

# **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 7, 2023	September 1, 2023	90039 (Los Angeles)	EE: 100% Dep: 0%

## 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

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

ABC Sample KP  
Kristine Petrosyan

Effective Date: 09-01-2023  
Dickerson Insurance Services An Alera Group Co.

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

## Side By Side Comparison

ABC Sample KP  
Effective September 1, 2023

Zip Code 90039 - Los Angeles

	Anthem Blue Cross HMO <u>Link Silver Vivity HMO 50/2650</u> <u>6RG2</u> Narrow Network	Anthem Blue Cross HMO <u>Link Silver Vivity HMO 50/2650</u> <u>WH 6RFZ</u> Narrow Network	Anthem Blue Cross HMO <u>Silver Priority Select HMO 55 6RK5</u> Narrow Network	Anthem Blue Cross HMO <u>Silver Priority Select HMO</u> <u>60/2500/45% 6RFS</u> 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
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 (OP Hosp); X-ray-\$40 (FS & Office)/\$90 (OP Hosp)	Lab-No charge (FS)/\$20 ded waived (Office)/45% after ded (OP Hosp); X-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
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's Included	6/6	6/6	6/6	6/6
EE Cost	\$3,217.31	\$3,326.20	\$3,638.88	\$3,345.25
Dep Cost	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$3,217.31	\$3,326.20	\$3,638.88	\$3,345.25

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

ABC Sample KP  
Kristine Petrosyan

Effective Date: 09-01-2023  
Dickerson Insurance Services An Alera Group Co.

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

## Side By Side Comparison

ABC Sample KP  
Effective September 1, 2023

Zip Code 90039 - Los Angeles

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

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

ABC Sample KP  
Kristine Petrosyan

Effective Date: 09-01-2023  
Dickerson Insurance Services An Alera Group Co.

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

## Side By Side Comparison

ABC Sample KP  
Effective September 1, 2023

Zip Code 90039 - Los Angeles

	Blue Shield HMO <u>Blue Shield Bronze Trio HMO</u> <u>7000/70 + Child Dental</u> Narrow Network	Blue Shield HMO <u>Blue Shield Bronze Trio HMO</u> <u>7000/70 + Child Dental INF</u> Narrow Network	Blue Shield HMO <u>Blue Shield Trio Silver 70 HMO</u> <u>2500/55 + Child Dental</u> Narrow Network	Blue Shield HMO <u>Blue Shield Trio Silver 70 HMO</u> <u>2500/55 + Child Dental INF</u> 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 waived Trio+ SP	\$70/\$80 ded waived; \$80 ded waived Trio+ SP	\$55/\$90 ded waived; \$90 ded waived Trio+ SP	\$55/\$90 ded waived; \$90 ded 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 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
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

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

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

## Side By Side Comparison

ABC Sample KP  
Effective September 1, 2023

Zip Code 90039 - Los Angeles

	Blue Shield HMO <u>Bronze Local Access+ HMO®</u> <u>7000/70 OffEx</u> Narrow Network	Blue Shield HMO <u>Bronze Local Access+ HMO®</u> <u>7000/70 OffEx INF</u> Narrow Network	Blue Shield HMO <u>Bronze Trio HMO® 7000/70 OffEx</u> 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 waived Access+ SP	\$70/\$80 ded waived; \$80 ded waived Access+ SP	\$70/\$80 ded waived; \$80 ded waived Trio+ SP	\$70/\$80 ded waived; \$80 ded 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 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
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

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

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

## Side By Side Comparison

ABC Sample KP  
Effective September 1, 2023

Zip Code 90039 - Los Angeles

	Blue Shield HMO <u>Silver Local Access+ HMO®</u> <u>2300/70 OffEx</u> Narrow Network	Blue Shield HMO <u>Silver Local Access+ HMO®</u> <u>2300/70 OffEx INF</u> Narrow Network	Blue Shield HMO <u>Silver Local Access+ HMO®</u> <u>2750/70 OffEx</u> Narrow Network	Blue Shield HMO <u>Silver Local Access+ HMO®</u> <u>2750/70 OffEx INF</u> 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	\$70/\$80 ded waived; \$80 ded waived Access+ SP	\$70/\$80 ded waived; \$80 ded waived Access+ SP	\$70/\$80 ded waived; \$80 ded 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 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
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
Total	\$4,182.97	\$4,267.43	\$4,112.17	\$4,196.63

