

## INDIVIDUAL INSURANCE PROPOSAL

### PREPARED FOR

Mark Corrigan

### PRESENTED BY

MICHAEL MENDONCA

(949) 831-0645

License No. 0716839

These rates were quoted for the proposed effective date of **May 1, 2009**. If another effective date is selected or you are requesting an effective date more than 30 days in advance, please confirm the rates quoted.

We have endeavored to provide you with an accurate proposal based on the information given to us. Although we believe the rate and benefit information to be correct, please keep in mind that final rates and benefits are based upon actual enrollment and must be approved by the Insurance Carrier. We assume no liability for any rate differences and ask that you advise your client not to cancel their prior coverage until final rating information and underwriting approval has been received from the carrier. This proposal is a summary of plan benefits. For complete benefit details, refer to the Master Contract or Benefit Booklet.

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Corrigan, Mark

**QUOTE REPORT**

**INDIVIDUAL**

Corrigan, Mark  
EL CAJON, CA 92020  
SAN DIEGO COUNTY

Personal Information:

Sex: MALE      Age: 58      DOB: 11/15/50  
Spouse: NO      Age: ---      DOB: ---  
Children: 0

**BROKER**

**(Code: 36099)**

MICHAEL MENDONCA  
111 BRIARWOOD LN  
ALISO VIEJO, CA 92656  
Phone: (949) 831-0645  
Fax: (949) 716-7397

**PROPOSED INSURED INFORMATION**

Nature of Business	*
S.I.C. Code	0014 UNEMPLOYED
Nature of Business (Spouse)	---

**BENEFIT INFORMATION**

Deductible Range for Quote	\$0 TO \$5000
Maternity Premium Calculated in Quote Total	YES
Supplemental Accident Insurance Calculated in Quote Total	NO

**GENERAL HEALTH INFORMATION**

Any Known Pregnancies	NO
Any Serious Health Conditions	NO

**Requested Effective Date: May 1, 2009**

Quote 40709B

April 20, 2009

HMO PLANS By CARRIER

		PREMIUMS	DR VISIT	HOSPITAL ①				MATERNITY		PRESCRIPTION DRUGS		
CARRIER PLAN NAME	PREM RANK	BASIC PREMIUMS	COPAY	COPAY	CO INS	EMER ROOM	MAXIMUM OUT OF POCKET	INCLUDED	SEPARATE DEDUCTIBLE	GENERIC	FORMULARY BRAND	NON FORMULARY
<b>ANTHEM BLUE CROSS</b>												
SELECT HMO	46	\$548	\$ 25	\$250/DAY	100%	80%	\$ 3,000	YES	NA	\$ 10	\$ 30 <sup>②</sup>	③
HMO SAVER	50	\$617	\$ 10	\$1,500 DED	80%	\$ 100	\$ 3,000 <sup>④</sup>	YES	NA	\$ 10	\$ 30 <sup>③</sup>	③
INDIVIDUAL HMO	58	\$745	\$ 10	NONE	80%	\$ 100	\$ 3,000 <sup>④</sup>	YES	NA	\$ 10	\$ 30 <sup>③</sup>	③
<b>BLUE SHIELD</b>												
ACCESS+ VALUE	43	\$535	\$ 35 <sup>⑤</sup>	NONE	60%	\$ 150	\$ 4,000 <sup>④</sup>	YES	NA	\$ 10	\$ 35 <sup>③</sup>	③
ACCESS+ HMO	52	\$675	\$ 20 <sup>⑤</sup>	\$250	100% <sup>⑥</sup>	\$ 75	\$ 3,000 <sup>④</sup>	YES	NA	\$ 10	\$ 35 <sup>③</sup>	③
<b>HEALTH NET</b>												
HMO 40	49	\$612	\$ 40	\$1,500 DED	100%	\$ 100	\$ 3,000 <sup>④</sup>	YES	NA	\$ 15 <sup>③</sup>	\$ 25 <sup>③</sup>	\$ 50 <sup>③</sup>
HMO 15	61	\$855	\$ 15	\$1,000 DED	100%	\$ 75	\$ 3,000 <sup>④</sup>	YES	NA	\$ 15 <sup>③</sup>	\$ 25 <sup>③</sup>	\$ 50 <sup>③</sup>
<b>PACIFICARE</b>												
HMO 35/50	54	\$702	\$ 35	NONE	50%	\$ 100	\$ 5,000	YES	NA	\$ 20	\$ 35	
HMO 35	56	\$739	\$ 35	NONE	70%	\$ 100	\$ 5,000	YES	NA	\$ 20	\$ 35	③
HMO 20	63	\$941	\$ 20 <sup>⑦</sup>	NONE	80%	\$ 100	\$ 2,500	YES	NA	\$ 20	\$ 35	③
HMO 10	64	\$1,082	\$ 10 <sup>⑦</sup>	\$250-4DAYS	100%	\$ 100	\$ 2,500	YES	NA	\$ 10	\$ 35	③

