Group Insurance Proposal

Presented to

ABC Sample KP

Proposed Effective Date: September, 1, 2023

Presented by:

Kristine Petrosyan

Dickerson Insurance Services An Alera Group Co.
1918 Riverside Drive
Los Angeles, CA 90039
3236627200
License: 0M29112

Group Medical Proposal

| Prepared For | Effective Date | Zip (County) | Employer Contribution |
|--|----------------|---------------------|-----------------------|
| ABC Sample KP by Kristine Petrosyan on | September 1, | 90039 (Los Angeles) | EE: 100% Dep: 0% |
| September 7, 2023 | 2023 | | |

Census Including Dependents

ABC Sample KP

Los Angeles, Los Angeles, CA 90039

SIC: 6512

| Employee List | | | | | | | |
|---------------|-----|-----|---------|--------|--------|--------|-------|
| Name | Age | DOB | Medical | Dental | Vision | Gender | Zip |
| 1. 1, 1 | 43 | | EE | EE | N/A | Male | 90039 |
| 2. 2, 2 | 53 | | EE | EE | N/A | Male | 90039 |
| 3. 3, 3 | 63 | | EE | EE | N/A | Male | 90039 |
| 4. 4, 4 | 73 | | EE | EE | N/A | Male | 90039 |
| 5. 5, 5 | 42 | | EE | EE | EE | Male | 90039 |
| 6. 6, 6 | 37 | | EE | EE | EE | Male | 90039 |

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ABC Sample KP Effective Date: 09-01-2023 Run Date: 09-07-2023 #8656072 License: 0M29112

Kristine Petrosyan Dickerson Insurance Services An Alera Group Co.

ABC Sample KP Effective September 1, 2023

Effective September 1, 2023 Zip Code 90039 - Los Angeles **Anthem Blue Cross Anthem Blue Cross Anthem Blue Cross Anthem Blue Cross** нмо нмо нмо нмо Link Silver Vivity HMO 50/2650 Link Silver Vivity HMO 50/2650 Silver Priority Select HMO 55 6RK5 Silver Priority Select HMO 6RG2 WH 6RFZ 60/2500/45% 6RFS Narrow Network Narrow Network Narrow Network **Narrow Network** Deductible In Net \$2,650 \$2,650 \$0 \$2,500 **Out Net** N/A N/A N/A N/A PC/Specialist In Net \$50/\$110 ded waived \$50/\$110 ded waived \$55/\$110 \$60/\$110 ded waived Out Net N/A N/A N/A N/A Co-Insurance In Net 0% 0% 0% 45% Out Net N/A N/A N/A N/A \$9,100 **OOP Lmit In Net** \$9,100 (incl ded) \$9,100 (incl ded) \$9,100 (incl ded) **Out Net** N/A N/A N/A N/A Family OOP Limit In Net \$18,200 (incl ded) \$18,200 (incl ded) \$18,200 \$18,200 (incl ded) Out Net N/A N/A N/A N/A Lab/x-Ray In Net \$40 ded waived \$40 ded waived Lab-No charge (FS)/\$40 (Office)/\$55 Lab-No charge (FS)/\$20 ded waived (OP Hosp); X-ray-\$40 (FS & (Office)/45% after ded (OP Hosp); X-Office)/\$90 (OP Hosp) ray-\$20 ded waived (FS & Office)/45% after ded (OP Hosp) **Out Net** N/A N/A N/A N/A Inpatient Hosp In Net \$1,500/admit after ded \$1,500/admit after ded \$750/day; 5 days/admit 45% after ded N/A **Out Net** N/A N/A N/A **Urgent Care In Net** \$50 ded waived \$50 ded waived \$55 \$60 ded waived Out Net N/A N/A N/A N/A \$20/\$25 ded waived \$20/\$30 ded waived Rx Tier 1 In Net \$20/\$25 ded waived \$15/\$20 ded waived **Out Net** N/A N/A N/A N/A \$95/\$105 ded waived \$95/\$105 ded waived \$95/\$105 after \$400 \$70/\$80 after \$200 Rx Tier 2 In Net **Out Net** N/A N/A N/A N/A Rx Tier 3 In Net \$150/\$160 after ded \$150/\$160 after ded \$150/\$160 after \$400 \$110/\$120 after \$200 N/A **Out Net** N/A N/A N/A EE's Included 6/6 6/6 6/6 6/6 **EE Cost** \$3,217.31 \$3,326.20 \$3,638.88 \$3,345.25 \$0.00 \$0.00 \$0.00 \$0.00 Dep Cost

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\$3,326.20

\$3,638.88

\$3,345.25

ABC Sample KP Effective Date: 09-01-2023 Run Date: 09-07-2023 #8656072
Kristine Petrosyan Dickerson Insurance Services An Alera Group Co. License: 0M29112

stine Petrosyan Dickerson Insurance Services An Alera Group

\$3,217.31

Total

ABC Sample KP Effective September 1, 2023

Zip Code 90039 - Los Angeles

| ective september 1, 2023 | • | | | Zip Code 30033 - Los Aligeles |
|--------------------------|---------------------------------------|---|--------------------------------------|--------------------------------------|
| | Anthem Blue Cross | Anthem Blue Cross | Anthem Blue Cross | Anthem Blue Cross |
| | HMO | HMO | HMO Silver Select HMO 60/2500/45% | HMO Silver Select HMO 60/2500/45% |
| | Silver Priority Select HMO | Silver Select HMO 55 6RHQ | | |
| | 60/2500/45% WH 6RJH Narrow Network | Narrow Network | <u>6RHB</u> Narrow Network | <u>WH 6RFX</u> Narrow Network |
| Deductible In Net | | \$0 | \$2,500 | \$2,500 |
| Out Net | , , | ŞU N/A | \$2,500 N/A | \$2,500 N/A |
| PC/Specialist In Net | • | \$55/\$110 | \$60/\$110 ded waived | \$60/\$110 ded waived |
| Out Net | | N/A | N/A | N/A |
| | | N/A 0% | N/A 45% | • |
| Co-Insurance In Net | | | | 45% |
| Out Net | · | N/A | N/A | N/A |
| OOP Lmit In Net | 1-7 (7 | \$9,100 | \$9,100 (incl ded) | \$9,100 (incl ded) |
| Out Net | 19/11 | N/A | N/A | N/A |
| Family OOP Limit In Net | . , , , , | \$18,200 | \$18,200 (incl ded) | \$18,200 (incl ded) |
| Out Net | ::/:: | N/A | N/A | N/A |
| Lab/x-Ray In Net | Lab-No charge (FS)/\$20 ded waived | • | Lab-No charge (FS)/\$20 ded waived | Lab-No charge (FS)/\$20 ded waived |
| | (Office)/45% after ded (OP Hosp); X- | (OP Hosp); X-ray-\$40 (FS & | (Office)/45% after ded (OP Hosp); X- | |
| | ray-\$20 ded waived (FS & | Office)/\$90 (OP Hosp) | ray-\$20 ded waived (FS & | ray-\$20 ded waived (FS & |
| | Office)/45% after ded (OP Hosp) | | Office)/45% after ded (OP Hosp) | Office)/45% after ded (OP Hosp) |
| Out Net | N/A | N/A | N/A | N/A |
| Inpatient Hosp In Net | 45% after ded | \$750/day; 5 days/admit | 45% after ded | 45% after ded |
| Out Net | N/A | N/A | N/A | N/A |
| Urgent Care In Net | \$60 ded waived | \$55 | \$60 ded waived | \$60 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 1 In Net | \$15/\$20 ded waived | \$20/\$30 ded waived | \$15/\$20 ded waived | \$15/\$20 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 2 In Net | \$70/\$80 after \$200 | \$95/\$105 after \$400 | \$70/\$80 after \$200 | \$70/\$80 after \$200 |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 3 In Net | \$110/\$120 after \$200 | \$150/\$160 after \$400 | \$110/\$120 after \$200 | \$110/\$120 after \$200 |
| Out Net | N/A | N/A | N/A | N/A |
| EE's Included | 6/6 | 6/6 | 6/6 | 6/6 |
| EE Cost | \$3,457.10 | \$3,899.39 | \$3,585.03 | \$3,702.61 |
| Dep Cost | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total | \$3,457.10 | \$3,899.39 | \$3,585.03 | \$3,702.61 |

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Run Date: 09-07-2023 #8656072 ABC Sample KP Effective Date: 09-01-2023 License: 0M29112

Dickerson Insurance Services An Alera Group Co. Kristine Petrosyan

ABC Sample KP Effective September 1, 2023

Zip Code 90039 - Los Angeles

| ricctive september 1, 2025 | | | | Zip Code 30033 - Los Aligei |
|----------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| | Blue Shield | Blue Shield | Blue Shield | Blue Shield |
| | нмо | нмо | нмо | нмо |
| | Blue Shield Bronze Trio HMO | Blue Shield Bronze Trio HMO | Blue Shield Trio Silver 70 HMO | Blue Shield Trio Silver 70 HMO |
| | 7000/70 + Child Dental | 7000/70 + Child Dental INF | 2500/55 + Child Dental | 2500/55 + Child Dental INF |
| | Narrow Network | Narrow Network | Narrow Network | Narrow Network |
| Deductible In Net | \$7,000 | \$7,000 | \$2,500 | \$2,500 |
| Out Net | N/A | N/A | N/A | N/A |
| PC/Specialist In Net | \$70/\$80 ded waived; \$80 ded | \$70/\$80 ded waived; \$80 ded | \$55/\$90 ded waived; \$90 ded | \$55/\$90 ded waived; \$90 ded |
| | waived Trio+ SP | waived Trio+ SP | waived Trio+ SP | waived Trio+ SP |
| Out Net | N/A | N/A | N/A | N/A |
| Co-Insurance In Net | 50% | 50% | 30% | 30% |
| Out Net | N/A | N/A | N/A | N/A |
| OOP Lmit In Net | \$8,750 (incl ded) | \$8,750 (incl ded) | \$8,750 (incl ded) | \$8,750 (incl ded) |
| Out Net | N/A | N/A | N/A | N/A |
| Family OOP Limit In Net | \$17,500 (incl ded) | \$17,500 (incl ded) | \$17,500 (incl ded) | \$17,500 (incl ded) |
| Out Net | N/A | N/A | N/A | N/A |
| Lab/x-Ray In Net | \$65/\$115 ded waived | \$65/\$115 ded waived | \$55/\$90 ded waived | \$55/\$90 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Inpatient Hosp In Net | 50% after ded | 50% after ded | 40% after ded | 40% after ded |
| Out Net | N/A | N/A | N/A | N/A |
| Urgent Care In Net | \$70 ded waived | \$70 ded waived | \$55 ded waived | \$55 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 1 In Net | \$25/\$30 ded waived | \$25/\$30 ded waived | \$19/\$24 ded waived | \$19/\$24 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 2 In Net | \$115/\$145 after ded | \$115/\$145 after ded | \$85/\$110 after \$300 | \$85/\$110 after \$300 |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 3 In Net | \$160/\$210 after ded | \$160/\$210 after ded | \$110/\$150 after \$300 | \$110/\$150 after \$300 |
| Out Net | N/A | N/A | N/A | N/A |
| EE's Included | 6/6 | 6/6 | 6/6 | 6/6 |
| EE Cost | \$3,164.82 | \$3,249.70 | \$3,508.44 | \$3,593.34 |
| Dep Cost | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total | \$3,164.82 | \$3,249.70 | \$3,508.44 | \$3,593.34 |
| | | | | |

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ABC Sample KP Effective Date: 09-01-2023 Run Date: 09-07-2023 #8656072
Kristine Petrosyan Dickerson Insurance Services An Alera Group Co. License: 0M29112

ABC Sample KP Effective September 1, 2023

Zip Code 90039 - Los Angeles

| | Blue Shield HMO <u>Bronze Local Access+ HMO®</u> 7000/70 OffEx Narrow Network | Blue Shield HMO <u>Bronze Local Access+ HMO®</u> <u>7000/70 OffEx INF</u> Narrow Network | Blue Shield HMO Bronze Trio HMO® 7000/70 OffEx Narrow Network | Blue Shield HMO <u>Bronze Trio HMO® 7000/70 OffEx</u> <u>INF</u> Narrow Network |
|-------------------------|---|--|--|---|
| Deductible In Net | \$7,000 | \$7,000 | \$7,000 | \$7,000 |
| Out Net | N/A | N/A | N/A | N/A |
| PC/Specialist In Net | \$70/\$80 ded waived; \$80 ded | \$70/\$80 ded waived; \$80 ded | \$70/\$80 ded waived; \$80 ded | \$70/\$80 ded waived; \$80 ded |
| | waived Access+ SP | waived Access+ SP | waived Trio+ SP | waived Trio+ SP |
| Out Net | N/A | N/A | N/A | N/A |
| Co-Insurance In Net | 50% | 50% | 50% | 50% |
| Out Net | N/A | N/A | N/A | N/A |
| OOP Lmit In Net | \$8,750 (incl ded) | \$8,750 (incl ded) | \$8,750 (incl ded) | \$8,750 (incl ded) |
| Out Net | N/A | N/A | N/A | N/A |
| Family OOP Limit In Net | \$17,500 (incl ded) | \$17,500 (incl ded) | \$17,500 (incl ded) | \$17,500 (incl ded) |
| Out Net | N/A | N/A | N/A | N/A |
| Lab/x-Ray In Net | \$65/\$115 ded waived | \$65/\$115 ded waived | \$65/\$115 ded waived | \$65/\$115 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Inpatient Hosp In Net | 50% after ded | 50% after ded | 50% after ded | 50% after ded |
| Out Net | N/A | N/A | N/A | N/A |
| Urgent Care In Net | \$70 ded waived | \$70 ded waived | \$70 ded waived | \$70 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 1 In Net | \$25 ded waived | \$25 ded waived | \$25/\$30 ded waived | \$25/\$30 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 2 In Net | \$115 after ded | \$115 after ded | \$115/\$145 after ded | \$115/\$145 after ded |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 3 In Net | \$160 after ded | \$160 after ded | \$160/\$210 after ded | \$160/\$210 after ded |
| Out Net | N/A | N/A | N/A | N/A |
| EE's Included | 6/6 | 6/6 | 6/6 | 6/6 |
| EE Cost | \$3,701.93 | \$3,786.38 | \$3,164.82 | \$3,249.70 |
| Dep Cost | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total | \$3,701.93 | \$3,786.38 | \$3,164.82 | \$3,249.70 |

