



Proposal Census

► **Description:** This is the group census

Group Proposal Census

Prepared For	Effective Date	Zip (County)	Employee Count							
Name	Age	DOB	Relationship	Medical	Dental	Vision	Gender	Home Zip	OOS	
1 Albert Abernathy	50	01/01/75	EE	F	F	F	M	95001		
1 Dr. Abernathy	49	02/01/76	SP				F	95001		
1 Athena Abernathy	10	07/01/14	D				F	95001		
1 Alfred Abernathy	9	06/01/15	D				M	95001		
1 Alia Abernathy	8	05/01/16	D				F	95001		
1 Alec Abernathy	7	04/01/17	D				M	95001		
1 Alan Abernathy	7	03/01/18	D				M	95001		
2 Manny Mossling	59	01/01/66	EE	EE	EE	EE	M	95001		
3 Dr. Nodlin	58	02/02/67	EE	ES	ES	ES	F	95001		
3 Nodlin, Nick	56	03/03/68	SP				M	95001		
4 Mr. Otten	30	06/01/94	EE	EE	EE	EE	M	95001		
5 Paul Paltry	64	01/01/61	EE	EE	EE	EE	M	95001		
6 Quincy Quigly	54	02/02/71	EE	EE	EE	EE	M	95001		
7 Ms Hoctor	32	08/01/92	EE	EC	EC	EC	F	95001		
7 Dr Hoctor	9	09/01/15	D				M	95001		
8 Jane Jumpjet	30	10/01/94	EE	ECH	ECH	ECH	F	95001		
8 Juliette Jumpjet	7	12/22/17	D				F	95001		
8 John Jumpjet	6	11/01/18	D				M	95001		
9 Renee Roscoe	43	03/03/81	EE	EE	EE	EE	F	95001		

Relationship Status

D - Child
DP - Domestic Partner
SP - Spouse

Coverage Tier

EE - Employee
ES - Employee + Spouse/Domestic Partner
EC - Employee + Child
ECH - Employee + Children
F - Employee + Family

Employer Profile

- **Description:** This is an executive level summary of the quote. In a multiple option group, you will have separate tables for each option group you have set up.

Employer Profile					
Prepared For	Effective Date	Zip (County)			
Medical - HMO	Carriers	% Difference (To Current)	% Difference (To Renewal)	Monthly Cost	Annual Cost
Contribution Member: EE: 80% / CH: 20%					
Current 03/01/2024	Kaiser Permanente - Gold 80 HDHP HMO 1750/15% + Child Dental Alt			\$7,711.17	\$92,534.04
#REF!	Kaiser Permanente - Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt	11.45%		\$8,593.79	\$103,125.48
#REF!	Aetna - CA Gold HMO \$35/65 0	87.31%	68.07%	\$14,443.58	\$173,322.96
#REF!	Anthem Blue Cross - Anthem Gold HMO 30 - 7ZYV	39.44%	25.12%	\$10,752.84	\$129,034.08
#REF!	Blue Shield of California - Gold Access+ HMO 0/35 OffEx	70.03%	52.57%	\$13,111.62	\$157,339.44
#REF!	Covered California - Kaiser Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt	11.45%	0.00%	\$8,593.79	\$103,125.48
#REF!	Health Net - Full Network HMO Gold \$30	25.59%	12.69%	\$9,684.73	\$116,216.76
#REF!	Kaiser Permanente - Gold 80 HMO 250/35 PCP + Child Dental	27.91%	14.77%	\$9,862.98	\$118,355.76
#REF!	Kaiser Permanente - Gold 80 HMO 0/35 PCP + Child Dental Alt	32.63%	19.01%	\$10,227.27	\$122,727.24
#REF!	Sutter Health Plus - Gold MS72 HMO	38.36%	24.15%	\$10,669.39	\$128,032.68
#REF!	UnitedHealthcare - SignatureValue HMO Gold 35-70/600d DZFF P72S	65.14%	48.18%	\$12,733.87	\$152,806.44

