

Benefit Sheet

Covered CA		Covered CA		
Blue Shield Bronze 60 PPO 6300/60 + Child Dental		Blue Shield Silver 70 PPO 2500/55 + Child Dental		
(Broad Network)		(Broad Network)		
Benefit	In Net	Out Net	In Net	Out Net
Individual Ded	\$6,300	\$12,600	\$2,500	\$5,000
Family Ded	\$12,600	\$25,200	\$5,000	\$10,000
Individual OOP Max	\$9,100 (incl ded)	\$18,200 (incl ded)	\$8,600 (incl ded)	\$13,250 (incl ded)
Family OOP Max	\$18,200 (incl ded)	\$36,400 (incl ded)	\$17,200 (incl ded)	\$26,500 (incl ded)
Co-insurance	40%	50%	35%	50%
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited
PC/Specialist	\$60/\$95 ded waived 1st 3 visits	50% after ded	\$55/\$90 ded waived	50% after ded
Adult Preventive Care	No charge	Not covered	No charge	Not covered
Child Preventive Care	No charge	Not covered	No charge	Not covered
Pre/Postnatal Care	No charge	50% after ded	No charge	50% after ded
Physical Therapy	\$60 ded waived	50% after ded	\$55 ded waived	50% after ded
Chiropractic Care	Not covered	Not covered	Not covered	Not covered
Inpatient Hospital	40% after ded	50% after ded	35% after ded	50% after ded
IP Physician/Surgeon	40% after ded	50% after ded	35% after ded	50% after ded
Maternity Delivery/IP	40% after ded	50% after ded	35% after ded	50% after ded
Mental Health IP	40% after ded	50% after ded	35% after ded	50% after ded
Substance Abuse IP	40% after ded	50% after ded	35% after ded	50% after ded
Outpatient Facility	40% after ded	50% after ded	35% after ded	50% after ded
OP Physician/Surgeon	40% after ded	50% after ded	35% ded waived	50% after ded
Lab/X-Ray	\$40 ded waived/40% after ded	50% after ded	\$55/\$90 ded waived	50% after ded
Advanced Radiology	40% after ded	50% after ded	35% after ded	50% after ded
Mental Health OP	\$60 ded waived	50% after ded	\$55 ded waived	50% after ded
Substance Abuse OP	\$60 ded waived	50% after ded	\$55 ded waived	50% after ded
Emergency Room	40% after ded	40% after ded	35% after ded	35% after ded
Ambulance	40% after ded	40% after ded	35% after ded	35% after ded
Urgent Care	\$60 after ded	50% after ded	\$55 ded waived	50% after ded
Rx Tier 1	\$17 after \$500	Not covered	\$20 ded waived	Not covered
Rx Tier 2	40% after \$500; \$500 max/script	Not covered	\$75 after \$300	Not covered
Rx Tier 3	40% after \$500; \$500 max/script	Not covered	\$105 after \$300	Not covered
Rx Tier 4	40% after \$500; \$500 max/script	Not covered	30% after \$300; \$250 max/script	Not covered
Rx Mail Order	Refer to carrier	Not covered	Refer to carrier	Not covered
Home Health Care	40% after ded; 100 visits/yr	Not covered	35% ded waived; 100 visits/yr	Not covered
Skilled Nursing	40% after ded; 100 days/benefit period	50% after ded; 100 days/benefit period	35% after ded; 100 days/benefit period	50% after ded; 100 days/benefit period
Infertility Treatment	Not covered	Not covered	Not covered	Not covered
DME	40% after ded	Not covered	35% ded waived	50% after ded
Hospice Services	No charge	Not covered	No charge	Not covered
Pediatric Vision	No charge (exam/hardware)	No charge (exam/hardware)	No charge (exam/hardware)	No charge (exam/hardware)
Pediatric Dental	No charge	10% ded waived	No charge	10% ded waived

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Proposal #8821513 Run on 01-10-2024

Eff Date: 02/01/2024 Employer Zip: 93514 SIC: 4911

Claremont Quotes

For comparison purposes only.

Refer to carrier plan documents for product details.

Final rates and eligibility subject to carrier approval.