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ABC Sample KP Effective Date: 09-01-2023 Run Date: 09-07-2023 #8656072
Kristine Petrosyan Dickerson Insurance Services An Alera Group Co. License: 0M29112

ABC Sample KP
Effective September 1, 2023

Total

\$4,182.97

| Effective September 1, 2023 | | | | Zip Code 90039 - Los Angeles |
|-----------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| • | Blue Shield | Blue Shield | Blue Shield | Blue Shield |
| | нмо | нмо | нмо | нмо |
| | Silver Local Access+ HMO® |
| | 2300/70 OffEx | 2300/70 OffEx INF | 2750/70 OffEx | 2750/70 OffEx INF |
| | Narrow Network | Narrow Network | Narrow Network | Narrow Network |
| Deductible In Net | \$2,300 | \$2,300 | \$2,750 | \$2,750 |
| Out Net | N/A | N/A | N/A | N/A |
| PC/Specialist In Net | \$70/\$80 ded waived; \$80 ded |
| | waived Access+ SP | waived Access+ SP | waived Access+ SP | waived Access+ SP |
| Out Net | N/A | N/A | N/A | N/A |
| Co-Insurance In Net | 40% | 40% | 45% | 45% |
| Out Net | N/A | N/A | N/A | N/A |
| OOP Lmit In Net | \$8,750 (incl ded) | \$8,750 (incl ded) | \$8,750 (incl ded) | \$8,750 (incl ded) |
| Out Net | N/A | N/A | N/A | N/A |
| Family OOP Limit In Net | \$17,500 (incl ded) | \$17,500 (incl ded) | \$17,500 (incl ded) | \$17,500 (incl ded) |
| Out Net | N/A | N/A | N/A | N/A |
| Lab/x-Ray In Net | \$65/\$115 ded waived | \$65/\$115 ded waived | \$70/\$115 ded waived | \$70/\$115 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Inpatient Hosp In Net | 40% after ded | 40% after ded | 45% after ded | 45% after ded |
| Out Net | N/A | N/A | N/A | N/A |
| Urgent Care In Net | \$70 ded waived | \$70 ded waived | \$70 ded waived | \$70 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 1 In Net | \$25 ded waived | \$25 ded waived | \$25 ded waived | \$25 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 2 In Net | \$85 after \$450 | \$85 after \$450 | \$90 ded waived | \$90 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 3 In Net | \$115 after \$450 | \$115 after \$450 | \$115 after ded | \$115 after ded |
| Out Net | N/A | N/A | N/A | N/A |
| EE's Included | 6/6 | 6/6 | 6/6 | 6/6 |
| EE Cost | \$4,182.97 | \$4,267.43 | \$4,112.17 | \$4,196.63 |
| Dep Cost | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

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\$4,267.43

\$4,112.17

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Kristine Petrosyan Dickerson Insurance Services An Alera Group Co. License: 0M29112

\$4,196.63

ABC Sample KP Effective September 1, 2023

Zip Code 90039 - Los Angeles

Blue Shield Blue Shield Blue Shield Blue Shield Blue Shield

HMO HMO HMO HMO HMO HMO

Silver Trio HMO® 2300/70 Offex | Silver Trio HMO® 2300/70 Offex INF | Silver Trio HMO® 2750/70 Offex INF | Sil

| | Narrow Network | Narrow Network | Narrow Network | Narrow Network |
|-------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Deductible In Net | \$2,300 | \$2,300 | \$2,750 | \$2,750 |
| Out Net | N/A | N/A | N/A | N/A |
| PC/Specialist In Net | \$70/\$80 ded waived; \$80 ded |
| | waived Trio+ SP | waived Trio+ SP | waived Trio+ SP | waived Trio+ SP |
| Out Net | N/A | N/A | N/A | N/A |
| Co-Insurance In Net | 40% | 40% | 45% | 45% |
| Out Net | N/A | N/A | N/A | N/A |
| OOP Lmit In Net | \$8,750 (incl ded) | \$8,750 (incl ded) | \$8,750 (incl ded) | \$8,750 (incl ded) |
| Out Net | N/A | N/A | N/A | N/A |
| Family OOP Limit In Net | \$17,500 (incl ded) | \$17,500 (incl ded) | \$17,500 (incl ded) | \$17,500 (incl ded) |
| Out Net | N/A | N/A | N/A | N/A |
| Lab/x-Ray In Net | \$65/\$115 ded waived | \$65/\$115 ded waived | \$70/\$115 ded waived | \$70/\$115 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Inpatient Hosp In Net | 40% after ded | 40% after ded | 45% after ded | 45% after ded |
| Out Net | N/A | N/A | N/A | N/A |
| Urgent Care In Net | \$70 ded waived | \$70 ded waived | \$70 ded waived | \$70 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 1 In Net | \$25/\$30 ded waived | \$25/\$30 ded waived | \$25/\$30 ded waived | \$25/\$30 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 2 In Net | \$85/\$110 after \$450 | \$85/\$110 after \$450 | \$90/\$115 ded waived | \$90/\$115 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 3 In Net | \$115/\$155 after \$450 | \$115/\$155 after \$450 | \$115/\$155 after ded | \$115/\$155 after ded |
| Out Net | N/A | N/A | N/A | N/A |
| EE's Included | 6/6 | 6/6 | 6/6 | 6/6 |
| EE Cost | \$3,559.51 | \$3,644.41 | \$3,501.53 | \$3,586.43 |
| Dep Cost | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total | \$3,559.51 | \$3,644.41 | \$3,501.53 | \$3,586.43 |

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Kristine Petrosyan Dickerson Insurance Services An Alera Group Co. License: 0M29112

Group Medical Proposal

Prepared For Effective Date Zip (County) Employer Contribution

ABC Sample KP by Kristine Petrosyan on September 7, 2023 September 1, 2023 90039 (Los Angeles) EE: 100% Dep: 0%

Employee Rate Side by Side

| | Anthem Blue Cross HMO Link Silver Vivity HMO 50/2650 6RG2 | Anthem Blue Cross HMO <u>Link Silver Vivity HMO 50/2650 WH</u> | Anthem Blue Cross HMO <u>Silver Priority Select HMO 55 6RK5</u> | Anthem Blue Cross HMO Silver Priority Select HMC |
|---------------------------|---|--|---|--|
| | | <u>6RFZ</u> | | 60/2500/45% 6RFS |
| | Narrow Network | Narrow Network | Narrow Network | Narrow Network |
| Deductible In Net | \$2,650 | \$2,650 | \$0 | \$2,500 |
| Out Net | N/A | N/A | N/A | N/A |
| PC/Specialist In Net | \$50/\$110 ded waived | \$50/\$110 ded waived | \$55/\$110 | \$60/\$110 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Co-Insurance In Net | 0% | 0% | 0% | 45% |
| Out Net | N/A | N/A | N/A | N/A |
| OOP Limit In Net | \$9,100 (incl ded) | \$9,100 (incl ded) | \$9,100 | \$9,100 (incl ded) |
| Out Net | N/A | N/A | N/A | N/A |
| Inpatient Hospital In Net | \$1,500/admit after ded | \$1,500/admit after ded | \$750/day; 5 days/admit | 45% after ded |
| Out Net | N/A | N/A | N/A | N/A |
| Urgent Care In Net | \$50 ded waived | \$50 ded waived | \$55 | \$60 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 1 In Net | \$20/\$25 ded waived | \$20/\$25 ded waived | \$20/\$30 ded waived | \$15/\$20 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 2 In Net | \$95/\$105 ded waived | \$95/\$105 ded waived | \$95/\$105 after \$400 | \$70/\$80 after \$200 |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 3 In Net | \$150/\$160 after ded | \$150/\$160 after ded | \$150/\$160 after \$400 | \$110/\$120 after \$200 |
| Out Net | N/A | N/A | N/A | N/A |
| | EE/Dep/Total | EE/Dep/Total | EE/Dep/Total | EE/Dep/Total |
| 1, 1 | | · | · | - |
| EE 43 | \$366.51/\$0.00/\$366.51 | \$378.92/\$0.00/\$378.92 | \$414.54/\$0.00/\$414.54 | \$381.09/\$0.00/\$381.09 |
| 2, 2 | | | | |
| EE 53 | \$550.98/\$0.00/\$550.98 | \$569.63/\$0.00/\$569.63 | \$623.18/\$0.00/\$623.18 | \$572.89/\$0.00/\$572.89 |
| 3, 3 | | | | |
| EE 63 | \$797.31/\$0.00/\$797.31 | \$824.29/\$0.00/\$824.29 | \$901.78/\$0.00/\$901.78 | \$829.01/\$0.00/\$829.01 |
| 4, 4 | | | | |
| EE 73 | \$810.27/\$0.00/\$810.27 | \$837.69/\$0.00/\$837.69 | \$916.44/\$0.00/\$916.44 | \$842.49/\$0.00/\$842.49 |
| 5, 5 | | | | |
| EE 42 | \$357.87/\$0.00/\$357.87 | \$369.98/\$0.00/\$369.98 | \$404.76/\$0.00/\$404.76 | \$372.10/\$0.00/\$372.10 |
| 6, 6 | | | | |
| EE 37 | \$334.37/\$0.00/\$334.37 | \$345.69/\$0.00/\$345.69 | \$378.18/\$0.00/\$378.18 | \$347.67/\$0.00/\$347.67 |
| EE's Included | 6/6 | 6/6 | 6/6 | 6/6 |
| EE Cost | | \$3,326.20 | \$3,638.88 | \$3,345.25 |
| | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Dep Cost | | | | |
| Total | \$3,217.31 | \$3,326.20 | \$3,638.88 | \$3,345.25 |

| | Anthem Blue Cross HMO | Anthem Blue Cross HMO | Anthem Blue Cross HMO | Anthem Blue Cross HMO |
|---------------------------|----------------------------|------------------------------|------------------------------------|----------------------------------|
| | Silver Priority Select HMO | Silver Select HMO 55 6RHQ | Silver Select HMO 60/2500/45% 6RHB | Silver Select HMO 60/2500/45% WH |
| | 60/2500/45% WH 6RJH | Silver Sciect Hivio 33 Olang | <u> </u> | 6RFX |
| | Narrow Network | Narrow Network | Narrow Network | Narrow Network |
| Deductible In Net | \$2,500 | \$0 | \$2,500 | \$2,500 |
| Out Net | N/A | N/A | N/A | N/A |
| PC/Specialist In Net | \$60/\$110 ded waived | \$55/\$110 | \$60/\$110 ded waived | \$60/\$110 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Co-Insurance In Net | 45% | 0% | 45% | 45% |
| Out Net | N/A | N/A | N/A | N/A |
| OOP Limit In Net | \$9,100 (incl ded) | \$9,100 | \$9,100 (incl ded) | \$9,100 (incl ded) |
| Out Net | N/A | N/A | N/A | N/A |
| Inpatient Hospital In Net | 45% after ded | \$750/day; 5 days/admit | 45% after ded | 45% after ded |
| Out Net | N/A | N/A | N/A | N/A |
| Urgent Care In Net | \$60 ded waived | \$55 | \$60 ded waived | \$60 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 1 In Net | \$15/\$20 ded waived | \$20/\$30 ded waived | \$15/\$20 ded waived | \$15/\$20 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 2 In Net | \$70/\$80 after \$200 | \$95/\$105 after \$400 | \$70/\$80 after \$200 | \$70/\$80 after \$200 |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 3 In Net | \$110/\$120 after \$200 | \$150/\$160 after \$400 | \$110/\$120 after \$200 | \$110/\$120 after \$200 |
| Out Net | N/A | N/A | N/A | N/A |
| | EE/Dep/Total | EE/Dep/Total | EE/Dep/Total | EE/Dep/Total |
| 1, 1 | | | | |
| EE 43 | \$393.83/\$0.00/\$393.83 | \$444.21/\$0.00/\$444.21 | \$408.40/\$0.00/\$408.40 | \$421.80/\$0.00/\$421.80 |
| 2, 2 | | | | |
| EE 53 | \$592.05/\$0.00/\$592.05 | \$667.79/\$0.00/\$667.79 | \$613.96/\$0.00/\$613.96 | \$634.09/\$0.00/\$634.09 |
| 3, 3 | | | | |
| EE 63 | \$856.73/\$0.00/\$856.73 | \$966.34/\$0.00/\$966.34 | \$888.43/\$0.00/\$888.43 | \$917.57/\$0.00/\$917.57 |
| 4, 4 | | | | |
| EE 73 | \$870.66/\$0.00/\$870.66 | \$982.05/\$0.00/\$982.05 | \$902.88/\$0.00/\$902.88 | \$932.49/\$0.00/\$932.49 |
| 5, 5 | | | | |
| EE 42 | \$384.54/\$0.00/\$384.54 | \$433.74/\$0.00/\$433.74 | \$398.77/\$0.00/\$398.77 | \$411.85/\$0.00/\$411.85 |
| 6, 6 | | | | |
| EE 37 | \$359.29/\$0.00/\$359.29 | \$405.26/\$0.00/\$405.26 | \$372.59/\$0.00/\$372.59 | \$384.81/\$0.00/\$384.81 |
| EE's Included | 6/6 | 6/6 | 6/6 | 6/6 |

| EE Cost | \$3,457.10 | \$3,899.39 | \$3,585.03 | \$3,702.61 |
|----------|------------|------------|------------|------------|
| Dep Cost | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total | \$3,457.10 | \$3,899.39 | \$3,585.03 | \$3,702.61 |
| FR Total | \$3.457.10 | \$3 899 39 | \$3 585 03 | \$3 702 61 |

