

Weiss Associates

Employee Monthly Dental & Vision Rates 12/1/2024

MetLife Dental	
Employee Only	\$5.86
Employee+Spouse(DP)	\$34.86
Employee+Child(ren)	\$40.44
Employee+Family	\$75.85

MetLife/VSP Vision	
Employee Only	\$0.96
Employee+Spouse(DP)	\$5.78
Employee+Child(ren)	\$4.31
Employee+Family	\$9.59

Table Rates

Anthem Blue Cross
Gold HMO 35 9B2J
94710 (Alameda)

ER Contribution 90%
Employee Coverage

ER Contribution 50%
Dependent Coverage

Age Band	EE Share	EE Share
0-14	47.34	236.71
15-15	51.55	257.75
16-16	53.16	265.79
17-17	54.77	273.84
18-18	56.50	282.50
19-19	58.23	291.17
20-20	60.03	300.14
21-21	61.88	309.42
22-22	61.88	309.42
23-23	61.88	309.42
24-24	61.88	309.42
25-25	62.13	310.66
26-26	63.37	316.85
27-27	64.85	324.27
28-28	67.27	336.34
29-29	69.25	346.24
30-30	70.24	351.19
31-31	71.72	358.62
32-32	73.21	366.05
33-33	74.14	370.69
34-34	75.13	375.64
35-35	75.62	378.11
36-36	76.12	380.59
37-37	76.61	383.06
38-38	77.11	385.54
39-39	78.10	390.49
40-40	79.09	395.44
41-41	80.57	402.87
42-42	82.00	409.98
43-43	83.98	419.89
44-44	86.45	432.26
45-45	89.36	446.80
46-46	92.83	464.13
47-47	96.73	483.63
48-48	101.18	505.90
49-49	105.57	527.87
50-50	110.53	552.63
51-51	115.41	577.07
52-52	120.80	603.99

53-53	126.24	631.22
54-54	132.12	660.61
55-55	138.00	690.01
56-56	144.38	721.88
57-57	150.81	754.06
58-58	157.68	788.40
59-59	161.08	805.42
60-60	167.95	839.77
61-61	173.89	869.47
62-62	177.79	888.97
63-63	182.68	913.41
64-99	185.65	928.26

Table Rates

**Anthem Blue Cross
Bronze PPO 6000/45% w/HSA PrevRx 9KGF
94710 (Alameda)**

ER Contribution 90% ER Contribution 50%

Employee Coverage		Dependent Coverage
Age Band	EE Share	EE Share
0-14	35.78	178.90
15-15	38.96	194.80
16-16	40.18	200.88
17-17	41.39	206.96
18-18	42.70	213.51
19-19	44.01	220.06
20-20	45.37	226.84
21-21	46.77	233.86
22-22	46.77	233.86
23-23	46.77	233.86
24-24	46.77	233.86
25-25	46.96	234.79
26-26	47.89	239.47
27-27	49.02	245.08
28-28	50.84	254.20
29-29	52.34	261.69
30-30	53.09	265.43
31-31	54.21	271.04
32-32	55.33	276.65
33-33	56.03	280.16
34-34	56.78	283.90
35-35	57.15	285.77
36-36	57.53	287.64
37-37	57.90	289.51
38-38	58.28	291.39
39-39	59.03	295.13
40-40	59.77	298.87
41-41	60.90	304.48
42-42	61.97	309.86
43-43	63.47	317.34
44-44	65.34	326.70
45-45	67.54	337.69
46-46	70.16	350.79
47-47	73.10	365.52
48-48	76.47	382.36
49-49	79.79	398.96
50-50	83.53	417.67
51-51	87.23	436.14
52-52	91.30	456.49
53-53	95.41	477.07
54-54	99.86	499.28
55-55	104.30	521.50
56-56	109.12	545.59
57-57	113.98	569.91
58-58	119.17	595.87
59-59	121.75	608.73

60-60	126.94	634.68
61-61	131.43	657.14
62-62	134.37	671.87
63-63	138.07	690.34
64-99	140.31	701.57

Table Rates

Anthem Blue Cross Silver PPO HSA/H 2100/3200/4200 30% PrevRx 9B29/9B35 94710 (Alameda)		
	ER Contribution 90% Employee Coverage	ER Contribution 50% Dependent Coverage
Age Band	EE Share	EE Share
0-14	38.86	194.29
15-15	42.31	211.56
16-16	43.63	218.16

17-17	44.95	224.76
18-18	46.37	231.87
19-19	47.80	238.98
20-20	49.27	246.35
21-21	50.79	253.97
22-22	50.79	253.97
23-23	50.79	253.97
24-24	50.79	253.97
25-25	51.00	254.98
26-26	52.01	260.06
27-27	53.23	266.16
28-28	55.21	276.06
29-29	56.84	284.19
30-30	57.65	288.25
31-31	58.87	294.35
32-32	60.09	300.44
33-33	60.85	304.25
34-34	61.66	308.32
35-35	62.07	310.35
36-36	62.48	312.38
37-37	62.88	314.41
38-38	63.29	316.44
39-39	64.10	320.51
40-40	64.91	324.57
41-41	66.13	330.66
42-42	67.30	336.51
43-43	68.93	344.63
44-44	70.96	354.79
45-45	73.35	366.73
46-46	76.19	380.95
47-47	79.39	396.95
48-48	83.05	415.24
49-49	86.65	433.27
50-50	90.72	453.58
51-51	94.73	473.65
52-52	99.15	495.74
53-53	103.62	518.09
54-54	108.44	542.22
55-55	113.27	566.34
56-56	118.50	592.50
57-57	123.78	618.92
58-58	129.42	647.11
59-59	132.21	661.07
60-60	137.85	689.26
61-61	142.73	713.64
62-62	145.93	729.64
63-63	149.94	749.71
64-99	152.38	761.90

