

## Enrollment Worksheet for: **Employee 001**

Female, Age: 35, Zip Code: 95661, Placer County

Spouse/Partner: M, Age: 35, Child(ren): N/A

These rates reflect your cost after your employer's contribution of 50% toward employee and 0% toward dependent(s) based on Blue Shield - Bronze Full PPO 4500/45 OffEx rates and are for an Effective Date of 5/1/2016.

The Contribution amounts listed on this report may not reflect actual final contribution totals.

MEDICAL		Blue Shield Access+ HMOs					
Monthly Rate	Employee Cost Breakdown	Dependent Cost Breakdown	Deductible	Office Visits	Inpatient Hospital Services	Out-of-Pocket Max	Prescription Drugs
<a href="#">Bronze Full PPO 4500/45 OffEx</a> <b>\$562.62</b> PPO/Bronze/ Full PPO	Employee: 375.08 Ped. Dental: Embedded <i>Employer Pays: (187.54)</i> <b>Enrollee Pays: 187.54</b>	SP: 375.08 Ped. Dental: Embedded TOT: 375.08 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 375.08</b>	\$4,500/ \$9,000 embedded	\$45	30%	\$6,500/ \$13,000 embedded; includes ded	\$225/\$450 RxDed; \$15/\$50/\$75/30%
<a href="#">Silver Full PPO 1700/40 OffEx</a> <b>\$666.14</b> PPO/Silver/ Full PPO	Employee: 426.84 Ped. Dental: Embedded <i>Employer Pays: (187.54)</i> <b>Enrollee Pays: 239.30</b>	SP: 426.84 Ped. Dental: Embedded TOT: 426.84 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 426.84</b>	\$1,700/ \$3,400 embedded	\$40/\$50 (ded waived)	30%	\$6,500/ \$13,000 embedded; includes ded	\$300/\$600 RxDed; \$15/\$50/\$75/30%
<a href="#">Gold Full PPO 750/20 OffEx</a> <b>\$791.78</b> PPO/Gold/ Full PPO	Employee: 489.66 Ped. Dental: Embedded <i>Employer Pays: (187.54)</i> <b>Enrollee Pays: 302.12</b>	SP: 489.66 Ped. Dental: Embedded TOT: 489.66 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 489.66</b>	\$750/\$1,500 embedded	\$20/\$35 (ded waived)	20%	\$6,500/ \$13,000 embedded; includes ded	\$200/\$400 RxDed \$10/\$30/\$50/30%
<a href="#">Platinum Full PPO 150/15 OffEx</a> <b>\$984.60</b> PPO/Platinum/ Full PPO	Employee: 586.07 Ped. Dental: Embedded <i>Employer Pays: (187.54)</i> <b>Enrollee Pays: 398.53</b>	SP: 586.07 Ped. Dental: Embedded TOT: 586.07 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 586.07</b>	\$150/\$300 embedded	\$15/\$30 (ded waived)	10%	\$3,000/ \$6,000 embedded; includes ded.	\$5/\$30/\$50/30%
<a href="#">Silver Access+ HMO 1700/55 OffEx</a> <b>\$893.06</b> HMO/Silver/ Access+	Employee: 540.30 Ped. Dental: Embedded <i>Employer Pays: (187.54)</i> <b>Enrollee Pays: 352.76</b>	SP: 540.30 Ped. Dental: Embedded TOT: 540.30 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 540.30</b>	\$1,700/ \$3,400 embedded	\$55 (ded waived)	40%	\$6,500/ \$13,000 embedded; includes ded	\$300/\$600 RxDed; \$15/\$55/\$75/20%
<a href="#">Gold Access+ HMO 750/30 OffEx</a> <b>\$980.46</b> HMO/Gold/ Access+	Employee: 584.00 Ped. Dental: Embedded <i>Employer Pays: (187.54)</i> <b>Enrollee Pays: 396.46</b>	SP: 584.00 Ped. Dental: Embedded TOT: 584.00 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 584.00</b>	\$750/ \$1,500 embedded	\$30/\$60 (ded waived)	20%	\$5,000/ \$10,000 embedded; includes ded	\$15/\$30/\$50/20%
<a href="#">Platinum Access+ HMO 0/30 OffEx</a> <b>\$1,041.32</b> HMO/Platinum/ Access+	Employee: 614.43 Ped. Dental: Embedded <i>Employer Pays: (187.54)</i> <b>Enrollee Pays: 426.89</b>	SP: 614.43 Ped. Dental: Embedded TOT: 614.43 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 614.43</b>	\$0	\$30/\$40	\$500/day, 4 days max	\$3,000/\$6,000 embedded	\$5/\$15/\$25/20%
<a href="#">Bronze Full PPO Savings 4500/30% OffEx</a> <b>\$578.08</b> HSA/Bronze/ Full PPO	Employee: 382.81 Ped. Dental: Embedded <i>Employer Pays: (187.54)</i> <b>Enrollee Pays: 195.27</b>	SP: 382.81 Ped. Dental: Embedded TOT: 382.81 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 382.81</b>	\$4,500/ \$9,000 embedded	30%	30%	\$6,500/ \$13,000 embedded; includes ded	MedDed; \$15/\$50/\$75/30%

