



Eii Insurance

GROUP BENEFITS PROPOSAL
Acme Hardware
 BENEFITS COMPARISON

Effective: 12/1/2018
 Russ Dorfler / Broker
 EII Phone: 303-932-1151
 russ@eii4u.com

Employees can choose a plan from below for the plan year

click on the beginning of the plan name for link to plan design.	UnitedHealthcare Choice Direct Gold 20/500/90% (AK28 252) EPO / Gold	UnitedHealthcare Navigate Direct Gold 20/500/90% (AK2U 252) HMO / Gold	UnitedHealthcare Choice Plus Gold 25/1500/80% (AK1F 252) POS / Gold
DEDUCTIBLE	current	current	current
Individual	EPO: \$500	HMO: \$500	PPO: \$1,500 OON: \$5,000
Family	EPO: \$1,000 (embedded)	HMO: \$1,000 (embedded)	PPO: \$3,000 (embedded) OON: \$10,000 (embedded)
OUT-OF-POCKET MAX			
Individual	EPO: \$4,500 (includes ded.)	HMO: \$5,000 (includes ded.)	PPO: \$4,750 (includes ded.) OON: \$10,000 (includes ded.)
Family	EPO: \$9,000 (embedded, includes ded.)	HMO: \$10,000 (embedded, includes ded.)	PPO: \$9,500 (embedded, includes ded.) OON: \$20,000 (embedded, includes ded.)
SERVICES			
Office Visits	EPO: \$20/\$40 (ded. waived)	HMO: \$20/\$40 (ded. waived)	PPO: \$25/\$50 (ded. waived)
Rx	EPO: \$15/\$35/\$70/\$250 (Rx:252)	HMO: \$15/\$35/\$70/\$250 (Rx:252)	PPO: \$15/\$35/\$70/\$250 (Rx:252)
Inpatient Hospital Services	EPO: \$500 + 10% after ded.	HMO: \$500 + 10% after ded.	PPO: 20% after ded.
Outpatient Surgery in a Hospital	EPO: \$500 + 10% after ded.	HMO: Freestanding/Office: 10% after ded.; OPHosp: \$500 + 10% after ded.	PPO: 20% after ded.
Emergency Room	EPO: \$350 (ded. waived)	HMO: \$400 (ded. waived)	PPO: \$350 (ded. waived)
Urgent Care	EPO: \$75 (ded. waived)	HMO: \$75 (ded. waived)	PPO: \$75 (ded. waived)
OUT-OF-NETWORK %	OON: Not Available	OON: Not Available	OON: 50% after ded.
Dependent Tier	er Coui EE Dep Total	er Coui EE Dep Total	er Coui EE Dep Total
Employee Only	9 \$602.62 \$0.00 \$602.62	9 \$540.18 \$0.00 \$540.18	9 \$595.04 \$0.00 \$595.04
Employee and Spouse	1 \$602.62 \$602.62 \$1,205.24	1 \$540.18 \$540.18 \$1,080.36	1 \$595.04 \$595.04 \$1,190.08
Employee and Child(ren)	1 \$602.62 \$512.23 \$1,114.85	1 \$540.18 \$459.15 \$999.33	1 \$595.04 \$505.78 \$1,100.82
Family	2 \$602.62 \$1,114.85 \$1,717.47	2 \$540.18 \$999.33 \$1,539.51	2 \$595.04 \$1,100.82 \$1,695.86
Totals:	13 \$7,834.06 \$3,344.55 \$11,178.61	13 \$7,022.34 \$2,997.99 \$10,020.33	13 \$7,735.52 \$3,302.46 \$11,037.98