| | Blue Shield | Blue Shield | Blue Shield | Blue Shield |
|---------------------------|-------------------------------------|-------------------------------------|--------------------------------|--------------------------------|
| | НМО | НМО | НМО | НМО |
| | Blue Shield Bronze Trio HMO 7000/70 | Blue Shield Bronze Trio HMO 7000/70 | Blue Shield Trio Silver 70 HMO | Blue Shield Trio Silver 70 HMO |
| | + Child Dental | + Child Dental INF | 2500/55 + Child Dental | 2500/55 + Child Dental INF |
| | Narrow Network | Narrow Network | Narrow Network | Narrow Network |
| Deductible In Net | \$7,000 | \$7,000 | \$2,500 | \$2,500 |
| Out Net | N/A | N/A | N/A | N/A |
| PC/Specialist In Net | \$70/\$80 ded waived | \$70/\$80 ded waived | \$55/\$90 ded waived | \$55/\$90 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Co-Insurance In Net | 50% | 50% | 30% | 30% |
| Out Net | N/A | N/A | N/A | N/A |
| OOP Limit In Net | \$8,750 (incl ded) | \$8,750 (incl ded) | \$8,750 (incl ded) | \$8,750 (incl ded) |
| Out Net | N/A | N/A | N/A | N/A |
| Inpatient Hospital In Net | 50% after ded | 50% after ded | 40% after ded | 40% after ded |
| Out Net | N/A | N/A | N/A | N/A |
| Urgent Care In Net | \$70 ded waived | \$70 ded waived | \$55 ded waived | \$55 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 1 In Net | \$25/\$30 ded waived | \$25/\$30 ded waived | \$19/\$24 ded waived | \$19/\$24 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 2 In Net | \$115/\$145 after ded | \$115/\$145 after ded | \$85/\$110 after \$300 | \$85/\$110 after \$300 |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 3 In Net | \$160/\$210 after ded | \$160/\$210 after ded | \$110/\$150 after \$300 | \$110/\$150 after \$300 |
| Out Net | N/A | N/A | N/A | N/A |
| | EE/Dep/Total | EE/Dep/Total | EE/Dep/Total | EE/Dep/Total |
| 1, 1 | | | | |
| EE 43 | \$360.53/\$0.00/\$360.53 | \$370.20/\$0.00/\$370.20 | \$399.68/\$0.00/\$399.68 | \$409.35/\$0.00/\$409.35 |
| 2, 2 | | | | |
| EE 53 | \$541.99/\$0.00/\$541.99 | \$556.53/\$0.00/\$556.53 | \$600.84/\$0.00/\$600.84 | \$615.38/\$0.00/\$615.38 |
| 3, 3 | | | | |
| EE 63 | \$784.30/\$0.00/\$784.30 | \$805.33/\$0.00/\$805.33 | \$869.45/\$0.00/\$869.45 | \$890.49/\$0.00/\$890.49 |
| 4, 4 | | | | |
| EE 73 | \$797.05/\$0.00/\$797.05 | \$818.43/\$0.00/\$818.43 | \$883.59/\$0.00/\$883.59 | \$904.97/\$0.00/\$904.97 |
| 5, 5 | | | | |
| EE 42 | \$352.03/\$0.00/\$352.03 | \$361.47/\$0.00/\$361.47 | \$390.25/\$0.00/\$390.25 | \$399.70/\$0.00/\$399.70 |
| 6, 6 | | | | |
| EE 37 | | \$337.74/\$0.00/\$337.74 | \$364.63/\$0.00/\$364.63 | \$373.45/\$0.00/\$373.45 |
| EE's Included | 6/6 | 6/6 | 6/6 | 6/6 |
| EE Cost | \$3,164.82 | \$3,249.70 | \$3,508.44 | \$3,593.34 |
| Dep Cost | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total | \$3,164.82 | \$3,249.70 | \$3,508.44 | \$3,593.34 |
| ER Total | \$3,164.82 | \$3,249.70 | \$3,508.44 | \$3,593.34 |

| | Blue Shield HMO | Blue Shield HMO | Blue Shield HMO | Blue Shield HMO |
|---------------------------|-----------------------------------|-----------------------------------|--------------------------------|------------------------------------|
| | Bronze Local Access+ HMO® 7000/70 | Bronze Local Access+ HMO® 7000/70 | Bronze Trio HMO® 7000/70 OffEx | Bronze Trio HMO® 7000/70 OffEx INF |
| | OffEx | OffEx INF | | |
| | Narrow Network | Narrow Network | Narrow Network | Narrow Network |
| Deductible In Net | \$7,000 | \$7,000 | \$7,000 | \$7,000 |
| Out Net | N/A | N/A | N/A | N/A |
| PC/Specialist In Net | \$70/\$80 ded waived | \$70/\$80 ded waived | \$70/\$80 ded waived | \$70/\$80 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Co-Insurance In Net | 50% | 50% | 50% | 50% |
| Out Net | N/A | N/A | N/A | N/A |
| OOP Limit In Net | \$8,750 (incl ded) | \$8,750 (incl ded) | \$8,750 (incl ded) | \$8,750 (incl ded) |
| Out Net | N/A | N/A | N/A | N/A |
| Inpatient Hospital In Net | 50% after ded | 50% after ded | 50% after ded | 50% after ded |
| . Out Net | N/A | N/A | N/A | N/A |
| Urgent Care In Net | \$70 ded waived | \$70 ded waived | \$70 ded waived | \$70 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 1 In Net | \$25 ded waived | \$25 ded waived | \$25/\$30 ded waived | \$25/\$30 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 2 In Net | \$115 after ded | \$115 after ded | \$115/\$145 after ded | \$115/\$145 after ded |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 3 In Net | \$160 after ded | \$160 after ded | \$160/\$210 after ded | \$160/\$210 after ded |
| Out Net | N/A | N/A | N/A | N/A |
| | EE/Dep/Total | EE/Dep/Total | EE/Dep/Total | EE/Dep/Total |
| 1, 1 | • • | • • • | • • • | |
| EE 43 | \$421.72/\$0.00/\$421.72 | \$431.34/\$0.00/\$431.34 | \$360.53/\$0.00/\$360.53 | \$370.20/\$0.00/\$370.20 |
| 2, 2 | | | | |
| EE 53 | \$633.98/\$0.00/\$633.98 | \$648.44/\$0.00/\$648.44 | \$541.99/\$0.00/\$541.99 | \$556.53/\$0.00/\$556.53 |
| 3, 3 | | | | |
| EE 63 | \$917.40/\$0.00/\$917.40 | \$938.33/\$0.00/\$938.33 | \$784.30/\$0.00/\$784.30 | \$805.33/\$0.00/\$805.33 |
| 4, 4 | | | | |
| EE 73 | \$932.32/\$0.00/\$932.32 | \$953.59/\$0.00/\$953.59 | \$797.05/\$0.00/\$797.05 | \$818.43/\$0.00/\$818.43 |
| 5, 5 | | | | |
| EE 42 | \$411.77/\$0.00/\$411.77 | \$421.17/\$0.00/\$421.17 | \$352.03/\$0.00/\$352.03 | \$361.47/\$0.00/\$361.47 |
| 6, 6 | | | | |
| EE 37 | \$384.74/\$0.00/\$384.74 | \$393.51/\$0.00/\$393.51 | \$328.92/\$0.00/\$328.92 | \$337.74/\$0.00/\$337.74 |

| EE's Included | 6/6 | 6/6 | 6/6 | 6/6 |
|---------------|------------|------------|------------|------------|
| EE Cost | \$3,701.93 | \$3,786.38 | \$3,164.82 | \$3,249.70 |
| Dep Cost | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total | \$3,701.93 | \$3,786.38 | \$3,164.82 | \$3,249.70 |
| ER Total | \$3.701.93 | \$3.786.38 | \$3.164.82 | \$3,249,70 |

| | Blue Shield HMO Silver Local Access+ HMO® 2300/70 | Blue Shield HMO Silver Local Access+ HMO® 2300/70 | Blue Shield HMO Silver Local Access+ HMO® 2750/70 | Blue Shield HMO Silver Local Access+ HMO® 2750/70 |
|---------------------------|---|---|---|---|
| | OffEx | OffEx INF | OffEx | OffEx INF |
| | Narrow Network | Narrow Network | Narrow Network | Narrow Network |
| Deductible In Net | \$2,300 | \$2,300 | \$2,750 | \$2,750 |
| Out Net | N/A | N/A | N/A | N/A |
| PC/Specialist In Net | \$70/\$80 ded waived | \$70/\$80 ded waived | \$70/\$80 ded waived | \$70/\$80 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Co-Insurance In Net | 40% | 40% | 45% | 45% |
| Out Net | N/A | N/A | N/A | N/A |
| OOP Limit In Net | \$8,750 (incl ded) | \$8,750 (incl ded) | \$8,750 (incl ded) | \$8,750 (incl ded) |
| Out Net | N/A | N/A | N/A | N/A |
| Inpatient Hospital In Net | 40% after ded | 40% after ded | 45% after ded | 45% after ded |
| Out Net | N/A | N/A | N/A | N/A |
| Urgent Care In Net | \$70 ded waived | \$70 ded waived | \$70 ded waived | \$70 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 1 In Net | \$25 ded waived | \$25 ded waived | \$25 ded waived | \$25 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 2 In Net | \$85 after \$450 | \$85 after \$450 | \$90 ded waived | \$90 ded waived |
| Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 3 In Net | \$115 after \$450 | \$115 after \$450 | \$115 after ded | \$115 after ded |
| Out Net | N/A | N/A | N/A | N/A |
| | EE/Dep/Total | EE/Dep/Total | EE/Dep/Total | EE/Dep/Total |
| 1, 1 | | , | , | , ,,, |
| EE 43 | \$476.52/\$0.00/\$476.52 | \$486.14/\$0.00/\$486.14 | \$468.45/\$0.00/\$468.45 | \$478.07/\$0.00/\$478.07 |
| 2, 2 | | | | |
| EE 53 | \$716.36/\$0.00/\$716.36 | \$730.82/\$0.00/\$730.82 | \$704.23/\$0.00/\$704.23 | \$718.70/\$0.00/\$718.70 |
| 3, 3 | | , , , , , , , , , , , , , | 7 - 3,12 - 3,1 | , |
| EE 63 | \$1,036.61/\$0.00/\$1,036.61 | \$1,057.54/\$0.00/\$1,057.54 | \$1,019.07/\$0.00/\$1,019.07 | \$1,040.00/\$0.00/\$1,040.00 |
| 4, 4 | . , , , , , , , , , , , , , , , , , | . , , , | . , , , | . , |
| , EE 73 | \$1,053.47/\$0.00/\$1,053.47 | \$1,074.74/\$0.00/\$1,074.74 | \$1,035.64/\$0.00/\$1,035.64 | \$1,056.91/\$0.00/\$1,056.91 |
| 5,5 | | 7-,-: ,, +-:,, +-,-: | 7-, | +-, |
| EE 42 | \$465.28/\$0.00/\$465.28 | \$474.68/\$0.00/\$474.68 | \$457.41/\$0.00/\$457.41 | \$466.80/\$0.00/\$466.80 |
| 6, 6 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 71111111 | |
| EE 37 | \$434.73/\$0.00/\$434.73 | \$443.51/\$0.00/\$443.51 | \$427.37/\$0.00/\$427.37 | \$436.15/\$0.00/\$436.15 |
| EE's Included | 6/6 | 6/6 | 6/6 | 6/6 |
| EE Cost | \$4,182.97 | \$4,267.43 | \$4,112.17 | \$4,196.63 |
| Dep Cost | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total | \$4,182.97 | \$4,267.43 | \$4,112.17 | \$4,196.63 |
| ER Total | \$4,182.97 | \$4,267.43 | \$4,112.17 | \$4,196.63 |
| Litiotal | y .,, | y .,=07.1.0 | ¥ ., | y .,=50.00 |