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Enrollment Worksheet for: **Employee 001**

Female, Age: 35, Zip Code: 95661, Placer County

Spouse/Partner: M, Age: 35, Child(ren): N/A

a - aggregate  
adm - admission  
da - deductible applies  
dw - deductible waived

e - embedded  
fam - family  
mbr - member  
OV - office visit

NC - No Charge  
W - Waiving  
D&P - Diagnostic & Preventive Services

EE - Employee  
SP - Spouse  
CH - Child  
FA - Family

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 4/1/2016

Quote ID: 1814-6247

## Enrollment Worksheet for: **Employee 002**

Male, Age: 45, Zip Code: 95661, Placer County

Spouse/Partner: N/A, Child(ren): Age: 10

These rates reflect your cost after your employer's contribution of 50% toward employee and 0% toward dependent(s) based on Blue Shield - Bronze Full PPO 4500/45 OffEx rates and are for an Effective Date of 5/1/2016.

The Contribution amounts listed on this report may not reflect actual final contribution totals.

MEDICAL		Blue Shield Access+ HMOs					
Monthly Rate	Employee Cost Breakdown	Dependent Cost Breakdown	Deductible	Office Visits	Inpatient Hospital Services	Out-of-Pocket Max	Prescription Drugs
<a href="#">Bronze Full PPO 4500/45 OffEx</a> <b>\$416.52</b> PPO/Bronze/ Full PPO	Employee: 443.22 Ped. Dental: Embedded <i>Employer Pays: (221.61)</i> <b>Enrollee Pays: 221.61</b>	CH 1: 194.91 Ped. Dental: Embedded TOT: 194.91 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 194.91</b>	\$4,500/ \$9,000 embedded	\$45	30%	\$6,500/ \$13,000 embedded; includes ded	\$225/\$450 RxDed; \$15/\$50/\$75/30%
<a href="#">Silver Full PPO 1700/40 OffEx</a> <b>\$504.57</b> PPO/Silver/ Full PPO	Employee: 504.38 Ped. Dental: Embedded <i>Employer Pays: (221.61)</i> <b>Enrollee Pays: 282.77</b>	CH 1: 221.80 Ped. Dental: Embedded TOT: 221.80 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 221.80</b>	\$1,700/ \$3,400 embedded	\$40/\$50 (ded waived)	30%	\$6,500/ \$13,000 embedded; includes ded	\$300/\$600 RxDed; \$15/\$50/\$75/30%
<a href="#">Gold Full PPO 750/20 OffEx</a> <b>\$611.46</b> PPO/Gold/ Full PPO	Employee: 578.62 Ped. Dental: Embedded <i>Employer Pays: (221.61)</i> <b>Enrollee Pays: 357.01</b>	CH 1: 254.45 Ped. Dental: Embedded TOT: 254.45 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 254.45</b>	\$750/\$1,500 embedded	\$20/\$35 (ded waived)	20%	\$6,500/ \$13,000 embedded; includes ded	\$200/\$400 RxDed \$10/\$30/\$50/30%
<a href="#">Platinum Full PPO 150/15 OffEx</a> <b>\$775.49</b> PPO/Platinum/ Full PPO	Employee: 692.55 Ped. Dental: Embedded <i>Employer Pays: (221.61)</i> <b>Enrollee Pays: 470.94</b>	CH 1: 304.55 Ped. Dental: Embedded TOT: 304.55 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 304.55</b>	\$150/\$300 embedded	\$15/\$30 (ded waived)	10%	\$3,000/ \$6,000 embedded; includes ded.	\$5/\$30/\$50/30%