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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click on the beginning of the plan name for link to plan design.	UnitedHealthcare Choice Direct Silver 35/2000/70% (ATNZ 255) EPO / Silver	UnitedHealthcare Navigate Direct Gold 20/1000/90% (ATNO 252) HMO / Gold	UnitedHealthcare Choice Plus Gold 25/1500/80% (ATME 252) POS / Gold
DEDUCTIBLE	mapped to	mapped to	mapped to
Individual	EPO: \$2,000	HMO: \$1,000	PPO: \$1,500 OON: \$5,000
Family	EPO: \$4,000 (embedded)	HMO: \$2,000 (embedded)	PPO: \$3,000 (embedded) OON: \$10,000 (embedded)
OUT-OF-POCKET MAX			
Individual	EPO: \$6,000 (includes ded.)	HMO: \$5,000 (includes ded.)	PPO: \$5,500 (includes ded.) OON: \$10,000 (includes ded.)
Family	EPO: \$12,000 (embedded; includes ded.)	HMO: \$10,000 (embedded; includes ded.)	PPO: \$11,000 (embedded; includes ded.) OON: \$20,000 (embedded; includes ded.)
SERVICES			
Office Visits	EPO: \$35/\$70 (ded. waived)	HMO: \$20/\$40 (ded. waived)	PPO: \$25/\$50 (ded. waived)
Rx	EPO: \$250/\$500 Ded (2-4); \$15/\$40/\$80/\$250 (Rx:255 Advantage)	HMO: \$15/\$35/\$70/\$250 (Rx:252 Advantage)	PPO: \$15/\$35/\$70/\$250 (Rx:252 Advantage)
Inpatient Hospital Services	EPO: \$500 + 30% after ded.	HMO: \$500 + 10% after ded.	PPO: 20% after ded.
Outpatient Surgery in a Hospital	EPO: \$500 + 30% after ded.	HMO: \$500 + 10% after ded.	PPO: 20% after ded.
Emergency Room	EPO: 30% after ded.	HMO: 10% after ded.	PPO: 20% after ded.
Urgent Care	EPO: \$35 (ded. waived)	HMO: \$20 (ded. waived)	PPO: \$25 (ded. waived)
OUT-OF-NETWORK %	OON: Not Available	OON: Not Available	OON: 50% after ded.
Dependent Tier	er Coui EE Dep Total	er Coui EE Dep Total	er Coui EE Dep Total
Employee Only	9 \$522.08 \$0.00 \$522.08	9 \$577.49 \$0.00 \$577.49	9 \$647.67 \$0.00 \$647.67
Employee and Spouse	1 \$522.08 \$522.08 \$1,044.16	1 \$577.49 \$577.49 \$1,154.98	1 \$647.67 \$647.67 \$1,295.34
Employee and Child(ren)	1 \$522.08 \$443.77 \$965.85	1 \$577.49 \$490.87 \$1,068.36	1 \$647.67 \$550.52 \$1,198.19
Family	2 \$522.08 \$965.85 \$1,487.93	2 \$577.49 \$1,068.36 \$1,645.85	2 \$647.67 \$1,198.19 \$1,845.86
Totals:	13 \$6,787.04 \$2,897.55 \$9,684.59	13 \$7,507.37 \$3,205.08 \$10,712.45	13 \$8,419.71 \$3,594.57 \$12,014.28

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	<u>Humana</u> <u>1000/2000 80 HMO COPAY HMOX OV \$30/60</u> <u>OPT8 GOLD RX \$10/40/75/25%</u> <u>HMO / Gold</u>				<u>Humana</u> <u>1500/3000 80 HMO COPAY HMOX OV \$30/60</u> <u>OPT9 GOLD RX \$10/40/75/25%</u> <u>HMO / Gold</u>				<u>Humana</u> <u>1500/3000 80/50 NPOS COPAY OA OV \$30/60</u> <u>OPT9 GOLD RX \$10/40/75/25%</u> <u>POS / Gold</u>			
DEDUCTIBLE												
Individual	HMO: \$1,000				HMO: \$1,500				PPO: \$1,500			
Family	HMO: \$2,000				HMO: \$3,000				OON: \$4,500 PPO: \$3,000 OON: \$9,000			
OUT-OF-POCKET MAX												
Individual	HMO: \$4,500 (includes ded.)				HMO: \$4,500 (includes ded.)				PPO: \$4,500 (includes ded.) OON: \$13,500 (includes ded.)			
Family	HMO: \$9,000 (includes ded.)				HMO: \$9,000 (includes ded.)				PPO: \$9,000 (includes ded.) OON: \$27,000 (includes ded.)			
SERVICES												
Office Visits	HMO: \$30/\$60 (ded. waived)				HMO: \$30/\$60 (ded. waived)				PPO: \$30/\$60 (ded. waived)			
Rx	HMO: \$10/\$40/\$75/25%/35%				HMO: \$10/\$40/\$75/25%/35%				PPO: \$10/\$40/\$75/25%/25%			
Inpatient Hospital Services	HMO: 20% after ded.				HMO: 20% after ded.				PPO: 20% after ded.			
Outpatient Surgery in a Hospital	HMO: 20% after ded.				HMO: 20% after ded.				PPO: 20% after ded.			
Emergency Room	HMO: \$450 (ded. waived)				HMO: \$400 (ded. waived)				PPO: \$400 (ded. waived)			
Urgent Care	HMO: \$100 (ded. waived)				HMO: \$100 (ded. waived)				PPO: \$100 (ded. waived)			
OUT-OF-NETWORK %	OON: Not Available				OON: Not Available				OON: 50% after ded.			
Dependent Tier	er Coui	EE	Dep	Total	er Coui	EE	Dep	Total	er Coui	EE	Dep	Total
Employee Only	9	\$573.24	\$0.00	\$573.24	9	\$563.31	\$0.00	\$563.31	9	\$670.92	\$0.00	\$670.92
Employee and Spouse	1	\$573.24	\$573.24	\$1,146.48	1	\$563.31	\$563.31	\$1,126.62	1	\$670.92	\$670.92	\$1,341.84
Employee and Child(ren)	1	\$573.24	\$487.25	\$1,060.49	1	\$563.31	\$478.81	\$1,042.12	1	\$670.92	\$570.28	\$1,241.20
Family	2	\$573.24	\$1,060.49	\$1,633.73	2	\$563.31	\$1,042.12	\$1,605.43	2	\$670.92	\$1,241.20	\$1,912.12
Totals:	13	\$7,452.12	\$3,181.47	\$10,633.59	13	\$7,323.03	\$3,126.36	\$10,449.39	13	\$8,721.96	\$3,723.60	\$12,445.56