Multi-Option Brief

► **NOTE:** Will only show with a multi-option group

Description: This tab will show you a condensed version of whatever options you have built in the scenario editor. Learn more about the scenario editor [here!](#)

Group Medical Proposal								
Prepared For		Effective Date			Zip (County)			
Current								
Carrier	Plan	EEs Incl.	EE Cost	Dep Cost	Total	ER Cost	Difference	% Change
Kaiser Permanente	Gold 80 HDHP HMO 1750/15% + Child Dental Alt	6	\$5,177.22	\$2,533.95	\$7,711.17	\$4,648.57	-	-
Anthem Blue Cross	Anthem Gold PPO 25/30% RxD - 9B1F	3	\$2,402.77	\$1,530.48	\$3,933.25	\$1,359.85	-	-
TOTAL			\$7,579.99	\$4,064.43	\$11,644.42	\$6,008.42		
ESTIMATED ANNUAL TOTAL			\$90,959.88	\$48,773.16	\$139,733.04	\$72,101.04		
Renewal								
Carrier	Plan	EEs Incl.	EE Cost	Dep Cost	Total	ER Cost	Difference	% Change
Kaiser Permanente	Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt	6	\$5,779.27	\$2,814.52	\$8,593.79	\$5,186.34	-	-
Anthem Blue Cross	Anthem Gold Select PPO 25/30% - 8057	3	\$2,342.81	\$1,463.07	\$3,805.88	\$1,495.96	-	-
TOTAL			\$8,122.08	\$4,277.59	\$12,399.67	\$6,682.30	\$755.25	6.00%
ESTIMATED ANNUAL TOTAL			\$97,464.96	\$51,331.08	\$148,796.04	\$80,187.60	\$9,063.00	6.00%
All HMO								
Carrier	Plan	EEs Incl.	EE Cost	Dep Cost	Total	ER Cost	Difference	% Change
Kaiser Permanente	Gold 80 HMO 250/35 PCP + Chld Dental	9	\$8,483.93	\$4,422.03	\$12,905.96	\$7,671.54	-	-
TOTAL			\$8,483.93	\$4,422.03	\$12,905.96	\$7,671.54	\$1,261.54	11.00%
ESTIMATED ANNUAL TOTAL			\$101,807.16	\$53,064.36	\$154,871.52	\$92,058.48	\$15,138.48	11.00%

Multi-Option Census

► **Description:** This tab will show you a broken out view of whatever options you have built in the scenario editor. Learn more about the scenario editor [here!](#)

Group Proposal Census								
Prepared For		Effective Date			Zip (County)			
Employee Name	Med Tier	Current					Ren	
		Medical Plan	Family Rate	ER Contrib	EE Contrib	Payroll Deduction	Medical Plan	Family Rate
Albert Abernathy	F	Gold 80 HDHP HMO 1750/15% + Child Dental Alt	\$2,322.04	\$878.37	\$1,443.67	\$666.32	Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt	\$2,575.16
Manny Mossling	EE	Gold 80 HDHP HMO 1750/15% + Child Dental Alt	\$1,030.43	\$824.34	\$206.09	\$95.12	Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt	\$1,139.05
Dr. Nodlin	ES	Gold 80 HDHP HMO 1750/15% + Child Dental Alt	\$1,887.37	\$968.80	\$918.57	\$423.95	Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt	\$2,135.88
Mr. Otten	EE	Gold 80 HDHP HMO 1750/15% + Child Dental Alt	\$452.53	\$362.02	\$90.51	\$41.77	Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt	\$496.67
Paul Paltry	EE	Gold 80 HDHP HMO 1750/15% + Child Dental Alt	\$1,193.81	\$955.05	\$238.76	\$110.20	Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt	\$1,312.77
Quincy Quigly	EE	Gold 80 HDHP HMO 1750/15% + Child Dental Alt	\$824.99	\$659.99	\$165.00	\$76.15	Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt	\$934.26
Ms Hocor	EC	Anthem Gold PPO 25/30% RxD - 9B1F	\$1,283.07	\$439.70	\$843.37	\$389.25	Anthem Gold Select PPO 25/30% - 8057	\$1,241.85
Jane Jumpjet	ECH	Anthem Gold PPO 25/30% RxD - 9B1F	\$1,766.56	\$491.48	\$1,275.08	\$588.50	Anthem Gold Select PPO 25/30% - 8057	\$1,698.94
Renee Roscoe	EE	Anthem Gold PPO 25/30% RxD - 9B1F	\$883.62	\$428.67	\$454.95	\$209.97	Anthem Gold Select PPO 25/30% - 8057	\$865.09
		Kaiser Permanente - Gold 80 HDHP HMO 1750/15% + Child Dental Alt					Kaiser Permanente - Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt	
		Plan Monthly Total: \$7,711.17 \$4,648.57 \$3,062.60					Plan Monthly Total: \$8,593.79	
		Anthem Blue Cross - Anthem Gold PPO 25/30% RxD - 9B1F					Anthem Blue Cross - Anthem Gold PPO 25/30% - 8057	
		Plan Monthly Total: \$3,933.25 \$1,359.85 \$2,573.40					Plan Monthly Total: \$3,805.88	
		Group Monthly Total: \$11,644.42 \$6,008.42					Group Monthly Total: \$12,399.67	
		Group Annual Total: \$139,733.04 \$72,101.04					Group Annual Total: \$148,796.04	

