

Colorado Health Plans Summary Report

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Prepared Especially For

Sample Company

7889 W 38th Ave, wheat Ridge, Colorado 80033
303-123-4567

Agent Information



Robert J. Tawney, Jr.
Health Shop, Inc

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Thank you for your business!

We at Quotes 4 Colorado do our very best to provide an accurate report. However, all information is subject to change by the insurance companies, without notice. We recommend that, prior to changing your health plan, you verify the rate and benefit information directly with the insurance company selected.

Current Health Plan

Aetna - HSA PPO Plan 7
 \$2,450.00
 Renewal: May, 2007

Report Search Criteria

Individual Calendar Year Deductible: \$2,250.00
 Individual Out of Pocket Maximum: \$5,000.00
 Office Visit Copay: \$30.00
 Generic Drug Copay: \$20.00
 Inpatient Hospital Copay: \$0.00

County Used for Quote: Jefferson
 Quotes are for Effective Dates in: Dec, 2007
 Medicare Primary: 1

Current Census Information

Employee Name	Age	Coverage
sally	54	Family
john	23	Employee Only
Mike	35	Employee + Spouse
Tammy	23	Employee Only
Steve	55	Employee + Child(ren)

HEALTH PLAN SUMMARY - IN NETWORK ONLY												
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Premium @ 75% @ 100% @ 110%	Carrier/Type Plan Name	INDIVIDUAL / FAMILY		INDIVIDUAL EMPLOYEE								
		Annual Deductible	Annual Maximum	Co-Insurance Carrier/Employee	Office Visit Routine/Spec	Prescription Drug	Inpatient Hospital	Outpatient Surgery	Emergency Care	Ambulance (Ground)	Vision Care	
☐ \$1,255.55 \$1,674.06 \$1,841.47	Anthem/PPO Hospital Benefits	\$1,250 / \$2,500 (A)	\$2,500+D+C / \$5,000 A+D+C	[70% 30%]	No Coverage No Coverage	\$15 Generic copay	(D) + Co-Ins	(D) + Co-Ins	\$100 copay + (D) + Co-Ins	(D) + Co-Ins	Separate Rider	
☐ \$1,622.23 \$2,162.97 \$2,379.27	Kaiser Permanente/HMO Plan 621F	\$2000 / \$6000	\$4000+(C)(D) / \$8,000+(C)(D)	[80% 20%]	\$30 copay (N) \$50 copay (N)	\$200(D) then \$15 \$30 50%	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins (W)	Co-Ins; max \$500/trip (N)	\$30 copay (N)	
☐ \$1,629.44 \$2,172.58 \$2,389.84	Anthem/PPO Hospital Benefits Plus	\$1000 / \$2,000 (A)	\$2,500+D+C / \$5,000 A+D+C	[70% 30%]	50% Co-ins, \$500 max per year 50% Co-ins, \$500 max per year	\$15 Generic copay	(D) + Co-Ins	(D) + Co-Ins	\$100 copay + (D) + Co-Ins	(D) + Co-Ins	Separate Rider	
