



**Eii Insurance**

GROUP BENEFITS PROPOSAL

**Acme Hardware**  
BENEFITS COMPARISON

Russ Dorfler / Broker  
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	<u>IHC Health Solutions</u> <u>300 / 100% - \$30 / \$50</u> <u>PPO - Partially Self Funded</u>	<u>RCI</u> <u>300 / 100% - \$30 / \$50</u> <u>PPO - Partially Self Funded</u>						
<b>DEDUCTIBLE</b>	<b>Cigna Network</b>	<b>Cigna Network</b>						
Individual	PPO: \$3,000 OON \$6,000	PPO: \$3,000 OON \$6,000						
Family	PPO: \$6,000 OON \$12,000	PPO: \$6,000 OON \$12,000						
<b>OUT-OF-POCKET MAX</b>								
Individual	PPO: \$3,000 OON \$10,500	PPO: \$3,000 OON \$10,500						
Family	PPO: \$6,000 OON \$21,000	PPO: \$6,000 OON \$21,000						
<b>SERVICES</b>								
Office Visits	PPO: \$30/\$50	PPO: \$30/\$50						
Rx	PPO: \$10/\$25/\$40/\$150	PPO: \$10/\$25/\$40/\$150						
Inpatient Hospital Services	PPO: 0% after ded.	PPO: 0% after ded.						
Outpatient Surgery	PPO: 0% after ded.	PPO: 0% after ded.						
Emergency Room	PPO: 0% after ded.	PPO: 0% after ded.						
Urgent Care	PPO: \$50	PPO: \$50						
<b>OUT-OF-NETWORK %</b>	OON 50% after ded.	OON 50% after ded.						
<b>Status</b>	<b>EE</b>	<b>Dep</b>	<b>Total</b>	<b>EE</b>	<b>Dep</b>	<b>Total</b>		
Employee	10	\$365.00	\$0.00	\$365.00	10	\$359.00	\$0.00	\$359.00
Employee and Spouse	2	\$365.00	\$313.00	\$678.00	2	\$359.00	\$344.00	\$703.00
Employee and Child(ren)	1	\$365.00	\$416.20	\$781.20	1	\$359.00	\$447.20	\$806.20
Family	2	\$365.00	\$657.00	\$1,022.00	2	\$359.00	\$688.00	\$1,047.00
	<b>15</b>			<b>\$7,831.20</b>	<b>15</b>			<b>\$7,896.20</b>

<b>Possible refund back to employer :</b>	<b>Estimates</b> <b>Partially Self-Funded</b>	<b>Estimates</b> <b>Partially Self-Funded</b>
Annual Prem. Estimates:	\$93,974.40	\$94,754.40
No claims-end of year	\$20,000.00	\$20,000.00
20% claims utilization	\$16,000.00	\$16,000.00
40% claims utilization	\$12,000.00	\$12,000.00
80% claims utilization	\$4,000.00	\$4,000.00

Note: This spreadsheet is not a contract - only a summary. See Summary of Benefits and Coverage (SBC) for details. Final rates, product offerings, and acceptability are determined by the insurance carrier.



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	<u>Anthem BCBS</u> <u>Anthem Bronze PPO 6350/30%/6850 Plus</u> <u>(1YKF)</u>  <u>PPO / Bronze</u>	<u>Anthem BCBS</u> <u>Anthem Silver PPO 2000/50%/6350 (1YL7)</u>  <u>PPO / Silver</u>	<u>Anthem BCBS</u> <u>Anthem Silver PPO 3000/30%/4000 Plus</u> <u>(1YKE)</u>  <u>PPO / Silver</u>
<b>DEDUCTIBLE</b>			
Individual	PPO: \$6,350 OON: \$14,625	PPO: \$2,000 OON: \$5,000	PPO: \$3,000 OON: \$7,500
Family	PPO: \$12,700 (embedded) OON: \$29,250 (embedded)	PPO: \$4,000 (embedded) OON: \$10,000 (embedded)	PPO: \$6,000 (embedded) OON: \$15,000 (embedded)
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO: \$6,850 (includes ded.) OON: \$19,800 (includes ded.)	PPO: \$6,350 (includes ded.) OON: \$19,050 (includes ded.)	PPO: \$4,000 (includes ded.) OON: \$12,000 (includes ded.)
Family	PPO: \$13,700 (embedded; includes ded.) OON: \$39,600 (embedded; includes ded.)	PPO: \$12,700 (embedded; includes ded.) OON: \$38,100 (embedded; includes ded.)	PPO: \$8,000 (embedded; includes ded.) OON: \$24,000 (embedded; includes ded.)
<b>SERVICES</b>			
Office Visits	PPO: \$35 ( ded. waived 1st 3 OV) then 30% after ded.	PPO: \$50/\$75 (ded. waived)	PPO: \$35 (ded. waived 1st 3 OV) then 30% after ded.
Rx	PPO: \$25/\$60/\$120/\$375 (Select Rx)	PPO: \$15/\$40/\$80/\$375	PPO: \$500/\$1,000 RxDed (Tiers 2-4); \$15/\$40/\$80/\$375 (Select Rx)
Inpatient Hospital Services	PPO: 30% after ded.	PPO: 50% after ded.	PPO: 30% after ded.
Outpatient Surgery in a Hospital	PPO: 30% after ded.	PPO: 50% after ded.	PPO: 30% after ded.
Emergency Room	PPO: 30% after ded.	PPO: \$300 + 50% after ded. (copay waived if admitted)	PPO: 30% after ded.
Urgent Care	PPO: 30% after ded.	PPO: \$75 (ded. waived)	PPO: 30% after ded.
<b>OUT-OF-NETWORK %</b>	<b>OON: 50% after ded.</b>	<b>OON: 50% after ded.</b>	<b>OON: 50% after ded.</b>
<b>Dependent Tier</b>	<b>ier Cour EE Dep Total</b>	<b>ier Cour EE Dep Total</b>	<b>ier Cour EE Dep Total</b>
Employee Only	10 \$385.20 \$0.00 \$385.20	10 \$484.53 \$0.00 \$484.53	10 \$448.05 \$0.00 \$448.05
Employee and Spouse	2 \$385.20 \$385.20 \$770.40	2 \$484.53 \$484.53 \$969.06	2 \$448.05 \$448.05 \$896.10
Employee and Child(ren)	1 \$385.20 \$327.42 \$712.62	1 \$484.53 \$411.85 \$896.38	1 \$448.05 \$380.84 \$828.89
Family	2 \$385.20 \$712.62 \$1,097.82	2 \$484.53 \$896.38 \$1,380.91	2 \$448.05 \$828.89 \$1,276.94
<b>Totals:</b>	<b>15 \$5,778.00 \$2,523.06 \$8,301.06</b>	<b>15 \$7,267.95 \$3,173.67 \$10,441.62</b>	<b>15 \$6,720.75 \$2,934.72 \$9,655.47</b>