Cost Comparison

- **Description:** This is a horizontal view of the current plan, renewal plan, and alternate plans with a few benefits and the monthly total.

Cost Comparison Summary														
Prepared For			Effective Date			Zip (County)								
In-Network Benefits														
Carrier	Plan Type	Plan Name	EEs Included	Deductible (IND/FAM)	Coins.	Office Visits (PCP/Specialist)	Out Of Pocket Max (IND/FAM)	Inpatient Hospital	RX Deductible	RX Tier 1 / 2 / 3 / 4	Total Cost Employee	Total Cost Dep	Monthly Group Cost	% Change
CURRENT PLAN														
Kaiser Permanente	HMO	Gold 80 HDHP HMO 1750/15% + Child Dental AR	View PDF 6	\$3,200 / \$3,500	15%	15% after deductible / 15% after deductible	\$3,700 / \$7,400	Facility: 15% after deductible / Physician: NA	In Network: Integrated	\$15/\$45/\$45 after deductible	\$5,177.22	\$2,533.95	\$7,711.17	-
Anthem Blue Cross	PPO	Anthem Gold PPO 25/30% RxD - 9B1F	View PDF 3	\$0 / \$0	30%	\$25 / \$50	\$8,500 / \$17,000	30%	Level 1 Pharmacy: \$150 individual/\$300 family / In-Network Providers: \$150 individual/\$300 family	Level 1 Pharmacy: \$10/\$50/\$90, In-Network Providers: \$20/\$60/\$100	\$2,402.77	\$1,530.48	\$3,933.25	-
RENEWAL PLAN														
Kaiser Permanente	HMO	Gold 80 HDHP HMO 1750/15% PCP + Child Dental AR	View PDF 6	\$3,300 / \$3,500	15%	15% after deductible / 15% after deductible	\$4,000 / \$8,000	Facility: 15% after deductible / Physician: NA	In Network: Integrated	\$15/\$45/\$45 after deductible	\$5,779.27	\$2,814.52	\$8,593.79	11.45%
Anthem Blue Cross	PPO	Anthem Gold Select PPO 25/30% - 8057	3	\$0 / \$0	30%	\$25 / \$50	\$8,700 / \$17,400	30%	Level 1 Pharmacy: None / In-Network Providers: None	Level 1 Pharmacy: \$10/\$50/\$90, In-Network Providers: \$20/\$60/\$100	\$2,342.81	\$1,463.07	\$3,805.88	-3.24%
ALTERNATE PLAN(S)														
Alt. 1 Aetna	HMO	CA Gold HMO \$35/65 0	View PDF 9	\$0 / \$0	0%	\$35 / \$65	\$8,500 / \$17,000	Facility: \$750/day - \$3,750 max/admission / Physician: \$0	In Network: None	\$15/\$40/\$70	\$12,478.11	\$6,378.37	\$18,856.48	61.94%
Alt. 2 Anthem Blue Cross	HMO	Anthem Gold HMO 30 - 7ZYV	9	\$0 / \$0	0%	\$30 / \$60	\$7,500 / \$15,000	Physician: \$0 / Facility: \$600/day - \$2,400 max/admission	Level 1 Pharmacy: None / In-Network Providers: None	Level 1 Pharmacy: \$10/\$50/\$90, In-Network Providers: \$20/\$60/\$100	\$9,289.67	\$4,748.30	\$14,037.97	20.56%

