

**Group Insurance Report
Presented To:**

Steve Shorr Insurance

Steve Shorr Insurance

License No: 0596610

Phone: 310-519-1335

INFORMATION ONLY

joe

GROUP INSURANCE ENROLLMENT WORKSHEET



Bi-Weekly Deduction (circle one plan only)

Permanent Health Insurance HMO RAF: 0.95	Single	w/ Spouse	w/ 1 Child	w/ Children	w/ Family
Classic \$40 HMO	\$10.50	\$76.27	\$63.81	\$63.81	\$111.58
Saver \$40 HMO	\$11.42	\$84.12	\$68.88	\$68.88	\$120.35
Saver \$30 HMO	\$19.27	\$105.35	\$86.88	\$86.88	\$146.65
Classic \$30 HMO	\$22.50	\$106.27	\$90.58	\$90.58	\$150.35
Saver \$20 HMO	\$39.12	\$152.42	\$129.35	\$129.35	\$209.42
Classic \$20 HMO	\$49.73	\$173.19	\$149.65	\$149.65	\$237.12
HMO \$25 100%	\$67.27	\$217.50	\$189.81	\$189.81	\$295.27
HMO \$10 100%	\$77.88	\$242.42	\$211.04	\$211.04	\$328.50
Permanent Health Insurance HSA					
Lumenos HSA 3500 (80/50)	\$0.00	\$0.00	\$0.00	\$0.00	\$5.88
Lumenos HSA 5000 (100/70)	\$0.00	\$7.96	\$0.00	\$0.00	\$35.88
Lumenos HSA 2500 (80/50)	\$0.81	\$20.88	\$6.58	\$6.58	\$52.96
Lumenos HSA 3000 (100/70)	\$27.58	\$76.73	\$54.58	\$54.58	\$129.58
Lumenos HSA 1500 (80/50)	\$28.96	\$80.88	\$57.81	\$57.81	\$135.58
Lumenos HSA 2000 (100/70)	\$66.81	\$163.04	\$127.50	\$127.50	\$245.88
Permanent Health Insurance PPO					
Elements Hospital	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Elements Hospital Plus	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Solution 5000 PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Solution 3500 PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Elements Hospital Preferred	\$0.00	\$25.50	\$0.00	\$0.00	\$0.00
PPO 2000/\$45	\$0.00	\$31.96	\$0.00	\$0.00	\$2.65
Solution 2500 PPO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPO \$45 Copay GenRx Plan	\$0.00	\$60.58	\$0.00	\$0.00	\$35.88
PPO 1500/\$35	\$0.00	\$79.04	\$13.04	\$13.04	\$54.81
PPO \$35 Copay GenRx Plan	\$0.00	\$92.42	\$22.73	\$22.73	\$72.35
High Deductible EPO	\$3.58	\$3.58	\$3.58	\$3.58	\$7.73
PPO \$25 Copay GenRx	\$8.19	\$117.35	\$40.73	\$40.73	\$99.58
PPO \$40 Copay	\$16.04	\$138.58	\$55.50	\$55.50	\$124.50
PPO 1000/\$25	\$17.42	\$148.27	\$62.42	\$62.42	\$130.96
PPO \$30 Copay	\$33.58	\$193.96	\$95.19	\$95.19	\$181.73
Lumenos HIA Plus 500	\$34.96	\$188.88	\$103.96	\$103.96	\$184.96
Lumenos HIA Plus 750	\$48.81	\$229.96	\$133.96	\$133.96	\$232.96
PPO \$20 Copay	\$54.81	\$253.04	\$138.58	\$138.58	\$247.27
Premier PPO \$30 Copay	\$66.35	\$285.35	\$161.19	\$161.19	\$285.58
Premier PPO \$20 Copay	\$82.04	\$328.73	\$191.65	\$191.65	\$333.12
Premier PPO \$10 Copay	\$118.96	\$419.65	\$268.73	\$268.73	\$450.81

Plan costs based on employer contribution of 75% employee/50% dependents of Anthem Blue Cross Saver \$20 HMO

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PAYROLL DEDUCTION AUTHORIZATION: I hereby authorize Steve Shorr Insurance to deduct from my gross earnings every payroll period, (The sum total of deduction(s) circled above) beginning on the effective date of coverage. I understand the company will notify me if this amount changes.

Employee Signature
Proposed Effective Date: 6/1/2011

Date

Age: 35 - 90731

Census

Employee	Gender	Age	Coverage Type	Zip
joe	Male	35	Employee	90731

Employer Costs

Insurance Type	Contribution	Amount
Health	75% employee/50% dependents of Anthem Blue Cross Saver \$20 HMO	\$117.35
Total:		\$117.35

Important Rate Information

It is our goal to provide you with an accurate report based on the information provided. Although we believe the rate and benefit information to be current and correct, keep in mind that final rates and benefits are based upon actual enrollment. We assume no liability for rate or benefit level differences and ask that you not cancel your current group insurance policy until a new policy is approved and you have confirmed the rates and benefits to your satisfaction. This is a summary of plan rates and benefits. For comprehensive details refer to the Master Contract or Benefits Booklet.

Carriers participation guidelines will determine plan eligibility. Rates illustrated on this report are reflective of the carriers "Standard Risk Rates" plus or minus any risk adjustment factor applied to the final rates. Keep in mind that final rates and benefits are based on actual plan selection (including plan riders you may request), the Employee's zip code of residence, the Employer's SIC code, and the assignment of any rate adjustment factors due to the health plan's underwriting guidelines.

Do not cancel your current coverage until a new policy is approved and you have received written confirmation of the policy's rates and benefits by the insurance companies underwriting department. Rates in this report are subject to change without notice.

Important Notice: Coinsurance amounts represented with a "%" are payable after the plan deductibles are reached; Copay amounts represented with a "\$" are not subject to plan deductibles (except where noted). Refer to contract for a detailed explanation of plan benefits, features, exclusions and limitations. Benefits subject to change without notice.