

Sample United Health Quote

Los Angeles, Los Angeles County, CA 90001

SIC Code: 1 - No SIC provided

MEDICAL - Effective Date: 6/1/2017

Carrier Network Plan	Plan Type	Deductible	Office Visits (PCP/Specialist) *	Inpatient Hospital Services *	Out-of-Pocket Max	RX Tiers 1/2/3/4	Ped Dent	EE in area	EE Rate	Dep Rate	Total Rate
UnitedHealthcare Core Core Direct Silver 30/2000/30% (AK-SE)	PPO	\$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)	Emb	4/4	1,804.86	0.00	\$1,804.86
Blue Shield Full PPO Silver Full PPO 1700/40 OffEx	PPO	\$1,700/ \$3,400 embedded	\$40/\$70 (ded waived)	30%	\$6,800/ \$13,600 embedded; includes ded	\$300/\$600 Ded (2-4); \$15/\$50/\$75/30%	Emb	4/4	1,998.64	0.00	\$1,998.64
UnitedHealthcare Select Plus Select Plus Direct Silver 30/2000/30% (AK-SA)	PPO	\$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)	Emb	4/4	2,005.29	0.00	\$2,005.29
Anthem BC Prudent Buyer PPO Anthem Silver PPO 2000/35%/7150 (2EY2)	PPO	\$2,000/\$4,000 embedded	\$25/\$50 (ded. waived)	35%	\$7,150/\$14,300 embedded; includes ded.	\$5A;\$20B/\$50/\$90/30% (Select)	Emb	4/4	2,078.75	0.00	\$2,078.75
Health Net PPO Silver 70 PPO 2000/45 + Child Dental	PPO	\$2,000/ \$4,000 embedded	\$45/\$75 (ded. waived)	20%	\$6,800/ \$13,600 embedded; includes ded	\$250/\$500 Ded (2-4); \$15/\$55/\$85/20%	Emb	4/4	2,304.59	0.00	\$2,304.59
Kaiser PCHS PPO Silver 70 PPO 2000/45 + Child Dental	PPO	\$2,000/ \$4,000 embedded	\$45/\$75 (ded. waived)	20%	\$6,800/ \$13,600 embedded; includes ded	\$250/\$500 Ded (2-4); \$15/\$55/\$55/20%	Emb	4/4	2,851.37	0.00	\$2,851.37
Aetna Managed Choice POS Open Access CA Silver MC 2000 60/50 (01/17)	PPO	\$2,000/ \$4,000 embedded	\$30/\$50 (ded waived)	40%	\$7,150/ \$14,300 embedded; includes ded	\$150/\$300 Ded (2-4); \$15/\$55/\$75/30%	Emb	4/4	2,981.51	0.00	\$2,981.51

* 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.

Create Date: 4/25/2017

Sorted by: Premium(Ascending)

Quote Id: 2133-7737