- ① Hospital coinsurance included in calendar year maximum out-of-pocket.
- ② Copay is after \$250 deductible and the deductible does not apply to the out of pocket maximum.
- ③ Call your Sales Rep for important details.
- ④ Out-of-Pocket Maximum includes deductible.
- ⑤ Plan has a \$2,000 individual and \$4,000 family calendar year deductible.
- ⑥ Plan has separate inpatient copay/ deductible.
- ⑦ Copay shown is for Non-Specialist visits only. Specialist office visits have higher co-payments.

SUMMARY OF PPO PLANS

		PREMIUMS	DEDUCTIBLE		COINSURANCE / COPAY			MAXIMUM OUT OF POCKET		MATERNITY		PRESCRIPTION DRUGS		
CARRIER PLAN NAME	PREM RANK	BASIC	PPO DED	NON PPO DED	PPO DR VISIT	PPO HOSP	NON PPO ①	PPO	NON PPO	INCLUDED	SEPARATE DEDUCTIBLE	GENERIC	FORMULARY BRAND	NON FORMULARY
<b>AETNA</b>														
FIRST DOLR 40	9	\$303	\$ 0	\$7,000	\$ 40	60%	50%-LFS	\$12,500	\$12,500	NO	NA	\$ 20	②	②
FIRST DOLR 30	28	\$399	\$ 0	\$5,000	\$ 30	70%	50%-LFS	\$ 7,500	\$12,500	NO	NA	\$ 15 <sup>③</sup>	\$ 40 <sup>②</sup>	\$ 60 <sup>②</sup>
MC VALUE 1500	6	\$273	\$1,500	\$3,000	75%	75%	50%-LFS	\$ 5,000	\$10,000	NO	NA	\$ 20 <sup>③</sup>	\$ 40 <sup>②</sup>	②
MC VALUE 2500	4	\$226	\$2,500	\$5,000	\$ 40 <sup>②</sup>	60%	50%-LFS	\$ 7,500	\$10,000	NO	NA	\$ 20 <sup>③</sup>	\$ 40 <sup>②</sup>	②
MC 2500	14	\$309	\$2,500	\$5,000	\$ 30	70%	50%-LFS	\$ 7,000	\$12,500	NO	NA	\$ 15 <sup>③</sup>	\$ 35 <sup>②</sup>	\$ 50 <sup>②</sup>
HSA 3000	7	\$278	\$3,000	\$6,000	\$ 0	100%	50%-LFS	\$ 3,000	\$12,500	NO	NA	100% <sup>②</sup>	100% <sup>②</sup>	100% <sup>②</sup>
MC VALUE 5000	2	\$197	\$5,000	\$10,000	70%	70%	50%-LFS	\$10,000	\$12,500	NO	NA	\$ 20 <sup>③</sup>	\$ 40 <sup>②</sup>	②
MC 5000	3	\$209	\$5,000	\$10,000	\$ 40	70%	50%-LFS	\$ 8,000	\$12,500	NO	NA	\$ 15 <sup>③</sup>	\$ 35 <sup>②</sup>	\$ 50 <sup>②</sup>
