; \$250 max/script	Not covered
Rx Mail Order	2x/2.5x/2.5x/1x retail copay	Not covered
Home Health Care	10%; 100 visits/yr	50% after ded; 100 visits/yr
Skilled Nursing	10%; 100 days/benefit period	50% after ded; \$150 benefit max/day; 100 days/benefit period
Infertility Treatment	Refer to carrier	Refer to carrier
DME	50%	50% after ded
Hospice Services	No charge	50% after ded
Pediatric Vision	Covered; 1 exam & pair/benefit period	Covered; 1 exam & pair/benefit period
Pediatric Dental	Covered; 1 visit/6 months	Covered; 1 visit/6 months

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Current/Renewal

Current/Renewal Summary

Plan	Emps	Current Premiums			Renewal Premiums		
		EE	Dep	Total	EE	Dep	Total
Kaiser Platinum 90 HMO 0/20 + Child Dental	8	\$5,122.30	\$4,987.95	\$10,110.25	\$5,687.58	\$5,518.34	\$11,205.92
Anthem Blue Cross Platinum PPO 15/40/10% 6RH4	5	\$6,172.52	\$9,836.88	\$16,009.40	\$6,504.38	\$10,377.84	\$16,882.22
Totals	13	\$11,294.82	\$14,824.83	\$26,119.65	\$12,191.96	\$15,896.18	\$28,088.14
Monthly Change (\$)					\$897.14	\$1,071.35	\$1,968.49
Monthly Change (%)					7.94%	7.23%	7.54%

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