Medical Comparison Side-by-Side

▶ NOTE: On a multi-option group the tab name will include the name of the current plan you are on that you gave it in step 2.

Description: This tab shows you totals at the top and benefits underneath them. Everything on this page that looks like a hyper link is a hyper link. You have links to the SOBs or SBCs from the carriers. Also, the link for the total monthly premium takes you to a rate chart for that plan. You can also set the number of plans per page in your proposal settings.

Medical Comparison Side by Side									
Prepared For	Effective Date	Zip (County)	Contribution						
			Kaiser Permanente Gold 80 HDHP HMO 1750/15% + Child Dental Alt		Kaiser Permanente Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt		Aetna CA Gold HMO \$35/65 0 View SOB		Anthem B Anthem Gold I
			View SBC		View SBC				
			Fully Insured		Fully Insured		Fully Insured		Fully I
Benefits Summary			Current		Mapped Renewal		Alternate Option 1		Alternate
Employees Included			#REF!		#REF!		#REF!		#RI
Employee Cost			\$5,177.22		\$5,779.27		\$9,761.62		\$7,26
Dependent Cost			\$2,533.95		\$2,814.52		\$4,681.96		\$3,4E
Total Monthly Premium			\$7,711.17		\$8,593.79		\$14,443.58		\$10.7
Annual Premium			\$92,534.04		\$103,125.48		\$173,322.96		\$129.0
Employer Premium Contribution			\$4,648.57		\$5,186.34		\$8,745.67		\$6.51
Variance					\$882.62		\$6,732.41		\$3.04
Change					11.45%		87.31%		39.4
Benefits Summary			Current		Mapped Renewal		Alternate Option 1		Alternate
Network & Type			Kaiser - HMO HMO		Kaiser - HMO HMO		Aetna - HMO HMO		Anthem - Californi
			In Network	Out Of Network	In Network	Out Of Network	In Network	Out Of Network	In Network
Deductible Ind/Fam			\$1,750 (Self) / \$3,200 / \$3,500	N/A (Self) / N/A / N/A	\$1,750 (Self) / \$3,300 / \$3,500	N/A (Self) / N/A / N/A	\$0 / \$0	N/A (Self) / N/A / N/A	\$0 / \$0
Out of Pocket Maxium Ind/Fam			\$3,700 / \$7,400	N/A / N/A	\$4,000 / \$8,000	N/A / N/A	\$8,500 / \$17,000	N/A / N/A	\$7,500 / \$15,000
Coinsurance			15%	N/A	15%	N/A	0%	N/A	0%
Doctor Visit									
PCP Visit Copay			15% after deductible	N/A	15% after deductible	N/A	\$35	N/A	\$30
Specialist Visit Copay			15% after deductible	N/A	15% after deductible	N/A	\$65	N/A	\$60
Urgent Care			15% after deductible	15% after deductible	15% after deductible	15% after deductible	\$65	N/A	\$30
Emergency Services									
ER Copay			Facility: 15% after deductible, waived if admitted / Physician: N/A	15% after deductible, waived if admitted	Facility: 15% after deductible, waived if admitted / Physician: N/A	Facility: 15% after deductible, waived if admitted / Physician: N/A	\$325, waived if admitted	N/A	Physician: \$0 / Facility: \$325, waived if admitted
Prescriptions									
Rx Deductible			In Network: Integrated	None	In Network: Integrated	None	In Network: None	None	Level 1 Pharmacy: None / In-Network Providers: None

Census Fundamental/Census Age-Brief

► **NOTE:** On a multi-option group the tab name will include the name of the current plan you are on that you gave it in step 2.

