

John Smith

Male, DOB: 01-01-1980, Home Zip Code: 90033, Los Angeles County

Spouse/Partner: N/A, Child(ren): N/A

These rates reflect your cost after your employer's contribution of 100% toward employee and 0% toward dependent(s) based on Blue Shield - Silver Full PPO 1800/45 OffEx rates and are for an Effective Date of 7/1/2022.

The Contribution amounts listed on this report may not reflect actual final contribution totals.

MEDICAL		Blue Shield PPO w/ Access HMOs						
Bi-weekly Rate (26 pay periods)	Employee Cost Breakdown	Dependent Cost Breakdown		Deductible	Office Visits (PCP/ Specialist) *	Inpatient Hospital Services *	Out-of-Pocket Max	RX Tiers 1/2/3/4
Silver Full PPO 1800/45 OffEx	Employee: 254.96 Ped. Dental: Embedded Employer Pays: (254.96) Enrollee Pays: 0.00	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: 0.00		\$1,800/ \$3,600 embedded	\$45/\$75 (ded waived)	35%	\$8,350/ \$16,700 embedded; includes ded	\$300/\$600 Ded (2-4); \$20/\$75/ \$115/30%
\$0.00 PPO/Silver/ Full PPO								
Gold Full PPO 500/30 OffEx	Employee: 291.80 Ped. Dental: Embedded Employer Pays: (254.96) Enrollee Pays: 36.84	Ped. Dental: Embedded Employer Pays: (0.00) Enrollee Pays: 0.00		\$500/\$1,000 embedded	\$30/\$55 (ded waived)	20%	\$8,150/\$16,300 embedded; includes ded	\$100/\$200 Ded (2-4); \$15/\$50/\$80/30%
\$36.84 PPO/Gold/ Full PPO								

* Unless stated, all services are subject to deductible.

Final rates are determined by the Carrier.

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.

This is not a guarantee of coverage. An enrollment application may be required.

Presented By: *Benefits Cafe*