Table Rates

Kaiser Gold 80 HMO 250/35 + Child Dental 94710 (Alameda)		
	ER Contribution 90% Employee Coverage	ER Contribution 50% Dependent Coverage
Age Band	EE Share	EE Share
0-14	37.53	187.65
15-15	40.74	203.70
16-16	41.97	209.84
17-17	43.19	215.97
18-18	44.52	222.58
19-19	44.41	222.05
20-20	45.78	228.89
21-21	47.19	235.97
22-22	47.19	235.97

23-23	47.19	235.97
24-24	47.19	235.97
25-25	47.38	236.92
26-26	48.33	241.64
27-27	49.46	247.30
28-28	51.30	256.50
29-29	52.81	264.05
30-30	53.57	267.83
31-31	54.70	273.49
32-32	55.83	279.16
33-33	56.54	282.69
34-34	57.29	286.47
35-35	57.67	288.36
36-36	58.05	290.25
37-37	58.43	292.13
38-38	58.80	294.02
39-39	59.56	297.80
40-40	60.31	301.57
41-41	61.45	307.24
42-42	62.53	312.66
43-43	64.04	320.21
44-44	65.93	329.65
45-45	68.15	340.74
46-46	70.79	353.96
47-47	73.76	368.82
48-48	77.16	385.81
49-49	80.51	402.57
50-50	84.29	421.45
51-51	88.02	440.09
52-52	92.12	460.62
53-53	96.28	481.38
54-54	100.76	503.80
55-55	105.24	526.22
56-56	110.10	550.52
57-57	115.01	575.06
58-58	120.25	601.25
59-59	122.85	614.23
60-60	128.09	640.43
61-61	132.62	663.08
62-62	135.59	677.94
63-63	139.32	696.59
64-99	141.58	707.91

Table Rates

Kaiser

Silver 70 HDHP HMO 2850/25% + Child Dental

94710 (Alameda)		
	ER Contribution 90% Employee Coverage	ER Contribution 50% Dependent Coverage
Age Band	EE Share	EE Share
0-14	28.61	143.07
15-15	31.03	155.15
16-16	31.95	159.77
17-17	32.88	164.39
18-18	33.87	169.36
19-19	33.44	167.20
20-20	34.47	172.36
21-21	35.54	177.69
22-22	35.54	177.69
23-23	35.54	177.69
24-24	35.54	177.69
25-25	35.68	178.40
26-26	36.39	181.95
27-27	37.24	186.22

28-28	38.63	193.15
29-29	39.77	198.83
30-30	40.33	201.67
31-31	41.19	205.94
32-32	42.04	210.20
33-33	42.57	212.87
34-34	43.14	215.71
35-35	43.43	217.13
36-36	43.71	218.55
37-37	44.00	219.98
38-38	44.28	221.40
39-39	44.85	224.24
40-40	45.42	227.08
41-41	46.27	231.35
42-42	47.09	235.43
43-43	48.22	241.12
44-44	49.65	248.23
45-45	51.32	256.58
46-46	53.31	266.53
47-47	55.54	277.72
48-48	58.10	290.52
49-49	60.63	303.13
50-50	63.47	317.35
51-51	66.28	331.38
52-52	69.37	346.84
53-53	72.50	362.48
54-54	75.87	379.36
55-55	79.25	396.24
56-56	82.91	414.54
57-57	86.60	433.02
58-58	90.55	452.74
59-59	92.50	462.51
60-60	96.45	482.24
61-61	99.86	499.30
62-62	102.10	510.49
63-63	104.91	524.53
64-99	106.61	533.06

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Footnotes

Footnotes

Anthem Blue Cross

* All Medical and Dental Plans and Rates are subject to Regulatory Review and/or Approval.

* Employers are responsible for sending an electronic or printed copy of the summary of benefits and coverage (also called an "SBC") to plan participants and beneficiaries. To access your groups SBC's, go to <https://sbc.anthem.com/>.

* This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits. This summary of benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).

* The Anthem Blue Cross medical and dental premiums displayed in this proposal are based on the census information provided and the zip code rating region designations in Health Connects' system. Some zip codes may have a dual county rating region. Health Connect has defaulted these zip codes to the most populous county. However, once Anthem Blue Cross receives the enrollment the county may be updated based on the physical address. To improve the accuracy of this proposal, insure the correct rating region designation is noted for the Employer. Rating regions can be referenced in the rate guide Final rates are set by Anthem Blue Cross.

* New Hire rates are based on the employee's age as of his/her coverage effective date. If this is a "New Hire" quote, please make the necessary changes in your census to reflect the true age of the new employee.

Kaiser

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

* Actual rates may be lower if a less expensive default rating area is applied to the group.

* The Kaiser Permanente medical and dental premiums displayed in this proposal are based on the census information provided and the zip code rating region designations in HealthConnect's system. Some zip codes may have a dual county rating region. HealthConnect has defaulted these zip codes to the most populous county. However, once Kaiser Permanente receives the enrollment the county may be updated based on the physical address. To improve the accuracy of this proposal, insure the correct rating region designation is noted for each quoted subscriber.

* Employees who live outside the Kaiser Permanente service area are not eligible for coverage unless the employer is located in the Kaiser Permanente service area. If an employer is located outside the Kaiser Permanente service area, then only the employees who live in the service area are eligible for coverage. Employees must meet all qualification requirements to be eligible to enroll.

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Bryan Wong

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Acrisure West Region - Moraga

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