Description: A reverse of the Medical Side by Side, this gives you benefits on top with the rates per member below that. Also like the other tabs anything that looks like a hyper link is a hyper link. You can also set the number of plans per page in your proposal settings. This tab does NOT include the rate breakdown if you have entered in the employer contribution or the pay periods. The greyed-out employees are not on this option group, they will be bolded on the option group tab they were assigned to.

Census Fundamental									
Prepared For		Effective Date		Zip (County)		Contribution			
Census Details					Kaiser Permanente Gold 80 HDHP HMO 1750/15% + Child Dental Alt View SBC Fully Insured		Kaiser Permanente Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt View SBC Fully Insured		Aet CA Gold HI View Fully I
#REF!									
Plan Details					Current		Mapped Renewal		Alternate
Network					Kaiser - HMO HMO		Kaiser - HMO HMO		Aetna - H
					IN	OON	IN	OON	IN
Deductible Individual					\$1,750 (Self) / \$3,200	N/A (Self) / N/A	\$1,750 (Self) / \$3,300	N/A (Self) / N/A	\$0
Deductible Family					\$3,500	N/A	\$3,500	N/A	\$0
OOP Max Individual					\$3,700	N/A	\$4,000	N/A	\$8,500
OOP Max Family					\$7,400	N/A	\$8,000	N/A	\$17,000
Coinsurance					15%	N/A	15%	N/A	0%
PCP Visit Copay					15% after deductible	N/A	15% after deductible	N/A	\$35
Specialist Visit Copay					15% after deductible	N/A	15% after deductible	N/A	\$65
Rx Deductible					In Network: Integrated	None	In Network: Integrated	None	In Network: None
Rx Retail					\$15/\$45/\$45 after deductible	N/A	\$15/\$45/\$45 after deductible	N/A	\$15/\$40/\$70
HMO									
Name	Type	Tier	DOB	ZIP	Rate	Total Rate	Rate	Total Rate	Rate
Albert Abernathy	EE	F	1/1/75	95001	\$ 689.92	\$ 2,322.04	\$ 781.54	\$ 2,575.16	\$ 1,320.18
Dr. Abernathy	SP		2/1/76	95001	\$ 661.20		\$ 746.53		\$ 1,261.04
Athena Abernathy	D		7/1/14	95001	\$ 323.64		\$ 349.03		\$ 565.47
Alfred Abernathy	D		6/1/15	95001	\$ 323.64		\$ 349.03		\$ 565.47
Alia Abernathy	D		5/1/16	95001	\$ 323.64		\$ 349.03		\$ 565.47
Alec Abernathy	D		4/1/17	95001	\$ -		\$ -		\$ -
Alan Abernathy	D		3/1/18	95001	\$ -		\$ -		\$ -
Manny Mossling	EE	EE	1/1/66	95001	\$ 1,030.43	\$ 1,030.43	\$ 1,139.05	\$ 1,139.05	\$ 1,924.09
Dr. Nodlin	EE	ES	2/2/67	95001	\$ 985.54	\$ 1,887.37	\$ 1,114.98	\$ 2,135.88	\$ 1,883.43
Nodlin, Nick	SP		3/3/68	95001	\$ 901.83		\$ 1,020.90		\$ 1,724.51

Census Composite

► **NOTE:** On a multi-option group the tab name will include the name of the current plan you are on that you gave it in step 2.

Description: Like the Census Fundamental tab this gives you benefits than rates except this time the rates are composite instead of member based. Also like the other tabs anything that looks like a hyper link is a hyper link. You can also set the number of plans per page in your proposal settings.