HSA 5000	5	\$239	\$5,000	\$10,000	\$ 0	100%	50%-LFS	\$ 5,000	\$12,500	NO	NA	100% <sup>②</sup>	100% <sup>②</sup>	100% <sup>②</sup>
<b>ANTHEM BLUE CROSS</b>														
PPO SHARE 500	57	\$744	\$ 500	\$ 500	70% <sup>③</sup>	70%	50%-LFS	\$ 5,000 <sup>④</sup>	\$ 5,000 <sup>④</sup>	YES	NA	\$ 10	\$ 30 <sup>②</sup>	②
PPO SHARE 1000	55	\$716	\$1,000	\$1,000	70% <sup>③</sup>	70%	50%-LFS	\$ 5,000 <sup>④</sup>	\$ 5,000 <sup>④</sup>	YES	NA	\$ 10	\$ 30 <sup>②</sup>	②
PPO SHARE 1500	51	\$645	\$1,500	\$1,500	70% <sup>③</sup>	70%	50%-LFS	\$ 6,000 <sup>④</sup>	\$ 6,000 <sup>④</sup>	YES	NA	\$ 10	\$ 30 <sup>②</sup>	②
PPO SHARE 2500	47	\$555	\$2,500	\$2,500	\$ 35 <sup>③</sup>	70%	50%-LFS	\$ 7,500 <sup>④</sup>	\$ 7,500 <sup>④</sup>	YES	NA	\$ 10	\$ 30 <sup>②</sup>	②
CORE 5000	1	\$193	\$5,000	\$5,000	\$LTD	70%	LFS <sup>⑥</sup>	\$ 7,500 <sup>④</sup>	\$ 7,500 <sup>④</sup>	NO	NA	\$ 10	②	②
PPO SHARE 5000	21	\$365	\$5,000	\$5,000	\$ 40 <sup>③</sup>	70%	50%-LFS	\$ 7,500 <sup>④</sup>	\$ 7,500 <sup>④</sup>	YES	NA	\$ 15	\$ 35 <sup>②</sup>	②
<b>BLUE SHIELD</b>														
VITAL PLUS 400	34	\$442	\$ 400	\$ 400	\$ 30	60%	50%-LFS	\$ 2,900 <sup>④</sup>	\$15,000 <sup>④</sup>	NO	NA	\$ 10	\$ 45	
PPO PLAN 500	65	\$1,238	\$ 500	\$ 500	\$ 30	75%	50%-LFS	\$ 3,500	\$ 7,000	YES	NA	\$ 10 <sup>③</sup>	\$ 35 <sup>②</sup>	\$ 50 <sup>②</sup>
PPO PLAN 750	62	\$897	\$ 750	\$ 750	\$ 35	70%	50%-LFS	\$ 4,000	\$ 8,000	YES	NA	\$ 10 <sup>③</sup>	\$ 35 <sup>②</sup>	\$ 50 <sup>②</sup>
VITAL PLUS 900	25	\$382	\$ 900	\$ 900	\$ 30	60%	50%-LFS	\$ 3,900 <sup>④</sup>	\$15,000 <sup>④</sup>	NO	NA	\$ 10	\$ 45	
BALANCE 1000	33	\$431	\$1,000	\$1,000	\$ 30	70%	50%-LFS	\$ 5,500 <sup>④</sup>	\$ 8,500 <sup>④</sup>	NO	NA	\$ 10 <sup>③</sup>	\$ 35 <sup>②</sup>	\$ 50 <sup>②</sup>
PPO PLAN 1500	59	\$790	\$1,500	\$1,500	\$ 40	70%	50%-LFS	\$ 4,500	\$ 9,000	YES	NA	\$ 10 <sup>③</sup>	\$ 35 <sup>②</sup>	\$ 50 <sup>②</sup>