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	<u>Kaiser</u> <u>KP CO Gold DHMO Plus 1250/35</u> <u>HMO / Gold</u>				<u>Kaiser</u> <u>KP CO Gold 500/30</u> <u>HMO / Gold</u>				<u>Kaiser</u> <u>KP CO Gold POS 1500/30</u> <u>POS / Gold</u>			
DEDUCTIBLE												
Individual	HMO: \$1,250				HMO: \$500				PPO: \$1,500			
Family	HMO: \$2,500				HMO: \$1,000 (embedded)				OON: \$3,750 PPO: \$3,000 (embedded) OON: \$7,500 (embedded)			
OUT-OF-POCKET MAX												
Individual	HMO: \$4,500 (includes ded.)				HMO: \$4,500 (includes ded.)				PPO: \$4,000 (includes ded.) OON: \$10,000 (includes ded.)			
Family	HMO: \$9,000 (includes ded.)				HMO: \$9,000 (embedded; includes ded.)				PPO: \$8,000 (embedded; includes ded.) OON: \$20,000 (embedded; includes ded.)			
SERVICES												
Office Visits	HMO: \$35/\$55 (ded. waived)				HMO: \$30/\$50 (ded. waived)				PPO: \$30/\$50 (ded. waived)			
Rx	HMO: \$15/\$45/10%/10%				HMO: \$15/\$45/\$325/\$325				PPO: \$15/\$45/20%/20%			
Inpatient Hospital Services	HMO: 10% after ded.				HMO: 20% after ded.				PPO: 20% after ded.			
Outpatient Surgery in a Hospital	HMO: 10% after ded.				HMO: 20% after ded.				PPO: 20% after ded.			
Emergency Room	HMO: \$400 (ded. waived)				HMO: \$400 (ded. waived)				PPO: \$400 (ded. waived)			
Urgent Care	HMO: \$75 (ded. waived)				HMO: \$75 (ded. waived)				PPO: \$75 (ded. waived)			
OUT-OF-NETWORK %	OON: Not Available				OON: Not Available				OON: 40% after ded.			
Dependent Tier	er Coui	EE	Dep	Total	er Coui	EE	Dep	Total	er Coui	EE	Dep	Total
Employee Only	9	\$549.23	\$0.00	\$549.23	9	\$540.83	\$0.00	\$540.83	9	\$596.12	\$0.00	\$596.12
Employee and Spouse	1	\$549.23	\$549.23	\$1,098.46	1	\$540.83	\$540.83	\$1,081.66	1	\$596.12	\$596.12	\$1,192.24
Employee and Child(ren)	1	\$549.23	\$466.85	\$1,016.08	1	\$540.83	\$459.71	\$1,000.54	1	\$596.12	\$506.70	\$1,102.82
Family	2	\$549.23	\$1,016.08	\$1,565.31	2	\$540.83	\$1,000.54	\$1,541.37	2	\$596.12	\$1,102.82	\$1,698.94
Totals:	13	\$7,139.99	\$3,048.24	\$10,188.23	13	\$7,030.79	\$3,001.62	\$10,032.41	13	\$7,749.56	\$3,308.46	\$11,058.02

