

# California Company

Roseville, Placer County, CA 95661

SIC Code: 1542 - General Contractors-Nonresidential Buildings, Other than Industrial Buildings and Warehouses

**MEDICAL - Effective Date: 5/1/2016**

Carrier Network Plan	Plan Type	Deductible	Office Visits	Inpatient Hospital Services	Out-of-Pocket Max	Prescription Drugs	Ped Dent	EE in area	EE Rate	Dep Rate	Total Rate
Anthem BC Prudent Buyer <a href="#">Anthem Bronze PPO 6000/35%/6600</a>	PPO	\$6,000/ \$12,000 embedded	\$70 (ded. waived 1st 3 visits) then 35%	35%	\$6,600/ \$13,200 embedded; includes ded.	\$250/\$500 RxDed: \$15/\$50/\$90/25% (Select Rx)	Emb	5/5	2,898.55	1,240.52	<a href="#">\$4,139.07</a>
Anthem BC Prudent Buyer <a href="#">Anthem Silver PPO 2000/35%/6850</a>	PPO	\$2,000/ \$4,000 embedded	\$25/\$45 (ded. waived)	35%	\$6,850/ \$13,700 embedded; includes ded.	\$15/\$40/\$80/25% (Select Rx)	Emb	5/5	3,527.60	1,509.73	<a href="#">\$5,037.33</a>
Anthem BC Prudent Buyer <a href="#">Anthem Platinum PPO 200/10%/3000</a>	PPO	\$200/ \$600 embedded	\$10/\$30 (ded. waived)	10%	\$3,000/ \$6,000 embedded; includes ded.	\$10/\$35/\$70/25% (Select Rx)	Emb	5/5	4,667.52	1,997.60	<a href="#">\$6,665.12</a>
Blue Shield Full PPO <a href="#">Bronze Full PPO 4500/45 OffEx</a>	PPO	\$4,500/ \$9,000 embedded	\$45	30%	\$6,500/ \$13,000 embedded; includes ded	\$225/\$450 RxDed; \$15/\$50/\$75/30%	Emb	5/5	2,731.76	1,169.14	<a href="#">\$3,900.90</a>
Blue Shield Full PPO <a href="#">Silver Full PPO 1700/40 OffEx</a>	PPO	\$1,700/ \$3,400 embedded	\$40/\$50 (ded waived)	30%	\$6,500/ \$13,000 embedded; includes ded	\$300/\$600 RxDed; \$15/\$50/\$75/30%	Emb	5/5	3,108.73	1,330.47	<a href="#">\$4,439.20</a>
Blue Shield Full PPO <a href="#">Gold Full PPO 250/20 OffEx</a>	PPO	\$250/\$500 embedded	\$20/\$40 (ded waived)	20%	\$6,500/ \$13,000 embedded; includes ded	\$15/\$40/\$60/30%	Emb	5/5	3,796.39	1,624.78	<a href="#">\$5,421.17</a>
Blue Shield Access+ <a href="#">Silver Access+ HMO 1700/55 OffEx</a>	HMO	\$1,700/ \$3,400 embedded	\$55 (ded waived)	40%	\$6,500/ \$13,000 embedded; includes ded	\$300/\$600 RxDed; \$15/\$55/\$75/20%	Emb	5/5	3,935.05	1,684.12	<a href="#">\$5,619.17</a>
a - aggregate      adm - admission      da - deductible applies      dw - deductible waived      e - embedded      OV - office visit											

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

Sorted by: Carrier,PlanType,Premium(Ascending)

Quote Id: 1814-6241

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CaliforniaChoice Full HMO Silver HMO B Kaiser Permanente - Full	HMO	\$1,000/ \$2,000 embedded	\$40 (ded. waived)	30%	\$6,500/\$13,000 embedded; includes ded.	\$100 RxDed; \$20/\$50/\$50/20%	Emb	5/5	2,366.23	1,028.69	<u>\$3,394.92</u>
Covered CA HMO <a href="#">Kaiser Silver 70 HMO 1500/45 w/o Child Dental</a>	HMO	\$1,500/\$3,000 embedded	\$45/\$70 (ded. waived)	20%	\$6,500/\$13,000 embedded, includes ded.	\$250/\$500 RxDed; \$15/\$55/\$55/20%	Not Incl	5/5	2,380.76	1,018.91	<u>\$3,399.67</u>
Health Net PPO <a href="#">Health Net Silver 70 PPO 1500/45</a>	PPO	\$1,500/ \$3,000 embedded-aggregate	\$45/\$70 (ded. waived)	20%	\$6,500/ \$13,000 embedded-aggregate; includes ded	\$250/\$500 RxDed; \$15/\$55/\$75/20%	Emb	5/5	3,169.71	1,356.56	<u>\$4,526.27</u>
Kaiser PCHS PPO <a href="#">Silver 70 PPO 1500/45 w/ Child Dental</a>	PPO	\$1,500/ \$3,000 embedded	\$45/\$70 (ded. waived)	20%	\$6,500/ \$13,000 embedded; includes ded	\$250/\$500 RxDed; \$15/\$55/\$55/20%	Emb	5/5	4,094.71	1,752.44	<u>\$5,847.15</u>
UnitedHealthcare Select Plus <a href="#">Select Plus 2000/30% AE-JD (Silver)</a>	PPO	\$2,000/ \$4,000 embedded	30%	30%	\$6,500/ \$13,000 embedded; includes ded	\$150/\$300 Rxded; \$15/\$35/\$70/25% (Rx: 367)	Emb	5/5	2,986.22	1,278.03	<u>\$4,264.25</u>