☐ \$1,769.25 \$2,359.00 \$2,594.90	Aetna/PPO MC Value 1500 70/50 25 3-visit	\$1500 / \$3000	\$4,000+(C)(D) / \$8,000+(C)(D)	[70% 30%]	\$25 copay (3-visit limit) \$25 copay (3-visit limit)	\$15 Generic copay only	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins	Separate Rider	
☐ \$1,809.44 \$2,412.58 \$2,653.84	Kaiser Permanente/HMO Plan 621E	1200 / 3600	\$2,500+(C)(D) / \$5,000+(C)(D)	[80% 20%]	\$30 copay (N) \$50 copay (N)	\$100(D) then \$15 \$30 50%	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins (W)	Co-Ins; max \$500/trip (N)	\$30 copay (N)	
☐ \$1,875.56 \$2,500.75 \$2,750.83	Anthem/PPO Hospital Benefits Preferred	\$750 / \$1,500 (A)	\$2,500+D+C / \$5,000 A+D+C	[70% 30%]	50% Co-ins, \$750 max per year 50% Co-ins, \$750 max per year	\$15 Generic copay	(D) + Co-Ins	(D) + Co-Ins	\$100 copay + (D) + Co-Ins	(D) + Co-Ins	Separate Rider	
☐ \$1,918.01 \$2,557.34 \$2,813.07	Kaiser Permanente/HMO Plan 621E Deductible Plus	\$1200 / \$3600	\$2,500+(C)(D) / \$5,000+(C)(D)	[80% 20%]	\$30 / Deductible Plus \$40 \$50 / Deductible Plus \$60	\$100(D) then \$15 \$30 50%	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins (W)	20% Coin; max \$500/trip (N)	\$30 copay (N)	
☐ \$1,964.54 \$2,619.38 \$2,881.32	Kaiser Permanente/HMO HSA HDS 1	2000 / 4000	2000 / 4000	[100% 0%]	(D) only (D) only	100% after deductible	(D) only	(D) only	(D) only (W)	(D) only	(D) only	
☐ \$1,981.73 \$2,642.30 \$2,906.53	Kaiser Permanente/HMO Plan 621C	750 / 2250	\$2,500+(C)(D) / \$5,000+(C)(D)	[80% 20%]	\$30 copay \$50 copay	\$200 (D) then \$15 \$30 50%	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins (W)	20% (C); max \$500/trip	\$30 copay	
☐ \$2,020.87 \$2,694.49 \$2,963.94	PacifiCare/PPO PPO Plan 135H 80-50/2000	\$2000 / \$4000	\$5,000+(C) / \$10,000+(C)	[80% 20%]	(D) then Co-Ins (D) then Co-Ins	20% after deductible generic/brand	(D) then Co-Ins; +\$250 w/o pre-auth	(D) then Co-Ins; +\$250 w/o pre-auth	\$100 (C) then Co-Ins (N)(W)	(D) then 30% Co-Ins	Separate Rider	
☐ \$2,145.39 \$2,860.52 \$3,146.57	PacifiCare/PPO PPO (Plan F59P) 30/70-50/2000	\$2,000 / \$4,000	\$5,000+C+D / \$10,000+C+D	[70% 30%]	\$30 copay \$30 copay	\$10 \$30 \$60	D+Co-Ins; \$250 w/o pre-auth	(D) then Co-Ins; +\$250 w/o pre-auth	\$200 (C) then Co-Ins (N)(W)	(D) then 40% Co-Ins	Separate Rider	

