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Marketplace Web Site

Vendor Fair June 28th 2012



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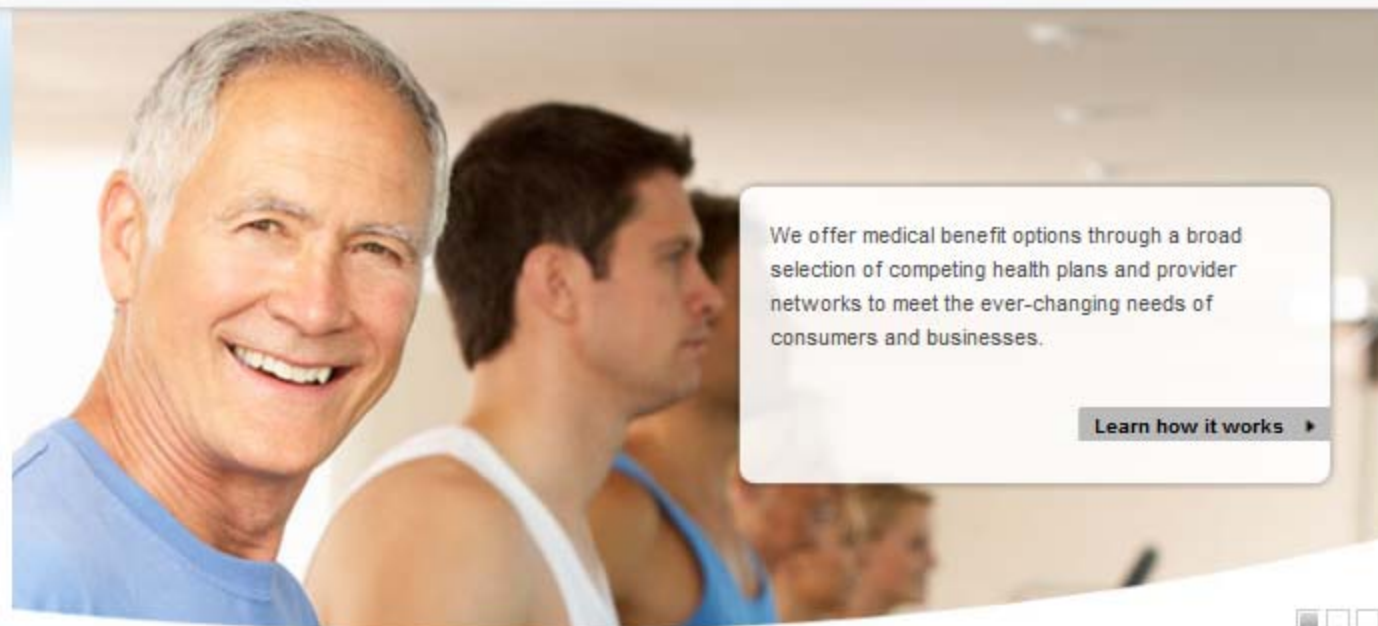
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We offer medical benefit options through a broad selection of competing health plans and provider networks to meet the ever-changing needs of consumers and businesses.

[Learn how it works](#)

Login

Enter Your Username

Enter Your Password



[Remember me](#)

[Forgot password?](#)

Register Now

Sign up to start quoting today!



[Medication Finder](#)



[Physician Finder](#)



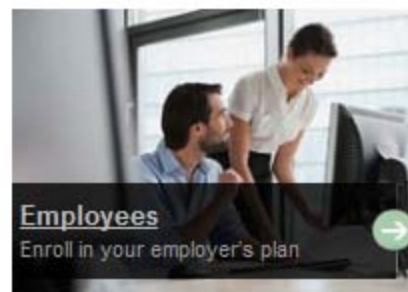
Individuals & Families

Fixed Plans



Employers/Small Business

Get Coverage for your employees



Employees

Enroll in your employer's plan



Brokers/Navigators

Start a quote





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Employer Shop and Compare



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Employers

[Home](#) > [Employers](#)

Hello Guest! [Log In](#) Cart: (0)

SHOP ○ COMPARE ○ APPLY ONLINE

We'll help you compare health insurance options,
understand contributions, and find the right plan for your employees



Employers

Get the Right Plan for Your Business.
Contribute toward a health care plan for
your employees, or give them tax-free
savings to buy a plan on their own.

[Start Enrollment](#)

Already have an account? [Log In](#)

Do you qualify for a Federal Tax Credit?

Your business may qualify for the new Small Business
Health Care Tax Credit created by the national Health Care
Reform law. [Check if you qualify](#)

Want to learn more?

Visit our [Frequently Asked Questions](#) section to get
some answers to your health care questions.



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Employers

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Hello Guest! [Log In](#)  Cart: (0)

Create an Employer Account

Company Name

Jackson County School District

Tax ID*

593749255

Email Address

Admin@jcsd.edu

Password

Confirm Password

Secret Question

What was your childhood nickname?



