

Sample Cleint Renewal Spreadsheet - Allows You to insert different Employer Contributions-Does all the Math for you!

Medical Benefits			United Healthcare Choice Plus 7AF-P (Choice Plus)	
			In Network	Out of Network
Office Visit/Specialist			\$25/\$50	80%*
Wellness			100%	80%*
X-ray/Lab			100%	80%*
MRI, CAT Scan, etc.			100% after deductible	80%*
Eye Exam			\$25 (1 exam/24 months)	80%*
Chiropractic			\$25 (unlimited visits)	80%*
Deductible(Single/Family)			\$1,500/\$4,500	\$3,000/\$9,000
Coinsurance			100%	80%
Out of Pocket Max (Single/Family)			\$1,500/\$4,500	\$6,000/\$12,000
Lifetime Max			Unlimited	
In-patient Hospital			100% after deductible	80%*
Out-patient			100% after deductible	80%*
Emergency Room			\$200 Copay	
Urgent Care			\$75 Copay	80%*
Prescription			\$10/\$35/\$60	
Mental/Nervous & Substance Abuse				
In-patient			100% after deductible	80%*
Out-patient			\$50	80%*
Pre-Existing Wait			None	
Network			United Healthcare	Your Choice
Monthly Premium	Division One	Division Two	Current	
Employee	39	6	\$451.92	
Employee + Spouse	3	0	\$935.47	
Employee + Child	0	2	\$908.36	
Family	0	0	\$1,504.89	
MONTHLY TOTAL	42	8	\$20,431.29	\$4,528.24
ANNUAL TOTAL			\$245,175.48	\$54,338.88
Combined Premium / Percent Change			\$299,514.36	

Medical Benefits			United Healthcare Choice Plus Z3L (Choice Plus)	
			In Network	Out of Network
Office Visit/Specialist			\$20/\$40	50%*
Wellness			100%	50%*
X-ray/Lab			100%	50%*
MRI, CAT Scan, etc.			\$250 copay	50%*
Eye Exam			\$20 (1 exam/24 months)	50%*
Chiropractic			\$40 (unlimited visits)	50%*
Deductible(Single/Family)			\$2,500/\$5,000	\$5,000/\$10,000
Coinsurance			100%	50%
Out of Pocket Max (Single/Family)			\$3,500/\$7,000	\$15,000/\$30,000
Lifetime Max			Unlimited	
In-patient Hospital			100% after deductible	50%*
Out-patient			100% after deductible	50%*
Emergency Room			\$300 Copay	
Urgent Care			\$75 Copay	50%*
Prescription			\$10/\$35/\$60/\$250	
Mental/Nervous & Substance Abuse				
In-patient			100% after deductible	50%*
Out-patient			100%- No Ded	50%*
Pre-Existing Wait			None	
Network			United Healthcare	Your Choice
Monthly Premium	Division One	Division Two	Renewal	
Employee			\$528.75	
Employee + Spouse			\$1,094.51	
Employee + Child			\$1,062.79	
Family			\$1,760.73	
MONTHLY TOTAL			\$23,904.78	\$5,298.08
ANNUAL TOTAL			\$286,857.36	\$63,576.96
Combined Premium / Percent Change			\$350,434.32	17.00%

Monthly Cost	\$13,187.58	\$2,511.92
Annual Cost	\$158,250.96	\$30,143.04
Combined Costs / Percent Change	\$188,394.00	

Monthly Cost	\$13,187.58	\$2,511.92
Annual Cost	\$158,250.96	\$30,143.04
Combined Costs / Percent Change	\$188,394.00	0.00%

Insert # of Deductions		52	Renewal Employer Contributions	Per Payroll Deductions
Employee			\$313.99	\$31.83
Employee & Spouse			\$313.99	\$143.42
Employee & Child (ren)			\$313.99	\$137.16
Family			\$313.99	\$274.82

Renewal Employer Contributions	Per Payroll Deductions
\$313.99	\$49.56
\$313.99	\$180.12
\$313.99	\$172.80
\$313.99	\$333.86

* Subject to Deductible/Coinsurance
 ** MRI's, CAT Scans, & other major Diag. Subject to Ded. & Coins.
 Attached form/spread sheets are for illustration purposes only.
 Please refer to insurance carrier contract for specific details.