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		Annual Deductible	Annual Maximum	Co-Insurance Carrier/Employee	Office Visit Routine/Spec	Prescription Drug	Inpatient Hospital	Outpatient Surgery	Emergency Care	Ambulance (Ground)	Vision Care	
<input type="checkbox"/> \$2,154.00 \$2,872.00 \$3,159.20	Kaiser Permanente/HMO Plan 621D	500 / 1500	\$2,500+(C)(D) / \$5,000+(C)(D)	[80% 20%]	\$30 copay \$50 copay	\$15 \$30 50%	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins (W)	Co-Ins; max \$500/trip (N)	\$30 copay (N)	
<input type="checkbox"/> \$2,173.50 \$2,898.00 \$3,187.80	Aetna/PPO MC Value Plus 750 50/50 25/50	\$750 / \$1500	\$4,000+(C)(D) / \$8,000+(C)(D)	[50% 50%]	\$25 copay \$50 copay	\$15 Generic copay only	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins	Separate Rider	
<input type="checkbox"/> \$2,174.48 \$2,899.30 \$3,189.23	United HealthCare/POS Choice Plus Balanced Plan C1-C	\$2000 / \$6000	\$4,000+(C) / \$8,000+(C)	[70% 30%]	\$25 copay \$25 copay	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	\$100 copay	(D) then Co-Ins	\$25 (C); (1-visit every 2-yrs)	
<input type="checkbox"/> \$2,197.35 \$2,929.80 \$3,222.78	United HealthCare/POS Choice Plus Consumer Plan 2A-W	\$2000 / \$6000	\$4,000+(C) / \$8,000+(C)	[80% 20%]	(D) then Co-Ins (D) then Co-Ins	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins (1-visit every 2-yrs)	
<input type="checkbox"/> \$2,205.95 \$2,941.27 \$3,235.40	United HealthCare/POS Choice Plus Definity HSA C3-A	\$2000 / \$4000	\$4000 / \$8000	[80% 20%]	(D) then Co-Ins (D) then Co-Ins	(D) then \$10 \$30 \$50	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins; (1-visit every 2-yrs)	
<input type="checkbox"/> \$2,211.75 \$2,949.00 \$3,243.90	Aetna/PPO MC 1500 80/50/50 20/40	\$1,500 / \$3,000	\$4,500+(C)(D) / \$9,000+(C)(D)	[80% 20%]	\$20 copay \$40 copay	\$20 \$40 \$70	(D) then Co-Ins for Dr.; 50%after (D) for facility	(D) then Co-Ins for Dr.; 50%after (D) for facility	\$250 copay (W)	(D) then Co-Ins	Separate Rider	
<input type="checkbox"/> \$2,239.51 \$2,986.01 \$3,284.61	Anthem/PPO HSA-Compatible \$2000/100%	\$2,000 / \$4,000 (A)	\$2,000 / \$4,000 (A)	[100% 0%]	100% after ded. 100% after ded.	100% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	Separate Rider	
<input type="checkbox"/> \$2,240.52 \$2,987.36 \$3,286.10	United HealthCare/POS Choice Plus Consumer Plan 2A-V	\$2000 / \$6000	\$4,000+(C) / \$8,000+(C)	[90% 10%]	(D) then Co-Ins (D) then Co-Ins	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins (1-visit every 2-yrs)	
<input type="checkbox"/> \$2,241.57 \$2,988.76 \$3,287.64	PacificCare/PPO PPO Plan 134H 80-50/1500	\$1500 / \$3000	\$4,000+(C) / \$8,000+(C)	[80% 20%]	(D) then Co-Ins (D) then Co-Ins	20% after deductible generic/brand	(D) then Co-Ins; +\$250 w/o pre-auth	(D) then Co-Ins; +\$250 w/o pre-auth	\$100 (C) then Co-Ins (N)(W)	(D) then 30% Co-Ins	Separate Rider	
<input type="checkbox"/> \$2,261.69 \$3,015.69 \$3,317.15	Kaiser Permanente/HMO Plan 621D Deductible Plus	500 / 1500	\$2,500+(C)(D) / \$5,000+(C)(D)	[80% 20%]	\$30 / Deductible Plus \$40 \$50 / Deductible Plus \$60	\$15 \$30 50%	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins (W)	20% Coin; max \$500/trip (N)	\$30 copay (N)	
<input type="checkbox"/> \$2,264.25 \$3,019.00 \$3,320.90	United HealthCare/POS Choice Plus Consumer Plan 2A-U	\$1500 / \$4500	\$3,500+(C) / \$7,000+(C)	[80% 20%]	(D) then Co-Ins (D) then Co-Ins	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins (1-visit every 2-yrs)	