| Bible Shield Bible Shield Bible Shield Bible Shield HMO HMO HMO HMO HMO 2750/70 OffEx Narrow Network Narow Network Narrow Network Narrow Network Narrow Network N | | | | DI 01111 | DI 01111 |
|---|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|
| Silver_Trio HMOP_2300/70 OffEx Narrow Network Narro | | Blue Shield | Blue Shield | Blue Shield | Blue Shield |
| Deductible in Net \$2,300 \$2,300 \$2,750 \$2,750 \$2,750 \$2,750 \$3,2750 | | | | | |
| Out Net N/A N/A N/A N/A PC/Specialist in Net \$70/\$80 ded waived \$70/\$80 ded waived \$70/\$80 ded waived Out Net N/A N/A N/A N/A Co-Insurance In Net 40% 40% 45% 45% Out Net N/A N/A N/A N/A OOP Limit In Net \$8,750 (incl ded) \$8,750 (incl ded) \$8,750 (incl ded) Out Net N/A N/A N/A N/A Out Net N/A N/A N/A N/A Inpatient Hospital In Net 40% after ded 40% after ded 45% after ded 45% after ded Out Net N/A N/A N/A N/A N/A Out Net N/A N/A N/A N/A Rx Tier 2 In Net \$85/\$110 after \$450 \$8 | | | | | |
| PC/Specialist in Net \$70/\$80 ded waived \$70/\$80 ded waived \$70/\$80 ded waived Out Net N/A N/A N/A N/A N/A N/A N/A OUT Net N/A | Deductible In Net | \$2,300 | \$2,300 | \$2,750 | \$2,750 |
| Out Net N/A N/A N/A N/A Co-Insurance In Net 40% 40% 45% 45% Out Net N/A N/A N/A N/A N/A OUT Net N/A N/A N/A N/A N/A OUT Net N/A N/A N/A N/A N/A Inpatient Hospital In Net 40% after ded 40% after ded 45% after ded 45% after ded Out Net N/A N/A N/A N/A N/A Urgent Care in Net \$70 ded waived \$70 ded waived \$70 ded waived \$70 ded waived Out Net N/A N/A N/A N/A N/A Out Net N/A N/A N/A N/A RX Tier 1 in Net \$25/\$30 ded waived \$25/\$30 ded waived \$25/\$30 ded waived \$25/\$30 ded waived Out Net N/A N/A N/A N/A N/A RX Tier 2 in Net \$85/\$110 after \$450 \$85/\$110 after \$450 \$15/\$155 after \$450 \$115/\$155 after \$450 </td <td>Out Net</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> | Out Net | N/A | N/A | N/A | N/A |
| Co-Insurance In Net | PC/Specialist In Net | \$70/\$80 ded waived | \$70/\$80 ded waived | \$70/\$80 ded waived | \$70/\$80 ded waived |
| Out Net N/A N/A N/A N/A OOP Limit In Net \$8,750 (incl ded) \$8,750 (incl ded) \$8,750 (incl ded) \$8,750 (incl ded) Out Net N/A N/A N/A N/A N/A Inpatient Hospital In Net 40% after ded 40% after ded 45% after ded 45% after ded Out Net N/A N/A N/A N/A N/A Urgent Care In Net \$70 ded waived \$70 ded waived \$70 ded waived \$70 ded waived Out Net N/A N/A N/A N/A N/A Rx Tier 1 In Net \$25/\$30 ded waived \$20,515/\$30 ded waived \$20,515/\$30 ded waiv | Out Net | N/A | N/A | N/A | N/A |
| OOP Limit In Net | Co-Insurance In Net | 40% | 40% | 45% | 45% |
| Out Net N/A | Out Net | N/A | N/A | N/A | N/A |
| Inpatient Hospital In Net Out Net Out Net N/A | OOP Limit In Net | \$8,750 (incl ded) | \$8,750 (incl ded) | \$8,750 (incl ded) | \$8,750 (incl ded) |
| Out Net N/A N/A N/A N/A N/A Urgent Care In Net \$70 ded waived N/A | Out Net | N/A | N/A | N/A | N/A |
| Urgent Care In Net Out Net N/A N/A N/A N/A N/A N/A RX Tier 1 In Net \$25/\$30 ded waived Out Net N/A N/A N/A N/A N/A N/A RX Tier 2 In Net \$85/\$110 after \$450 \$85/\$110 after \$450 \$90/\$115 ded waived \$90/\$115 ded waived Out Net N/A | Inpatient Hospital In Net | 40% after ded | 40% after ded | 45% after ded | 45% after ded |
| Out Net N/A N/A N/A N/A Rx Tier 1 In Net \$25/\$30 ded waived \$25/\$30 ded waived \$25/\$30 ded waived Out Net N/A N/A N/A N/A Rx Tier 2 In Net \$85/\$110 after \$450 \$85/\$110 after \$450 \$90/\$115 ded waived \$90/\$115 ded waived Out Net N/A N/A N/A N/A N/A Rx Tier 3 In Net \$115/\$155 after \$450 \$115/\$155 after ded \$115/\$155 after ded \$115/\$155 after ded Out Net N/A N/A N/A N/A N/A Out Net N/A N/A N/A N/A N/A Out Net N/A N/A N/A N/A N/A Out Net N/A N/A N/A N/A N/A N/A 1 EE/Dep/Total EE/Dep/Total EE/Dep/Total EE/Dep/Total EE/Dep/Total EE/Dep/Total EE/Dep/Total Sed. Sed. Sed. Sed. Sed. Sed. Sed. Sed. | Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 1 ln Net | Urgent Care In Net | \$70 ded waived | \$70 ded waived | \$70 ded waived | \$70 ded waived |
| Out Net N/A N/A N/A N/A N/A Rx Tier 2 In Net \$85/\$110 after \$450 \$85/\$110 after \$450 \$90/\$115 ded waived \$90/\$115 ded waived Out Net N/A N/A N/A N/A N/A Rx Tier 3 In Net \$115/\$155 after \$450 \$115/\$155 after \$450 \$115/\$155 after ded \$115/\$155 after ded Out Net N/A N/A N/A N/A N/A L N/A N/A N/A N/A L N/A N/A N/A N/A L N/A N/A N/A N/A N/A N/A N/A N/A N/A LEE/Dep/Total EE/Dep/Total EE/Dep/Total EE/Dep/Total EE 63 \$405.49/\$0.00/\$405.49 \$415.17/\$0.00/\$415.17 \$398.89/\$0.00/\$599.66 \$614.20/\$0.00/\$614.20 | Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 2 ln Net \$85/\$110 after \$450 \$85/\$110 after \$450 \$90/\$115 ded waived Out Net N/A N/A N/A N/A N/A N/A N/A Rx Tier 3 ln Net \$115/\$155 after \$450 \$115/\$155 after \$450 \$115/\$155 after ded \$115/\$155 after ded Out Net N/A | Rx Tier 1 In Net | \$25/\$30 ded waived | \$25/\$30 ded waived | \$25/\$30 ded waived | \$25/\$30 ded waived |
| Out Net N/A N/A N/A N/A N/A Rx Tier 3 in Net \$115/\$155 after \$450 \$115/\$155 after \$450 \$115/\$155 after ded \$115/\$155 after ded Out Net N/A N/A N/A N/A EE/Dep/Total EE/Dep/Total EE/Dep/Total EE/Dep/Total EE 643 \$405.49/\$0.00/\$405.49 \$415.17/\$0.00/\$415.17 \$398.89/\$0.00/\$398.89 \$408.56/\$0.00/\$408.56 2,2 EE 53 \$609.59/\$0.00/\$609.59 \$624.12/\$0.00/\$624.12 \$599.66/\$0.00/\$599.66 \$614.20/\$0.00/\$614.20 3,3 EE 63 \$882.11/\$0.00/\$882.11 \$903.15/\$0.00/\$903.15 \$867.74/\$0.00/\$867.74 \$888.78/\$0.00/\$888.78 4,4 EE 73 \$896.45/\$0.00/\$896.45 \$917.83/\$0.00/\$917.83 \$881.85/\$0.00/\$881.85 \$903.23/\$0.00/\$903.23 5,5 EE 42 \$395.93/\$0.00/\$395.93 \$405.38/\$0.00/\$405.38 \$389.48/\$0.00/\$389.48 \$398.93/\$0.00/\$398.93 6,6 6 \$405.38/\$0.00/\$405.38 \$389.48/\$0.00/\$389.48 \$398.93/\$0.00/\$398.93 | Out Net | N/A | N/A | N/A | N/A |
| Rx Tier 3 in Net \$115/\$155 after \$450 \$115/\$155 after \$450 \$115/\$155 after \$450 \$115/\$155 after ded \$115/\$155 after ded \$115/\$155 after ded \$1.5/\$155 after ded \$1.5/\$ | Rx Tier 2 In Net | \$85/\$110 after \$450 | \$85/\$110 after \$450 | \$90/\$115 ded waived | \$90/\$115 ded waived |
| Out Net N/A N/A N/A N/A N/A EE/Dep/Total EE/Dep/Total EE/Dep/Total EE/Dep/Total EE/Dep/Total 1,1 \$405.49/\$0.00/\$405.49 \$415.17/\$0.00/\$415.17 \$398.89/\$0.00/\$398.89 \$408.56/\$0.00/\$408.56 2,2 \$609.59/\$0.00/\$609.59 \$624.12/\$0.00/\$624.12 \$599.66/\$0.00/\$599.66 \$614.20/\$0.00/\$614.20 3,3 \$82.11/\$0.00/\$882.11 \$903.15/\$0.00/\$903.15 \$867.74/\$0.00/\$867.74 \$888.78/\$0.00/\$888.78 4,4 \$4 \$44 <td>Out Net</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> | Out Net | N/A | N/A | N/A | N/A |
| EE/Dep/Total EE/Dep/Total EE/Dep/Total EE/Dep/Total EE/Dep/Total 1, 1 1, 1 \$405.49/\$0.00/\$405.49 \$415.17/\$0.00/\$415.17 \$398.89/\$0.00/\$398.89 \$408.56/\$0.00/\$408.56 2, 2 2 \$599.66/\$0.00/\$599.66 \$614.20/\$0.00/\$614.20 3, 3 8 \$82.11/\$0.00/\$882.11 \$903.15/\$0.00/\$903.15 \$867.74/\$0.00/\$867.74 \$888.78/\$0.00/\$888.78 4, 4 \$85 \$896.45/\$0.00/\$896.45 \$917.83/\$0.00/\$917.83 \$881.85/\$0.00/\$881.85 \$903.23/\$0.00/\$903.23 5, 5 \$614.20/\$0.00/\$395.93 \$405.38/\$0.00/\$405.38 \$389.48/\$0.00/\$389.48 \$398.93/\$0.00/\$398.93 6, 6 \$614.20/\$0.00/\$395.93 \$405.38/\$0.00/\$405.38 \$389.48/\$0.00/\$389.48 \$398.93/\$0.00/\$398.93 | Rx Tier 3 In Net | \$115/\$155 after \$450 | \$115/\$155 after \$450 | \$115/\$155 after ded | \$115/\$155 after ded |
| 1, 1 EE 43 \$405.49\\$0.00\\$405.49 \$415.17\\$0.00\\$415.17 \$398.89\\$0.00\\$398.89 \$408.56\\$0.00\\$408.56 2, 2 EE 53 \$609.59\\$0.00\\$609.59 \$624.12\\$0.00\\$624.12 \$599.66\\$0.00\\$599.66 \$614.20\\$0.00\\$614.20 3, 3 EE 63 \$882.11\\$0.00\\$882.11 \$903.15\\$0.00\\$903.15 \$867.74\\$0.00\\$867.74 \$888.78\\$0.00\\$888.78 4, 4 EE 73 \$896.45\\$0.00\\$896.45 \$917.83\\$0.00\\$917.83 \$881.85\\$0.00\\$881.85 \$903.23\\$0.00\\$903.23 5, 5 EE 42 \$395.93\\$0.00\\$395.93 \$405.38\\$0.00\\$405.38 \$389.48\\$0.00\\$389.48 \$398.93\\$0.00\\$398.93 6, 6 | Out Net | N/A | N/A | N/A | N/A |
| EE 43 \$405.49/\$0.00/\$405.49 \$415.17/\$0.00/\$415.17 \$398.89/\$0.00/\$398.89 \$408.56/\$0.00/\$408.56 2, 2 EE 53 \$609.59/\$0.00/\$609.59 \$624.12/\$0.00/\$624.12 \$599.66/\$0.00/\$599.66 \$614.20/\$0.00/\$614.20 3, 3 EE 63 \$882.11/\$0.00/\$882.11 \$903.15/\$0.00/\$903.15 \$867.74/\$0.00/\$867.74 \$888.78/\$0.00/\$888.78 4, 4 EE 73 \$896.45/\$0.00/\$896.45 \$917.83/\$0.00/\$917.83 \$881.85/\$0.00/\$881.85 \$903.23/\$0.00/\$903.23 5, 5 EE 42 \$395.93/\$0.00/\$395.93 \$405.38/\$0.00/\$405.38 \$389.48/\$0.00/\$389.48 \$398.93/\$0.00/\$398.93 6, 6 | | EE/Dep/Total | EE/Dep/Total | EE/Dep/Total | EE/Dep/Total |
| 2, 2 EE 53 \$609.59\\$0.00\\$609.59 \$624.12\\$0.00\\$624.12 \$5599.66\\$0.00\\$599.66 \$614.20\\$0.00\\$614.20 3, 3 EE 63 \$882.11\\$0.00\\$882.11 \$903.15\\$0.00\\$903.15 \$867.74\\$0.00\\$867.74 \$888.78\\$0.00\\$888.78 4, 4 EE 73 \$896.45\\$0.00\\$896.45 \$917.83\\$0.00\\$917.83 \$881.85\\$0.00\\$881.85 \$903.23\\$0.00\\$903.23 5, 5 EE 42 \$395.93\\$0.00\\$395.93 \$405.38\\$0.00\\$405.38 \$389.48\\$0.00\\$389.48 \$398.93\\$0.00\\$398.93 6, 6 | | ¢40E 40/¢0 00/¢40E 40 | ¢41E 17/¢0 00/¢41E 17 | ¢200 00/¢0 00/¢200 00 | ¢400 E6/¢0 00/¢400 E6 |
| EE 53 \$609.59/\$0.00/\$609.59 \$624.12/\$0.00/\$624.12 \$599.66/\$0.00/\$599.66 \$614.20/\$0.00/\$614.20 3,3 EE 63 \$882.11/\$0.00/\$882.11 \$903.15/\$0.00/\$903.15 \$867.74/\$0.00/\$867.74 \$888.78/\$0.00/\$888.78 4,4 EE 73 \$896.45/\$0.00/\$896.45 \$917.83/\$0.00/\$917.83 \$881.85/\$0.00/\$881.85 \$903.23/\$0.00/\$903.23 5,5 EE 42 \$395.93/\$0.00/\$395.93 \$405.38/\$0.00/\$405.38 \$389.48/\$0.00/\$389.48 \$398.93/\$0.00/\$398.93 6,6 | | \$403.45/\$0.00/\$403.45 | 3413.17/30.00/3413.17 | \$350.05/\$0.00/\$350.05 | 3408.30/30.00/3408.30 |
| 3,3 EE 63 \$882.11/\$0.00/\$882.11 \$903.15/\$0.00/\$903.15 \$867.74/\$0.00/\$867.74 \$888.78/\$0.00/\$888.78 4,4 EE 73 \$896.45/\$0.00/\$896.45 \$917.83/\$0.00/\$917.83 \$881.85/\$0.00/\$881.85 \$903.23/\$0.00/\$903.23 5,5 EE 42 \$395.93/\$0.00/\$395.93 \$405.38/\$0.00/\$405.38 \$389.48/\$0.00/\$389.48 \$398.93/\$0.00/\$398.93 6,6 | | ¢600 E0/¢0 00/¢600 E0 | \$624.12/\$0.00/\$624.12 | ¢E00 66/¢0 00/¢E00 66 | \$614.20/\$0.00/\$614.20 |
| EE 63 \$882.11/\$0.00/\$882.11 \$903.15/\$0.00/\$903.15 \$867.74/\$0.00/\$867.74 \$888.78/\$0.00/\$888.78 4, 4 EE 73 \$896.45/\$0.00/\$896.45 \$917.83/\$0.00/\$917.83 \$881.85/\$0.00/\$881.85 \$903.23/\$0.00/\$903.23 5, 5 EE 42 \$395.93/\$0.00/\$395.93 \$405.38/\$0.00/\$405.38 \$389.48/\$0.00/\$389.48 \$398.93/\$0.00/\$398.93 6, 6 6 | | \$005.35/\$0.00/\$005.35 | 3024.12/30.00/3024.12 | \$355.00/\$0.00/\$355.00 | 3014.20/30.00/3014.20 |
| 4, 4 EE 73 \$896.45/\$0.00/\$896.45 \$917.83/\$0.00/\$917.83 \$881.85/\$0.00/\$881.85 \$903.23/\$0.00/\$903.23 5, 5 EE 42 \$395.93/\$0.00/\$395.93 \$405.38/\$0.00/\$405.38 \$389.48/\$0.00/\$389.48 \$398.93/\$0.00/\$398.93 6, 6 | | 6002 11/60 00/6002 11 | \$002.1E/\$0.00/\$002.1E | ¢967 74/¢0 00/¢967 74 | \$000 70/\$n nn/\$000 70 |
| EE 73 \$896.45\\$0.00\\$896.45 \$917.83\\$0.00\\$917.83 \$881.85\\$0.00\\$881.85 \$903.23\\$0.00\\$903.23 \$ 5,5 \$ EE 42 \$395.93\\$0.00\\$395.93 \$405.38\\$0.00\\$405.38 \$389.48\\$0.00\\$389.48 \$398.93\\$0.00\\$398.93 \$ 6,6 | | 3002.11/30.00/3002.11 | 3503.13/30.00/3503.13 | 3807.74/30.00/3807.74 | 3000.70/30.00/3000.76 |
| 5,5 EE 42 \$395.93/\$0.00/\$395.93 \$405.38/\$0.00/\$405.38 \$389.48/\$0.00/\$389.48 \$398.93/\$0.00/\$398.93 6,6 | | \$896.45/\$0.00/\$896.45 | \$917.83/\$0.00/\$917.83 | \$881.85/\$0.00/\$881.85 | \$903.23/\$0.00/\$903.23 |
| EE 42 \$395.93/\$0.00/\$395.93 \$405.38/\$0.00/\$405.38 \$389.48/\$0.00/\$389.48 \$398.93/\$0.00/\$398.93 6, 6 | 5.5 | , , , | ,, ,, , | , , , , , | , , , |
| 6, 6 | • | \$395.93/\$0.00/\$395.93 | \$405.38/\$0.00/\$405.38 | \$389.48/\$0.00/\$389.48 | \$398.93/\$0.00/\$398.93 |
| | 6, 6 | , | | | . ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | \$369.94/\$0.00/\$369.94 | \$378.76/\$0.00/\$378.76 | \$363.91/\$0.00/\$363.91 | \$372.73/\$0.00/\$372.73 |