BALANCE 1700	24	\$376	\$1,700	\$1,700	\$ 30	70%	50%-LFS	\$ 6,500 <sup>④</sup>	\$ 9,500 <sup>④</sup>	NO	NA	\$ 10 <sup>③</sup>	\$ 35 <sup>②</sup>	\$ 50 <sup>②</sup>
SAVGS 1800 HSA	20	\$357	\$1,800 <sup>⑦</sup>	\$1,800 <sup>⑦</sup>	\$ 35	70%	50%-LFS	\$ 5,600 <sup>④</sup>	\$10,000 <sup>④</sup>	NO	NA	\$ 10 <sup>③</sup>	\$ 35 <sup>②</sup>	\$ 50 <sup>②</sup>
PPO PLAN 2000	41	\$523	\$2,000	\$2,000	\$ 45	70%	50%-LFS	\$ 5,000	\$10,000	YES	NA	\$ 10 <sup>③</sup>	\$ 35 <sup>②</sup>	\$ 50 <sup>②</sup>
SAVGS 2400 HSA	31	\$425	\$2,400 <sup>⑦</sup>	\$2,400 <sup>⑦</sup>	\$ 35	70%	50%-LFS	\$ 4,000 <sup>④</sup>	\$ 6,000 <sup>④</sup>	YES	NA	\$ 10 <sup>③</sup>	\$ 35 <sup>②</sup>	\$ 50 <sup>②</sup>
BALANCE 2500	16	\$331	\$2,500	\$2,500	\$ 30	70%	50%-LFS	\$ 7,500 <sup>④</sup>	\$10,500 <sup>④</sup>	NO	NA	\$ 10 <sup>③</sup>	\$ 35 <sup>②</sup>	\$ 50 <sup>②</sup>
VITAL PLS 2900	17	\$336	\$2,900	\$2,900	\$ 30	60%	50%-LFS	\$ 4,900 <sup>④</sup>	\$15,000 <sup>④</sup>	NO	NA	\$ 10	\$ 45	
SAVGS 4000 HSA	13	\$306	\$4,000 <sup>⑦</sup>	\$4,000 <sup>⑦</sup>	100%	100%	50%-LFS	\$ 4,000 <sup>④</sup>	\$ 5,000 <sup>④</sup>	NO	NA	100% <sup>⑧</sup>	100% <sup>⑧</sup>	100% <sup>⑧</sup>
PPO PLAN 5000	11	\$305	\$5,000	\$5,000	\$ 35	70%	50%-LFS	\$ 7,000 <sup>④</sup>	\$10,000 <sup>④</sup>	YES	NA	\$ 10 <sup>③</sup>	\$ 35 <sup>②</sup>	\$ 50 <sup>②</sup>
<b>HEALTH NET</b>														
SIMPLECHOICE15	53	\$679	\$1,500	\$1,500	100%	100%	50%-UCR <sup>⑨</sup>	\$ 1,500 <sup>④</sup>	\$10,000	NO	NA	\$ 5	\$ 35 <sup>⑩</sup>	\$ 50 <sup>⑩</sup>
OPT HSA 2500	27	\$392	\$2,500	\$2,500	100%	100%	50%-UCR <sup>⑨</sup>	\$ 2,500 <sup>④</sup>	\$12,500 <sup>④</sup>	NO	NA	100% <sup>⑧</sup>	100% <sup>⑧</sup>	100% <sup>⑧</sup>
SIMPLECHOICE25	42	\$534	\$2,500	\$2,500	100%	100%	50%-UCR <sup>⑨</sup>	\$ 2,500 <sup>④</sup>	\$10,000	NO	NA	\$ 5	\$ 35 <sup>⑩</sup>	\$ 50 <sup>⑩</sup>