<a href="#">Silver Access+ HMO 1700/55 OffEx</a> <b>\$697.60</b> HMO/Silver/ Access+	Employee: 638.45 Ped. Dental: Embedded <i>Employer Pays: (221.61)</i> <b>Enrollee Pays: 416.84</b>	CH 1: 280.76 Ped. Dental: Embedded TOT: 280.76 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 280.76</b>	\$1,700/ \$3,400 embedded	\$55 (ded waived)	40%	\$6,500/ \$13,000 embedded; includes ded	\$300/\$600 RxDed; \$15/\$55/\$75/20%
<a href="#">Gold Access+ HMO 750/30 OffEx</a> <b>\$771.95</b> HMO/Gold/ Access+	Employee: 690.09 Ped. Dental: Embedded <i>Employer Pays: (221.61)</i> <b>Enrollee Pays: 468.48</b>	CH 1: 303.47 Ped. Dental: Embedded TOT: 303.47 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 303.47</b>	\$750/ \$1,500 embedded	\$30/\$60 (ded waived)	20%	\$5,000/ \$10,000 embedded; includes ded	\$15/\$30/\$50/20%
<a href="#">Platinum Access+ HMO 0/30 OffEx</a> <b>\$823.72</b> HMO/Platinum/ Access+	Employee: 726.05 Ped. Dental: Embedded <i>Employer Pays: (221.61)</i> <b>Enrollee Pays: 504.44</b>	CH 1: 319.28 Ped. Dental: Embedded TOT: 319.28 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 319.28</b>	\$0	\$30/\$40	\$500/day, 4 days max	\$3,000/\$6,000 embedded	\$5/\$15/\$25/20%
<a href="#">Bronze Full PPO Savings 4500/30% OffEx</a> <b>\$429.67</b> HSA/Bronze/ Full PPO	Employee: 452.36 Ped. Dental: Embedded <i>Employer Pays: (221.61)</i> <b>Enrollee Pays: 230.75</b>	CH 1: 198.92 Ped. Dental: Embedded TOT: 198.92 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 198.92</b>	\$4,500/ \$9,000 embedded	30%	30%	\$6,500/ \$13,000 embedded; includes ded	MedDed; \$15/\$50/\$75/30%

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# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Enrollment Worksheet for: **Employee 002**

Male, Age: 45, Zip Code: 95661, Placer County

Spouse/Partner: N/A, Child(ren): Age: 10

<b>a - aggregate</b>	<b>e - embedded</b>	<b>NC - No Charge</b>	<b>EE - Employee</b>
<b>adm - admission</b>	<b>fam - family</b>	<b>W - Waiving</b>	<b>SP - Spouse</b>
<b>da - deductible applies</b>	<b>mbr - member</b>	<b>D&amp;P - Diagnostic &amp; Preventive Services</b>	<b>CH - Child</b>
<b>dw - deductible waived</b>	<b>OV - office visit</b>		<b>FA - Family</b>

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# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

## Enrollment Worksheet for: **Employee 003**

Male, Age: 25, Zip Code: 95661, Placer County

Spouse/Partner: N/A, Child(ren): N/A

These rates reflect your cost after your employer's contribution of 50% toward employee and 0% toward dependent(s) based on Blue Shield - Bronze Full PPO 4500/45 OffEx rates and are for an Effective Date of 5/1/2016.

The Contribution amounts listed on this report may not reflect actual final contribution totals.