Census Composite									
Prepared For		Effective Date		Zip (County)					
Census Details		Blue Shield of California Gold Access+ HMO 0/35 OffEx View SOB		Covered California Kaiser Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt View SBC		Health Net Full Network HMO Gold \$30 View SBC		Kaiser Permanente Gold 80 HMO 250/35 PCP + Child Dental View SBC	
#REF!		Fully Insured		Fully Insured		Fully Insured		Fully Insured	
Plan Details		Alternate Option 3		Alternate Option 4		Alternate Option 5		Alternate Option 6	
Network		Blue Shield of California - Access+ HMO HMO		Covered CA - Kaiser Permanente HMO HMO		Health Net - Full HMO HMO		Kaiser - HMO HMO	
Health Account Compatibility		N/A		HSA Compatible		N/A		N/A	
Covered Employees		#REF!		#REF!		#REF!		#REF!	
		IN	OON	IN	OON	IN	OON	IN	OON
Deductible Individual		\$0	N/A (Self) / N/A	\$1,750 (Self) / \$3,300	N/A (Self) / N/A	\$0	N/A (Self) / N/A	\$250	N/A (Self) / N/A
Deductible Family		\$0	N/A	\$3,500	N/A	\$0	N/A	\$500	N/A
OOP Max Individual		\$7,500	N/A	\$4,000	N/A	\$7,250	N/A	\$7,800	N/A
OOP Max Family		\$15,000	N/A	\$8,000	N/A	\$14,500	N/A	\$15,600	N/A
Coinsurance		0%	N/A	15%	N/A	0%	N/A	20%	N/A
PCP Visit Copay		\$35	N/A	15% after deductible	N/A	\$30	N/A	\$35	N/A
Specialist Visit Copay		\$70	N/A	15% after deductible	N/A	\$50 (pre-approval required)	N/A	\$55	N/A
Urgent Care Copay		\$35	N/A	15% after deductible	15% after deductible	\$30	\$30	\$35	\$35
ER Copay		Facility: \$325, waived if admitted / Physician: \$0	N/A	Facility: 15% after deductible, waived if admitted / Physician: N/A	Facility: 15% after deductible, waived if admitted / Physician: N/A	Facility: \$325, waived if admitted / Physician: \$0, waived if admitted	Facility: \$325, waived if admitted / Physician: \$0, waived if admitted	Facility: \$250 after deductible, waived if admitted / Physician: N/A	Facility: \$250 after deductible, waived if admitted / Physician: N/A
Outpatient Labs		\$35	N/A	15% after deductible	N/A	\$40	N/A	\$35	N/A
Outpatient X-ray		\$55	N/A	15% after deductible	N/A	\$40	N/A	\$55	N/A
Outpatient Complex Imaging		Facility: \$100 / Hospital: \$250	N/A	15% after deductible	N/A	\$325 (pre-approval required)	N/A	\$250 after deductible	N/A
Physical / Occupational Therapy		\$35	N/A	15% after deductible	N/A	\$30 (pre-approval required)	N/A	\$35	N/A
Inpatient Hospital		Facility: \$600/day - \$3,000 max/admission / Physician: \$0	N/A	Facility: 15% after deductible / Physician: N/A	N/A	Facility: \$750/day - \$3,000 max/admission (pre-approval required) / Physician: \$0	N/A	Facility: \$600/day - \$3,000 max/admission after deductible / Physician: N/A	N/A
Outpatient Surgery		Hospital: \$300 / Physician: \$0 / Ambulatory: \$150	N/A	Facility: 15% after deductible / Physician: N/A	N/A	Physician: \$30 / Hospital: \$900 (pre-approval required) / Freestanding: \$350 (pre-approval required)	N/A	Facility: \$335 after deductible / Physician: N/A	N/A
Rx Deductible		In Network: None	None	In Network: Integrated	None	In Network: None	None	In Network: None	None
Rx Retail		\$20/\$50/\$70	N/A	\$15/\$45/\$45 after deductible	N/A	\$20/\$50/\$70	N/A	\$15/\$40/\$40	N/A
Rx Specialty		20% - \$250 max/20% - \$500 max	N/A	15% - \$250 max/N/A after deductible	N/A	30% - \$250 max	N/A	20% - \$250 max/N/A	N/A
Rx Mail Order		\$40/\$100/\$140	N/A	\$30/\$90/\$90 after deductible	N/A	\$40/\$125/\$175	N/A	\$30/\$80/\$80	N/A
Composite Rates		HMO		Alternate Option 3		Alternate Option 4		Alternate Option 5	
Employee	4	\$1,263.27		\$812.20		\$931.84		\$931.84	
Employee & Spouse	1	\$2,526.55		\$1,624.41		\$1,863.68		\$1,863.68	
Employee & Child(ren)	0	\$2,337.06		\$1,583.80		\$1,817.08		\$1,817.08	
Employee & Family	1	\$3,600.33		\$2,396.00		\$2,748.92		\$2,748.92	
Cost Summary		Alternate Option 3		Alternate Option 4		Alternate Option 5		Alternate Option 6	
Monthly Premium		\$13,111.62		\$8,593.78		\$9,684.73		\$9,862.98	
Annual Premium		\$157,339.44		\$103,125.48		\$116,216.76		\$118,355.76	
Monthly Premium Change		\$5,400.45		\$882.62		\$1,973.56		\$2,151.81	
Premium Change %		70.03%		11.45%		25.59%		27.91%	
Employer Premium Contribution		\$7,939.31		\$5,186.34		\$5,864.27		\$5,954.84	
Employee Premium Contribution		\$5,172.31		\$3,407.45		\$3,820.46		\$3,908.14	