- ① LFS means out-of-network services are paid using a limited fee schedule. UCR means out-of-network services are paid using usual and customary charges.
- ② Call your Sales Rep for important details.
- ③ Plan deductible waived.
- ④ Out-of-Pocket Maximum includes deductible.
- ⑤ No office visit benefit until out-of-pocket maximum is met, then you pay \$0 of negotiated fee.
- ⑥ All charges except \$650 per day.
- ⑦ Family Deductible is 2x individual & must be satisfied before any plan benefits are paid.
- ⑧ Plan deductible applies.
- ⑨ Out-of-Network Inpatient Hospital max allowed is \$600 per day.
- ⑩ \$500 brand deductible.

SUMMARY OF PPO PLANS

		PREMIUMS	DEDUCTIBLE		COINSURANCE / COPAY			MAXIMUM OUT OF POCKET		MATERNITY		PRESCRIPTION DRUGS		
CARRIER PLAN NAME	PREM RANK	BASIC	PPO DED	NON PPO DED	PPO DR VISIT	PPO HOSP	NON PPO ①	PPO	NON PPO	INCLUDED	SEPARATE DEDUCTIBLE	GENERIC	FORMULARY BRAND	NON FORMULARY
<b>HEALTH NET (Cont.)</b>														
SIMPLECHOICE35	40	\$495	\$3,500	\$3,500	100%	100%	50%-UCR <sup>②</sup>	\$ 3,500 <sup>③</sup>	\$10,000	NO	NA	\$ 5	\$ 35 <sup>④</sup>	\$ 50 <sup>④</sup>
SIMPLECHOICE40	45	\$548	\$4,000	\$4,000	100%	100%	50%-UCR <sup>②</sup>	\$ 4,000 <sup>③</sup>	\$10,000	YES	NA	\$ 5	\$ 35 <sup>④</sup>	\$ 50 <sup>④</sup>
OPT HSA 4500	12	\$306	\$4,500	\$4,500	100%	100%	50%-UCR <sup>②</sup>	\$ 4,500 <sup>③</sup>	\$14,500 <sup>③</sup>	NO	NA	100% <sup>⑤</sup>	100% <sup>⑤</sup>	100% <sup>⑤</sup>
SIMPLECHOICE50	38	\$451	\$5,000	\$5,000	100%	100%	50%-UCR <sup>②</sup>	\$ 5,000 <sup>③</sup>	\$10,000	NO	NA	\$ 5	\$ 35 <sup>④</sup>	\$ 50 <sup>④</sup>
<b>HEALTH NET FB</b>														
SAVER 1800 HSA	37	\$445	\$1,800 <sup>⑥</sup>	\$1,800 <sup>⑥</sup>	100%	100% <sup>⑤</sup>	50%-UCR	\$ 0 <sup>⑤</sup>	\$ 6,800 <sup>③</sup>	NO	NA	100% <sup>⑤</sup>	100% <sup>⑤</sup>	100% <sup>⑤</sup>
LIFE2000-GENRX	39	\$489	\$2,000	\$2,000	\$ 20 <sup>⑦</sup>	100% <sup>⑤</sup>	50%-UCR	\$ 0 <sup>⑧</sup>	\$ 7,500 <sup>③</sup>	NO	NA	\$ 10		
LIFESTYLE 2000	44	\$539	\$2,000	\$2,000	\$ 20 <sup>⑦</sup>	100% <sup>⑤</sup>	50%-UCR	\$ 0 <sup>⑧</sup>	\$ 7,500 <sup>③</sup>	NO	NA	\$ 5	\$ 35 <sup>⑨</sup>	50% <sup>⑨</sup>
