

# Grand Mesa Nephrology

Grand Junction, Mesa County, CO 81506

SIC Code: 1 - No SIC provided

Medical	<b>UnitedHealthcare Charter Direct Silver 30/2000/80% (AK2R 256)</b> Effective Date: 12/1/2017	<b>UnitedHealthcare Navigate HMO Silver 40/3000/70% (AK2D 255)</b> Effective Date: 12/1/2017	<b>UnitedHealthcare Choice Plus Silver 35/2000/60% (AK1H 255)</b> Effective Date: 12/1/2017	<b>UnitedHealthcare Choice Plus Silver 35/3000/60% (AK1B 255)</b> Effective Date: 12/1/2017	<b>UnitedHealthcare Charter HMO Gold 20/1500/80% (AK2F 252)</b> Effective Date: 12/1/2017
Plan Premium:	<b>\$1,652.30</b>	<b>\$1,790.48</b>	<b>\$1,945.59</b>	<b>\$1,954.50</b>	<b>\$2,074.01</b>
<b>DEDUCTIBLE</b>					
Individual	HMO: \$2,000	HMO: \$3,000	PPO: \$2,000	PPO: \$3,000	HMO: \$1,500
Family	HMO: \$4,000 (embedded)	HMO: \$6,000 (embedded)	PPO: \$4,000 (embedded)	PPO: \$6,000 (embedded)	HMO: \$3,000 (embedded)
<b>OUT-OF-POCKET MAX</b>					
Individual	HMO: \$7,150 (includes ded.)	HMO: \$6,000 (includes ded.)	PPO: \$7,150 (includes ded.)	PPO: \$6,000 (includes ded.)	HMO: \$4,500 (includes ded.)
Family	HMO: \$14,300 (embedded, includes ded.)	HMO: \$12,000 (embedded, includes ded.)	PPO: \$14,300 (embedded, includes ded.)	PPO: \$12,000 (embedded, includes ded.)	HMO: \$9,000 (embedded, includes ded.)
<b>PHYSICIAN SERVICES</b>					
Office Visits	HMO: \$30/\$60 (ded. waived)	HMO: \$40/\$80 (ded. waived)	PPO: \$35/\$70 (ded. waived)	PPO: \$35/\$70 (ded. waived)	HMO: \$20/\$40 (ded. waived)
Preventive Care	HMO: 0% (ded. waived)	HMO: 0% (ded. waived)	PPO: 0% (ded. waived)	PPO: 0% (ded. waived)	HMO: 0% (ded. waived)
Diagnostic Lab/X-Ray	HMO: Freestanding/Office: 20% after ded.; OPHosp: \$250 + 20% after ded.	HMO: 30% after ded.	PPO: 40% after ded.	PPO: 40% after ded.	HMO: 0% (ded. waived)
Imaging (CT/PET scans, MRIs)	HMO: Freestanding/Office: 20% after ded.; OPHosp: \$500 + 20% after ded.	HMO: 30% after ded.	PPO: 40% after ded.	PPO: 40% after ded.	HMO: 20% (ded. waived)
Rehabilitation/Habilitation (PT/OT/ST)	HMO: \$30 (ded. waived; 20 visits/therapy)	HMO: \$40 (ded. waived; 20 visits/therapy)	PPO: \$35 (ded. waived; 20 visits/therapy)	PPO: \$35 (ded. waived; 20 visits/therapy)	HMO: \$20 (ded. waived; 20 visits/therapy)
Chiropractic Care	HMO: \$60 (ded. waived; 20 visits/cal. yr.)	HMO: \$80 (ded. waived; 20 visits/cal. yr.)	PPO: \$35 (ded. waived; 20 visits/cal. yr.)	PPO: \$35 (ded. waived; 20 visits/cal. yr.)	HMO: \$40 (ded. waived; 20 visits/cal. yr.)
<b>PRESCRIPTION DRUGS</b>					
Rx	HMO: \$20/\$50/\$100/\$250 (Rx:256)	HMO: \$250/\$500 Ded (2-4); \$15/\$40/\$80/\$250 (Rx:255)	PPO: \$250/\$500 Ded (2-4); \$15/\$40/\$80/\$250 (Rx:255)	PPO: \$250/\$500 Ded (2-4); \$15/\$40/\$80/\$250 (Rx:255)	HMO: \$15/\$35/\$70/\$250 (Rx: 252)
<b>HOSPITAL FACILITY SERVICES</b>					
Inpatient Hospital Services	HMO: \$500 + 20% after ded.	HMO: 30% after ded.	PPO: 40% after ded.	PPO: 40% after ded.	HMO: 20% after ded.
Outpatient Surgery in a Hospital	HMO: \$500 + 20% after ded.	HMO: 30% after ded.	PPO: 40% after ded.	PPO: 40% after ded.	HMO: 20% after ded.
<b>EMERGENCY SERVICES</b>					
Emergency Room	HMO: \$400 + 20% after ded.	HMO: \$400 (ded. waived)	PPO: 40% after ded.	PPO: 40% after ded.	HMO: \$350 (ded. waived)