Benefit Sheet

Benefit	Covered CA		Covered CA	
	Blue Shield Gold 80 PPO 350/25 + Child Dental (Broad Network)		Blue Shield Platinum 90 PPO 0/15 + Child Dental (Broad Network)	
	In Net	Out Net	In Net	Out Net
Individual Ded	\$350	\$1,000	\$0	\$1,000
Family Ded	\$700	\$2,000	\$0	\$2,000
Individual OOP Max	\$7,800 (incl ded)	\$12,850 (incl ded)	\$4,500	\$9,000 (incl ded)
Family OOP Max	\$15,600 (incl ded)	\$25,700 (incl ded)	\$9,000	\$18,000 (incl ded)
Co-insurance	20%	50%	10%	50%
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited
PC/Specialist	\$25/\$50 ded waived	50% after ded	\$15/\$30	50% after ded
Adult Preventive Care	No charge	Not covered	No charge	Not covered
Child Preventive Care	No charge	Not covered	No charge	Not covered
Pre/Postnatal Care	No charge	50% after ded	No charge	50% after ded
Physical Therapy	\$25 ded waived	50% after ded	\$15	50% after ded
Chiropractic Care	Not covered	Not covered	Not covered	Not covered
Inpatient Hospital	20% after ded	50% after ded	10%	50% after ded
IP Physician/Surgeon	20% after ded	50% after ded	10%	50% after ded
Maternity Delivery/IP	20% after ded	50% after ded	10%	50% after ded
Mental Health IP	20% after ded	50% after ded	10%	50% after ded
Substance Abuse IP	20% after ded	50% after ded	10%	50% after ded
Outpatient Facility	20% ded waived	50% after ded	10%	50% after ded
OP Physician/Surgeon	20% ded waived	50% after ded	10%	50% after ded
Lab/X-Ray	\$25/\$65 ded waived	50% after ded	\$15/\$30	50% after ded
Advanced Radiology	20% ded waived	50% after ded	10%	50% after ded
Mental Health OP	\$25 ded waived	50% after ded	\$15	50% after ded
Substance Abuse OP	\$25 ded waived	50% after ded	\$15	50% after ded
Emergency Room	20% after ded	20% after ded	\$200	\$200 ded waived
Ambulance	20% after ded	20% after ded	\$150	\$150 ded waived
Urgent Care	\$25 ded waived	50% after ded	\$15	50% after ded
Rx Tier 1	\$15 ded waived	Not covered	\$10	Not covered
Rx Tier 2	\$50 ded waived	Not covered	\$25	Not covered
Rx Tier 3	\$80 ded waived	Not covered	\$40	Not covered
Rx Tier 4	20% ded waived; \$250 max/script	Not covered	10%; \$250 max/script	Not covered
Rx Mail Order	Refer to carrier	Not covered	Refer to carrier	Not covered
Home Health Care	20% ded waived; 100 visits/yr	Not covered	10%; 100 visits/yr	Not covered
Skilled Nursing	20% after ded; 100 days/benefit period	50% after ded; 100 days/benefit period	10%; 100 days/benefit period	50% after ded; 100 days/benefit period
Infertility Treatment	Not covered	Not covered	Not covered	Not covered
DME	20% ded waived	50% after ded	10%	50% after ded
Hospice Services	No charge	Not covered	No charge	Not covered
Pediatric Vision	No charge (exam/hardware)	No charge (exam/hardware)	No charge (exam/hardware)	No charge (exam/hardware)
Pediatric Dental	No charge	10% ded waived	No charge	10% ded waived

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Proposal #8821513 Run on 01-10-2024

Eff Date: 02/01/2024 Employer Zip: 93514 SIC: 4911

Claremont Quotes

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Group Medical Proposal

Prepared For	Effective Date	Zip (County)	Employer Contribution
Berger Solar Electric, LLC by Duncan Harris on January 10, 2024	February 01, 2024	93514 (Inyo)	EE: 75% Dep: 0%

Table Rates

Zip:93514 (Inyo) 02/01/2024 Monthly				
Age	Covered CA Region 13	Covered CA Region 13	Covered CA Region 13	Covered CA Region 13
	Blue Shield Bronze 60 PPO	Blue Shield Silver 70 PPO	Blue Shield Gold 80 PPO	Blue Shield Platinum 90
	6300/60 + Child Dental	2500/55 + Child Dental	350/25 + Child Dental	PPO 0/15 + Child Dental
0 -14	325.17	378.40	420.28	458.27
15 -15	354.08	412.03	457.64	499.01
16 -16	365.13	424.89	471.93	514.59
17 -17	376.18	437.75	486.21	530.16
18 -18	388.08	451.60	501.59	546.93
19 -19	399.98	465.45	516.98	563.71
20 -20	412.31	479.80	532.91	581.08
21 -21	425.06	494.64	549.39	599.05
22 -22	425.06	494.64	549.39	599.05
23 -23	425.06	494.64	549.39	599.05
24 -24	425.06	494.64	549.39	599.05
25 -25	426.76	496.61	551.59	601.45
26 -26	435.26	506.51	562.58	613.43
27 -27	445.47	518.38	575.76	627.81
28 -28	462.04	537.67	597.19	651.17
29 -29	475.65	553.50	614.77	670.34
30 -30	482.45	561.41	623.56	679.92
31 -31	492.65	573.28	636.74	694.30
32 -32	502.85	585.15	649.93	708.68
33 -33	509.23	592.57	658.17	717.66
34 -34	516.03	600.49	666.96	727.25
35 -35	519.43	604.44	671.36	732.04
36 -36	522.83	608.40	675.75	736.83
37 -37	526.23	612.36	680.15	741.63
38 -38	529.63	616.32	684.54	746.42
39 -39	536.43	624.23	693.33	756.00
40 -40	543.23	632.14	702.12	765.59
41 -41	553.43	644.02	715.31	779.97
42 -42	563.21	655.39	727.94	793.74
43 -43	576.81	671.22	745.52	812.91
44 -44	593.81	691.01	767.50	836.88
45 -45	613.79	714.25	793.32	865.03
46 -46	637.59	741.95	824.09	898.58
47 -47	664.37	773.12	858.70	936.32
48 -48	694.98	808.73	898.25	979.45
49 -49	725.16	843.85	937.26	1021.98
50 -50	759.16	883.42	981.21	1069.91
51 -51	792.74	922.50	1024.61	1117.23
52 -52	829.72	965.53	1072.41	1169.35
53 -53	867.13	1009.06	1120.76	1222.07
54 -54	907.51	1056.05	1172.95	1278.98
55 -55	947.89	1103.04	1225.14	1335.89
56 -56	991.67	1153.98	1281.73	1397.59
57 -57	1035.88	1205.43	1338.87	1459.89
58 -58	1083.06	1260.33	1399.85	1526.38
59 -59	1106.44	1287.54	1430.07	1559.33
60 -60	1153.62	1342.44	1491.05	1625.83
61 -61	1194.43	1389.93	1543.79	1683.34
62 -62	1221.21	1421.09	1578.40	1721.08
63 -63	1254.79	1460.16	1621.80	1768.40
64 -99	1275.18	1483.91	1648.17	1797.15

This report doesn't include rider rates in the premium.

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Footnotes

Covered CA

*New Hire rates are based on the employee's age as of their enrollment effective date.