MEDICAL <span style="font-size: small; color: #0070C0;">blue shield of california</span>		Blue Shield Access+ HMOs					
Monthly Rate	Employee Cost Breakdown	Dependent Cost Breakdown	Deductible	Office Visits	Inpatient Hospital Services	Out-of-Pocket Max	Prescription Drugs
<a href="#">Bronze Full PPO 4500/45 OffEx</a> <b>\$154.08</b> PPO/Bronze/ Full PPO	Employee: 308.17 Ped. Dental: Embedded <i>Employer Pays: (154.09)</i> <b>Enrollee Pays: 154.08</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$4,500/ \$9,000 embedded	\$45	30%	\$6,500/ \$13,000 embedded; includes ded	\$225/\$450 RxDed; \$15/\$50/\$75/30%
<a href="#">Silver Full PPO 1700/40 OffEx</a> <b>\$196.60</b> PPO/Silver/ Full PPO	Employee: 350.69 Ped. Dental: Embedded <i>Employer Pays: (154.09)</i> <b>Enrollee Pays: 196.60</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$1,700/ \$3,400 embedded	\$40/\$50 (ded waived)	30%	\$6,500/ \$13,000 embedded; includes ded	\$300/\$600 RxDed; \$15/\$50/\$75/30%
<a href="#">Gold Full PPO 750/20 OffEx</a> <b>\$248.22</b> PPO/Gold/ Full PPO	Employee: 402.31 Ped. Dental: Embedded <i>Employer Pays: (154.09)</i> <b>Enrollee Pays: 248.22</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$750/\$1,500 embedded	\$20/\$35 (ded waived)	20%	\$6,500/ \$13,000 embedded; includes ded	\$200/\$400 RxDed \$10/\$30/\$50/30%
<a href="#">Platinum Full PPO 150/15 OffEx</a> <b>\$327.43</b> PPO/Platinum/ Full PPO	Employee: 481.52 Ped. Dental: Embedded <i>Employer Pays: (154.09)</i> <b>Enrollee Pays: 327.43</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$150/\$300 embedded	\$15/\$30 (ded waived)	10%	\$3,000/ \$6,000 embedded; includes ded.	\$5/\$30/\$50/30%
<a href="#">Silver Access+ HMO 1700/55 OffEx</a> <b>\$289.82</b> HMO/Silver/ Access+	Employee: 443.91 Ped. Dental: Embedded <i>Employer Pays: (154.09)</i> <b>Enrollee Pays: 289.82</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$1,700/ \$3,400 embedded	\$55 (ded waived)	40%	\$6,500/ \$13,000 embedded; includes ded	\$300/\$600 RxDed; \$15/\$55/\$75/20%
<a href="#">Gold Access+ HMO 750/30 OffEx</a> <b>\$325.73</b> HMO/Gold/ Access+	Employee: 479.82 Ped. Dental: Embedded <i>Employer Pays: (154.09)</i> <b>Enrollee Pays: 325.73</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$750/ \$1,500 embedded	\$30/\$60 (ded waived)	20%	\$5,000/ \$10,000 embedded; includes ded	\$15/\$30/\$50/20%
<a href="#">Platinum Access+ HMO 0/30 OffEx</a> <b>\$350.73</b> HMO/Platinum/ Access+	Employee: 504.82 Ped. Dental: Embedded <i>Employer Pays: (154.09)</i> <b>Enrollee Pays: 350.73</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$0	\$30/\$40	\$500/day, 4 days max	\$3,000/\$6,000 embedded	\$5/\$15/\$25/20%
<a href="#">Bronze Full PPO Savings 4500/30% OffEx</a> <b>\$160.43</b> HSA/Bronze/ Full PPO	Employee: 314.52 Ped. Dental: Embedded <i>Employer Pays: (154.09)</i> <b>Enrollee Pays: 160.43</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$4,500/ \$9,000 embedded	30%	30%	\$6,500/ \$13,000 embedded; includes ded	MedDed; \$15/\$50/\$75/30%

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# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Enrollment Worksheet for: **Employee 003**

Male, Age: 25, Zip Code: 95661, Placer County

Spouse/Partner: N/A, Child(ren): N/A

**a - aggregate**

**adm - admission**

**da - deductible applies**

**dw - deductible waived**

**e - embedded**

**fam - family**

**mbr - member**

**OV - office visit**

**NC - No Charge**

**W - Waiving**

**D&P - Diagnostic & Preventive Services**

**EE - Employee**

**SP - Spouse**

**CH - Child**

**FA - Family**

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# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 4/1/2016

Quote ID: 1814-6247

## Enrollment Worksheet for: **Employee 004**

Female, Age: 55, Zip Code: 95661, Placer County

Spouse/Partner: M, Age: 52, Child(ren): N/A

These rates reflect your cost after your employer's contribution of 50% toward employee and 0% toward dependent(s) based on Blue Shield - Bronze Full PPO 4500/45 OffEx rates and are for an Effective Date of 5/1/2016.