Census Details Side by Side

► **NOTE:** On a multi-option group the tab name will include the name of the current plan you are on that you gave it in step 2.

Description: This tab is laid out like the Census Fundamental or Composite tab except now they are combined, it also includes the employer contribution and pay period breakdown. Also like the other tabs anything that looks like a hyper link is a hyper link. You can also set the number of plans per page in your proposal settings. The greyed-out employees are not on this option group, they will be bolded on the option group tab they were assigned to.

Census Details Side by Side												
Prepared For	Effective Date	Zip (County)	Contribution									
Census Details					Kaiser Permanente				Kaiser Permanente			
					Gold 80 HDHP HMO 1750/15% + Child Dental Alt				Gold 80 HDHP HMO 1750/15% PC			
					View SBC				View SBC			
#REF!					Fully Insured				Fully Insured			
Plan Details					Current				Mapped Renewal			
Network					Kaiser - HMO HMO				Kaiser - HMO HMO			
					IN		OON		IN			
Deductible Individual					\$1,750 (Self) / \$3,200		N/A (Self) / N/A		\$1,750 (Self) / \$3,300 /			
Deductible Family					\$3,500		N/A		\$3,500			
OOP Max Individual					\$3,700		N/A		\$4,000			
OOP Max Family					\$7,400		N/A		\$8,000			
Coinsurance					15%		N/A		15%			
PCP Visit Copay					15% after deductible		N/A		15% after deductible			
Specialist Visit Copay					15% after deductible		N/A		15% after deductible			
Rx Deductible					In Network: Integrated		None		In Network: Integrated			
Rx Retail					\$15/\$45/\$45 after deductible		N/A		\$15/\$45/\$45 after deductible			
Composite Rates					Current				Mapped Renewal			
Employee					4		\$732.07		\$812.20			
Employee & Spouse					1		\$1,464.14		\$1,624.41			
Employee & Child(ren)					0		\$1,427.54		\$1,583.80			
Employee & Family					1		\$2,159.61		\$2,396.00			
HMO					Rate		Total Rate		ER			
Name	Type	Tier	DOB	ZIP	Rate	Total Rate	ER	EE	Payroll Deduction	Rate	Total Rate	ER
Albert Abernathy	EE	F	1/1/75	95001	\$ 689.92	\$ 2,322.04	\$ 551.94	\$ 137.98	\$ 666.32	\$ 781.54	\$ 2,575.16	\$ 625.23
Dr. Abernathy	SP		2/1/76	95001	\$ 661.20		\$ 132.24	\$ 528.96		\$ 746.53		\$ 149.31
Athena Abernathy	D		7/1/14	95001	\$ 323.64		\$ 64.73	\$ 258.91		\$ 349.03		\$ 69.81
Alfred Abernathy	D		6/1/15	95001	\$ 323.64		\$ 64.73	\$ 258.91		\$ 349.03		\$ 69.81
Alia Abernathy	D		5/1/16	95001	\$ 323.64		\$ 64.73	\$ 258.91		\$ 349.03		\$ 69.81
Alec Abernathy	D		4/1/17	95001	\$ -		\$ -	\$ -		\$ -		\$ -
Alan Abernathy	D		3/1/18	95001	\$ -		\$ -	\$ -		\$ -		\$ -
Manny Mossling	EE	EE	1/1/66	95001	\$ 1,030.43	\$ 1,030.43	\$ 824.34	\$ 206.09	\$ 95.12	\$ 1,139.05	\$ 1,139.05	\$ 911.24