| EE' | s Included | 6/6 | 6/6 | 6/6 | 6/6 |
|-----|------------|------------|------------|------------|------------|
| | EE Cost | \$3,559.51 | \$3,644.41 | \$3,501.53 | \$3,586.43 |
| | Dep Cost | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Total | \$3,559.51 | \$3,644.41 | \$3,501.53 | \$3,586.43 |
| | ER Total | \$3,559,51 | \$3.644.41 | \$3,501,53 | \$3,586,43 |

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ABC Sample KP Effective Date: 09-01-2023 #865607

Kristine Petrosyan Dickerson Insurance Services An Alera Group Co. License: 0M2911

Run Date: 09-07-2023 #8656072 License: 0M29112

| | Anthem Blue | e Cross | Anthem Blue | e Cross |
|----------------------------|--|---------|--|---------|
| | <u>Link Silver Vivity HMC</u> (Narrow Net | | <u>Link Silver Vivity HMO 5</u> (Narrow Net | |
| Benefit | In Net | Out Net | In Net | Out Net |
| Individual Ded | \$2,650 | | \$2,650 | |
| Family Ded | \$5,300 | | \$5,300 | |
| Individual OOP | | | | |
| Max | \$9,100 (incl ded) | | \$9,100 (incl ded) | |
| Family OOP Max | \$18,200 (incl ded) | | \$18,200 (incl ded) | |
| Co-insurance | 0% | | 0% | |
| Lifetime Max | Unlimited | | Unlimited | |
| | | | | |
| PC/Specialist | \$50/\$110 ded waived | | \$50/\$110 ded waived | |
| Adult Preventive | | | | |
| Care | No charge | | No charge | |
| Child Preventive | | | | |
| Care | No charge | | No charge | |
| Pre/Postnatal | No charge/\$50 ded | | No charge/\$50 ded | |
| Care | waived | | waived | |
| Physical Therapy | \$30 ded waived | | \$30 ded waived | |
| | | | | |
| Chiropractic Care | \$15 ded waived | | \$15 ded waived | |
| | \$1,500/admit after | | \$1,500/admit after | |
| Inpatient Hospital | ded | | ded | |
| | | | | |
| IP | | | | |
| Physician/Surgeon | No charge | | No charge | |
| • | \$1,500/admit after | | \$1,500/admit after | |
| Delivery/IP | ded | | ded | |
| | \$1,500/admit after | | \$1,500/admit after | |
| Mental Health IP | ded | | ded | |
| Substance Abuse | \$1,500/admit after | | \$1,500/admit after | |
| IP | ded | | ded | |
| 0.1 | 64.000 - 61 - 1 - 1 | | ć4 000 - fi | |
| Outpatient Facility | \$1,000 after ded | | \$1,000 after ded | |
| 00 | | | | |
| OP | No shares | | No shaus- | |
| Physician/Surgeon | No charge | | No charge | |
| Lab/X-Ray Advanced | \$40 ded waived | | \$40 ded waived | |
| | ¢2E0 dod waiwod | | ¢2EU dad waiwad | |
| Radiology | \$350 ded waived | | \$350 ded waived | |
| Mental Health OP | \$50 ded waived | | \$50 ded waived | |
| iviental nealth OP | 350 ueu waiveu | | 350 ded walved | |

| Substance Ab | use |
|--------------|-----|
|--------------|-----|

| ОР | \$50 ded waived | \$50 ded waived |
|-------------------------|-----------------------|-----------------------|
| | | |
| Emergency Room | \$500 after ded | \$500 after ded |
| Ambulance | \$500 after ded | \$500 after ded |
| Urgent Care | \$50 ded waived | \$50 ded waived |
| | | |
| Rx Tier 1 | \$20/\$25 ded waived | \$20/\$25 ded waived |
| | t/t | 4 |
| Rx Tier 2 | \$95/\$105 ded waived | \$95/\$105 ded waived |
| D., T' 2 | ¢150/¢160 ofton ded | ¢150/¢160 often ded |
| | \$150/\$160 after ded | \$150/\$160 after ded |
| Rx Tier 4 | \$250 after ded | \$250 after ded |
| | 2.5x/3x/3x/1x retail | 2.5x/3x/3x/1x retail |
| Rx Mail Order | copay | copay |
| | \$110 ded waived; | \$110 ded waived; |
| Home Health Care | 100 visits/yr | 100 visits/yr |
| | | |
| | \$325/admit after | \$325/admit after |
| | ded; 100 | ded; 100 |
| Skilled Nursing | days/benefit period | days/benefit period |
| Infertility | | |
| Treatment | Refer to carrier | Refer to carrier |
| DME | 50% after ded | 50% after ded |
| | \$110 ded waived | \$110 ded waived |
| Hospice Services | (home) | (home) |
| | | |
| | Covered; 1 exam & | Covered; Enhanced |
| Pediatric Vision | pair/benefit period | pediatric and adult |
| | | |
| | Covered; 1 visit/6 | Covered; Enhanced |
| Pediatric Dental | months | pediatric and adult |
| | | |

ABC Sample KP Effective Date: 09-01-2023 Run Date: 09-07-2023 #8656072 Kristine Petrosyan Insurance Services An Alera Group Co. License: 0M29112

| | Anthem Blue Cros | ss | Anthem Blue | Cross |
|---------------------------|----------------------------|---------|---------------------------|---------------|
| | | | Silver Priority Select HM | O 60/2500/45% |
| | Silver Priority Select HMC | | 6RFS | |
| Donofit | (Narrow Network | | (Narrow Net | |
| Benefit Individual Ded | | Out Net | In Net | Out Net |
| individual Ded | \$0 | | \$2,500 | |
| Family Ded | \$0 | | \$5,000 (embedded) | |
| Individual OOP | ΨU | | 75,000 (cmbedded) | |
| Max | \$9,100 | | \$9,100 (incl ded) | |
| Family OOP Max | \$18,200 | | \$18,200 (incl ded) | |
| Co-insurance | 0% | | 45% | |
| Lifetime Max | Unlimited | | Unlimited | |
| | | | | |
| PC/Specialist | \$55/\$110 | | \$60/\$110 ded waived | |
| Adult Preventive | | | | |
| Care | No charge | | No charge | |
| Child Preventive | | | | |
| Care | No charge | | No charge | |
| Pre/Postnatal | | | No charge/\$60 ded | |
| Care | No charge/\$55 | | waived | |
| Physical Therapy | \$55 | | \$60 ded waived | |
| Chiropractic Care | \$15 | | \$15 ded waived | |
| Cili opractic care | \$15 \$750/day; 5 | | \$15 ded walved | |
| Inpatient Hospital | days/admit | | 45% after ded | |
| inpatient nospital | ady5/daime | | 45% ditter ded | |
| IP | | | | |
| Physician/Surgeon | No charge | | No charge | |
| Maternity | \$750/day; 5 | | U | |
| Delivery/IP | days/admit | | 45% after ded | |
| | \$750/day; 5 | | | |
| Mental Health IP | days/admit | | 45% after ded | |
| Substance Abuse | \$750/day; 5 | | | |
| IP | days/admit | | 45% after ded | |
| | | | | |
| | AFF0 /4 500 | | \$600 after ded/45% | |
| Outration Facility | \$550/\$600 | | after ded | |
| Outpatient Facility | (ASC/Hospital) | | (ASC/Hospital) | |
| OP | | | | |
| Physician/Surgeon | No charge | | No charge | |
| r iiysiciaii/ Surgeon | NO charge | | No charge | |

| | | Lab-No charge |
|-----------------------|---------------------------------------|-----------------------|
| | | (FS)/\$20 ded waived |
| | Lab-No charge | (Office)/45% after |
| | (FS)/\$40 (Office)/\$55 | ded (OP Hosp); X-ray- |
| | (OP Hosp); X-ray-\$40 | \$20 ded waived (FS |
| | (FS & Office)/\$90 | & Office)/45% after |
| Lab/X-Ray | (OP Hosp) | ded (OP Hosp) |
| | | |
| | \$200 (FS & | \$200 ded waived (FS |
| Advanced | Office)/\$350 (OP | & Office)/\$350 after |
| Radiology | Hosp) | ded (OP Hosp) |
| | | |
| Mental Health OP | \$55 | \$60 ded waived |
| Substance Abuse | | |
| OP | \$55 | \$60 ded waived |
| | | |
| Emergency Room | \$500 | \$350 + 45% after ded |
| Ambulance | \$150 | 45% after ded |
| Urgent Care | \$55 | \$60 ded waived |
| | | |
| Rx Tier 1 | \$20/\$30 ded waived | \$15/\$20 ded waived |
| | | |
| Rx Tier 2 | \$95/\$105 after \$400 | \$70/\$80 after \$200 |
| | \$150/\$160 after | \$110/\$120 after |
| Rx Tier 3 | \$400 | \$200 |
| | | |
| | 30%/40% after \$400; | 30%/40% after \$200; |
| Rx Tier 4 | \$250 max/script | \$250 max/script |
| | 2.5x/3x/3x/1x retail | 2.5x/3x/3x/1x retail |
| Rx Mail Order | copay | copay |
| | | \$110 ded waived; |
| Home Health Care | \$110; 100 visits/yr | 100 visits/yr |
| | | |
| | \$300/day; 5 | |
| | days/admit; 100 | 45% after ded; 100 |
| Skilled Nursing | days/benefit period | days/benefit period |
| Infertility | | |
| Treatment | Refer to carrier | Refer to carrier |
| DME | 50% | 50% after ded |
| Hospice Services | No charge | 0% after ded |
| | | |
| | Covered; 1 exam & | Covered; 1 exam & |
| Pediatric Vision | · · · · · · · · · · · · · · · · · · · | pair/benefit period |
| B. J | Covered; 1 visit/6 | Covered; 1 visit/6 |
| Pediatric Dental | months | months |