The Contribution amounts listed on this report may not reflect actual final contribution totals.

MEDICAL		Blue Shield Access+ HMOs					
Monthly Rate	Employee Cost Breakdown	Dependent Cost Breakdown	Deductible	Office Visits	Inpatient Hospital Services	Out-of-Pocket Max	Prescription Drugs
<a href="#">Bronze Full PPO 4500/45 OffEx</a> <b>\$941.38</b> PPO/Bronze/ Full PPO	Employee: 684.47 Ped. Dental: Embedded <i>Employer Pays: (342.24)</i> <b>Enrollee Pays: 342.23</b>	SP: 599.15 Ped. Dental: Embedded TOT: 599.15 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 599.15</b>	\$4,500/ \$9,000 embedded	\$45	30%	\$6,500/ \$13,000 embedded; includes ded	\$225/\$450 RxDed; \$15/\$50/\$75/30%
<a href="#">Silver Full PPO 1700/40 OffEx</a> <b>\$1,118.52</b> PPO/Silver/ Full PPO	Employee: 778.93 Ped. Dental: Embedded <i>Employer Pays: (342.24)</i> <b>Enrollee Pays: 436.69</b>	SP: 681.83 Ped. Dental: Embedded TOT: 681.83 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 681.83</b>	\$1,700/ \$3,400 embedded	\$40/\$50 (ded waived)	30%	\$6,500/ \$13,000 embedded; includes ded	\$300/\$600 RxDed; \$15/\$50/\$75/30%
<a href="#">Gold Full PPO 750/20 OffEx</a> <b>\$1,333.50</b> PPO/Gold/ Full PPO	Employee: 893.57 Ped. Dental: Embedded <i>Employer Pays: (342.24)</i> <b>Enrollee Pays: 551.33</b>	SP: 782.17 Ped. Dental: Embedded TOT: 782.17 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 782.17</b>	\$750/\$1,500 embedded	\$20/\$35 (ded waived)	20%	\$6,500/ \$13,000 embedded; includes ded	\$200/\$400 RxDed \$10/\$30/\$50/30%
<a href="#">Platinum Full PPO 150/15 OffEx</a> <b>\$1,663.45</b> PPO/Platinum/ Full PPO	Employee: 1,069.51 Ped. Dental: Embedded <i>Employer Pays: (342.24)</i> <b>Enrollee Pays: 727.27</b>	SP: 936.18 Ped. Dental: Embedded TOT: 936.18 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 936.18</b>	\$150/\$300 embedded	\$15/\$30 (ded waived)	10%	\$3,000/ \$6,000 embedded; includes ded.	\$5/\$30/\$50/30%
<a href="#">Silver Access+ HMO 1700/55 OffEx</a> <b>\$1,506.79</b> HMO/Silver/ Access+	Employee: 985.97 Ped. Dental: Embedded <i>Employer Pays: (342.24)</i> <b>Enrollee Pays: 643.73</b>	SP: 863.06 Ped. Dental: Embedded TOT: 863.06 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 863.06</b>	\$1,700/ \$3,400 embedded	\$55 (ded waived)	40%	\$6,500/ \$13,000 embedded; includes ded	\$300/\$600 RxDed; \$15/\$55/\$75/20%
<a href="#">Gold Access+ HMO 750/30 OffEx</a> <b>\$1,656.36</b> HMO/Gold/ Access+	Employee: 1,065.73 Ped. Dental: Embedded <i>Employer Pays: (342.24)</i> <b>Enrollee Pays: 723.49</b>	SP: 932.87 Ped. Dental: Embedded TOT: 932.87 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 932.87</b>	\$750/ \$1,500 embedded	\$30/\$60 (ded waived)	20%	\$5,000/ \$10,000 embedded; includes ded	\$15/\$30/\$50/20%
<a href="#">Platinum Access+ HMO 0/30 OffEx</a> <b>\$1,760.50</b> HMO/Platinum/ Access+	Employee: 1,121.26 Ped. Dental: Embedded <i>Employer Pays: (342.24)</i> <b>Enrollee Pays: 779.02</b>	SP: 981.48 Ped. Dental: Embedded TOT: 981.48 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 981.48</b>	\$0	\$30/\$40	\$500/day, 4 days max	\$3,000/\$6,000 embedded	\$5/\$15/\$25/20%
<a href="#">Bronze Full PPO Savings 4500/30% OffEx</a> <b>\$967.84</b> HSA/Bronze/ Full PPO	Employee: 698.58 Ped. Dental: Embedded <i>Employer Pays: (342.24)</i> <b>Enrollee Pays: 356.34</b>	SP: 611.50 Ped. Dental: Embedded TOT: 611.50 <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 611.50</b>	\$4,500/ \$9,000 embedded	30%	30%	\$6,500/ \$13,000 embedded; includes ded	MedDed; \$15/\$50/\$75/30%