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**DENTAL - Effective Date: 5/1/2016**

Carrier Plan	Plan Type	Deductible	Annual Benefit Max	Preventive Care	Basic/Major Services	Orthodontics	EE in area	EE Rate	Dep Rate	Total Rate
Anthem BC PCG 01 Classic Complete CA-2L (1R0T)	PPO	\$50 3/fam	\$1,000/mbr	\$0	20%/50%	Not Covered	5/5	248.35	166.25	<a href="#">\$414.60</a>
Anthem BC PCG 11 Classic Complete CA-2J (1R0R)	PPO	\$50 3/fam	\$2,000/mbr	\$0	20%/50%	Not Covered	5/5	296.85	198.73	<a href="#">\$495.58</a>
Blue Shield <a href="#">Smile (SM) 50/1500/No Ortho/MAC</a>	PPO	\$50 3/fam	\$1,500	No Charge dw	20%/50%	Not Covered	5/5	217.00	139.40	<a href="#">\$356.40</a>
Blue Shield <a href="#">Smile (SM) Plus Gold 50/1500/Ortho/U85</a>	PPO	\$50 3/fam	\$1,500	No Charge dw	20%/50%	Adult and Child	5/5	320.50	228.80	<a href="#">\$549.30</a>
CaliforniaChoice PPO 4000 - Ameritas (CaliforniaChoice)	PPO	\$25 (3x/Family)	\$1,200	No Charge dw	20%/50%	Not Covered	5/5	280.25	151.35	<a href="#">\$431.60</a>
CaliforniaChoice HMO 3000 - SmileSaver (CaliforniaChoice)	HMO	None	Unlimited	No Charge	\$7-\$85/\$40-\$225	Adult and Child	5/5	58.45	35.01	<a href="#">\$93.46</a>
Covered CA Delta Dental Family Dental PPO	PPO	\$50 per person	\$1,500	0%	20%/50%	Not Covered	5/5	249.95	132.97	<a href="#">\$382.92</a>

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<a href="#">Covered CA</a> Delta Dental Family Dental HMO	HMO	\$0	None	\$0	\$25-\$300 copay per procedure	\$350 copay (medically necessary)	5/5	69.95	43.47	<a href="#">\$113.42</a>
<a href="#">Delta Dental</a> (3-Tier) Plan 10A - Option B	HMO	None	Unlimited	No Charge	\$0-\$175/\$35-\$220	Adult and Child	5/5	131.75	61.08	<a href="#">\$192.83</a>
<a href="#">Guardian (CA)</a> Guardian Choice J1 1500 80th UCR	PPO	\$50 3/fam	\$1,500	No Charge dw	Value : 0%/40% NAP : 20%/50%	Not Covered	5/5	321.60	225.11	<a href="#">\$546.71</a>
<a href="#">Guardian (CA)</a> Value Plan VZ 1500 Fee Schedule co	PPO	\$50 3/fam	\$1,500	No Charge dw	20%/50%	Child Only	5/5	343.60	262.35	<a href="#">\$605.95</a>
<a href="#">Kaiser</a> Plan D PPO 1500	PPO	\$25/\$75	\$1,500pp/cyr	No Charge dw	20%/Not Covered	Not Covered	5/5	168.45	107.82	<a href="#">\$276.27</a>
<a href="#">Kaiser</a> DeltaCare 10A	HMO	None/None	Unlimited	No Charge	\$0-\$75 \$35-\$195	Adult and Child	5/5	105.30	73.28	<a href="#">\$178.58</a>
<a href="#">MetLife (CA)</a> 100/80/50-100/80/50 PEB 1000 U90 (Grps 2-24)	PPO	\$50/\$150	\$1,000	No Charge	20%/50%	Not Covered	5/5	228.75	147.88	<a href="#">\$376.63</a>

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