Answer

[Create account](#)

*Tax ID (EIN; TIN or SSN for sole proprietors, without EIN)

Log In

Email Address

Password

☐ Remember me

[Log In](#)


[Forgot password?](#) [Log In Help](#)

OR



Jackson County School District: Tell us about your group so we can find the right plans for your employees.

Company Details

Company Name	<input type="text" value="Jackson County School District"/>	Type of Business	<input type="text"/>
City	<input type="text" value="Pensacola"/>	State	<input type="text" value="Florida"/>
ZIP Code	<input type="text" value="32501"/>	SIC Code	<input type="text"/>
		SIC Code Lookup	
Coverage Start Date	<input type="text" value="February 1, 2014"/> 	Broker	<input type="text"/>
		Broker Lookup	

Contact Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Business Phone	<input type="text"/>		

Number of Employees

Eligible Employees	<input type="text" value="4"/>	Out-of-State Employees	<input type="text" value="0"/>
Part-Time Employees	<input type="text" value="2"/>		



Employers

[Home](#) > [Employers](#) > Census

Hello Jackson County School District! [Log Out](#) Cart: (0)



Company Details



Census



Plans



Verification

Jackson County School District: Enter information about your **4 Eligible** employees

Employee Census

[Upload Census as Excel File](#)

First Names (optional)	Last Name (optional)	Email (optional)	Birthday	ZIP	Gender	COBRA	Out-of-State	Spouse	Dependents	
Employee 1		Shirley76@jcsd.edu	Nov / 20 / 1976	32501	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	✗
Employee 2		Greene@jcsd.edu	Jan / 1 / 1984	32504	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	✗
Employee 3		Patriciaduke@jcsd.edu	Dec / 8 / 1981	32502	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	✗
Employee 4		Pscott@jcsd.edu	Mar / 10 / 1970	32501	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	✗

[Add an Eligible Employee](#)



Employer Contributions

Specify the percentage you want to contribute towards the premium

For Employees For Dependents

50 % 10 %

Choose a benchmark plan for your contributions or apply to all

Metal Category

All Metals

Plan Type

All Plans

Shop By:

Plan Metal ▶

Plan Type ▶

Monthly Premium ▶

Deductible ▶

12 Plans Found

Sort by **Lowest Premium** ▼

[Add all Plans to Cart](#)



UnitedHealthcare HMO
Saver 80

Best Seller

Rating: ★★★★★

Total Monthly Premium ⓘ
\$2,540

You Pay ⓘ
\$915

Empl. Pay ⓘ
\$1,625

Deductible
\$2,000/4,000

Office Visit
\$40

Generic
Prescription
\$40

Specialist
\$60

[Plan Details](#) ☐ Benchmark Plan ☐ Select to Compare

[Add to Cart](#)



Humana One HMO
Value 100

Best Seller

Rating: ★★★★★

Total Monthly Premium ⓘ
\$2,600

You Pay ⓘ
\$930

Empl. Pay ⓘ
\$1,670

Deductible
\$2,000/4,000

Office Visit
\$40

Generic
Prescription
\$40

Specialist
\$60

[Plan Details](#) ☐ Benchmark Plan ☐ Select to Compare

[Add to Cart](#)

Compare Up to 4 Plans

Plan

Plan

Plan

Plan

[Compare](#)



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Hello Jackson County School District [Log Out](#) Cart: (4)

Company Details Census Plans Verification

Employer Contributions

Specify the percentage you want to contribute towards the premium

For Employees For Dependents

50 % 10 %

Choose a benchmark plan for your contributions or apply to all

Metal Category

All Metals

Plan Type

All Plans

[Add all Plans to Cart](#)

[Compare Up to 4 Plans](#)

UnitedHealthcare Saver 80 HMO

Employee	Age	Gender	Coverage	Zip Code	You pay for Employee	You pay for Dependent	You pay Total
Shirley Evans	35	F	EC	32501	\$207	\$14	\$221
Tom Greene	28	M	ES	32504	\$207	\$30	\$237
Patricia Duke	30	F	EE	32502	\$207	\$0	\$207
Phillip Scott	42	M	EF	32501	\$207	\$44	\$251
				You Pay	Employees	Dependents	Total Premium
					\$826	\$89	\$915

Shop By:

Plan Metal

Plan Type

Monthly Premium

HUMANA
one

Humana One HMO
Value 100

Bronze Best Seller:
Rating:

Total Monthly Premium
\$2,600

You Pay
\$930

Empl. Pay
\$1,670

Deductible \$2,000/4,000
Office Visit \$40
Generic Prescription \$40
Specialist \$60



Employer Contributions

Specify the percentage you want to contribute to the premium

For Employees: For Dependents:

50 % 10

Choose a benchmark plan to compare your contributions to all

Metal Category:

All Metals

Plan Type:

All Plans

Shop By:

Plan Metal

Plan Type

Monthly Premium

Deductible

Office Visit Co-Pay

[Add all Plans to Cart](#)

[Compare Up to 4 Plans](#)

Benefits Comparison

	 UnitedHealthcare [®]	 BlueCross BlueShield	 UnitedHealthcare [®]
	HMO	PPO	PPO
Deductible	\$2,000/4,000	\$2,000/4,000	\$1,000/2,000
Copay Limit	\$5,000/10,000	\$5,000/10,000	2,500/5000
Office Visits	40	40	30
Lab and X-Rays	50%	50%	30%
Physical Exams	\$0	\$0	\$0
Mental Services	N/A	N/A	20visits/year
Prescription Drugs	40	40	30
Out-Patient Surgery	----	----	----

[UnitedHealthcare](#) ✕

[BlueShield](#) ✕

[UnitedHealthcare](#) ✕

[Plan](#)

[Compare](#)



Employers

[Home](#) > [Employers](#) > [Plans](#)

Jackson County School District Shopping Cart (4)

These plans will be available for your employees to enroll in

Plan Name		Total Monthly Premium	You Pay	Employees Pay	
UnitedHealthcare Saver 80 (HMO)	Plan Details <input type="checkbox"/> Select to Compare	\$2,540	\$915	\$1,625	
BlueCross BlueShield Blue Select 570 (PPO)	Plan Details <input type="checkbox"/> Select to Compare	\$2,652	\$944	\$1,708	
UnitedHealthcare Saver 90 (PPO)	Plan Details <input type="checkbox"/> Select to Compare	\$3,318	\$1,154	\$2,164	
BlueCross BlueShield Go Blue Plan 91 (PPO)	Plan Details <input type="checkbox"/> Select to Compare	\$3,428	\$1,176	\$2,252	

Your Total Monthly Premium: **\$4,189**

[Compare Selected](#)

[Start Enrollment](#)

or

[Continue Shopping](#)

[Log Out](#) Cart: (4)

Compare Up to 4 Plans

HMO Bronze

PPO Bronze

PPO Silver

Plan

[Compare](#)

HUMANA
one
Value 100

Best Seller
Bronze



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Hello Jackson County School District! [Log Out](#) Cart: (0)



Company Details



Census



Plans



Verification

Jackson County School District: Enter information about your **4 Eligible** employees

Verify Employee Census

[Upload Census as Excel File](#)

First Name	Last Name	Email Address	Birthday	ZIP	Gender	COBRA	Out-of-State	Spouse	Dependents
Shirley	Evans	Shirley76@jcsd.edu	Nov / 20 / 1976	32501	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2
Tom	Greene	Greene@jcsd.edu	Jan / 1 / 1984	32504	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
Patricia	Duke	Patriciaduke@jcsd.edu	Dec / 8 / 1981	32502	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
Phillip	Scott	Pscott@jcsd.edu	Mar / 10 / 1970	32501	Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0

[Add an Eligible Employee](#)

To begin open enrollment and allow your employees to sign up for coverage:

[Back to Plans](#)

[Print Employee Worksheet](#)

or

[Send Employees an Email](#)



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Employee Shop and Compare



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Employees

[Home](#) > [Employees](#)

Hello Guest! [Log In](#) Cart: (0)

SHOP ◦ COMPARE ◦ APPLY ONLINE

We'll help you compare health insurance options.
See if you qualify for a private or low-to-no-cost plan.



Employees

Browse your employer-selected plans to find a plan that's right for you.

[Enroll Now](#)

Already have an account? [Log In](#)

Does your family qualify for Government-Assisted Plans?

Answer some [questions](#) to find out if your income and household makeup qualifies you for low-cost or no-cost plans.

Want to learn more?

Visit our [Frequently Asked Questions](#) section to get some answers to your health care questions.



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Employees

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Hello Guest! [Log In](#)  Cart: (0)

New User

Email Address

Shirley76@jcsd.edu

Password

Confirm Password

Secret Question

What was your childhood nickname?



Answer

Company ID

987

*Provided in the email you received from your employer

[Create Account](#)

Log In

Username

Password



Remember me

[Log In](#)

[Forgot password?](#) [Log In Help](#)

OR



Confirm the information below provided by **Jackson County School District** and tell us about other household members.