ABC Sample KP Effective Date: 09-01-2023 Run Date: 09-07-2023 #8656072

Kristine Petrosyan Insurance Services An Alera Group Co. License: 0M29112

| | Anthem Blu | ie Cross | Anthem Blu | ıe Cross |
|---------------------------|--------------------------|----------------|---------------------------|----------|
| | Silver Priority Select H | MO 60/2500/45% | | |
| | WH 6R | | Silver Select HMO 55 6RHQ | |
| | (Narrow Ne | | (Narrow Network) | |
| Benefit | In Net | Out Net | In Net | Out Net |
| Individual Ded | \$2,500 | | \$0 | |
| | Ψ2,300 | | γ• | |
| Family Ded | \$5,000 (embedded) | | \$0 | |
| Individual OOP | 75,000 (cilibedaea) | | 70 | |
| Max | \$9,100 (incl ded) | | \$9,100 | |
| Family OOP Max | | | \$18,200 | |
| Co-insurance | 45% | | 0% | |
| Lifetime Max | Unlimited | | Unlimited | |
| Lifetime wax | Offillitited | | Offillifited | |
| DC/Specialist | ¢60/¢110 dod waiwad | | ¢55 /¢110 | |
| | \$60/\$110 ded waived | | \$55/\$110 | |
| Adult Preventive | NI sala sa sa | | Nie de | |
| Care | No charge | | No charge | |
| Child Preventive | | | | |
| Care | No charge | | No charge | |
| Pre/Postnatal | No charge/\$60 ded | | | |
| Care | waived | | No charge/\$55 | |
| Physical Therapy | \$60 ded waived | | \$55 | |
| | | | | |
| Chiropractic Care | \$15 ded waived | | \$15 | |
| | | | \$750/day; 5 | |
| Inpatient Hospital | 45% after ded | | days/admit | |
| | | | | |
| IP | | | | |
| Physician/Surgeon | No charge | | No charge | |
| Maternity | - | | \$750/day; 5 | |
| Delivery/IP | 45% after ded | | days/admit | |
| , | | | \$750/day; 5 | |
| Mental Health IP | 45% after ded | | days/admit | |
| Substance Abuse | | | \$750/day; 5 | |
| IP | 45% after ded | | days/admit | |
| | | | , . , | |
| | \$600 after ded/45% | | | |
| | after ded | | \$550/\$600 | |
| Outpatient Facility | (ASC/Hospital) | | (ASC/Hospital) | |
| outpatient racinty | (ASC) HOSPICAL) | | (AJC) HOSPITAL | |
| ОР | | | | |
| | No charge | | No charge | |
| Physician/Surgeon | No charge | | No charge | |

| | Lab-No charge | |
|-------------------------|-----------------------|-------------------------|
| | (FS)/\$20 ded waived | |
| | (Office)/45% after | Lab-No charge |
| | ded (OP Hosp); X-ray- | (FS)/\$40 (Office)/\$55 |
| | \$20 ded waived (FS | (OP Hosp); X-ray-\$40 |
| | & Office)/45% after | (FS & Office)/\$90 |
| Lab/X-Ray | ded (OP Hosp) | (OP Hosp) |
| | | |
| | \$200 ded waived (FS | \$200 (FS & |
| Advanced | & Office)/\$350 after | Office)/\$350 (OP |
| Radiology | ded (OP Hosp) | Hosp) |
| | | |
| Mental Health OP | \$60 ded waived | \$55 |
| Substance Abuse | | |
| OP | \$60 ded waived | \$55 |
| | | |
| | \$350 + 45% after ded | \$500 |
| Ambulance | 45% after ded | \$150 |
| Urgent Care | \$60 ded waived | \$55 |
| Dy Tian 1 | ¢15/¢20 dod weined | ¢20/¢20 dedei.ced |
| KX Her 1 | \$15/\$20 ded waived | \$20/\$30 ded waived |
| Ry Tier 2 | \$70/\$80 after \$200 | \$95/\$105 after \$400 |
| TA HEI Z | \$110/\$120 after | \$150/\$160 after |
| Rx Tier 3 | \$200 | \$400 |
| TIX TIEL S | Ψ200 | φ.ιου |
| | 30%/40% after \$200; | 30%/40% after \$400; |
| Rx Tier 4 | \$250 max/script | \$250 max/script |
| | 2.5x/3x/3x/1x retail | 2.5x/3x/1x retail |
| Rx Mail Order | copay | copay |
| | \$110 ded waived; | |
| Home Health Care | 100 visits/yr | \$110; 100 visits/yr |
| | | |
| | | \$300/day; 5 |
| | 45% after ded; 100 | days/admit; 100 |
| Skilled Nursing | days/benefit period | days/benefit period |
| Infertility | | |
| Treatment | Refer to carrier | Refer to carrier |
| DME | 50% after ded | 50% |
| Hospice Services | 0% after ded | No charge |
| | Carranada Frahaman I | Caucarada 1 acrossa 9 |
| Dadiatula Mala | Covered; Enhanced | Covered; 1 exam & |
| Pediatric Vision | pediatric and adult | pair/benefit period |
| | | |

Covered; Enhanced **Pediatric Dental** pediatric and adult

Covered; 1 visit/6 months

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ABC Sample KP Effective Date: 09-01-2023 Run Date: 09-07-2023 #8656072

Kristine Petrosyan Insurance Services An Alera Group Co. License: 0M29112

| | Anthem B | lue Cross | Anthem Blue | e Cross |
|--------------------------------|----------------------------|-----------|------------------------------|---------|
| | | | | |
| | Silver Select HMO 6 | | Silver Select HMO 60/25 | |
| - 6. | (Narrow N | | (Narrow Net | |
| Benefit | In Net | Out Net | In Net | Out Net |
| Individual Ded | \$2,500 | | \$2,500 | |
| Familia Dad | ĆE 000 (amala adda d) | | ĆE 000 (anala adda d) | |
| Individual OOP | \$5,000 (embedded) | | \$5,000 (embedded) | |
| | ¢0 100 (incl dod) | | ¢0 100 (incl dod) | |
| Max | 1-7 (7 | | \$9,100 (incl ded) | |
| Family OOP Max Co-insurance | \$18,200 (incl ded) 45% | | \$18,200 (incl ded) 45% | |
| Lifetime Max | | | 45% Unlimited | |
| Lifetime iviax | Unlimited | | Uniimitea | |
| DC/Cnosislist | ¢60/¢110 dod waiwad | | ¢c0/¢110 dod waiwad | |
| Adult Preventive | \$60/\$110 ded waived | | \$60/\$110 ded waived | |
| Care | No chargo | | No charge | |
| Child Preventive | No charge | | No charge | |
| Care | No charge | | No charge | |
| Pre/Postnatal | No charge/\$60 ded | | | |
| Care | waived | | No charge/\$60 ded waived | |
| | | | | |
| Physical Therapy | \$60 ded waived | | \$60 ded waived | |
| Chiropractic Care | \$15 ded waived | | \$15 ded waived | |
| Chiropractic Care | \$15 ded walved | | \$15 ded walved | |
| Inpatient Hospital | 45% after ded | | 45% after ded | |
| inpatient nospital | 45% after ded | | 43% after ded | |
| IP | | | | |
| Physician/Surgeon | No charge | | No charge | |
| Maternity | No charge | | No charge | |
| Delivery/IP | 45% after ded | | 45% after ded | |
| Mental Health IP | 45% after ded | | 45% after ded | |
| Substance Abuse | 4570 ditter ded | | 45/0 ditter ded | |
| IP | 45% after ded | | 45% after ded | |
| | 1370 ditei ded | | 1370 ditter ded | |
| | \$600 after ded/45% | | \$600 after ded/45% | |
| | after ded | | after ded | |
| Outpatient Facility | (ASC/Hospital) | | (ASC/Hospital) | |
| - aspatistic i doilley | (, 100) 1100 picarj | | (, 100) 1100picary | |
| ОР | | | | |
| Physician/Surgeon | No charge | | No charge | |

| | Lab-No charge | Lab-No charge |
|-------------------------|------------------------------------|---------------------------------------|
| | (FS)/\$20 ded waived | (FS)/\$20 ded waived |
| | (Office)/45% after | (Office)/45% after |
| | ded (OP Hosp); X-ray- | ded (OP Hosp); X-ray- |
| | \$20 ded waived (FS | \$20 ded waived (FS |
| | & Office)/45% after | & Office)/45% after |
| Lab/X-Ray | ded (OP Hosp) | ded (OP Hosp) |
| | | |
| | \$200 ded waived (FS | \$200 ded waived (FS |
| | & Office)/\$350 after | & Office)/\$350 after |
| Radiology | ded (OP Hosp) | ded (OP Hosp) |
| Montal Haalth CD | ځدن طمط <i>س</i> ون دو ط | ¢c0 dad waiwad |
| Mental Health OP | \$60 ded waived | \$60 ded waived |
| Substance Abuse OP | \$60 ded waived | \$60 ded waived |
| OF | 300 ded waived | 300 deu waived |
| Fmergency Room | \$350 + 45% after ded | \$350 + 45% after ded |
| Ambulance | 45% after ded | 45% after ded |
| Urgent Care | | \$60 ded waived |
| J | · | · · · · · · · · · · · · · · · · · · · |
| Rx Tier 1 | \$15/\$20 ded waived | \$15/\$20 ded waived |
| Rx Tier 2 | \$70/\$80 after \$200 | \$70/\$80 after \$200 |
| | \$110/\$120 after | \$110/\$120 after |
| Rx Tier 3 | \$200 | \$200 |
| | | |
| | 30%/40% after \$200; | 30%/40% after \$200; |
| Rx Tier 4 | • | \$250 max/script |
| | 2.5x/3x/3x/1x retail | 2.5x/3x/1x retail |
| Rx Mail Order | • • | copay |
| Home Health Care | \$110 ded waived; 100 visits/yr | \$110 ded waived; 100 visits/yr |
| nome nearm care | 100 visits/ yi | 100 visits/yi |
| | 45% after ded; 100 | 45% after ded; 100 |
| Skilled Nursing | • | days/benefit period |
| Infertility | ,., | ,., |
| Treatment | Refer to carrier | Refer to carrier |
| DME | 50% after ded | 50% after ded |
| Hospice Services | 0% after ded | 0% after ded |
| | | |
| | Covered; 1 exam & | Covered; Enhanced |
| Pediatric Vision | pair/benefit period | pediatric and adult |
| | | |
| | Covered; 1 visit/6 | Covered; Enhanced |
| Pediatric Dental | months | pediatric and adult |

ABC Sample KP Effective Date: 09-01-2023 Run Date: 09-07-2023 #8656072

Kristine Petrosyan Insurance Services An Alera Group Co. License: 0M29112

| | Blue Shi | | Blue Shie | |
|----------------------------|-------------------------|---------|-------------------------|---------|
| | Blue Shield Bronze Tric | | Blue Shield Bronze Trio | |
| | Child De | | Child Denta | |
| | (Narrow Ne | | (Narrow Net | |
| Benefit | | Out Net | In Net | Out Net |
| Individual Ded | , , | | \$7,000 | |
| Family Ded | \$14,000 | | \$14,000 | |
| Individual OOP | 1 | | 1 | |
| Max | 1 - 7 1 | | \$8,750 (incl ded) | |
| Family OOP Max | | | \$17,500 (incl ded) | |
| Co-insurance | | | 50% | |
| Lifetime Max | | | Unlimited | |
| | \$70/\$80 ded waived; | | \$70/\$80 ded waived; | |
| | \$80 ded waived | | \$80 ded waived | |
| PC/Specialist | Trio+ SP | | Trio+ SP | |
| Adult Preventive | | | | |
| Care | No charge | | No charge | |
| Child Preventive | | | | |
| Care | No charge | | No charge | |
| Pre/Postnatal | | | | |
| Care | No charge | | No charge | |
| Physical Therapy | \$70 ded waived | | \$70 ded waived | |
| | \$15 ded waived; 20 | | \$15 ded waived; 20 | |
| Chiropractic Care | visits/yr | | visits/yr | |
| | | | | |
| Inpatient Hospital | 50% after ded | | 50% after ded | |
| | | | | |
| IP | | | | |
| Physician/Surgeon | 50% ded waived | | 50% ded waived | |
| Maternity | | | | |
| Delivery/IP | 50% after ded | | 50% after ded | |
| Mental Health IP | 50% after ded | | 50% after ded | |
| Substance Abuse | | | | |
| IP | 50% after ded | | 50% after ded | |
| | | | | |
| Outpatient Facility | 50% after ded | | 50% after ded | |
| | | | | |
| OP | | | | |
| Physician/Surgeon | \$150 ded waived | | \$150 ded waived | |
| | | | | |
| Lab/X-Ray | \$65/\$115 ded waived | | \$65/\$115 ded waived | |
| | \$400 ded | | \$400 ded | |
| Advanced | waived/\$400 after | | waived/\$400 after | |
| Radiology | ded (FS/Hospital) | | ded (FS/Hospital) | |

| Mental Health OP | \$70 ded waived | \$70 ded waived |
|-------------------------|-----------------------|-----------------------|
| Substance Abuse | | |
| OP | \$70 ded waived | \$70 ded waived |
| | | |
| Emergency Room | | 50% after ded |
| Ambulance | 50% after ded | 50% after ded |
| Urgent Care | \$70 ded waived | \$70 ded waived |
| | | |
| Rx Tier 1 | \$25/\$30 ded waived | \$25/\$30 ded waived |
| | | |
| Rx Tier 2 | \$115/\$145 after ded | \$115/\$145 after ded |
| | | |
| Rx Tier 3 | \$160/\$210 after ded | \$160/\$210 after ded |
| | 50% after ded; \$500 | 50% after ded; \$500 |
| Rx Tier 4 | max/script | max/script |
| Rx Mail Order | 2x retail copay | 2x retail copay |
| | 50% ded waived; | 50% ded waived; |
| Home Health Care | 100 visits/cal yr | 100 visits/cal yr |
| | | |
| | 50% after ded; 100 | 50% after ded; 100 |
| Skilled Nursing | days/benefit period | days/benefit period |
| Infertility | | Covered; See |
| Treatment | Not covered | brochure |
| DME | 50% ded waived | 50% ded waived |
| Hospice Services | No charge | No charge |
| | Covered; See | Covered; See |
| Pediatric Vision | brochure | brochure |
| | Covered; See | Covered; See |
| Pediatric Dental | brochure | brochure |
| | | |