Table Rates Side by Side

- **Description:** This is a nice and compact table rates page that will let you copy and paste with ease into another file or layout you might be working with. It also includes a link to any carrier SOBs/SBCs.

Table Rates Side by Side

Prepared For

	Kaiser Permanente Gold 80 HDHP HMO 1750/15% + Child Dental Alt - HMO 45352 #REF! View SBC	Kaiser Permanente Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt - HMO 45717 #REF! View SBC	Aetna CA Gold HMO \$35/65 0 - HMO 45717 #REF! View SOB	Anthem Blue Cross Anthem Gold HMO 30 7ZYV - HMO 45717 #REF!	Blue Shield of California Gold Access+ HMO 0/35 OffEx - HMO 45717 #REF! View SOB
Age Banded Rate					
0-14	\$323.64	\$349.03	\$565.47	\$420.96	\$513.30
15	\$351.14	\$378.78	\$615.74	\$458.37	\$558.93
16	\$361.65	\$390.16	\$634.96	\$472.68	\$576.37
17	\$372.17	\$401.54	\$654.17	\$486.99	\$593.82
18	\$383.49	\$413.79	\$674.87	\$502.40	\$612.60
19	\$380.55	\$411.77	\$695.57	\$517.80	\$631.39
20	\$392.27	\$424.46	\$717.00	\$533.76	\$650.85
21	\$404.41	\$437.59	\$739.18	\$550.27	\$670.98
22	\$404.41	\$437.59	\$739.18	\$550.27	\$670.98
23	\$404.41	\$437.59	\$739.18	\$550.27	\$670.98
24	\$404.41	\$437.59	\$739.18	\$550.27	\$670.98
25	\$406.02	\$439.34	\$742.14	\$552.47	\$673.66
26	\$414.11	\$448.09	\$756.92	\$563.48	\$687.08
27	\$423.82	\$458.60	\$774.66	\$576.68	\$703.19
28	\$439.59	\$475.66	\$803.49	\$598.14	\$729.35
29	\$452.53	\$489.66	\$827.14	\$615.75	\$750.83
30	\$459.00	\$496.67	\$838.97	\$624.56	\$761.56

Table Rates for Signature

- **Description:** This tab is setup to print one plan per page and will be every plan you've picked for this quote. It includes the table rates and a signature line for the employer to sign off on.

Table Rates

Prepared For Effective Date Zip (County)

Kaiser Permanente Name: _____

Gold 80 HDHP HMO 1750/15% + Child Dental Alt - HMO Signature: _____

#REF! Date: _____

Rates Effective: 45352

Age Band	Total Monthly
0-14	\$323.64
15-15	\$351.14
16-16	\$361.65
17-17	\$372.17
18-18	\$383.49
19-19	\$380.55
20-20	\$392.27
21-21	\$404.41
22-22	\$404.41
23-23	\$404.41
24-24	\$404.41
25-25	\$406.02
26-26	\$414.11
27-27	\$423.82
28-28	\$439.59
29-29	\$452.53
30-30	\$459.00
31-31	\$468.71