SAVER 2800 HSA	26	\$389	\$2,800 <sup>⑥</sup>	\$2,800 <sup>⑥</sup>	100%	100% <sup>⑤</sup>	50%-UCR	\$ 0 <sup>⑤</sup>	\$ 7,800 <sup>③</sup>	NO	NA	100% <sup>⑤</sup>	100% <sup>⑤</sup>	100% <sup>⑤</sup>
LIFE3000-GENRX	29	\$401	\$3,000	\$3,000	\$ 30 <sup>⑦</sup>	100% <sup>⑤</sup>	50%-UCR	\$ 0 <sup>⑧</sup>	\$ 7,500 <sup>③</sup>	NO	NA	\$ 10		
LIFESTYLE 3000	36	\$444	\$3,000	\$3,000	\$ 30 <sup>⑦</sup>	100% <sup>⑤</sup>	50%-UCR	\$ 0 <sup>⑧</sup>	\$ 7,500 <sup>③</sup>	NO	NA	\$ 5	\$ 35 <sup>⑨</sup>	50% <sup>⑨</sup>
SAVER 3800 HSA	18	\$343	\$3,800 <sup>⑥</sup>	\$3,800 <sup>⑥</sup>	100%	100% <sup>⑤</sup>	50%-UCR	\$ 0 <sup>⑤</sup>	\$ 8,800 <sup>③</sup>	NO	NA	100% <sup>⑤</sup>	100% <sup>⑤</sup>	100% <sup>⑤</sup>
LIFE4000-GENRX	23	\$374	\$4,000	\$4,000	\$ 40 <sup>⑦</sup>	100% <sup>⑤</sup>	50%-UCR	\$ 0 <sup>⑧</sup>	\$ 7,500 <sup>③</sup>	YES	NA	\$ 10		
LIFESTYLE 4000	30	\$413	\$4,000	\$4,000	\$ 40 <sup>⑦</sup>	100% <sup>⑤</sup>	50%-UCR	\$ 0 <sup>⑧</sup>	\$ 7,500 <sup>③</sup>	YES	NA	\$ 5	\$ 35 <sup>⑨</sup>	50% <sup>⑨</sup>
SAVER 4800 HSA	10	\$305	\$4,800 <sup>⑥</sup>	\$4,800 <sup>⑥</sup>	100%	100% <sup>⑤</sup>	50%-UCR	\$ 0 <sup>⑤</sup>	\$ 9,800 <sup>③</sup>	NO	NA	100% <sup>⑤</sup>	100% <sup>⑤</sup>	100% <sup>⑤</sup>
<b>PACIFICARE</b>														
PPO 500	60	\$831	\$ 500	\$ 500	\$ 40	70%	50%-LFS	\$ 5,000	\$10,000	NO	NA	\$ 15	\$ 35 <sup>⑨</sup>	⑨
PPO 1000	48	\$569	\$1,000	\$1,000	\$ 40	70%	50%-LFS	\$ 5,000	\$10,000	NO	NA	\$ 20	\$ 35 <sup>⑨</sup>	⑨
HSA 1500	35	\$443	\$1,500	\$1,500	\$	100%	50%-LFS	\$ 1,500	\$ 3,000	NO	NA	100% <sup>⑤</sup>	100% <sup>⑤</sup>	⑨
PPO 2000	32	\$427	\$2,000	\$2,000	\$ 40	70%	50%-LFS	\$ 5,000	\$10,000	NO	NA	\$ 20	\$ 35 <sup>⑨</sup>	⑨
HSA 2700	19	\$346	\$2,700	\$2,700	\$	100%	50%-LFS	\$ 2,700	\$ 5,400	NO	NA	100% <sup>⑤</sup>	100% <sup>⑤</sup>	⑨
PPO 3000	22	\$371	\$3,000	\$3,000	\$ 40	70%	50%-LFS	\$ 5,000	\$10,000	NO	NA	\$ 20	\$ 35 <sup>⑨</sup>	⑨
HSA 5000	8	\$284	\$5,000	\$5,000	\$	100%	50%-LFS	\$ 5,000	\$20,000	NO	NA	100% <sup>⑤</sup>	100% <sup>⑤</sup>	⑨
PPO 5000	15	\$321	\$5,000	\$5,000	\$ 40	70%	50%-LFS	\$ 5,000	\$10,000	NO	NA	\$ 20	\$ 35 <sup>⑨</sup>	⑨

