

Enrollment Worksheet for: **Employee 001**  
 Male, Age: 25, Zip Code: 90001, Los Angeles County  
 Spouse/Partner: N/A, Child(ren): N/A

These rates reflect your cost after your employer's contribution of 75% toward employee and 0% toward dependent(s) based on UnitedHealthcare - Select Plus Direct Silver 30/2000/30% (AK-SA) rates and are for an Effective Date of 6/1/2017.

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

MEDICAL		UnitedHealthcare CA Choice Simplified					
Monthly Rate	Employee Cost Breakdown	Dependent Cost Breakdown	Deductible	Office Visits (PCP/ Specialist) *	Inpatient Hospital Services *	Out-of-Pocket Max	RX Tiers 1/2/3/4
<a href="#">Core Direct Silver 30/2000/30% (AK-SE)</a> <b>\$51.20</b> PPO/Silver/ Core	Employee: 307.13 Ped. Dental: Embedded <i>Employer Pays: (255.93)</i> <b>Enrollee Pays: 51.20</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$2,000/ \$4,000 embedded	\$30/\$60 (ded. waived)	\$250 + 30%	\$6,750/ \$13,500 embedded; includes ded	\$200/\$400 Ded (2-4); \$20/\$50/\$100/25% (Rx:405)
<a href="#">Select Plus Direct Silver 30/2000/30% (AK-SA)</a> <b>\$85.31</b> PPO/Silver/ Select Plus	Employee: 341.24 Ped. Dental: Embedded <i>Employer Pays: (255.93)</i> <b>Enrollee Pays: 85.31</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$2,000/ \$4,000 embedded	\$30/\$60 (ded. waived)	\$250 + 30%	\$6,750/ \$13,500 embedded; includes ded	\$200/\$400 Ded (2-4); \$20/\$50/\$100/25% (Rx:405)
<a href="#">Core Direct Gold 20/250/20% (AK-SB)</a> <b>\$110.21</b> PPO/Gold/ Core	Employee: 366.14 Ped. Dental: Embedded <i>Employer Pays: (255.93)</i> <b>Enrollee Pays: 110.21</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$250/\$500 embedded	\$20/\$40 (ded waived)	\$250 + 20%	\$5,500/ \$11,000 embedded; includes ded	\$15/\$35/\$60/25% (Rx:404)
<a href="#">Select Plus Direct Gold 20/250/20% (AK-R7)</a> <b>\$150.88</b> PPO/Gold/ Select Plus	Employee: 406.81 Ped. Dental: Embedded <i>Employer Pays: (255.93)</i> <b>Enrollee Pays: 150.88</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$250/\$500 embedded	\$20/\$40 (ded waived)	\$250 + 20%	\$5,500/ \$11,000 embedded; includes ded	\$15/\$35/\$60/25% (Rx:404)
<a href="#">Core HSA Bronze 6500/0% (AK-R1)</a> <b>\$8.58</b> HSA/Bronze/ Core	Employee: 264.51 Ped. Dental: Embedded <i>Employer Pays: (255.93)</i> <b>Enrollee Pays: 8.58</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$6,500/ \$13,000 embedded	0%	0%	\$6,500/ \$13,000 embedded; includes ded	MedDed (1-4); 0% (Rx:396)
<a href="#">Select Plus HSA Bronze 6500/0% (AK-RX)</a> <b>\$37.96</b> HSA/Bronze/ Select Plus	Employee: 293.89 Ped. Dental: Embedded <i>Employer Pays: (255.93)</i> <b>Enrollee Pays: 37.96</b>	Ped. Dental: Embedded <i>Employer Pays: (0.00)</i> <b>Enrollee Pays: 0.00</b>	\$6,500/ \$13,000 embedded	0%	0%	\$6,500/ \$13,000 embedded; includes ded	MedDed (1-4); 0% (Rx:396)

\* Unless stated, all services are subject to deductible.

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# 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.