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Premium @ 75% @ 100% @ 110%	Carrier/Type Plan Name	INDIVIDUAL / FAMILY		INDIVIDUAL EMPLOYEE								
		Annual Deductible	Annual Maximum	Co-Insurance Carrier/Employee	Office Visit Routine/Spec	Prescription Drug	Inpatient Hospital	Outpatient Surgery	Emergency Care	Ambulance (Ground)	Vision Care	
<input type="checkbox"/> \$2,321.10 \$3,094.80 \$3,404.28	Kaiser Permanente/HMO Classic 35	0 / 0	4000 / 8000	[100% 0%]	\$30 copay \$50 copay	\$200 (D) then \$15 \$30 50%	20% Co-Ins	\$200 copay	\$200 copay (W)	20% (C); max \$500/trip	\$30 copay	
<input type="checkbox"/> \$2,321.89 \$3,095.85 \$3,405.44	United HealthCare/POS Choice Plus Consumer Plan 7A-M	\$2000 / \$6000	\$2,000+(C) / \$6,000+(C)	[100% 0%]	(D) only (D) only	\$10 \$30 \$50 \$250	(D) only	(D) only	(D) only	(D) only	(D) only; (1-visit every 2-yrs)	
<input type="checkbox"/> \$2,323.43 \$3,097.91 \$3,407.70	United HealthCare/POS Choice Plus Consumer Plan 2A-S	\$1500 / \$4500	\$3,500+(C) / \$7,000+(C)	[90% 10%]	(D) then Co-Ins (D) then Co-Ins	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins (1-visit every 2-yrs)	
<input type="checkbox"/> \$2,324.13 \$3,098.84 \$3,408.72	PacificCare/PPO PPO (Plan F56P) 30/80-50/2000	2000 / 4000	\$4,000+(C)(D) / \$8,000+(C)(D)	[80% 20%]	\$30 copay \$30 copay	\$10 \$30 \$60	D+Co-Ins; \$250 w/o pre-auth	(D) then Co-Ins; +\$250 w/o pre-auth	\$200 (C) then Co-Ins (N)(W)	(D) then 30% Co-Ins	Separate Rider	
<input type="checkbox"/> \$2,328.44 \$3,104.59 \$3,415.05	United HealthCare/POS Choice Plus Balanced Plan 2A-M	\$2000 / \$6000	\$4,000+(C) / \$8,000+(C)	[80% 20%]	\$25 copay \$25 copay	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	\$125 copay	(D) then Co-Ins	\$25 (C) (1-visit every 2-yrs)	
<input type="checkbox"/> \$2,338.10 \$3,117.47 \$3,429.22	United HealthCare/POS Choice Plus Definity HSA 7A-T	\$2000 / \$4000	\$2000 + \$2000 in Rx copays / \$4000 + \$4000 in Rx copays	[100% 0%]	(D) only (D) only	(D) then \$10 \$30 \$50	(D) only	(D) only	(D) only	(D) only	(D) only; (1-visit every 2-yrs)	
<input type="checkbox"/> \$2,351.25 \$3,135.00 \$3,448.50	Aetna/PPO MC 2000 80/60 20/40	\$2000 / \$4000	\$4500+(C)(D) / \$9,000+(C)(D)	[80% 20%]	\$20 copay \$40 copay	\$20 \$40 \$70	(D) then Co-Ins	(D) then 70% Co-Ins	\$125 copay (W)	(D) then Co-Ins	Separate Rider	
<input type="checkbox"/> \$2,351.72 \$3,135.62 \$3,449.18	United HealthCare/POS Choice Plus Balanced Plan 2A-K	\$1,500 / \$4,500 (A)	\$3,500+(C) / \$7,000+(C)	[80% 20%]	\$25 copay \$50 copay	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	\$125 copay	(D) then Co-Ins	\$25 (C) (1-visit every 2-yrs)	
<input type="checkbox"/> \$2,390.54 \$3,187.39 \$3,506.13	Kaiser Permanente/HMO Classic 35A	0 / 0	4000 / 8000	[100% 0%]	\$30 copay \$50 copay	\$15 \$30 50%	20% Co-Insurance	\$200 copay	\$200 copay (W)	20% Co-Ins; max \$500/trip	\$30 copay	
<input type="checkbox"/> \$2,411.30 \$3,215.07 \$3,536.58	United HealthCare/POS Choice Plus Balanced Plan 2A-J	\$2000 / \$6000	\$4,000+(C) / \$8,000+(C)	[90% 10%]	\$25 copay \$25 copay	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	\$125 copay	(D) then Co-Ins	\$25 (C) (1-visit every 2-yrs)	
<input type="checkbox"/> \$2,456.73 \$3,275.64 \$3,603.20	United HealthCare/POS Choice Plus Balanced Plan 2A-I	\$1500 / \$4500	\$3,500+(C) / \$7,000+(C)	[80% 20%]	\$25 copay \$25 copay	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	\$125 copay	(D) then Co-Ins	\$25 (C) (1-visit every 2-yrs)	