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# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Enrollment Worksheet for: **Employee 004**

Female, Age: 55, Zip Code: 95661, Placer County

Spouse/Partner: M, Age: 52, Child(ren): N/A

**a - aggregate**

**adm - admission**

**da - deductible applies**

**dw - deductible waived**

**e - embedded**

**fam - family**

**mbr - member**

**OV - office visit**

**NC - No Charge**

**W - Waiving**

**D&P - Diagnostic & Preventive Services**

**EE - Employee**

**SP - Spouse**

**CH - Child**

**FA - Family**

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 4/1/2016

Quote ID: 1814-6247



## Enrollment Worksheet for: **Employee 005**

Male, Age: 65, Zip Code: 95661, Placer County

Spouse/Partner: N/A, Child(ren): N/A

These rates reflect your cost after your employer's contribution of 50% toward employee and 0% toward dependent(s) based on Blue Shield - Bronze Full PPO 4500/45 OffEx rates and are for an Effective Date of 5/1/2016.

The Contribution amounts listed on this report may not reflect actual final contribution totals.

Monthly Rate	Employee Cost Breakdown	Dependent Cost Breakdown	Deductible	Office Visits	Inpatient Hospital Services	Out-of-Pocket Max	Prescription Drugs
<div style="display: flex; justify-content: space-between; align-items: center;"> <span><b>MEDICAL</b></span> <span>blue shield of california</span> <span><b>Blue Shield Access+ HMOs</b></span> </div>							
<a href="#">Bronze Full PPO 4500/45 OffEx</a> <b>\$460.41</b> PPO/Bronze/ Full PPO	Employee: 920.82 Ped. Dental: Embedded <i>Employer Pays: (460.41)</i> <b>Enrollee Pays: 460.41</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$4,500/ \$9,000 embedded	\$45	30%	\$6,500/ \$13,000 embedded; includes ded	\$225/\$450 RxDed; \$15/\$50/\$75/30%
<a href="#">Silver Full PPO 1700/40 OffEx</a> <b>\$587.48</b> PPO/Silver/ Full PPO	Employee: 1,047.89 Ped. Dental: Embedded <i>Employer Pays: (460.41)</i> <b>Enrollee Pays: 587.48</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$1,700/ \$3,400 embedded	\$40/\$50 (ded waived)	30%	\$6,500/ \$13,000 embedded; includes ded	\$300/\$600 RxDed; \$15/\$50/\$75/30%
<a href="#">Gold Full PPO 750/20 OffEx</a> <b>\$741.70</b> PPO/Gold/ Full PPO	Employee: 1,202.11 Ped. Dental: Embedded <i>Employer Pays: (460.41)</i> <b>Enrollee Pays: 741.70</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$750/\$1,500 embedded	\$20/\$35 (ded waived)	20%	\$6,500/ \$13,000 embedded; includes ded	\$200/\$400 RxDed \$10/\$30/\$50/30%
<a href="#">Platinum Full PPO 150/15 OffEx</a> <b>\$978.40</b> PPO/Platinum/ Full PPO	Employee: 1,438.81 Ped. Dental: Embedded <i>Employer Pays: (460.41)</i> <b>Enrollee Pays: 978.40</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$150/\$300 embedded	\$15/\$30 (ded waived)	10%	\$3,000/ \$6,000 embedded; includes ded.	\$5/\$30/\$50/30%
<a href="#">Silver Access+ HMO 1700/55 OffEx</a> <b>\$866.01</b> HMO/Silver/ Access+	Employee: 1,326.42 Ped. Dental: Embedded <i>Employer Pays: (460.41)</i> <b>Enrollee Pays: 866.01</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$1,700/ \$3,400 embedded	\$55 (ded waived)	40%	\$6,500/ \$13,000 embedded; includes ded	\$300/\$600 RxDed; \$15/\$55/\$75/20%