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

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

## Side By Side Comparison

ABC Sample KP  
Effective September 1, 2023

Zip Code 90039 - Los Angeles

	Blue Shield HMO <u>Silver Trio HMO® 2300/70 OffEx</u>	Blue Shield HMO <u>Silver Trio HMO® 2300/70 OffEx INF</u>	Blue Shield HMO <u>Silver Trio HMO® 2750/70 OffEx</u>	Blue Shield HMO <u>Silver Trio HMO® 2750/70 OffEx INF</u>
	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	\$70/\$80 ded waived; \$80 ded waived Trio+ SP	\$70/\$80 ded waived; \$80 ded waived Trio+ SP	\$70/\$80 ded waived; \$80 ded 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 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
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

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

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



## 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 <a href="#">Link Silver Vivity HMO 50/2650 6RG2</a>	Anthem Blue Cross HMO <a href="#">Link Silver Vivity HMO 50/2650 WH 6RFZ</a>	Anthem Blue Cross HMO <a href="#">Silver Priority Select HMO 55 6RK5</a>	Anthem Blue Cross HMO <a href="#">Silver Priority Select HMO 60/2500/45% 6RFS</a>
	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	\$3,217.31	\$3,326.20	\$3,638.88	\$3,345.25
Dep Cost	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$3,217.31	\$3,326.20	\$3,638.88	\$3,345.25
ER Total	\$3,217.31	\$3,326.20	\$3,638.88	\$3,345.25

	Anthem Blue Cross HMO <a href="#">Silver Priority Select HMO 60/2500/45% WH 6RJH</a>	Anthem Blue Cross HMO <a href="#">Silver Select HMO 55 6RHQ</a>	Anthem Blue Cross HMO <a href="#">Silver Select HMO 60/2500/45% 6RHB</a>	Anthem Blue Cross HMO <a href="#">Silver Select HMO 60/2500/45% WH 6RFX</a>
	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
ER Total	\$3,457.10	\$3,899.39	\$3,585.03	\$3,702.61

	Blue Shield HMO <u>Blue Shield Bronze Trio HMO 7000/70 + Child Dental</u> Narrow Network	Blue Shield HMO <u>Blue Shield Bronze Trio HMO 7000/70 + Child Dental INF</u> Narrow Network	Blue Shield HMO <u>Blue Shield Trio Silver 70 HMO 2500/55 + Child Dental</u> Narrow Network	Blue Shield HMO <u>Blue Shield Trio Silver 70 HMO 2500/55 + Child Dental INF</u> 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	\$328.92/\$0.00/\$328.92	\$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 <u>Bronze Local Access+ HMO® 7000/70 OffEx</u> Narrow Network	Blue Shield HMO <u>Bronze Local Access+ HMO® 7000/70 OffEx INF</u> Narrow Network	Blue Shield HMO <u>Bronze Trio HMO® 7000/70 OffEx</u> Narrow Network	Blue Shield HMO <u>Bronze Trio HMO® 7000/70 OffEx 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	\$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 <u>Silver Local Access+ HMO® 2300/70</u>	Blue Shield HMO <u>Silver Local Access+ HMO® 2300/70</u>	Blue Shield HMO <u>Silver Local Access+ HMO® 2750/70</u>	Blue Shield HMO <u>Silver Local Access+ HMO® 2750/70</u>
	OffEx Narrow Network	OffEx INF Narrow Network	OffEx Narrow Network	OffEx INF 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				
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				
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				
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

	Blue Shield HMO <u>Silver Trio HMO® 2300/70 OffEx</u>	Blue Shield HMO <u>Silver Trio HMO® 2300/70 OffEx INF</u>	Blue Shield HMO <u>Silver Trio HMO® 2750/70 OffEx</u>	Blue Shield HMO <u>Silver Trio HMO® 2750/70 OffEx INF</u>
	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/\$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/Dep/Total	EE/Dep/Total	EE/Dep/Total	EE/Dep/Total
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				
EE 37	\$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

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

ABC Sample KP  
Kristine Petrosyan

Effective Date: 09-01-2023  
Dickerson Insurance Services An Alera Group Co.

