

Group Health Insurance Costs

This **sample** (not to be used to select your coverage) spreadsheet shows the most popular insurance companies, two popular plans (i.e., PPO and HMO), the age band for the most common ages, the monthly rates for that age, and plan highlights.

Use this spreadsheet to help you **calculate your company's monthly cost** and help you decide what type of insurance (i.e., PPO or HMO) will meet your budget.

To Calculate:

1. Identify the age band on the left and select the coverage type (i.e., single, spouse, family).
2. Locate the cost for an insurance company and the type of plan (Basic or Standard)
3. Add the costs for your monthly total.

Basic PPO			Standard PPO		
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Age	Coverage	Pacificare	Anthem	Aetna	Pacificare	Anthem	United
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25-29	Single	\$170.60	\$185.44	\$179.90	\$247.81	\$262.57	\$273.35
25-29	Spouse	\$411.82	\$444.07	\$397.68	\$598.20	\$628.78	\$546.70
25-29	Child(ren)	\$361.73	\$405.03	\$408.09	\$525.45	\$573.50	\$582.37
25-29	Family	\$647.81	\$663.67	\$625.87	\$941.00	\$939.71	\$924.08
35-39	Single	\$180.15	\$214.72	\$184.40	\$261.68	\$304.03	\$291.96
35-39	Spouse	\$426.41	\$492.87	\$427.50	\$619.40	\$697.88	\$583.92
35-39	Child(ren)	\$371.28	\$434.31	\$369.81	\$539.32	\$614.96	\$600.98
35-39	Family	\$662.40	\$712.46	\$612.91	\$962.20	\$1,008.81	\$961.30
45-49	Single	\$237.07	\$292.79	\$263.11	\$344.37	\$414.58	\$395.58
45-49	Spouse	\$486.58	\$614.87	\$561.93	\$706.80	\$870.62	\$791.16
45-49	Child(ren)	\$428.21	\$512.39	\$412.07	\$622.01	\$725.51	\$704.60
45-49	Family	\$722.39	\$834.46	\$710.89	\$1,049.34	\$1,181.55	\$1,168.54
55-59	Single	\$400.29	\$424.55	\$393.54	\$581.45	\$601.14	\$630.11
55-59	Spouse	\$776.97	\$849.10	\$780.98	\$1,128.62	\$1,202.28	\$1,260.22
55-59	Child(ren)	\$591.42	\$644.15	\$513.97	\$859.09	\$912.08	\$939.13
55-59	Family	\$1,012.96	\$1,068.70	\$901.41	\$1,471.42	\$1,513.22	\$1,637.60

Plan Highlights:

Office Visit Copay/Specialist
Preventative Care
Outpatient Surgery Copay
Inpatient Hospital Copay
Emer. Room Copay
Prescriptions
Lifetime Maximum
Deductible Individual
Deductible Family
Coinsurance
Out of Network Benefits?
Max Out-of-Pocket / Indiv.
Max Out-of-Pocket / Family

\$30/\$50	\$20/\$35
\$30	\$20
Deductible and Coinsurance	Deductible and Coinsurance
Deductible and Coinsurance	Deductible and Coinsurance
\$200 + 30%	\$75 + 20%
20/40/60	10/30/50
\$2,000,000	\$2000000
\$3,000	\$1,000
\$6,000	\$2,000
30%	20%
Yes	Yes
\$5000+copays	\$2000+copays
\$10,000+copays	\$4000+copays

		Basic HMO			Standard HMO		
Age	Coverage	Kaiser	Anthem	Rocky Mtn	Kaiser	Rocky Mtn	Pacificare
25-29	Single	\$196.74	\$294.11	\$294.49	\$244.61	\$320.83	\$334.94
25-29	Spouse	\$393.48	\$704.31	\$588.99	\$489.22	\$641.65	\$808.54
25-29	Child(ren)	\$442.67	\$642.39	\$647.75	\$550.37	\$705.66	\$710.21
25-29	Family	\$639.41	\$1,052.60	\$942.24	\$794.98	\$1,026.49	\$1,271.87
35-39	Single	\$240.28	\$340.55	\$340.79	\$298.74	\$371.26	\$353.69
35-39	Spouse	\$480.56	\$781.71	\$681.58	\$597.48	\$742.52	\$837.18
35-39	Child(ren)	\$492.57	\$688.83	\$681.58	\$612.42	\$742.52	\$728.96
35-39	Family	\$732.85	\$1,129.99	\$1,022.36	\$911.16	\$1,113.78	\$1,300.52
45-49	Single	\$302.68	\$464.38	\$464.71	\$376.33	\$506.26	\$465.46
45-49	Spouse	\$605.36	\$975.20	\$929.42	\$752.66	\$1,012.52	\$955.32
45-49	Child(ren)	\$559.96	\$812.67	\$813.33	\$696.21	\$886.05	\$840.72
45-49	Family	\$862.64	\$1,323.48	\$1,278.04	\$1,072.54	\$1,392.32	\$1,418.30
55-59	Single	\$472.97	\$673.35	\$674.10	\$588.06	\$734.37	\$785.90
55-59	Spouse	\$945.94	\$1,346.70	\$1,348.19	\$1,176.12	\$1,468.74	\$1,525.46
55-59	Child(ren)	\$709.46	\$1,021.64	\$1,011.32	\$882.09	\$1,101.75	\$1,161.16
55-59	Family	\$1,182.43	\$1,694.99	\$1,685.42	\$1,470.15	\$1,836.12	\$1,988.80

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Max Out-of-Pocket / Family

	\$30/\$50	\$20/\$35
	\$30	\$20
	\$150	\$50
	\$400/day for up to 4 days	\$150/day for up to 4 days
	\$200	\$75
	20/40/60	10/30/50
	None	None
	0	0
	0	0
	0	0
	No	No
	\$5,000	\$2,000
	\$10,000	\$4,500

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