① LFS means out-of-network services are paid using a limited fee schedule. UCR means out-of-network services are paid using usual and customary charges.  
 ② Out-of-Network Inpatient Hospital max allowed is \$600 per day.  
 ③ Out-of-Pocket Maximum includes deductible.  
 ④ \$500 brand deductible.  
 ⑤ Plan deductible applies.  
 ⑥ Family Deductible is 2x individual & must be satisfied before any plan benefits are paid.  
 ⑦ 4 PPO doctor office visits per calendar year with a copay, not subject to ded.  
 ⑧ Does not include deductible.  
 ⑨ Call your Sales Rep for important details.

PPO Plans Not Quoted

CARRIER & PLAN NAME	REASON PLAN IS NOT QUOTED
<b>ANTHEM BLUE CROSS</b>	
3500 DED PLAN	PLAN IS NOT AVAILABLE FOR WEB QUOTING
BC SHARE 2500	PLAN IS NOT AVAILABLE FOR WEB QUOTING
BC SHARE 5000	PLAN IS NOT AVAILABLE FOR WEB QUOTING
PPO 3500 HSA	PLAN IS NOT AVAILABLE FOR WEB QUOTING
PPO 40 COMP RX	PLAN IS NOT AVAILABLE FOR WEB QUOTING
PPO 40 GEN RX	PLAN IS NOT AVAILABLE FOR WEB QUOTING
PPO 40-COMP RX	PLAN IS NOT AVAILABLE FOR WEB QUOTING
PPO 40-GENRX	PLAN IS NOT AVAILABLE FOR WEB QUOTING
SMRTSENSE 1500	PLAN IS NOT AVAILABLE FOR WEB QUOTING
SMRTSENSE 2500	PLAN IS NOT AVAILABLE FOR WEB QUOTING
SMRTSENSE 500	PLAN IS NOT AVAILABLE FOR WEB QUOTING
SMRTSENSE 5000	PLAN IS NOT AVAILABLE FOR WEB QUOTING
<b>BLUE SHIELD</b>	
ACT 25 GENRX	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ACT 25 GENRX	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ACT 25 GENRX	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ACT 35 GENRX	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ACT 35 GENRX	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ACT 35 GENRX	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ACTIVE 25	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ACTIVE 25	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ACTIVE 25	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ACTIVE 35	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ACTIVE 35	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ACTIVE 35	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ACTIVE 35	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ESSENTIAL 1750	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ESSENTIAL 1750	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ESSENTIAL 1750	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ESSENTIAL 3000	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ESSENTIAL 3000	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ESSENTIAL 3000	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ESSENTIAL 3000	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ESSENTIAL 4500	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ESSENTIAL 4500	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ESSENTIAL 4500	PLAN IS NOT AVAILABLE FOR WEB QUOTING
ESSENTIAL 4500	PLAN IS NOT AVAILABLE FOR WEB QUOTING
VITAL 2900	PLAN IS NOT AVAILABLE FOR WEB QUOTING
VITAL 2900	PLAN IS NOT AVAILABLE FOR WEB QUOTING
VITAL 2900	PLAN IS NOT AVAILABLE FOR WEB QUOTING
VITAL 900	PLAN IS NOT AVAILABLE FOR WEB QUOTING
<b>HEALTH NET FB</b>	
CFB CLASSIC \$0	PLAN IS NOT AVAILABLE FOR WEB QUOTING
CHC3000-GENRX	PLAN IS NOT AVAILABLE FOR WEB QUOTING
CHOICE 3000	PLAN IS NOT AVAILABLE FOR WEB QUOTING
CLSC \$0-GENRX	PLAN IS NOT AVAILABLE FOR WEB QUOTING
PRIMARY \$6000	\$6000ABOVE REQUESTED DEDUCTIBLE OF \$5000
<b>HEALTH NET</b>	
NETFIRST	PLAN IS NOT AVAILABLE FOR WEB QUOTING
SIMPLEVALUE 30	PLAN IS NOT AVAILABLE FOR WEB QUOTING
SIMPLEVALUE 40	PLAN IS NOT AVAILABLE FOR WEB QUOTING
SIMPLEVALUE 50	PLAN IS NOT AVAILABLE FOR WEB QUOTING
VALUENET	PLAN IS NOT AVAILABLE FOR WEB QUOTING

PPO Plans Not Quoted (Continued)

CARRIER & PLAN NAME	REASON PLAN IS NOT QUOTED
<b>NATIONWIDE HEALTH</b>	
SAVER 1750 HSA	PLAN IS NOT AVAILABLE FOR WEB QUOTING
SAVER 2400 HSA	PLAN IS NOT AVAILABLE FOR WEB QUOTING
SAVER 3600 HSA	PLAN IS NOT AVAILABLE FOR WEB QUOTING

