

IFP Individual and Family Health Plans

Health Insurance Report

Listing of Health Insurance plans that offer Major Medical Coverage.

Overview

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 any current group, individual, or C.O.B.R.A insurance coverage 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.

Contents

Plans Quoted

Anthem Blue Cross of California

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Rate and Benefit Disclaimer Notification! We do not guarantee or warrant the correctness or completeness of the rate and benefit information contained herein and shall not be liable for any loss or damage arising out of use of the quoted rate and benefit information. Additionally, information contained in this report is limited in scope, subject to change without notice, and does not contain all the terms, conditions, limitations, or exclusions of the referenced benefit plans. Only the insurance company Plan Documents and Policy's contain the exact terms and conditions of coverage. This report may not be relied upon as a guarantee of your eligibility for coverage under these benefit plans.

Health Insurance Report - by Carrier

Prepared For: **Sample**

Proposed Effective Date: 5/1/2011

	Monthly Premium	Deductible	Co-insurance	Hospital	Rx Card	Maternity	OOP
Anthem Blue Cross of California - HMO							
1 Select HMO	\$619.00	None	\$25	\$250	Yes	Yes	\$3,000
2 Saver HMO	\$692.00	\$1,500	\$10	20%	Yes	Yes	\$1,500
3 HMO	\$860.00	None	\$10	20%	Yes	Yes	\$3,000
Anthem Blue Cross of California - HSA							
4 Lumenos HSA 5950 Plus 1 Member	\$155.00	\$5,950	[0%]	[0%]	Yes	No	\$5,950
5 Lumenos HSA 4500 Plus 1 Member	\$179.00	\$4,500	[0%]	[0%]	Yes	No	\$4,500
6 Lumenos HSA 3000 Plus 1 Member	\$214.00	\$3,000	[0%]	[0%]	Yes	No	\$3,000
7 Lumenos HSA 1500 30% No Maternity 1 Member	\$243.00	\$1,500	30%	30%	Yes	No	\$3,500
8 Lumenos HSA 5000 100% 1 Member	\$359.00	\$5,000	[0%]	[0%]	Yes	Yes	\$5,000
Anthem Blue Cross of California - PPO							
9 ClearProtection 5000 Plus 1 Member	\$97.00	\$5,000	\$40	40%	Yes	No	\$8,500
10 CoreGuard 10000 Plus 1 Member	\$104.00	\$10,000	[0%]	[0%]	Yes	No	\$10,000
11 CoreGuard 7500 Plus 1 Member	\$105.00	\$7,500	50%	50%	Yes	No	\$3,500
12 CoreGuard 5000 Plus 1 Member	\$119.00	\$5,000	50%	50%	Yes	No	\$3,500
13 ClearProtection 3300 Plus 1 Member	\$121.00	\$3,300	\$40	40%	Yes	No	\$6,800
14 CoreGuard 3500 Plus 1 Member	\$128.00	\$3,500	50%	50%	Yes	No	\$3,500
15 SmartSense 6000 Plus Standard Rx 1 Member	\$130.00	\$6,000	\$30	30%	Yes	No	\$3,500
16 CoreGuard 2500 Plus 1 Member	\$133.00	\$2,500	50%	50%	Yes	No	\$3,500
17 SmartSense 6000 Plus Upgrade Rx 1 Member	\$152.00	\$6,000	\$30	30%	Yes	No	\$3,500
18 CoreGuard 1500 Plus 1 Member	\$157.00	\$1,500	50%	50%	Yes	No	\$3,500
19 ClearProtection 1000 Plus 1 Member	\$159.00	\$1,000	\$40	40%	Yes	No	\$4,500
20 SmartSense 3500 Plus Standard Rx 1 Member	\$161.00	\$3,500	\$30	30%	Yes	No	\$3,500
21 Premier 6000 Plus 1 member	\$176.00	\$6,000	\$30	25%	Yes	No	\$4,500
22 SmartSense 3500 Plus Upgrade Rx 1 Member	\$185.00	\$3,500	\$30	30%	Yes	No	\$3,500
23 Premier 5000 Plus 1 member	\$188.00	\$5,000	\$30	25%	Yes	No	\$4,500
24 SmartSense 2000 Plus Standard Rx 1 Member	\$199.00	\$2,000	\$30	30%	Yes	No	\$3,500
25 Premier 3500 Plus 1 member	\$213.00	\$3,500	\$30	25%	Yes	No	\$4,500
26 SmartSense 2000 Plus Upgrade Rx 1 Member	\$226.00	\$2,000	\$30	30%	Yes	No	\$3,500
27 CoreGuard 750 Plus 1 Member	\$238.00	\$750	50%	50%	Yes	No	\$3,500
28 Premier 2500 Plus 1 member	\$241.00	\$2,500	\$30	25%	Yes	No	\$4,500
29 SmartSense 1000 Plus Standard Rx 1 Member	\$253.00	\$1,000	\$30	30%	Yes	No	\$3,500
30 Premier 1500 Plus 1 member	\$273.00	\$1,500	\$30	25%	Yes	No	\$4,500
31 SmartSense 1000 Plus Upgrade Rx 1 Member	\$284.00	\$1,000	\$30	30%	Yes	No	\$3,500
32 Premier 1000 Plus 1 member	\$317.00	\$1,000	\$30	25%	Yes	No	\$4,500
33 PPO Share 7500	\$324.00	\$7,500	\$40	[0%]	Yes	Yes	\$7,500
34 PPO Share 5000	\$352.00	\$5,000	\$40	30%	Yes	Yes	\$2,500
35 PPO Share 3500	\$463.00	\$3,500	\$40	30%	Yes	Yes	\$4,000

This proposal is based on the following information:

Get Brochures on each plan

Zip Code: 90731

Subscriber

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This is a summary of plan rates and in-network benefits. For comprehensive details refer to the Master Contract or Benefits Booklet.

Legend

SBC	See benefits contract for specific benefits and/or limitations
[...]	Amount you are responsible for after the health plan deductible is met
N/A	Not Applicable