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Premium @ 75% @ 100% @ 110%	Carrier/Type Plan Name	INDIVIDUAL / FAMILY		INDIVIDUAL EMPLOYEE								
		Annual Deductible	Annual Maximum	Co-Insurance Carrier/Employee	Office Visit Routine/Spec	Prescription Drug	Inpatient Hospital	Outpatient Surgery	Emergency Care	Ambulance (Ground)	Vision Care	
<input type="checkbox"/> \$2,469.00 \$3,292.00 \$3,621.20	Aetna/PPO PPO Standard 2006	\$1,500 / \$4,500	\$3,000+(C) / \$6,000+(C)	[80% 20%]	\$25 copay \$40 copay	\$10 \$30 \$50	(D) then Co-Ins	(D) then Co-Ins	\$125(C); then Co-Ins	(D) then Co-Ins	No Coverage	
<input type="checkbox"/> \$2,478.99 \$3,305.32 \$3,635.85	Kaiser Permanente/HMO Classic 35A HMO Plus	0 / 0	\$4000 / \$8000	[100% 0%]	\$30 / HMO Plus \$40 \$50 / HMO Plus \$60	\$15 \$30 \$50%	20% Co-Insurance	\$200 copay	\$200 copay (W)	20% Co-Ins; max \$500/trip	\$30 copay	
<input type="checkbox"/> \$2,496.75 \$3,329.00 \$3,661.90	Aetna/PPO MC 1000 80/60 20/40	\$1000 / \$2000	\$4,000+(C)(D) / \$8,000+(C)(D)	[80% 20%]	\$20 copay \$40 copay	\$20 \$40 \$70	(D) then Co-Ins	(D) then Co-Ins	\$250 copay (W)	(D) then Co-Ins	Separate Rider	
<input type="checkbox"/> \$2,498.86 \$3,331.82 \$3,665.00	PacificCare/PPO PPO (Plan 53LS) 70-50/2000	2000 / 4000	\$5,000+(C)(D) / \$10,000+(C)(D)	[70% 30%]	\$0 to SDA max; then (D)+Co-Ins \$0 to SDA max; then (D)+Co-Ins	\$10 \$30 \$60	(D) then Co-Ins; +\$250 w/o pre-auth	(D) then Co-Ins; +\$250 w/o pre-auth	\$200 (C) then Co-Ins (N)(W)	(D) then 40% Co-Ins	\$0 to SDA max; then (D)+Co-Ins	
<input type="checkbox"/> \$2,549.25 \$3,399.00 \$3,738.90	Aetna/PPO MC 750 90/50/50 15/30	\$750 / \$1500	\$3,000+(C)(D) / \$6,000+(C)(D)	[90% 10%]	\$15 copay \$30 copay	\$15 \$30 \$50	D+Co-Ins for Dr.; 50%after D for facility	(D) then Co-Ins for Dr.; 50%after (D) for facility	\$250 copay (W)	(D) then Co-Ins	Separate Rider	
<input type="checkbox"/> \$2,582.82 \$3,443.76 \$3,788.14	United HealthCare/POS Choice Plus Balanced Plan 2A-D	\$1500 / \$4500	\$3,500+(C) / \$7,000+(C)	[90% 10%]	\$25 copay \$25 copay	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	\$125 copay	(D) then Co-Ins	\$25 (C) (1-visit every 2-yrs)	
<input type="checkbox"/> \$2,607.01 \$3,476.01 \$3,823.61	PacificCare/PPO PPO (F55P) 25/60-60/1500	1500 / 3000	\$3,000+(C)(D) / \$6,000+(C)(D)	[80% 20%]	\$25 copay \$25 copay	\$10 \$30 \$50	D+Co-Ins; \$250 w/o pre-auth	D+Co-Ins; \$250 w/o pre-auth	\$200 (C) then Co-Ins (N)(W)	(D) then 30% Co-Ins	Separate Rider	
<input type="checkbox"/> \$2,631.32 \$3,508.43 \$3,859.27	United HealthCare/POS Choice Plus Balanced 100 Plan C1-D	\$2000 / \$6000	\$2,000+(C) / \$6,000+(C)	[100% 0%]	\$25 copay \$25 copay	\$10 \$30 \$50 \$250	(D) only	(D) only	\$100 copay	(D) only	\$25 (C) (1-visit every 2-yrs)	
<input type="checkbox"/> \$2,634.00 \$3,512.00 \$3,863.20	RMHP/PPO PPO 1000 80	\$1,000 (I) / \$2,000 (A)(I)	\$3,000+(D) / \$6,000+(D)	[80% 20%]	\$15 copay (N) \$30 copay (N)	\$15 \$40 \$55	(D) then Co-Ins	(D) then Co-Ins	\$150 (C)(N)(W)	(D) then Co-Ins	Annual Screen: \$15 (C)(N)	
<input type="checkbox"/> \$2,637.75 \$3,517.00 \$3,868.70	Aetna/PPO MC \$1500 100/60 \$20/\$40	\$1,500 / \$4,500	\$0+(C)(D) / \$0+(C)(D)	[100% 0%]	\$20 copay \$40 copay	\$20 \$40 \$70	100% after (D)	100% after (D)	\$250 copay (W)	100% after (D)	Separate Rider	
<input type="checkbox"/> \$2,672.32 \$3,563.09 \$3,919.40	RMHP/HMO HMO 1000 90	1000 / \$2,000 (A)	\$3,000+(D) / \$6,000+(D)	[90% 10%]	\$15 copay (N) \$30 copay (N)	\$15 \$40 \$55	(D) then Co-Ins	(D) then Co-Ins	\$150 (C)(N)(W)	(D) then Co-Ins	Annual Screen: \$15 (C)	