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



# Benefit Sheet

Benefit	Anthem Blue Cross		Anthem Blue Cross	
	<u>Link Silver Vivity HMO 50/2650 6RG2</u>		<u>Link Silver Vivity HMO 50/2650 WH 6RFZ</u>	
	(Narrow Network)		(Narrow Network)	
	In Net	Out Net	In Net	Out Net
<b>Individual Ded</b>	\$2,650		\$2,650	
<b>Family Ded</b>	\$5,300		\$5,300	
<b>Individual OOP</b>				
<b>Max</b>	\$9,100 (incl ded)		\$9,100 (incl ded)	
<b>Family OOP Max</b>	\$18,200 (incl ded)		\$18,200 (incl ded)	
<b>Co-insurance</b>	0%		0%	
<b>Lifetime Max</b>	Unlimited		Unlimited	
<b>PC/Specialist</b>	\$50/\$110 ded waived		\$50/\$110 ded waived	
<b>Adult Preventive Care</b>	No charge		No charge	
<b>Child Preventive Care</b>	No charge		No charge	
<b>Pre/Postnatal Care</b>	No charge/\$50 ded waived		No charge/\$50 ded waived	
<b>Physical Therapy</b>	\$30 ded waived		\$30 ded waived	
<b>Chiropractic Care</b>	\$15 ded waived		\$15 ded waived	
<b>Inpatient Hospital</b>	\$1,500/admit after ded		\$1,500/admit after ded	
<b>IP Physician/Surgeon</b>	No charge		No charge	
<b>Maternity Delivery/IP</b>	\$1,500/admit after ded		\$1,500/admit after ded	
<b>Mental Health IP</b>	\$1,500/admit after ded		\$1,500/admit after ded	
<b>Substance Abuse IP</b>	\$1,500/admit after ded		\$1,500/admit after ded	
<b>Outpatient Facility</b>	\$1,000 after ded		\$1,000 after ded	
<b>OP Physician/Surgeon</b>	No charge		No charge	
<b>Lab/X-Ray</b>	\$40 ded waived		\$40 ded waived	
<b>Advanced Radiology</b>	\$350 ded waived		\$350 ded waived	
<b>Mental Health OP</b>	\$50 ded waived		\$50 ded waived	

<b>Substance Abuse</b>		
<b>OP</b>	\$50 ded waived	\$50 ded waived
<b>Emergency Room</b>	\$500 after ded	\$500 after ded
<b>Ambulance</b>	\$500 after ded	\$500 after ded
<b>Urgent Care</b>	\$50 ded waived	\$50 ded waived
<b>Rx Tier 1</b>	\$20/\$25 ded waived	\$20/\$25 ded waived
<b>Rx Tier 2</b>	\$95/\$105 ded waived	\$95/\$105 ded waived
<b>Rx Tier 3</b>	\$150/\$160 after ded	\$150/\$160 after ded
<b>Rx Tier 4</b>	\$250 after ded	\$250 after ded
<b>Rx Mail Order</b>	2.5x/3x/3x/1x retail copay	2.5x/3x/3x/1x retail copay
<b>Home Health Care</b>	\$110 ded waived; 100 visits/yr	\$110 ded waived; 100 visits/yr
<b>Skilled Nursing</b>	\$325/admit after ded; 100 days/benefit period	\$325/admit after ded; 100 days/benefit period
<b>Infertility Treatment</b>	Refer to carrier	Refer to carrier
<b>DME</b>	50% after ded	50% after ded
<b>Hospice Services</b>	\$110 ded waived (home)	\$110 ded waived (home)
<b>Pediatric Vision</b>	Covered; 1 exam & pair/benefit period	Covered; Enhanced pediatric and adult
<b>Pediatric Dental</b>	Covered; 1 visit/6 months	Covered; Enhanced pediatric and adult

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

**ABC Sample KP**      **Effective Date: 09-01-2023**  
**Kristine Petrosyan**      **Insurance Services An Alera Group Co.**

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

# Benefit Sheet

Benefit	Anthem Blue Cross		Anthem Blue Cross	
	<u>Silver Priority Select HMO 55 6RK5</u>		<u>Silver Priority Select HMO 60/2500/45%</u>	
	(Narrow Network)		<u>6RFS</u> (Narrow Network)	
	In Net	Out Net	In Net	Out Net
Individual Ded	\$0		\$2,500	
Family Ded	\$0		\$5,000 (embedded)	
Individual OOP				
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 Care	No charge/\$55		No charge/\$60 ded waived	
Physical Therapy	\$55		\$60 ded waived	
Chiropractic Care	\$15		\$15 ded waived	
Inpatient Hospital	\$750/day; 5 days/admit		45% after ded	
IP Physician/Surgeon	No charge		No charge	
Maternity Delivery/IP	\$750/day; 5 days/admit		45% after ded	
Mental Health IP	\$750/day; 5 days/admit		45% after ded	
Substance Abuse IP	\$750/day; 5 days/admit		45% after ded	
Outpatient Facility	\$550/\$600 (ASC/Hospital)		\$600 after ded/45% after ded (ASC/Hospital)	
OP Physician/Surgeon	No charge		No charge	