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	<u>Humana</u> <u>5500d 70/50 PPO 16 COINS CHC OPT 1</u> <u>BRONZE RX \$10/45/90/550</u>  <u>PPO / Bronze</u>				<u>Humana</u> <u>4500d 100/70 PPO 16 COPAY CHC OV</u> <u>\$30/65 OPT 4 SILVER RX \$10/35/55/450</u>  <u>PPO / Silver</u>				<u>Humana</u> <u>2000d 50/50 PPO 16 COPAY CHC OV \$35/70</u> <u>OPT 19 SILVER RX \$10/35/75/525</u>  <u>PPO / Silver</u>			
<b>DEDUCTIBLE</b>												
Individual	PPO: \$5,500 OON: \$16,500				PPO: \$4,500 OON: \$13,500				PPO: \$2,000 OON: \$6,000			
Family	PPO: \$11,000 (embedded) OON: \$33,000 (embedded)				PPO: \$9,000 (embedded) OON: \$27,000 (embedded)				PPO: \$4,000 (embedded) OON: \$12,000 (embedded)			
<b>OUT-OF-POCKET MAX</b>												
Individual	PPO: \$6,800 (includes ded.) OON: \$20,400 (includes ded.)				PPO: \$5,500 (includes ded.) OON: \$16,500 (includes ded.)				PPO: \$6,350 (includes ded.) OON: \$19,050 (includes ded.)			
Family	PPO: \$13,600 (embedded; includes ded.) OON: \$40,800 (embedded; includes ded.)				PPO: \$11,000 (embedded; includes ded.) OON: \$33,000 (embedded; includes ded.)				PPO: \$12,700 (embedded; includes ded.) OON: \$38,100 (embedded; includes ded.)			
<b>SERVICES</b>												
Office Visits	PPO: 30% after ded.				PPO: \$30/\$65 (ded. waived)				PPO: \$35/\$70 (ded. waived)			
Rx	PPO: \$10/\$45/\$90/ \$550/35%				PPO: \$10;\$35/\$55/ \$450/\$450				PPO: \$10/\$35/\$75/\$525			
Inpatient Hospital Services	PPO: 30% after ded.				PPO: 0% after ded.				PPO: 50% after ded.			
Outpatient Surgery in a Hospital	PPO: 30% after ded.				PPO: 0% after ded.				PPO: 50% after ded.			
Emergency Room	PPO: 30% after ded.				PPO: \$450 (ded. waived; copay waived if admitted)				PPO: \$400 (ded. waived; copay waived if admitted)			
Urgent Care	PPO: 30% after ded.				PPO: \$100 (ded. waived)				PPO: \$100			
<b>OUT-OF-NETWORK %</b>	<b>OON: 50% after ded.</b>				<b>OON: 30% after ded.</b>				<b>OON: 50% after ded.</b>			
<b>Dependent Tier</b>	<b>ier Cour</b>	<b>EE</b>	<b>Dep</b>	<b>Total</b>	<b>ier Cour</b>	<b>EE</b>	<b>Dep</b>	<b>Total</b>	<b>ier Cour</b>	<b>EE</b>	<b>Dep</b>	<b>Total</b>
Employee Only	10	\$426.59	\$0.00	\$426.59	10	\$524.22	\$0.00	\$524.22	10	\$466.50	\$0.00	\$466.50
Employee and Spouse	2	\$426.59	\$426.58	\$853.17	2	\$524.22	\$524.22	\$1,048.44	2	\$466.50	\$466.51	\$933.01
Employee and Child(ren)	1	\$426.59	\$362.60	\$789.19	1	\$524.22	\$445.59	\$969.81	1	\$466.50	\$396.53	\$863.03
Family	2	\$426.59	\$789.18	\$1,215.77	2	\$524.22	\$969.81	\$1,494.03	2	\$466.50	\$863.03	\$1,329.53
<b>Totals:</b>	<b>15</b>	<b>\$6,398.85</b>	<b>\$2,794.12</b>	<b>\$9,192.97</b>	<b>15</b>	<b>\$7,863.30</b>	<b>\$3,433.65</b>	<b>\$11,296.95</b>	<b>15</b>	<b>\$6,997.50</b>	<b>\$3,055.61</b>	<b>\$10,053.11</b>