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		Annual Deductible	Annual Maximum	Co-Insurance Carrier/Employee	Office Visit Routine/Spec	Prescription Drug	Inpatient Hospital	Outpatient Surgery	Emergency Care	Ambulance (Ground)	Vision Care	
☐ \$2,672.45 \$3,563.26 \$3,919.59	Anthem/PPO HIA Plus \$2000/100%/\$750	\$2,000 / \$4,000 (A)	\$2,000 / \$4,000 (A)	[100% 0%]	Health Allocation, then (D) Health Allocation, then (D)	Health Allocation, then (D)	Health Allocation, then (D)	Health Allocation, then (D)	Health Allocation, then (D)	Health Allocation, then (D)	Separate Rider	
☐ \$2,711.56 \$3,615.41 \$3,976.95	RMHP/PPO PPO 1000 90	1000 / \$2,000 (A)	\$3,000+(D) / \$6,000+(D)	[90% 10%]	\$15 copay (N) \$30 copay (N)	\$15 \$40 \$55	(D) then Co-Ins	(D) then Co-Ins	\$150 (C)(N)(W)	(D) then Co-Ins	Annual Screen: \$15 (C)(N)	
☐ \$2,785.50 \$3,714.00 \$4,085.40	Aetna/PPO MC 1000 90/60 15/30	\$1000 / 2000	\$3,500+(C)(D) / \$7,000+(C)(D)	[90% 10%]	\$15 copay \$30 copay	\$15 \$30 \$50	(D) then Co-Ins	(D) then Co-Ins	\$250 copay (W)	(D) then Co-Ins	Separate Rider	
☐ \$2,790.22 \$3,720.29 \$4,092.32	United HealthCare/POS Choice Plus Balanced Plan 1A-Z	\$1,000 / \$3,000 (A)	\$2,500+(C) / \$5,000 (A)+(C)	[80% 20%]	\$20 copay \$35 copay	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	\$100 copay	(D) then Co-Ins	\$20 (C) (1-visit every 2-yrs)	
☐ \$2,825.93 \$3,767.91 \$4,144.70	Anthem/PPO PPO Standard 2006	\$1,500 / \$4,500	\$3,000+C / \$6,000+C	[80% 20%]	\$25 copay \$40 copay	\$10 \$30 \$50	(D) then Co-Ins	(D) then Co-Ins	\$125(C); then Co-Ins	(D) then Co-Ins	No Coverage	
☐ \$2,829.88 \$3,773.17 \$4,150.49	Anthem/PPO PPO \$30 Copay	\$500 / \$1,000 (A)	\$3,500+D+C / \$7,000+D+C	[80% 20%]	\$30 copay \$30 copay	\$15 \$30 \$50 30%	(D) + Co-Ins	(D) + Co-Ins	(D) + Co-Ins	(D) + Co-Ins	Separate Rider	
☐ \$2,847.10 \$3,796.13 \$4,175.74	PacificCare/PPO PPO Standard 2006	\$1,500 / \$4,500	\$3,000+(C) / \$6,000+(C)	[80% 20%]	\$25 copay \$40 copay	\$10 \$30 \$50	(D) then Co-Ins	(D) then Co-Ins	\$125(C); then Co-Ins	(D) then Co-Ins	No Coverage	
☐ \$2,899.64 \$3,866.18 \$4,252.80	RMHP/PPO PPO 500 80	\$500 (I) / \$1,000 (A)(I)	\$3,000+(D) / \$6,000+(D)	[80% 20%]	\$15 copay (N) \$30 copay (N)	\$15 \$40 \$55	(D) then Co-Ins	(D) then Co-Ins	\$150 (C)(N)(W)	(D) then Co-Ins	Annual Screen: \$15 (C)(N)	
☐ \$2,907.14 \$3,876.19 \$4,263.81	PacificCare/PPO PPO (Plan F58P) 20/80-60/1000	1000 / 2000	\$2,000+(C)(D) / \$4,000+(C)(D)	[80% 20%]	\$20 copay \$20 copay	\$10 \$30 \$50	(D) then Co-Ins; +\$250 w/o pre-auth	(D) then Co-Ins; +\$250 w/o pre-auth	\$150 (C) then Co-Ins (N)(W)	(D) then 30% Co-Ins	Separate Rider	
☐ \$2,929.66 \$3,906.21 \$4,296.83	PacificCare/PPO PPO (Plan 52LS) 80-50/1500	1500 / 3000	\$3,000+(C)(D) / \$6,000+(C)(D)	[80% 20%]	\$0 to SDA max; then (D)+Co-Ins \$0 to SDA max; then (D)+Co-Ins	\$10 \$30 \$50	(D) then Co-Ins; +\$250 w/o pre-auth	(D) then Co-Ins; +\$250 w/o pre-auth	\$200 (C) then Co-Ins (N)(W)	(D) then 30% Co-Ins	\$0 to SDA max; then (D)+Co-Ins	
☐ \$2,939.57 \$3,919.43 \$4,311.37	United HealthCare/POS Choice Plus Balanced Plan 1A-V	\$1000 / \$3000	\$2,500+(C) / \$5,000+(C)	[80% 20%]	\$20 copay \$20 copay	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	\$100 copay	(D) then Co-Ins	\$20 (C) (1-visit every 2-yrs)	

