



CA Small Group Quote Request

Email to: ASGQuoteCA@Aetna.com

General Information

Company Name _____
 Corporate Address _____
 Contact / Phone Number _____
 Number of Eligibles _____
 Number of Enrolled _____
 SIC / Industry _____
 Carve out/Spin-Off/Spin-In? Yes No
 Requested Effective Date _____
 Prior Dental Coverage Yes No

Pick A Plan Yes No

Medical Plans

HMO

HMO \$10/\$20 \$10/20 copay, \$0 hospital admit., \$100 ER, \$0 Outpatient Surgery
 HMO \$10/\$30 \$10/30 copay, \$300 hospital admit., \$100 ER, \$250 Outpatient Surgery
 HMO \$20/\$40 \$20/40 copay, \$750 hospital admit., \$100 ER, \$250 Outpatient Surgery
 HMO \$30/\$40 \$30/40 copay, \$1000 hospital admit., \$100 ER, \$250 Outpatient Surgery

Aetna Value Network HMO

AVN HMO \$10/\$20 \$10/20 copay, \$0 hospital admit., \$100 ER, \$0 Outpatient Surgery
 AVN HMO \$15/\$30 \$15/30 copay, \$500 hospital admit., \$100 ER, \$125 Outpatient Surgery
 AVN HMO \$25/\$40 \$25/40 copay, \$1000 hospital admit., \$100 ER, \$250 Outpatient Surgery

EPO

Aetna EPO 90 \$15/30 copay, 10% hospital admit., \$100 copay/10% ER, \$300 Outpatient Surgery
 Aetna EPO 80 \$20/40 copay, 20% hospital admit., \$100 copay/20% ER, \$300 Outpatient Surgery

MC

MC \$250 90/70 \$15 copay In Network, 10% after ded/\$250 copay 30% hospital admit., \$100 copay/10% ER
 MC \$0 90/60 \$10 copay In Network, 10%/\$250 copay 40% hospital admit., \$100 copay/10% ER
 MC \$250 80/60 \$20 copay In Network, 20% after ded/\$250 copay 40% hospital admit., \$100 copay/20% ER
 MC \$500 80/60 \$25 copay In Network, 20% after ded/\$250 copay 40% hospital admit., \$100 copay/20% ER
 MC \$500 80/50 \$30 copay In Network, 50% after ded/50% after ded \$750 max hospital admit., \$100 copay/50% ER
 MC \$1,000 80/50 \$20 copay In Network, 50% after ded/50% after ded \$750 max hospital admit., \$100 copay/50% ER
 MC \$2,000 80/50 \$25 copay In Network, 50% after ded/50% after ded \$750 max hospital admit., \$100 copay/50% ER
 MC HDHP \$2,100 80/50 (HSA) 20% after ded/50% after ded for physician, hospital admit & ER
 MC HDHP \$3,000 80/50 (HSA) 20% after ded/50% after ded for physician, hospital admit & ER
 MC Basic \$20 Copay 3 visit maximum, MAJOR Medical 80% In Network 50% Out of Network

PPO

PPO \$500 90/70 90/70 Coinsurance, \$500 Ded., \$3,000 Coinsurance Limit, \$15/25 OV Copay

Dental Plans

2-50 Enrolled Employees

- DMO 1
- DMO 2
- Freedom-of-Choice 1
- Freedom-of-Choice 2
- PPO 1
- PPO 2
- PPO 3
- PPO 4

DENTAL

DMO Co-Insurance 100/80/50
 DMO Fixed Copay
 DMO Co-Insurance 100/90/60 & PPO Max 100/70/40 \$1000 annual
 DMO Fixed Copay & PPO 100/80/50 \$1000 annual
 PPO Max 100/80/50 \$1500
 Active PPO Plan 100/80/50 \$1500 In Network & 80/60/40 \$1000 Out of Network @ R&C
 Passive PPO 100/80/50 \$1500 annual @ R&C
 Passive PPO 100/80/50 \$2000 annual @ R&C

Life Plans

Flat Amount of Coverage (2-9)

Flat Amount of Coverage (10-50)

Dependent Life Coverage None (Standard)

Contacts

PRODUCER INFORMATION

Broker/Agency _____
 Broker Address _____
 Broker Phone Number _____
 General Agency _____
 General Agent Sales Rep _____