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	<u>UnitedHealthcare</u> <u>Choice Plus Direct Silver 35/2000/70%</u> <u>2000/4000 5000/10000 (AIKJ 255) (L)</u>  <u>POS / Silver</u>	<u>UnitedHealthcare</u> <u>Choice Plus Silver 35/2000/60% 2000/4000</u> <u>5000/10000 (AEOD 255) (L)</u>  <u>POS / Silver</u>	<u>UnitedHealthcare</u> <u>Choice Plus Silver 35/3000/60% 3000/6000</u> <u>5000/10000 (AEOC 255) (L)</u>  <u>POS / Silver</u>
<b>DEDUCTIBLE</b>			
Individual	PPO: \$2,000 OON: \$5,000	PPO: \$2,000 OON: \$5,000	PPO: \$3,000 OON: \$5,000
Family	PPO: \$4,000 (embedded) OON: \$10,000 (embedded)	PPO: \$4,000 (embedded) OON: \$10,000 (embedded)	PPO: \$6,000 (embedded) OON: \$10,000 (embedded)
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO: \$6,000 (includes ded.) OON: \$10,000 (includes ded.)	PPO: \$6,000 (includes ded.) OON: \$10,000 (includes ded.)	PPO: \$6,000 (includes ded.) OON: \$10,000 (includes ded.)
Family	PPO: \$12,000 (embedded, includes ded.) OON: \$20,000 (embedded, includes ded.)	PPO: \$12,000 (embedded, includes ded.) OON: \$20,000 (embedded, includes ded.)	PPO: \$12,000 (embedded, includes ded.) OON: \$20,000 (embedded, includes ded.)
<b>SERVICES</b>			
Office Visits	PPO: \$35/\$70 (ded. waived)	PPO: \$35/\$70 (ded. waived)	PPO: \$35/\$70 (ded. waived)
Rx	PPO: \$15 then \$250/\$500 then \$40/\$80/ \$250 (Rx:255)	PPO: \$15 then \$250/\$500 then \$40/\$80/ \$250 (Rx:255)	PPO: \$15 then \$250/\$500 then \$40/\$80/ \$250 (Rx:255)
Inpatient Hospital Services	PPO: \$500 + 30% after ded.	PPO: 40% after ded.	PPO: 40% after ded.
Outpatient Surgery in a Hospital	PPO: \$500 + 30% after ded.	PPO: 40% after ded.	PPO: 40% after ded.
Emergency Room	PPO: \$350 (ded. waived)	PPO: 40% after ded.	PPO: 40% after ded.
Urgent Care	PPO: \$75 (ded. waived)	PPO: \$75 (ded. waived)	PPO: \$75 (ded. waived)
<b>OUT-OF-NETWORK %</b>	<b>OON: \$500 + 50% after ded.</b>	<b>OON: 50% after ded.</b>	<b>OON: 50% after ded.</b>
<b>Dependent Tier</b>	<b>ier Cour EE Dep Total</b>	<b>ier Cour EE Dep Total</b>	<b>ier Cour EE Dep Total</b>
Employee Only	10 \$479.93 \$0.00 \$479.93	10 \$462.65 \$0.00 \$462.65	10 \$448.36 \$0.00 \$448.36
Employee and Spouse	2 \$479.93 \$479.93 \$959.86	2 \$462.65 \$462.65 \$925.30	2 \$448.36 \$448.36 \$896.72
Employee and Child(ren)	1 \$479.93 \$407.94 \$887.87	1 \$462.65 \$393.25 \$855.90	1 \$448.36 \$381.11 \$829.47
Family	2 \$479.93 \$887.87 \$1,367.80	2 \$462.65 \$855.90 \$1,318.55	2 \$448.36 \$829.47 \$1,277.83
<b>Totals:</b>	<b>15 \$7,198.95 \$3,143.54 \$10,342.49</b>	<b>15 \$6,939.75 \$3,030.35 \$9,970.10</b>	<b>15 \$6,725.40 \$2,936.77 \$9,662.17</b>

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