<a href="#">Gold Access+ HMO 750/30 OffEx</a> <b>\$973.30</b> HMO/Gold/ Access+	Employee: 1,433.71 Ped. Dental: Embedded <i>Employer Pays: (460.41)</i> <b>Enrollee Pays: 973.30</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$750/ \$1,500 embedded	\$30/\$60 (ded waived)	20%	\$5,000/ \$10,000 embedded; includes ded	\$15/\$30/\$50/20%
<a href="#">Platinum Access+ HMO 0/30 OffEx</a> <b>\$1,048.01</b> HMO/Platinum/ Access+	Employee: 1,508.42 Ped. Dental: Embedded <i>Employer Pays: (460.41)</i> <b>Enrollee Pays: 1,048.01</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$0	\$30/\$40	\$500/day, 4 days max	\$3,000/\$6,000 embedded	\$5/\$15/\$25/20%
<a href="#">Bronze Full PPO Savings 4500/30% OffEx</a> <b>\$479.39</b> HSA/Bronze/ Full PPO	Employee: 939.80 Ped. Dental: Embedded <i>Employer Pays: (460.41)</i> <b>Enrollee Pays: 479.39</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$4,500/ \$9,000 embedded	30%	30%	\$6,500/ \$13,000 embedded; includes ded	MedDed; \$15/\$50/\$75/30%

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Enrollment Worksheet for: **Employee 005**

Male, Age: 65, Zip Code: 95661, Placer County

Spouse/Partner: N/A, Child(ren): N/A

**a - aggregate**

**adm - admission**

**da - deductible applies**

**dw - deductible waived**

**e - embedded**

**fam - family**

**mbr - member**

**OV - office visit**

**NC - No Charge**

**W - Waiving**

**D&P - Diagnostic & Preventive Services**

**EE - Employee**

**SP - Spouse**

**CH - Child**

**FA - Family**

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 4/1/2016

Quote ID: 1814-6247

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Rates have not been adjusted for Federal or State COBRA enrollees.

BLUE SHIELD CA: Please note that according to the carrier a billing system issue arises when a new hire is added mid-year. The rate that the system assigns the member is based on the group effective date or previous renewal date instead of the age at time of enrollment. The carrier is working to correct this error and hopes to have it resolved soon. The correct rate should be based on the employees age at time of enrollment, however, due to the system issue a lower and incorrect rate may be charged.

Full Time and Full Time Equivalent (FTE) employee count must be between 1 - 100 in order to quote in small group. Call your Sales Executive for more info.

BLUE SHIELD INFERTILITY RIDER - Depending upon your group's demographics this carrier offers an Infertility rider option at an additional cost. If selected, the Infertility rider is available for PPO plans in the Blue Shield of CA Off Exchange Package and Mirror Package. Groups must purchase the same optional benefits for all plan types selected within the package. If the optional benefit is not available with one of the plan types selected it cannot be offered for the other like plan types selected by the group. Please refer to the latest carrier documentation for current rates and guidelines if rider options are desired. Please contact your Warner Pacific Quoting Analyst if assistance is needed. Thank you. Rates, Benefits, or both may be Pending Regulatory Approval.

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.