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HEALTH PLAN SUMMARY - IN NETWORK ONLY											
(A)=Aggregate, (C)=Copay, (D)=Deductible, (N)=Not Subject to Deductible, (W)=Waived if Admitted Amounts shown are the employee's costs based on service provided.											
Premium @ 75% @ 100% @ 110%	Carrier/Type Plan Name	INDIVIDUAL / FAMILY		INDIVIDUAL EMPLOYEE							
		Annual Deductible	Annual Maximum	Co-Insurance Carrier/Employee	Office Visit Routine/Spec	Prescription Drug	Inpatient Hospital	Outpatient Surgery	Emergency Care	Ambulance (Ground)	Vision Care
<input type="checkbox"/> \$2,955.51 \$3,940.68 \$4,334.75	RMHP/HMO HMO 500 90	500 / \$1,000 (A)	\$3,000+(D) / \$6,000+(D)	[90% 10%]	\$15 copay (N) \$30 copay (N)	\$15 \$40 \$55	(D) then Co-Ins	(D) then Co-Ins	\$150 copay (N)(W)	(D) then Co-Ins	Annual Screen: \$15 (C)
<input type="checkbox"/> \$2,956.70 \$3,942.26 \$4,336.49	RMHP/PPO PPO Standard 2006	\$1,500 / \$4,500	\$3,000+(C) / \$6,000+(C)	[80% 20%]	\$25 copay \$40 copay	\$10 \$30 \$50	(D) then Co-Ins	(D) then Co-Ins	\$125(C); then Co-Ins	(D) then Co-Ins	No Coverage
<input type="checkbox"/> \$2,975.25 \$3,967.00 \$4,363.70	Aetna/PPO MC 500 90/60 15/30	\$500 / \$1000	\$2,000+(C)(D) / \$4,000+(C)(D)	[90% 10%]	\$15 copay (N) \$30 copay (N)	\$15 \$30 \$50	(D) then Co-Ins	(D) then Co-Ins	\$250 copay (W)	(D) then Co-Ins	Separate Rider
<input type="checkbox"/> \$2,979.21 \$3,972.28 \$4,369.51	PacifiCare/PPO PPO Plan F89P 80-60/1000	\$1,000 / \$2,000	\$2,000+ (D)+(C) / \$4,000+ (D)+(C)	[80% 20%]	\$20 copay \$20 copay	\$10 \$30 \$50	(D) then Co-Ins; +\$250 w/o pre-auth	(D) then Co-Ins; +\$250 w/o pre-auth	\$150 (C) then Co-Ins (N)(W)	(D) then 30% Co-Ins	Separate Rider
<input type="checkbox"/> \$2,995.16 \$3,993.54 \$4,392.89	RMHP/PPO PPO 500 90	500 / \$1,000 (A)	\$3,000+(D) / \$6,000+(D)	[90% 10%]	\$15 copay (N) \$30 copay (N)	\$15 \$40 \$55	(D) then Co-Ins	(D) then Co-Ins	\$150 (C)(N)(W)	(D) then Co-Ins	Annual Screen: \$15 (C)(N)
<input type="checkbox"/> \$3,011.07 \$4,014.76 \$4,416.24	United HealthCare/PPO PPO Standard 2006	\$1,500 / \$4,500	\$3,000+(C) / \$6,000+(C)	[80% 20%]	\$25 copay \$40 copay	\$10 \$30 \$50	(D) then Co-Ins	(D) then Co-Ins	\$125(C); then Co-Ins	(D) then Co-Ins	No Coverage
<input type="checkbox"/> \$3,121.02 \$4,161.36 \$4,577.50	United HealthCare/POS Choice Plus Balanced Plan 1A-R	\$1000 / \$3000	\$2,500+(C) / \$5,000+(C)	[90% 10%]	\$20 copay \$20 copay	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	\$100 copay	(D) then Co-Ins	\$20 (C); (1-visit every 2-yrs)
<input type="checkbox"/> \$3,125.94 \$4,167.92 \$4,584.71	United HealthCare/POS Choice Plus Consumer Plan 1A-K	\$1000 / \$3000	\$1,000+(C) / \$3,000+(C)	[100% 0%]	(D) only (D) only	\$10 \$30 \$50 \$250	(D) only	(D) only	(D) only	(D) only	(D) only; (1-visit every 2-yrs)
<input type="checkbox"/> \$3,151.57 \$4,202.09 \$4,622.30	United HealthCare/POS Choice Plus Traditional Plan 1A-O	\$500 / \$1,500 (A)	\$2,000+(C) / \$4,000 (A)+(C)	[80% 20%]	\$20 copay \$35 copay	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	\$100 copay	(D) then Co-Ins	\$20 (C); (1-visit every 2-yrs)
<input type="checkbox"/> \$3,190.17 \$4,253.56 \$4,678.92	United HealthCare/POS Choice Plus Balanced 100 Plan 1A-M	\$1,000 / \$3,000 (A)	\$1,000+(C) / \$3,000 (A)+(C)	[100% 0%]	\$20 copay \$35 copay	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	\$100 copay	(D) then Co-Ins	\$20 (C) (1-visit every 2-yrs)
<input type="checkbox"/> \$3,192.25 \$4,256.33 \$4,681.96	PacifiCare/PPO PPO Plan (F57P 120/80-60/500	500 / 1000	\$2,000+(C)(D) / \$4,000+(C)(D)	[80% 20%]	\$20 copay \$20 copay	\$10 \$30 \$50	(D) then Co-Ins; +\$250 w/o pre-auth	(D) then Co-Ins; +\$250 w/o pre-auth	\$150 (C) then Co-Ins (N)(W)	(D) then 30% Co-Ins	Separate Rider