ABC Sample KP Effective Date: 09-01-2023 Run Date: 09-07-2023 #8656072
Kristine Petrosyan Insurance Services An Alera Group Co. License: 0M29112

| | Blue Shie | | Blue Shie | |
|--|----------------------------|---------|-----------------------|---------|
| | Blue Shield Trio Silver 70 | | | |
| | <u>Child Den</u> | | Child Denta | |
| | (Narrow Net | work) | (Narrow Net | work) |
| Benefit | In Net | Out Net | In Net | Out Net |
| Individual Ded | \$2,500 | | \$2,500 | |
| Family Ded | \$5,000 | | \$5,000 | |
| Individual OOP | | | | |
| Max | \$8,750 (incl ded) | | \$8,750 (incl ded) | |
| Family OOP Max | \$17,500 (incl ded) | | \$17,500 (incl ded) | |
| Co-insurance | 30% | | 30% | |
| Lifetime Max | Unlimited | | Unlimited | |
| | \$55/\$90 ded waived; | | \$55/\$90 ded waived; | |
| | \$90 ded waived | | \$90 ded waived | |
| PC/Specialist | Trio+ SP | | Trio+ SP | |
| Adult Preventive | | | | |
| Care | No charge | | No charge | |
| Child Preventive | • | | • | |
| Care | No charge | | No charge | |
| Pre/Postnatal | _ | | - | |
| Care | No charge | | No charge | |
| Physical Therapy | \$55 ded waived | | \$55 ded waived | |
| , , , | • | | • | |
| Chiropractic Care | Not covered | | Not covered | |
| | | | | |
| Inpatient Hospital | 40% after ded | | 40% after ded | |
| | | | | |
| IP | | | | |
| Physician/Surgeon | 40% ded waived | | 40% ded waived | |
| Maternity | | | | |
| Delivery/IP | 40% after ded | | 40% after ded | |
| Mental Health IP | 40% after ded | | 40% after ded | |
| Substance Abuse | | | | |
| IP | 40% after ded | | 40% after ded | |
| | | | | |
| Outpatient Facility | 35% after ded | | 35% after ded | |
| - a a para a a a a a a a a a a a a a a a | | | | |
| ОР | | | | |
| Physician/Surgeon | 30% ded waived | | 30% ded waived | |
| , , , , | | | | |
| Lab/X-Rav | \$55/\$90 ded waived | | \$55/\$90 ded waived | |
| Advanced | | | | |
| Radiology | \$300 after ded | | \$300 after ded | |
| | 7000 a.c. aca | | 7000 4.10. 404 | |

| Mental Health OP | \$55 ded waived | \$55 ded waived |
|-------------------------|------------------------|------------------------|
| Substance Abuse | | |
| OP | \$55 ded waived | \$55 ded waived |
| | | |
| Emergency Room | 30% after ded | 30% after ded |
| Ambulance | 30% after ded | 30% after ded |
| Urgent Care | \$55 ded waived | \$55 ded waived |
| | | |
| Rx Tier 1 | \$19/\$24 ded waived | \$19/\$24 ded waived |
| | | |
| Rx Tier 2 | \$85/\$110 after \$300 | \$85/\$110 after \$300 |
| | \$110/\$150 after | \$110/\$150 after |
| Rx Tier 3 | \$300 | \$300 |
| | 30% after \$300; | 30% after \$300; |
| Rx Tier 4 | \$250 max/script | \$250 max/script |
| Rx Mail Order | 2x retail copay | 2x retail copay |
| | \$45 ded waived; 100 | \$45 ded waived; 100 |
| Home Health Care | visits/cal yr | visits/cal yr |
| | | |
| | 40% after ded; 100 | 40% after ded; 100 |
| Skilled Nursing | days/benefit period | days/benefit period |
| Infertility | | Covered; See |
| Treatment | Not covered | brochure |
| DME | 40% ded waived | 40% ded waived |
| Hospice Services | No charge | No charge |
| | Covered; See | Covered; See |
| Pediatric Vision | brochure | brochure |
| | Covered; See | Covered; See |
| Pediatric Dental | brochure | brochure |

ABC Sample KP Effective Date: 09-01-2023 Run Date: 09-07-2023 #8656072
Kristine Petrosyan Insurance Services An Alera Group Co. License: 0M29112

| | Plus Chield | | plus chis | u. |
|---------------------|---|---------|-------------------------|---------|
| | Blue Shield | | Blue Shie | |
| | | | Bronze Local Access+ H | |
| | Bronze Local Access+ HMO® | | | |
| | (Narrow Netwo | | (Narrow Net | vork) |
| Benefit | In Net | Out Net | In Net | Out Net |
| Individual Ded | \$7,000 | | \$7,000 | |
| Family Ded | \$14,000 | | \$14,000 | |
| Individual OOP | | | | |
| Max | \$8,750 (incl ded) | | \$8,750 (incl ded) | |
| Family OOP Max | \$17,500 (incl ded) | | \$17,500 (incl ded) | |
| Co-insurance | 50% | | 50% | |
| Lifetime Max | Unlimited | | Unlimited | |
| | \$70/\$80 ded waived; | | \$70/\$80 ded waived; | |
| | \$80 ded waived | | \$80 ded waived | |
| PC/Specialist | Access+ SP | | Access+ SP | |
| Adult Preventive | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 7100033 - 51 | |
| Care | No charge | | No charge | |
| Child Preventive | No charge | | No charge | |
| Care | No chargo | | No charge | |
| | No charge | | No charge | |
| Pre/Postnatal | | | | |
| Care | No charge | | No charge | |
| Physical Therapy | \$70 ded waived | | \$70 ded waived | |
| | \$15 ded waived; 20 | | \$15 ded waived; 20 | |
| Chiropractic Care | visits/cal yr | | visits/cal yr | |
| | | | | |
| Inpatient Hospital | 50% after ded | | 50% after ded | |
| | | | | |
| IP | | | | |
| Physician/Surgeon | 50% ded waived | | 50% ded waived | |
| Maternity | | | | |
| Delivery/IP | 50% after ded | | 50% after ded | |
| Mental Health IP | 50% after ded | | 50% after ded | |
| Substance Abuse | | | | |
| IP | 50% after ded | | 50% after ded | |
| | 3073 4.101 4.04 | | 30,73 0.103. 0.00 | |
| Outpatient Facility | 50% after ded | | 50% after ded | |
| Outpatient racinty | 30% arter ded | | 50% after ded | |
| ОР | | | | |
| | \$150 ded waived | | \$150 dod waiwad | |
| Physician/Surgeon | TOO MEN MAINED | | \$150 ded waived | |
| Late by B | CCE/C44E ded - 1 - 1 | | ¢CE/¢44E de de de de de | |
| Lab/X-Kay | \$65/\$115 ded waived | | \$65/\$115 ded waived | |
| | \$400 ded | | \$400 ded | |
| Advanced | waived/\$400 after | | waived/\$400 after | |
| Radiology | ded (FS/Hospital) | | ded (FS/Hospital) | |

| Mental Health OP | \$70 ded waived | \$70 ded waived |
|-------------------------|----------------------|----------------------|
| Substance Abuse | | |
| OP | \$70 ded waived | \$70 ded waived |
| | | |
| Emergency Room | 50% after ded | 50% after ded |
| Ambulance | 50% after ded | 50% after ded |
| Urgent Care | \$70 ded waived | \$70 ded waived |
| Rx Tier 1 | \$25 ded waived | \$25 ded waived |
| Rx Tier 2 | \$115 after ded | \$115 after ded |
| Rx Tier 3 | \$160 after ded | \$160 after ded |
| | 50% after ded; \$500 | 50% after ded; \$500 |
| Rx Tier 4 | max/script | max/script |
| Rx Mail Order | 2x retail copay | 2x retail copay |
| | 50% ded waived; | 50% ded waived; |
| Home Health Care | 100 visits/cal yr | 100 visits/cal yr |
| | | |
| | 50% after ded; 100 | 50% after ded; 100 |
| Skilled Nursing | days/benefit period | days/benefit period |
| Infertility | | Covered; See |
| Treatment | Not covered | brochure |
| DME | 50% ded waived | 50% ded waived |
| Hospice Services | No charge | No charge |
| | Covered; See | Covered; See |
| Pediatric Vision | brochure | brochure |
| | Covered; See | Covered; See |
| Pediatric Dental | brochure | brochure |

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Kristine Petrosyan Insurance Services An Alera Group Co. License: 0M29112

| | Blue Shi | eld | Blue Shie | eld |
|---|-----------------------|---------------|------------------------------------|---------|
| | Bronze Trio HMO® | 7000/70 OffEx | Bronze Trio HMO® 7000/70 OffEx INI | |
| | (Narrow Ne | twork) | (Narrow Network) | |
| Benefit | In Net | Out Net | In Net | Out Net |
| Individual Ded | \$7,000 | | \$7,000 | |
| Family Ded | \$14,000 | | \$14,000 | |
| Individual OOP | | | | |
| Max | \$8,750 (incl ded) | | \$8,750 (incl ded) | |
| Family OOP Max | · | | \$17,500 (incl ded) | |
| Co-insurance | 50% | | 50% | |
| Lifetime Max | | | Unlimited | |
| | \$70/\$80 ded waived; | | \$70/\$80 ded waived; | |
| _ | \$80 ded waived | | \$80 ded waived | |
| PC/Specialist | Trio+ SP | | Trio+ SP | |
| Adult Preventive | | | | |
| Care | No charge | | No charge | |
| Child Preventive | | | | |
| Care | No charge | | No charge | |
| Pre/Postnatal | | | | |
| Care | No charge | | No charge | |
| Physical Therapy | \$70 ded waived | | \$70 ded waived | |
| | \$15 ded waived; 20 | | \$15 ded waived; 20 | |
| Chiropractic Care | visits/cal yr | | visits/cal yr | |
| Innotiont Hospital | 50% after ded | | 50% after ded | |
| Inpatient Hospital | 50% after ded | | 50% after ded | |
| IP | | | | |
| Physician/Surgeon | 50% ded waived | | 50% ded waived | |
| Maternity | 30% ded waived | | 50% ded Walved | |
| Delivery/IP | 50% after ded | | 50% after ded | |
| Mental Health IP | 50% after ded | | 50% after ded | |
| Substance Abuse | 30% ditter ded | | 50% ditter ded | |
| IP | 50% after ded | | 50% after ded | |
| | 3070 01101 000 | | 5070 ditei ded | |
| Outpatient Facility | 50% after ded | | 50% after ded | |
| o a operation or demoty | 5676 6.1661 6.66 | | 50,0 0.00. 000 | |
| ОР | | | | |
| Physician/Surgeon | \$150 ded waived | | \$150 ded waived | |
| , | , | | , | |
| Lab/X-Rav | \$65/\$115 ded waived | | \$65/\$115 ded waived | |
| , , , | \$400 ded | | \$400 ded | |
| Advanced | waived/\$400 after | | waived/\$400 after | |
| Radiology | ded (FS/Hospital) | | ded (FS/Hospital) | |
| 0, | , | | , | |

| Mental Health OP | \$70 ded waived | \$70 ded waived |
|-------------------------|-----------------------|-----------------------|
| Substance Abuse | | |
| OP | \$70 ded waived | \$70 ded waived |
| | | |
| Emergency Room | | 50% after ded |
| Ambulance | 50% after ded | 50% after ded |
| Urgent Care | \$70 ded waived | \$70 ded waived |
| | | |
| Rx Tier 1 | \$25/\$30 ded waived | \$25/\$30 ded waived |
| | | |
| Rx Tier 2 | \$115/\$145 after ded | \$115/\$145 after ded |
| | | |
| Rx Tier 3 | \$160/\$210 after ded | \$160/\$210 after ded |
| | 50% after ded; \$500 | 50% after ded; \$500 |
| Rx Tier 4 | max/script | max/script |
| Rx Mail Order | 2x retail copay | 2x retail copay |
| | 50% ded waived; | 50% ded waived; |
| Home Health Care | 100 visits/cal yr | 100 visits/cal yr |
| | | |
| | 50% after ded; 100 | 50% after ded; 100 |
| Skilled Nursing | days/benefit period | days/benefit period |
| Infertility | | Covered; See |
| Treatment | Not covered | brochure |
| DME | 50% ded waived | 50% ded waived |
| Hospice Services | No charge | No charge |
| | Covered; See | Covered; See |
| Pediatric Vision | brochure | brochure |
| | Covered; See | Covered; See |
| Pediatric Dental | brochure | brochure |
| | | |

ABC Sample KP Effective Date: 09-01-2023 Run Date: 09-07-2023 #8656072
Kristine Petrosyan Insurance Services An Alera Group Co. License: 0M29112

| | Blue Sh | iield | Blue Shie | eld |
|----------------------------|---|---------|--|---------|
| | | | Silver Local Access+ HMO® 2300/70 OffE | |
| | Silver Local Access+ HMO® 2300/70 OffEx | | <u>INF</u> | |
| | (Narrow No | | (Narrow Net | |
| Benefit | In Net | Out Net | In Net | Out Net |
| Individual Ded | \$2,300 | | \$2,300 | |
| Family Ded | \$4,600 | | \$4,600 | |
| Individual OOP | 40 == 0 (1 1 1 1) | | 40 == 0 (1 1 1 1) | |
| Max | . , , , , , , , , , , , , , , , , , , , | | \$8,750 (incl ded) | |
| Family OOP Max | • | | \$17,500 (incl ded) | |
| Co-insurance | 40% | | 40% | |
| Lifetime Max | | | Unlimited | |
| | \$70/\$80 ded waived; | | \$70/\$80 ded waived; | |
| 50/0 | \$80 ded waived | | \$80 ded waived | |
| PC/Specialist | Access+ SP | | Access+ SP | |
| Adult Preventive | Ni sala sa | | Ni sala sa sa | |
| Care | No charge | | No charge | |
| Child Preventive | Ni sala sa | | No. alas as | |
| Care | No charge | | No charge | |
| Pre/Postnatal | No abous | | Nie aleeure | |
| Care | No charge | | No charge | |
| Physical Therapy | \$65 ded waived | | \$65 ded waived | |
| Chinamuastia Cana | \$15 ded waived; 20 | | \$15 ded waived; 20 | |
| Chiropractic Care | visits/cal yr | | visits/cal yr | |
| Inpatient Hospital | 40% after ded | | 40% after ded | |
| inpatient nospital | 40% after ded | | 40% after ded | |
| IP | | | | |
| Physician/Surgeon | No charge | | No charge | |
| Maternity | No charge | | No charge | |
| Delivery/IP | 40% after ded | | 40% after ded | |
| Mental Health IP | 40% after ded | | 40% after ded | |
| Substance Abuse | 1070 areer aca | | 1070 dittel ded | |
| IP | 40% after ded | | 40% after ded | |
| | | | | |
| | \$250/\$1,000 after | | \$250/\$1,000 after | |
| Outpatient Facility | ded (ASC/Hospital) | | ded (ASC/Hospital) | |
| | , , , , | | , , , , | |
| OP | | | | |
| Physician/Surgeon | No charge | | No charge | |
| | | | | |
| Lab/X-Ray | \$65/\$115 ded waived | | \$65/\$115 ded waived | |
| | | | | |

| | \$100 ded | \$100 ded |
|-------------------------|---------------------|---------------------|
| Advanced | waived/\$400 after | waived/\$400 after |
| Radiology | ded (FS/Hospital) | ded (FS/Hospital) |
| G, | , , , , | |
| Mental Health OP | \$70 ded waived | \$70 ded waived |
| Substance Abuse | | |
| OP | \$70 ded waived | \$70 ded waived |
| | | |
| Emergency Room | 50% after ded | 50% after ded |
| Ambulance | \$175 after ded | \$175 after ded |
| Urgent Care | \$70 ded waived | \$70 ded waived |
| Rx Tier 1 | \$25 ded waived | \$25 ded waived |
| Rx Tier 2 | \$85 after \$450 | \$85 after \$450 |
| Rx Tier 3 | \$115 after \$450 | \$115 after \$450 |
| | 40% after \$450; | 40% after \$450; |
| Rx Tier 4 | \$250 max/script | \$250 max/script |
| Rx Mail Order | 2x retail copay | 2x retail copay |
| | 40% ded waived; | 40% ded waived; |
| Home Health Care | 100 visits/cal yr | 100 visits/cal yr |
| | | |
| | 40% after ded; 100 | 40% after ded; 100 |
| Skilled Nursing | days/benefit period | days/benefit period |
| Infertility | | Covered; See |
| Treatment | Not covered | brochure |
| DME | 50% ded waived | 50% ded waived |
| | 0% after ded IP; No | 0% after ded IP; No |
| Hospice Services | charge OP | charge OP |
| | Covered; See | Covered; See |
| Pediatric Vision | brochure | brochure |
| | Covered; See | Covered; See |
| Pediatric Dental | brochure | brochure |
| | | |

