

Group Proposal for:
carlos 5/21



Effective date:
05/15/2015

Date Generated: 05/21/2015
Quote Number: 8964

Zip Code: 30346
County: DeKalb
State: Georgia

Colibri
1-800-555-1234, Monday - Friday, 8am-10pm
<http://www.colibriumpartners.com>



Thank you for your interest in Colibri. I have created this small group proposal for you with an effective date starting on May 15, 2015. This proposal will expire on July 20, 2015. The following page provides a comparison of the plans which may best meet your needs.

My contact information is provided below. Please contact me with any questions, concerns or to continue with the easy application process.

Sincerely,

FirstTestingFirm23 M LastTestingFirm23
TestingFirm23@test.com
Agent

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MEDICAL

Traditional Health Plans

	SG HMO 1000/80%	SG HMO 2000/80%
	HMO	HMO
Individual Annual Deductible ¹	\$1,000	\$2,000
Out-of-Network	\$2,000	\$4,000
Family Annual Deductible ¹	\$2,000	\$4,000
Out-of-Network	\$4000	\$8000
Coinsurance	You pay 20%	You pay 20%
Out-of-Network	You pay 40%	You pay 40%
Individual Out of Pocket Maximum	\$2,000	\$3,000
Out-of-Network	\$4,000	\$6,000
Family Out of Pocket Maximum	\$4,000	\$6,000
Out-of-Network	\$8,000	\$12,000
Office Visit – Primary Care Physician	You pay \$20²	You pay \$20²
Out-of-Network	You pay 40%	You pay 40%
Office Visit- Specialist	You pay \$35²	You pay \$35²
Out-of-Network	You pay 40%	You pay 40%
Emergency Room	You pay \$300²	You pay \$300²
Out-of-Network ³	You pay \$300²	You pay \$300²
Urgent Care	You pay \$60²	You pay \$60²
Out-of-Network ³	You pay \$60²	You pay \$60²
Preventive Care	You pay 0%²	You pay 0%²
Out-of-Network	You pay 30%²	You pay 30%²
Prescription Drug Deductible	\$500 Brand Name Deductible	\$500 Brand Name Deductible
Retail Pharmacy	You pay \$10/\$35/\$60	You pay \$10/\$35/\$60
Out-of-Network	You pay 50%	You pay 50%
Home Delivery Pharmacy	You pay \$25/\$85/\$150	You pay \$25/\$85/\$150
Out-of-Network	You pay 50%	You pay 50%

Lifetime Maximum Benefit	Unlimited	Unlimited
Out-of-Network	Unlimited	Unlimited
TOTAL ESTIMATED COST	\$244.00	\$194.00

¹ Deductible is waived.

² This proposal is to be used for illustrative purposes only and is not an offer or contract. The final rates will be determined by Carrier in writing when all final requirements have been received and reviewed by the Colibri Health Underwriting department. Final rates will be based on (among other things): the final effective date of coverage, the final plan design selected, ages of those applying for coverage, number of family members issued coverage, and home zip code of the applicant and dependents. This document highlights some of the benefits available under these plans. For additional details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, consult the Benefit Details attachment.

Rates will vary by plan design including the amount of plan deductibles, coinsurance, and out-of-pocket maximums. Rates may vary based on age, gender, geographic location, the plan and the plan deductible selected.

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MEDICAL

Traditional

Name	Type	Annual Deductible	Coinsurance	Office Visit Primary Care	Estimated Costs
SG HMO 1000/80%	HMO	\$1,000/\$2,000	20%	\$20	\$244.00
SG HMO 2000/80%	HMO	\$2,000/\$4,000	20%	\$20	\$194.00

¹ Deductible is waived.

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CENSUS INFORMATION

#	Employee	Medical Tier	Relationship	Date of birth
1		EE	Primary	10/10/1988

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