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

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

**ABC Sample KP**      **Effective Date: 09-01-2023**  
**Kristine Petrosyan**      **Insurance Services An Alera Group Co.**

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

# Benefit Sheet

Anthem Blue Cross <u>Silver Priority Select HMO 60/2500/45%</u> WH 6RJH (Narrow Network)			Anthem Blue Cross <u>Silver Select HMO 55 6RHQ</u> (Narrow Network)	
Benefit	In Net	Out Net	In Net	Out Net
Individual Ded	\$2,500		\$0	
Family Ded	\$5,000 (embedded)		\$0	
Individual OOP				
Max	\$9,100 (incl ded)		\$9,100	
Family OOP Max	\$18,200 (incl ded)		\$18,200	
Co-insurance	45%		0%	
Lifetime Max	Unlimited		Unlimited	
PC/Specialist	\$60/\$110 ded waived		\$55/\$110	
Adult Preventive				
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	
Inpatient Hospital	45% after ded		\$750/day; 5 days/admit	
IP				
Physician/Surgeon	No charge		No charge	
Maternity			\$750/day; 5 days/admit	
Delivery/IP	45% after ded		\$750/day; 5 days/admit	
Mental Health IP	45% after ded		\$750/day; 5 days/admit	
Substance Abuse			\$750/day; 5 days/admit	
IP	45% after ded		\$750/day; 5 days/admit	
Outpatient Facility	\$600 after ded/45% after ded (ASC/Hospital)		\$550/\$600 (ASC/Hospital)	
OP				
Physician/Surgeon	No charge		No charge	

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

<b>Pediatric Dental</b>	Covered; Enhanced pediatric and adult
-------------------------	--

Covered; 1 visit/6 months
------------------------------

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

**ABC Sample KP**      **Effective Date: 09-01-2023**  
**Kristine Petrosyan**      **Insurance Services An Alera Group Co.**

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

# Benefit Sheet

Benefit	Anthem Blue Cross		Anthem Blue Cross	
	<u>Silver Select HMO 60/2500/45% 6RHB</u>		<u>Silver Select HMO 60/2500/45% WH 6RFX</u>	
	(Narrow Network)		(Narrow Network)	
	In Net	Out Net	In Net	Out Net
<b>Individual Ded</b>	\$2,500		\$2,500	
<b>Family Ded</b>	\$5,000 (embedded)		\$5,000 (embedded)	
<b>Individual OOP</b>				
<b>Max</b>	\$9,100 (incl ded)		\$9,100 (incl ded)	
<b>Family OOP Max</b>	\$18,200 (incl ded)		\$18,200 (incl ded)	
<b>Co-insurance</b>	45%		45%	
<b>Lifetime Max</b>	Unlimited		Unlimited	
<b>PC/Specialist</b>	\$60/\$110 ded waived		\$60/\$110 ded waived	
<b>Adult Preventive</b>				
<b>Care</b>	No charge		No charge	
<b>Child Preventive</b>				
<b>Care</b>	No charge		No charge	
<b>Pre/Postnatal</b>	No charge/\$60 ded waived		No charge/\$60 ded waived	
<b>Care</b>				
<b>Physical Therapy</b>	\$60 ded waived		\$60 ded waived	
<b>Chiropractic Care</b>	\$15 ded waived		\$15 ded waived	
<b>Inpatient Hospital</b>	45% after ded		45% after ded	
<b>IP</b>				
<b>Physician/Surgeon</b>	No charge		No charge	
<b>Maternity</b>				
<b>Delivery/IP</b>	45% after ded		45% after ded	
<b>Mental Health IP</b>	45% after ded		45% after ded	
<b>Substance Abuse</b>				
<b>IP</b>	45% after ded		45% after ded	
<b>Outpatient Facility</b>	\$600 after ded/45% after ded (ASC/Hospital)		\$600 after ded/45% after ded (ASC/Hospital)	
<b>OP</b>				
<b>Physician/Surgeon</b>	No charge		No charge	