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| | Blue Shie Silver Local Access+ HM | | Blue Shie Silver Local Access+ HMO INF | |
|----------------------------|--------------------------------------|---------|--|---------|
| | (Narrow Network) | | (Narrow Network) | |
| Benefit | In Net | Out Net | In Net | Out Net |
| Individual Ded | \$2,750 | | \$2,750 | |
| Family Ded | \$5,500 | | \$5,500 | |
| Individual OOP | | | | |
| Max | \$8,750 (incl ded) | | \$8,750 (incl ded) | |
| Family OOP Max | \$17,500 (incl ded) | | \$17,500 (incl ded) | |
| Co-insurance | 45% | | 45% | |
| Lifetime Max | Unlimited | | Unlimited | |
| | \$70/\$80 ded waived; | | \$70/\$80 ded waived; | |
| | \$80 ded waived | | \$80 ded waived | |
| PC/Specialist | Access+ SP | | Access+ SP | |
| Adult Preventive | | | | |
| Care | No charge | | No charge | |
| Child Preventive | | | | |
| Care | No charge | | No charge | |
| Pre/Postnatal | | | | |
| Care | No charge | | No charge | |
| Physical Therapy | \$70 ded waived | | \$70 ded waived | |
| | \$15 ded waived; 20 | | \$15 ded waived; 20 | |
| Chiropractic Care | visits/cal yr | | visits/cal yr | |
| | | | | |
| Inpatient Hospital | 45% after ded | | 45% after ded | |
| IP | | | | |
| Physician/Surgeon | No charge | | No charge | |
| Maternity | - | | | |
| Delivery/IP | 45% after ded | | 45% after ded | |
| Mental Health IP | 45% after ded | | 45% after ded | |
| Substance Abuse | | | | |
| IP | 45% after ded | | 45% after ded | |
| | \$250/\$1,000 after | | \$250/\$1,000 after | |
| Outpatient Facility | ded (ASC/Hospital) | | ded (ASC/Hospital) | |
| OP | | | | |
| Physician/Surgeon | No charge | | No charge | |
| Lab/X-Ray | \$70/\$115 ded waived | | \$70/\$115 ded waived | |

| | \$100 ded | \$100 ded |
|-------------------------|----------------------|----------------------|
| Advanced | waived/\$400 after | waived/\$400 after |
| Radiology | ded (FS/Hospital) | ded (FS/Hospital) |
| G, | | |
| Mental Health OP | \$70 ded waived | \$70 ded waived |
| Substance Abuse | | |
| OP | \$70 ded waived | \$70 ded waived |
| | | |
| Emergency Room | 50% after ded | 50% after ded |
| Ambulance | \$175 after ded | \$175 after ded |
| Urgent Care | \$70 ded waived | \$70 ded waived |
| Rx Tier 1 | \$25 ded waived | \$25 ded waived |
| Rx Tier 2 | \$90 ded waived | \$90 ded waived |
| Rx Tier 3 | \$115 after ded | \$115 after ded |
| | 45% after ded; \$250 | 45% after ded; \$250 |
| Rx Tier 4 | max/script | max/script |
| Rx Mail Order | 2x retail copay | 2x retail copay |
| | 45% ded waived; | 45% ded waived; |
| Home Health Care | 100 visits/cal yr | 100 visits/cal yr |
| | | |
| | 45% after ded; 100 | 45% after ded; 100 |
| Skilled Nursing | days/benefit period | days/benefit period |
| Infertility | | Covered; See |
| Treatment | Not covered | brochure |
| DME | 50% ded waived | 50% ded waived |
| | 0% after ded IP; No | 0% after ded IP; No |
| Hospice Services | charge OP | charge OP |
| | Covered; See | Covered; See |
| Pediatric Vision | brochure | brochure |
| | Covered; See | Covered; See |
| Pediatric Dental | brochure | brochure |
| | | |

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| | Blue Shi | ield | Blue Shi | eld |
|--------------------------|--------------------------------|---------|------------------------------------|---------|
| | Silver Trio HMO® 2300/70 OffEx | | Silver Trio HMO® 2300/70 OffEx INF | |
| | (Narrow Network) | | (Narrow Network) | |
| Benefit | In Net | Out Net | In Net | Out Net |
| Individual Ded | \$2,300 | | \$2,300 | |
| Family Ded | \$4,600 | | \$4,600 | |
| Individual OOP | | | | |
| Max | \$8,750 (incl ded) | | \$8,750 (incl ded) | |
| Family OOP Max | \$17,500 (incl ded) | | \$17,500 (incl ded) | |
| Co-insurance | 40% | | 40% | |
| Lifetime Max | Unlimited | | Unlimited | |
| | \$70/\$80 ded waived; | | \$70/\$80 ded waived; | |
| | \$80 ded waived | | \$80 ded waived | |
| PC/Specialist | Trio+ SP | | Trio+ SP | |
| Adult Preventive | | | | |
| Care | No charge | | No charge | |
| Child Preventive | | | | |
| Care | No charge | | No charge | |
| Pre/Postnatal | | | | |
| Care | No charge | | No charge | |
| Physical Therapy | \$65 ded waived | | \$65 ded waived | |
| | \$15 ded waived; 20 | | \$15 ded waived; 20 | |
| Chiropractic Care | visits/cal yr | | visits/cal yr | |
| | | | | |
| Inpatient Hospital | 40% after ded | | 40% after ded | |
| | | | | |
| IP | | | | |
| Physician/Surgeon | No charge | | No charge | |
| Maternity | | | | |
| Delivery/IP | 40% after ded | | 40% after ded | |
| Mental Health IP | 40% after ded | | 40% after ded | |
| Substance Abuse | | | | |
| IP | 40% after ded | | 40% after ded | |
| | | | | |
| | \$250/\$1,000 after | | \$250/\$1,000 after | |
| Outpatient Facility | ded (ASC/Hospital) | | ded (ASC/Hospital) | |
| | | | | |
| ОР | | | | |
| Physician/Surgeon | No charge | | No charge | |
| | | | 111 | |
| Lab/X-Ray | \$65/\$115 ded waived | | \$65/\$115 ded waived | |
| _ | \$100 ded | | \$100 ded | |
| Advanced | waived/\$400 after | | waived/\$400 after | |
| Radiology | ded (FS/Hospital) | | ded (FS/Hospital) | |

| Mental Health OP | \$70 ded waived | \$70 ded waived |
|-------------------------|------------------------|------------------------|
| Substance Abuse | | |
| OP | \$70 ded waived | \$70 ded waived |
| | | |
| Emergency Room | 50% after ded | 50% after ded |
| Ambulance | \$175 after ded | \$175 after ded |
| Urgent Care | \$70 ded waived | \$70 ded waived |
| | | |
| Rx Tier 1 | \$25/\$30 ded waived | \$25/\$30 ded waived |
| | | |
| Rx Tier 2 | \$85/\$110 after \$450 | \$85/\$110 after \$450 |
| | \$115/\$155 after | \$115/\$155 after |
| Rx Tier 3 | \$450 | \$450 |
| | 40% after \$450; | 40% after \$450; |
| Rx Tier 4 | \$250 max/script | \$250 max/script |
| Rx Mail Order | 2x retail copay | 2x retail copay |
| | 40% ded waived; | 40% ded waived; |
| Home Health Care | 100 visits/cal yr | 100 visits/cal yr |
| | | |
| | 40% after ded; 100 | 40% after ded; 100 |
| Skilled Nursing | days/benefit period | days/benefit period |
| Infertility | | Covered; See |
| Treatment | Not covered | brochure |
| DME | 50% ded waived | 50% ded waived |
| | 0% after ded IP; No | 0% after ded IP; No |
| Hospice Services | charge OP | charge OP |
| | Covered; See | Covered; See |
| Pediatric Vision | brochure | brochure |
| | Covered; See | Covered; See |
| Pediatric Dental | brochure | brochure |
| | | |

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| | Blue Shi | eld | Blue Shi | eld |
|----------------------------|--------------------------------|---------|------------------------------------|---------|
| | Silver Trio HMO® 2750/70 OffEx | | Silver Trio HMO® 2750/70 OffEx INF | |
| | (Narrow Network) | | (Narrow Network) | |
| Benefit | In Net | Out Net | In Net | Out Net |
| Individual Ded | \$2,750 | | \$2,750 | |
| Family Ded | \$5,500 | | \$5,500 | |
| Individual OOP | | | | |
| Max | \$8,750 (incl ded) | | \$8,750 (incl ded) | |
| Family OOP Max | \$17,500 (incl ded) | | \$17,500 (incl ded) | |
| Co-insurance | 45% | | 45% | |
| Lifetime Max | Unlimited | | Unlimited | |
| | \$70/\$80 ded waived; | | \$70/\$80 ded waived; | |
| | \$80 ded waived | | \$80 ded waived | |
| PC/Specialist | Trio+ SP | | Trio+ SP | |
| Adult Preventive | | | | |
| Care | No charge | | No charge | |
| Child Preventive | | | | |
| Care | No charge | | No charge | |
| Pre/Postnatal | | | | |
| Care | No charge | | No charge | |
| Physical Therapy | \$70 ded waived | | \$70 ded waived | |
| | \$15 ded waived; 20 | | \$15 ded waived; 20 | |
| Chiropractic Care | visits/cal yr | | visits/cal yr | |
| | | | | |
| Inpatient Hospital | 45% after ded | | 45% after ded | |
| | | | | |
| IP | | | | |
| Physician/Surgeon | No charge | | No charge | |
| Maternity | | | | |
| Delivery/IP | 45% after ded | | 45% after ded | |
| Mental Health IP | 45% after ded | | 45% after ded | |
| Substance Abuse | | | | |
| IP | 45% after ded | | 45% after ded | |
| | | | | |
| | \$250/\$1,000 after | | \$250/\$1,000 after | |
| Outpatient Facility | ded (ASC/Hospital) | | ded (ASC/Hospital) | |
| | | | | |
| ОР | | | | |
| Physician/Surgeon | No charge | | No charge | |
| | | | | |
| Lab/X-Ray | \$70/\$115 ded waived | | \$70/\$115 ded waived | |
| | \$100 ded | | \$100 ded | |
| Advanced | waived/\$400 after | | waived/\$400 after | |
| Radiology | ded (FS/Hospital) | | ded (FS/Hospital) | |

| Mental Health OP | \$70 ded waived | \$70 ded waived |
|-------------------------|-----------------------|-----------------------|
| Substance Abuse | | |
| OP | \$70 ded waived | \$70 ded waived |
| | | |
| Emergency Room | 50% after ded | 50% after ded |
| Ambulance | \$175 after ded | \$175 after ded |
| Urgent Care | \$70 ded waived | \$70 ded waived |
| | | |
| Rx Tier 1 | \$25/\$30 ded waived | \$25/\$30 ded waived |
| | | |
| Rx Tier 2 | \$90/\$115 ded waived | \$90/\$115 ded waived |
| | | |
| Rx Tier 3 | \$115/\$155 after ded | \$115/\$155 after ded |
| | 45% after ded; \$250 | 45% after ded; \$250 |
| Rx Tier 4 | max/script | max/script |
| Rx Mail Order | 2x retail copay | 2x retail copay |
| | 45% ded waived; | 45% ded waived; |
| Home Health Care | 100 visits/cal yr | 100 visits/cal yr |
| | | |
| | 45% after ded; 100 | 45% after ded; 100 |
| Skilled Nursing | days/benefit period | days/benefit period |
| Infertility | | Covered; See |
| Treatment | Not covered | brochure |
| DME | 50% ded waived | 50% ded waived |
| | 0% after ded IP; No | 0% after ded IP; No |
| Hospice Services | charge OP | charge OP |
| | Covered; See | Covered; See |
| Pediatric Vision | brochure | brochure |
| | Covered; See | Covered; See |
| Pediatric Dental | brochure | brochure |
| | | |

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Footnotes

Footnotes

Anthem Blue Cross

- * 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 Connects' 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

- * 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.

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

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