

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.

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Plans Quoted

Blue Shield 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	Office	Hospital	Rx Card	Maternity	OOP
Blue Shield of California - HMO							
1 Access + Value	\$651.00	\$2,000	\$35	40%	Yes	Yes	\$4,000
2 Access +	\$810.00	\$2,000	\$20	\$250	Yes	Yes	\$3,000
Blue Shield of California - HSA							
3 Shield Savings 5200 (HSA Compatible)	\$181.00	\$5,200	[0%]	[0%]	Yes	No	\$5,200
4 Shield Savings 3500 (HSA Compatible)	\$197.00	\$3,500	[0%]	[0%]	Yes	No	\$5,000
5 Shield Savings 4000 Single (HSA Compatible)	\$226.00	\$4,000	[0%]	[0%]	Yes	No	\$4,000
6 Shield Savings 1800 Single (HSA Compatible)	\$268.00	\$1,800	[\$35]	30%	Yes	No	\$5,950
Blue Shield of California - PPO							
7 Vital Shield 2900	\$189.00	\$2,900	\$40	40%	Yes	No	\$5,900
8 Vital Shield Plus 2900 GenericRx Single	\$209.00	\$2,900	\$30	40%	Yes	No	\$4,900
9 Vital Shield 900	\$210.00	\$900	\$40	40%	Yes	No	\$4,900
10 Vital Shield Plus 900 GenericRx Single	\$231.00	\$900	\$30	40%	Yes	No	\$3,900
11 Shield Spectrum 5500	\$236.00	\$5,500	35%	35%	Yes	Yes	\$7,500
12 Shield Spectrum 5000	\$245.00	\$5,000	[\$35]	30%	Yes	Yes	\$7,000
13 Essential 4500	\$258.00	\$4,500	\$40	[0%]	Yes	No	\$4,500
14 Vital Shield Plus 400 GenericRx Single	\$266.00	\$400	\$30	40%	Yes	No	\$2,900
15 Vital Shield Plus 2900 Single	\$266.00	\$2,900	\$30	40%	Yes	No	\$4,900
16 Balance 2500	\$273.00	\$2,500	\$30	30%	Yes	No	\$7,500
17 Vital Shield Plus 900 Single	\$297.00	\$900	\$30	40%	Yes	No	\$3,900
18 Essential 3000	\$320.00	\$3,000	\$40	[0%]	Yes	No	\$3,000
19 Active Start 35 Generic Rx	\$325.00	None	\$35	40%	Yes	No	\$7,500
20 Vital Shield Plus 400 Single	\$336.00	\$400	\$30	40%	Yes	No	\$2,900
21 Balance 1700	\$340.00	\$1,700	\$30	30%	Yes	No	\$6,500
22 Balance 1000	\$377.00	\$1,000	\$30	30%	Yes	No	\$5,500
23 Essential 1750	\$403.00	\$1,750	\$40	[0%]	Yes	No	\$1,750
24 Active Start 35	\$406.00	None	\$35	40%	Yes	No	\$7,500
25 Active Start 25 Generic Rx	\$412.00	None	\$25	40%	Yes	No	\$6,000
26 Active Start 25	\$495.00	None	\$25	40%	Yes	No	\$6,000

This proposal is based on the following information:

Zip Code: 90731

Get a Personal Quote for Yourself & Family

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