<b>Lab/X-Ray</b>	Lab-No charge (FS)/\$20 ded waived (Office)/45% after ded (OP Hosp); X-ray- \$20 ded waived (FS & Office)/45% after ded (OP Hosp)	Lab-No charge (FS)/\$20 ded waived (Office)/45% after ded (OP Hosp); X-ray- \$20 ded waived (FS & Office)/45% after ded (OP Hosp)
<b>Advanced Radiology</b>	\$200 ded waived (FS & Office)/\$350 after ded (OP Hosp)	\$200 ded waived (FS & Office)/\$350 after ded (OP Hosp)
<b>Mental Health OP</b>	\$60 ded waived	\$60 ded waived
<b>Substance Abuse OP</b>	\$60 ded waived	\$60 ded waived
<b>Emergency Room</b>	\$350 + 45% after ded	\$350 + 45% after ded
<b>Ambulance</b>	45% after ded	45% after ded
<b>Urgent Care</b>	\$60 ded waived	\$60 ded waived
<b>Rx Tier 1</b>	\$15/\$20 ded waived	\$15/\$20 ded waived
<b>Rx Tier 2</b>	\$70/\$80 after \$200	\$70/\$80 after \$200
<b>Rx Tier 3</b>	\$110/\$120 after \$200	\$110/\$120 after \$200
<b>Rx Tier 4</b>	30%/40% after \$200; \$250 max/script	30%/40% after \$200; \$250 max/script
<b>Rx Mail Order</b>	2.5x/3x/3x/1x retail copay	2.5x/3x/3x/1x retail copay
<b>Home Health Care</b>	\$110 ded waived; 100 visits/yr	\$110 ded waived; 100 visits/yr
<b>Skilled Nursing</b>	45% after ded; 100 days/benefit period	45% after ded; 100 days/benefit period
<b>Infertility Treatment</b>	Refer to carrier	Refer to carrier
<b>DME</b>	50% after ded	50% after ded
<b>Hospice Services</b>	0% after ded	0% after ded
<b>Pediatric Vision</b>	Covered; 1 exam & pair/benefit period	Covered; Enhanced pediatric and adult
<b>Pediatric Dental</b>	Covered; 1 visit/6 months	Covered; Enhanced pediatric and adult

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

**ABC Sample KP**      **Effective Date: 09-01-2023**  
**Kristine Petrosyan**      **Insurance Services An Alera Group Co.**

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



## Benefit Sheet

Benefit	Blue Shield Blue Shield Bronze Trio HMO 7000/70 + Child Dental (Narrow Network)		Blue Shield Blue Shield Bronze Trio HMO 7000/70 + Child Dental INF (Narrow Network)	
	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; \$80 ded waived		\$70/\$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	
Chiropractic Care	\$15 ded waived; 20 visits/yr		\$15 ded waived; 20 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 \$400 ded		\$65/\$115 ded waived \$400 ded	
Advanced Radiology	waived/\$400 after ded (FS/Hospital)		waived/\$400 after ded (FS/Hospital)	

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

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

ABC Sample KP      Effective Date: 09-01-2023  
Kristine Petrosyan      Insurance Services An Alera Group Co.

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

# Benefit Sheet

Benefit	Blue Shield Blue Shield Trio Silver 70 HMO 2500/55 + Child Dental (Narrow Network)		Blue Shield Blue Shield Trio Silver 70 HMO 2500/55 + Child Dental INF (Narrow Network)	
	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; \$90 ded waived		\$55/\$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	
OP				
Physician/Surgeon	30% ded waived		30% ded waived	
Lab/X-Ray	\$55/\$90 ded waived		\$55/\$90 ded waived	
Advanced				
Radiology	\$300 after ded		\$300 after ded	

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

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

ABC Sample KP      Effective Date: 09-01-2023  
Kristine Petrosyan      Insurance Services An Alera Group Co.

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

# Benefit Sheet

Benefit	Blue Shield		Blue Shield	
	Bronze Local Access+ HMO® 7000/70 OffEx		Bronze Local Access+ HMO® 7000/70	
	(Narrow Network)		OffEx INF (Narrow Network)	
	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				
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	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 Radiology	waived/\$400 after ded (FS/Hospital)		waived/\$400 after ded (FS/Hospital)	

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

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

**ABC Sample KP**      **Effective Date: 09-01-2023**  
**Kristine Petrosyan**      **Insurance Services An Alera Group Co.**

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

# Benefit Sheet

Benefit	Blue Shield Bronze Trio HMO® 7000/70 OffEx (Narrow Network)		Blue Shield Bronze Trio HMO® 7000/70 OffEx INF (Narrow Network)	
	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; \$80 ded waived		\$70/\$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	
Chiropractic Care	\$15 ded waived; 20 visits/cal yr		\$15 ded waived; 20 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	
Outpatient Facility	50% after ded		50% after ded	
OP				
Physician/Surgeon	\$150 ded waived		\$150 ded waived	
Lab/X-Ray	\$65/\$115 ded waived \$400 ded		\$65/\$115 ded waived \$400 ded	
Advanced Radiology	waived/\$400 after ded (FS/Hospital)		waived/\$400 after ded (FS/Hospital)	

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

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

ABC Sample KP      Effective Date: 09-01-2023  
Kristine Petrosyan      Insurance Services An Alera Group Co.