Dental Plans by Carrier

CARRIER PLAN NAME	PREM RANK	PREMIUMS	DEDUCTIBLE & COPAYMENTS <sup>①</sup>								ORTHO COPAY	
		TOTAL BASIC PREM	DED	OFFICE VISIT	CLEANING	X-RAYS	SINGLE AMALGAM	SINGLE ROOT CANAL	PORCELAIN WITH METAL CROWN <sup>①</sup>	WAIT FOR MAJOR	CHILD	ADULT
<b>ANTHEM BLUE CROSS</b>												
SAVER SELECT	3	\$11	NONE	\$ 5	NONE	NONE	\$ 54	\$341	\$432	NONE	\$ 2870	\$ 3045
SELECT HMO	5	\$16	NONE	\$ 5	NONE	NONE	NONE	\$341	\$432	6 MO	\$ 2870	\$ 3045
PREMIER SELECT	8	\$20	NONE	\$ 5	NONE	NONE	NONE	\$341	\$432	6 MO	\$ 2870	\$ 3045
PPO 100 BASIC	9	\$20	\$ 25	100%	100%	100%	80%	NA	50%	NA	NA	NA
PPO 200 ESSENT	13	\$41	\$ 50	100%	100%	100%	\$LFS <sup>②</sup>	\$LFS <sup>②</sup>	\$LFS <sup>②</sup>	12 MO	NA	NA
DENTAL PPO	14	\$46	\$ 50	NONE	NONE	NONE	\$38 <sup>③</sup>	\$154 <sup>③</sup>	\$264 <sup>③</sup>	12 MO	NA	NA
PPO 100 PLUS	16	\$50	\$ 50	100%	100%	100%	80%	50%	80%	6 MO	NA	NA
PPO 200 PLUS	17	\$54	\$ 50	100%	100%	100%	80%	50%	50%	12 MO	NA	NA
<b>BLUE SHIELD</b>												
VALUE SMILE	10	\$21	\$ 25	NONE	NONE	NONE	\$37	NA	NA	NA	NA	NA
SMILE PPO	11	\$40	\$ 50	NONE	NONE	NONE	\$37	\$234	\$320	12 MO	\$2,350	\$2,650
<b>DELTA DENTAL MWG</b>												
DELTA PPO	15	\$47	\$ 50	80% <sup>④</sup>	80% <sup>④</sup>	80% <sup>④</sup>	60% <sup>④</sup>	0% <sup>④</sup>	0% <sup>④</sup>	12 MO <sup>④</sup>	0% <sup>④</sup>	\$ N/A
DELTA PREMIER	18	\$58	\$ 50	80% <sup>④</sup>	80% <sup>④</sup>	80% <sup>④</sup>	60% <sup>④</sup>	0% <sup>④</sup>	0% <sup>④</sup>	12 MO <sup>④</sup>	0% <sup>④</sup>	\$ N/A
<b>FIDELITY SEC.</b>												
THE ONE DENTAL	12	\$40	\$ 50	\$ 10	100%	80%	80%	50%	50%	24 MO	NA	NA
<b>GOLDEN WEST</b>												
SMILECHOICE 1	2	\$ 7	NONE	NONE	\$ 20	NONE	\$33	\$215	\$380	NONE	\$1,795	\$1,795 <sup>⑤</sup>
SMILECHOICE 2	7	\$18	NONE	NONE	NONE	NONE	\$ 8	\$ 80	\$170	6 MO	\$1,795	\$1,795 <sup>⑤</sup>
<b>PACIFICARE DENTAL</b>												
PLAN 160	4	\$16	NONE	NONE	NONE	NONE	\$ 15	\$100	\$165	NONE	\$ 1895	\$ 1895
<b>SMILESAVER DENTAL</b>												
SM 600 SOUTH	1	\$ 7	NONE	NONE	\$ 22	\$ 5	\$36	\$230	\$400	NONE	\$ 2200	\$ 2400
SM 400 SOUTH	6	\$18	NONE	NONE	NONE	\$ 5	\$ 10	\$110	\$190	6 MO	\$ 2000	\$ 2150

① See Plan Brochure for full disclosure of all applicable copayment amounts.

② See Certificate of Coverage

③ This is the amount that the plan pays. The Member is responsible for the portion of the Dentist's fee that is over this amount.

④ Benefits quoted are 1st year only. See plan brochure for 2nd and 3rd year benefit information and online enrollment requirements.

⑤ Some Golden West orthodontic offices limit their practice to children. Please refer to your Golden West Network Directory for more information.