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	<u>Anthem BCBS</u> <u>Anthem Gold Pathway HMO 1500/20%/4000</u> <u>(2UWP)</u> <u>HMO / Gold</u>	<u>Anthem BCBS</u> <u>Anthem Gold Pathway HMO 1500/0%/7150</u> <u>(2UY4)</u> <u>HMO / Gold</u>	<u>Anthem BCBS</u> <u>Anthem Gold PPO 1500/20%/4000 (2UXE)</u> <u>PPO / Gold</u>
DEDUCTIBLE			
Individual	HMO: \$1,500	HMO: \$1,500	PPO: \$1,500
Family	HMO: \$3,000 (embedded)	HMO: \$3,000 (embedded)	OON: \$4,500 PPO: \$3,000 (embedded) OON: \$9,000 (embedded)
OUT-OF-POCKET MAX			
Individual	HMO: \$4,000 (includes ded.)	HMO: \$7,150 (includes ded.)	PPO: \$4,000 (includes ded.)
Family	HMO: \$8,000 (embedded; includes ded.)	HMO: \$14,300 (embedded; includes ded.)	OON: \$12,000 (includes ded.) PPO: \$8,000 (embedded; includes ded.) OON: \$24,000 (embedded; includes ded.)
SERVICES			
Office Visits	HMO: \$10/\$35 (ded. waived)	HMO: \$25 (ded. waived)/\$50 after ded.	PPO: \$25/\$50 (ded. waived)
Rx	HMO: \$0;\$20/\$40/\$80/\$375 (Select)	HMO: MedDed (2-4); \$0;\$20/\$40/\$80/\$375/Ded (Select)	PPO: \$0;\$20/\$40/\$80/ \$375 (Traditional)
Inpatient Hospital Services	HMO: 20% after ded.	HMO: \$500/admission after ded.	PPO: 20% after ded.
Outpatient Surgery in a Hospital	HMO: 20% after ded.	HMO: 0% after ded.	PPO: 20% after ded.
Emergency Room	HMO: \$250 after ded. (copay waived if admitted)	HMO: \$300 after ded. (copay waived if admitted)	PPO: \$250 after ded. (copay waived if admitted)
Urgent Care	HMO: \$35 (ded. waived)	HMO: \$50 after ded.	PPO: \$50 (ded. waived)
OUT-OF-NETWORK %	OON: Not Available	OON: Not Available	OON: 50% after ded.
Dependent Tier	er Cou EE Dep Total	er Cou EE Dep Total	er Cou EE Dep Total
Employee Only	9 \$622.62 \$0.00 \$622.62	9 \$578.78 \$0.00 \$578.78	9 \$687.24 \$0.00 \$687.24
Employee and Spouse	1 \$622.62 \$622.62 \$1,245.24	1 \$578.78 \$578.78 \$1,157.56	1 \$687.24 \$687.24 \$1,374.48
Employee and Child(ren)	1 \$622.62 \$529.23 \$1,151.85	1 \$578.78 \$491.96 \$1,070.74	1 \$687.24 \$584.15 \$1,271.39
Family	2 \$622.62 \$1,151.85 \$1,774.47	2 \$578.78 \$1,070.74 \$1,649.52	2 \$687.24 \$1,271.39 \$1,958.63
Totals:	13 \$8,094.06 \$3,455.55 \$11,549.61	13 \$7,524.14 \$3,212.22 \$10,736.36	13 \$8,934.12 \$3,814.17 \$12,748.29

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Partially Self Funded Plan	<u>AmeriShare: GWH</u>				<u>AmeriShare: GWH</u>			
	<u>HSA \$2000 - 100%</u>				<u>HSA \$2000 - 80%</u>			
	<u>HSA</u>				<u>HSA</u>			
DEDUCTIBLE	Cigna Network				Cigna Network			
Individual	PPO:	\$2,000			PPO:	\$2,000		
	OON:	\$4,000			OON:	\$4,000		
Family	PPO:	\$4,000			PPO:	\$4,000		
	OON:	\$8,000			OON:	\$8,000		
OUT-OF-POCKET MAX								
Individual	PPO:	\$2,000			PPO:	\$4,000		
	OON:	\$6,000			OON:	\$12,000		
Family	PPO:	\$4,000			PPO:	\$8,000		
	OON:	\$12,000			OON:	\$24,000		
SERVICES								
Office Visits	PPO:	\$35/\$70			PPO:	\$35/\$70		
Rx	PPO:	\$10/\$30/\$50			PPO:	\$10/\$30/\$50		
Inpatient Hospital Services	PPO:	0% after ded.			PPO:	20% after ded.		
Outpatient Surgery in a Hospital	PPO:	0% after ded.			PPO:	20% after ded.		
Emergency Room	PPO:	\$250			PPO:	\$250		
Urgent Care	PPO:	\$100			PPO:	\$100		
OUT-OF-NETWORK %	OON: 30% after ded.				OON: 30% after ded.			
Dependent Tier	EE	Dep	Total	EE	Dep	Total		
Employee Only	9	\$507.00	\$0.00	\$507.00	9	\$457.00	\$0.00	\$457.00
Employee and Spouse	1	\$507.00	\$492.00	\$999.00	1	\$457.00	\$436.00	\$893.00
Employee and Child(ren)	1	\$507.00	\$287.00	\$794.00	1	\$457.00	\$253.00	\$710.00
Family	2	\$507.00	\$728.00	\$1,235.00	2	\$457.00	\$637.00	\$1,094.00
Totals:	13	\$6,591.00	\$2,235.00	\$8,826.00	13	\$5,941.00	\$1,963.00	\$7,904.00

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