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



# Benefit Sheet

Benefit	Blue Shield		Blue Shield	
	<u>Silver Local Access+ HMO® 2300/70 OffEx</u>		<u>Silver Local Access+ HMO® 2300/70 OffEx</u>	
	(Narrow Network)		INF (Narrow Network)	
	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; \$80 ded waived		\$70/\$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	\$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	
Outpatient Facility	\$250/\$1,000 after ded (ASC/Hospital)		\$250/\$1,000 after ded (ASC/Hospital)	
OP				
Physician/Surgeon	No charge		No charge	
Lab/X-Ray	\$65/\$115 ded waived		\$65/\$115 ded waived	

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

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

ABC Sample KP      Effective Date: 09-01-2023  
 Kristine Petrosyan      Insurance Services An Alera Group Co.

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

# Benefit Sheet

Benefit	Blue Shield		Blue Shield	
	<u>Silver Local Access+ HMO® 2750/70 OffEx</u>		<u>Silver Local Access+ HMO® 2750/70 OffEx</u>	
	(Narrow Network)		INF (Narrow Network)	
	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; \$80 ded waived		\$70/\$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	
Outpatient Facility	\$250/\$1,000 after ded (ASC/Hospital)		\$250/\$1,000 after ded (ASC/Hospital)	
OP				
Physician/Surgeon	No charge		No charge	
Lab/X-Ray	\$70/\$115 ded waived		\$70/\$115 ded waived	

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

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

**ABC Sample KP**      **Effective Date: 09-01-2023**  
**Kristine Petrosyan**      **Insurance Services An Alera Group Co.**

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

# Benefit Sheet

Benefit	Blue Shield Silver Trio HMO® 2300/70 OffEx (Narrow Network)		Blue Shield Silver Trio HMO® 2300/70 OffEx INF (Narrow Network)	
	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; \$80 ded waived		\$70/\$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	
Chiropractic Care	\$15 ded waived; 20 visits/cal yr		\$15 ded waived; 20 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	
Outpatient Facility	\$250/\$1,000 after ded (ASC/Hospital)		\$250/\$1,000 after ded (ASC/Hospital)	
OP Physician/Surgeon	No charge		No charge	
Lab/X-Ray	\$65/\$115 ded waived \$100 ded		\$65/\$115 ded waived \$100 ded	
Advanced Radiology	waived/\$400 after ded (FS/Hospital)		waived/\$400 after ded (FS/Hospital)	

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

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

**ABC Sample KP**      **Effective Date: 09-01-2023**  
**Kristine Petrosyan**      **Insurance Services An Alera Group Co.**

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

# Benefit Sheet

Benefit	Blue Shield Silver Trio HMO® 2750/70 OffEx (Narrow Network)		Blue Shield Silver Trio HMO® 2750/70 OffEx INF (Narrow Network)	
	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; \$80 ded waived		\$70/\$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	
Chiropractic Care	\$15 ded waived; 20 visits/cal yr		\$15 ded waived; 20 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	
Outpatient Facility	\$250/\$1,000 after ded (ASC/Hospital)		\$250/\$1,000 after ded (ASC/Hospital)	
OP				
Physician/Surgeon	No charge		No charge	
Lab/X-Ray	\$70/\$115 ded waived \$100 ded		\$70/\$115 ded waived \$100 ded	
Advanced Radiology	waived/\$400 after ded (FS/Hospital)		waived/\$400 after ded (FS/Hospital)	

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

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

**ABC Sample KP**      **Effective Date: 09-01-2023**  
**Kristine Petrosyan**      **Insurance Services An Alera Group Co.**

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



# 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

ABC Sample KP

Kristine Petrosyan

Effective Date: 09-01-2023

Dickerson Insurance Services An Alera Group Co.

Run Date: 09-07-2023 #8656072

License: 0M29112