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

# Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 8/21/2017

Quote Id: 2197-0045

Sorted By: Premium(Ascending)

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Emergency Transport/Ambulance	HMO: 20% after ded.	HMO: 30% after ded.	PPO: 40% after ded.	PPO: 40% after ded.	HMO: 20% after ded.
Urgent Care	HMO: \$75 (ded. waived)	HMO: \$75 (ded. waived)	PPO: \$75 (ded. waived)	PPO: \$75 (ded. waived)	HMO: \$75 (ded. waived)
<b>MENTAL HEALTH/SUBSTANCE USE DISORDER</b>					
Outpatient Services	HMO: \$60 (ded. waived)	HMO: \$80 (ded. waived)	PPO: \$70 (ded. waived)	PPO: \$70 (ded. waived)	HMO: \$40 (ded. waived)
Inpatient Services	HMO: 20% after ded.	HMO: 30% after ded.	PPO: 40% after ded.	PPO: 40% after ded.	HMO: 20% after ded.
<b>MATERNITY</b>					
Prenatal and Postnatal Care	HMO: Based on point of service.	HMO: Based on point of service.	PPO: Based on point of service.	PPO: Based on point of service.	HMO: Based on point of service.
Delivery and All Inpatient Services	HMO: \$500 + 20% after ded.	HMO: 30% after ded.	PPO: 40% after ded.	PPO: 40% after ded.	HMO: 20% after ded.
<b>PEDIATRIC SERVICES (UP TO AGE 19)</b>					
Eye Exam	HMO: \$10 (ded. waived)	HMO: \$10 (ded. waived)	PPO: \$10 (ded. waived)	PPO: \$10 (ded. waived)	HMO: \$10 (ded. waived)
Glasses	HMO: Copay varies by service.	HMO: Copay varies by service.	PPO: Copay varies by service.	PPO: Copay varies by service.	HMO: Copay varies by service.
Dental Check-up	HMO: Pediatric Dental Included: 100/60/50 after Medical ded.	HMO: Pediatric Dental Included: 100/60/50 after Medical ded.	PPO: Pediatric Dental Included: 100/60/50 after Medical ded.	PPO: Pediatric Dental Included: 100/60/50 after Medical ded.	HMO: Pediatric Dental Included: 100/60/50 after Medical ded.

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Employee Name	Age	Tier	Area	EE	Dep	Total	Area	EE	Dep	Total	Area	EE	Dep	Total	Area	EE	Dep	Total	Area	EE	Dep	Total	
Joseph Harawi	38	FA	CO05	407.19	801.64	1,208.83	CO05	441.25	868.68	1,309.93	CO05	479.47	943.93	1,423.40	CO05	481.67	948.25	1,429.92	CO05	511.12	1,006.24	1,517.36	
Michelle Young	43	EE	CO05	443.47	0.00	443.47	CO05	480.55	0.00	480.55	CO05	522.19	0.00	522.19	CO05	524.58	0.00	524.58	CO05	556.65	0.00	556.65	
<b>Totals:</b>					\$850.66	\$801.64	\$1,652.30		\$921.80	\$868.68	\$1,790.48		\$1,001.66	\$943.93	\$1,945.59		\$1,006.25	\$948.25	\$1,954.50		\$1,067.77	\$1,006.24	\$2,074.01

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### Rating Guidelines:

- Rates have not been adjusted for COBRA enrollees.

For more details, please contact your Warner Pacific Sales Executive or Rating Analyst.

· The summary above is meant to be a brief description of plan benefits and features only. This is not a policy. Please consult the contract and/or evidence of coverage and disclosure brochure, either of which is available upon request, for a complete description of benefits, exclusions, limitations and participation requirements. The accuracy of this summary is not guaranteed and the information herein is subject to change without notice. This is not an offer of coverage.

### UnitedHealthcare (CO)

- **ANCILLARY RATES:** Please note that the ancillary rates displayed are intended for NEW BUSINESS ONLY and should not be presented as renewal rates.
- Full Time and Full Time Equivalent (FTE) employee count must be between 1 - 100 in order to quote in small group. Call your Sales Executive for more info.
- **UNITEDHEALTHCARE CO:** Due to slight variations in the data provided by the carrier for this quoting cycle small rounding differences may be observed. Please note that the carrier is working to update their data as quickly as possible. As a courtesy, these quotes are provided as informational only while this issue is being rectified.
- **UNITEDHEALTHCARE CO:** UnitedHealthcare requires that all agents be licensed and appointed with UnitedHealthcare prior to obtaining a quote or representing UnitedHealthcare.

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