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Premium @ 75% @ 100% @ 110%	Carrier/Type Plan Name	INDIVIDUAL / FAMILY		INDIVIDUAL EMPLOYEE								
		Annual Deductible	Annual Maximum	Co-Insurance Carrier/Employee	Office Visit Routine/Spec	Prescription Drug	Inpatient Hospital	Outpatient Surgery	Emergency Care	Ambulance (Ground)	Vision Care	
<input type="checkbox"/> \$3,197.74 <u>\$4,263.65</u> \$4,690.02	United HealthCare/POS Choice Plus Traditional Plan TA-N	\$500 / \$1500	\$2,000+(C) / \$4,000+(C)	[80% 20%]	\$20 copay \$20 copay	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	\$100 copay	(D) then Co-Ins	\$20 (C) (1-visit every 2-yrs)	
<input type="checkbox"/> \$3,235.97 <u>\$4,314.62</u> \$4,746.08	United HealthCare/POS Choice Plus Balanced 100 Plan M1-M	\$1000 / \$3000	\$1,000+(C) / \$3,000+(C)	[100% 0%]	\$20 copay \$20 copay	\$10 \$30 \$50 \$250	(D) only	(D) only	\$100 copay	(D) only	\$20 (C) (1-visit every 2-yrs)	
<input type="checkbox"/> \$3,275.32 <u>\$4,367.09</u> \$4,803.80	United HealthCare/POS Choice Plus Traditional Plan L2-C	\$500 / \$1500	\$2,000+(C) / \$4,000+(C)	[90% 10%]	\$20 copay \$20 copay	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	\$100 copay	(D) then Co-Ins	\$20 (C) (1-visit every 2-yrs)	
<input type="checkbox"/> \$3,305.53 <u>\$4,407.37</u> \$4,848.11	United HealthCare/POS Choice Plus Traditional Plan TA-J	\$250 / \$750	\$1,500+(C) / \$3,000+(C)	[80% 20%]	\$20 copay \$20 copay	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	\$100 copay	(D) then Co-Ins	\$20 (C); (1-visit every 2-yrs)	
<input type="checkbox"/> \$3,381.17 <u>\$4,508.22</u> \$4,959.04	United HealthCare/POS Choice Plus Traditional Plan 1A-G	\$250 / \$750	\$1,500+(C) / \$3,000+(C)	[90% 10%]	\$20 copay \$20 copay	\$10 \$30 \$50 \$250	(D) then Co-Ins	(D) then Co-Ins	\$100 copay	(D) then Co-Ins	\$20 (C) (1-visit every 2-yrs)	
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Premium @ 75% @ 100% @ 110%	Carrier/Type Plan Name	INDIVIDUAL / FAMILY		INDIVIDUAL EMPLOYEE							
		Annual Deductible	Annual Maximum	Co-Insurance <small>Carrier/Employee</small>	Office Visit <small>Routine/Spec</small>	Prescription Drug	Inpatient Hospital	Outpatient Surgery	Emergency Care	Ambulance <small>(Ground)</small>	Vision Care
Premium Unavailable	Aetna/PPO HSA PPO Plan 7	2250 / 4500	2500 / 5000	[90% 10%]	(D) then Co-Ins (D) then Co-Ins	\$20 \$30 \$50	(D) then Co-Ins	(D) then Co-Ins	(D) then Co-Ins (W)	(D) then Co-Ins	Separate Rider
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