Your Information

First Name	<input type="text" value="Shirley"/>	Last Name	<input type="text" value="Evans"/>
Zip Code	<input type="text" value="32501"/>	Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Birthday	<input type="text" value="Nov"/> / <input type="text" value="20"/> / <input type="text" value="1976"/>	Email Address	<input type="text" value="Shirley76@jcsd.edu"/>
Phone Number	<input type="text" value="(239) 518-8787"/>	Social Security Number	<input type="text" value="444"/> - <input type="text" value="53"/> - <input type="text" value="9987"/>
Preferred Language	<input type="text" value="English"/> ▼	Primary Tax Filer	<input type="text" value="Myself"/> ▼

Household Members

First Name	Last Name	Birthday	Social Security Number	Relationship to You	
<input type="text" value="Scott"/>	<input type="text" value="Evans"/>	<input type="text" value="Aug"/> / <input type="text" value="12"/> / <input type="text" value="1975"/>	<input type="text" value="444"/> - <input type="text" value="69"/> - <input type="text" value="4327"/>	<input type="text" value="Spouse"/> ▼	✗
<input type="text" value="Connie"/>	<input type="text" value="Evans"/>	<input type="text" value="Feb"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>	<input type="text" value="436"/> - <input type="text" value="43"/> - <input type="text" value="6896"/>	<input type="text" value="Daughter"/> ▼	✗
<input type="text" value="Matt"/>	<input type="text" value="Mason"/>	<input type="text" value="Jan"/> / <input type="text" value="6"/> / <input type="text" value="2008"/>	<input type="text" value="438"/> - <input type="text" value="52"/> - <input type="text" value="6543"/>	<input type="text" value="Step-son"/> ▼	✗

[Add a household member](#)



Out-of-Pocket Calculator

Calculate **annual** costs for:

Shirley [Scott](#) [Matt](#) [Connie](#)

Primary Care Office Visits: 3

Emergency Room Visits: 1

Specialist Visits: 1

Brand Drugs: 1 per month

Generic Drugs: 1 per month

☒ Reset to typical usage

Shop By:

Plan Metal ▶

Plan Type ▶

Monthly Premium ▶

Deductible ▶

Shop for:



Shirley



Scott



Matt



Connie

12 Plans Found

Sort by [Lowest Premium](#) ▼



UnitedHealthcare PPO

Saver 80

Best Seller

Rating: ★★★★★

Monthly Premium

Premium \$857
(Employer -\$421)
You Pay \$436



Annual
Out-of-Pocket
\$4,960
(Max: \$10,000)

Deductible
\$2,000

Office Visit
\$40

Generic
Prescription
\$40

Specialist
\$60

[Plan Details](#)

☐ Select to Compare

[Add to Cart](#)

Compare Up to 4 Plans

Plan

Plan

Plan

Plan

[Compare Plans](#)



UnitedHealthcare PPO

Value 100

Best Seller

Rating: ★★★★★

Monthly Premium

Premium \$881
(Employer -\$430)
You Pay \$451

Annual
Out-of-Pocket
\$4,960

Deductible
\$2,000

Office Visit
\$40

Generic
Prescription
\$40

Specialist
\$60



Physician Finder

Top Searches

Primary Care Physician
Pediatrician
Obstetrician
Gynecologist
Vision Provider
Dermatologist

What's Your Situation?

Having a Baby
Need A Doctor For Your Child
Sports Injury
Women's Health

What Are You Looking For?

Primary Care Physicians
Specialists
Hospitals
Dentists
Vision Providers

Welcome to the CaliforniaChoice® Provider Directory

We make it easy to find health care providers and facilities that match your location, your situation and your preferences. To get started, please tell us what you're looking for by selecting one of the options below. **For Anthem Blue Cross PPO providers outside of California, please use the link provided under Additional Plan Resources. Enter the code 'XDX' in the prefix field.**

Already know the name of the physician you're looking for?

Last name

NEXT

Enter as much as you know

Where do you want to look for a primary care physician?

Location

NEXT

(City and State, or Zip)

Need to find a medical specialist?

Specialty Category

Select One...

NEXT

Select a
Bodypart

Find relevant
medical
specialists

MALE

FEMALE





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Medication Finder

Drug Search

[About This Data](#)

[Your Questions](#)

[Listing of Plans](#)

[Understanding Your RX Choices](#)

[Your Comments](#)

Drug Search

You may search for pharmaceutical products in several different ways. First, you may search by using the drug name where products are listed by both generic (chemical) and brand (trade) names. Second, you may search using the therapeutic class of the product you are looking for. Finally, you may search for products as they are related to various health conditions.

[Alphabetical Search](#) | [Brand & Generic Name Search](#) | [Therapeutic Class Search](#) | [Health Condition Search](#)

Alphabetical Search

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Brand & Generic Name Search

[Search](#)

Therapeutic Class Search

[Biological Agents](#)

[Drugs for Cancer](#)

[Drugs for Infections](#)



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Household



Plans



Enroll & Pay

Out-of-Pocket Calculator

Calculate and

Shirley Scott

Primary Care

Emergency

Specialist Visit

Brand Drugs

Generic Drugs

☒ Reimbursement

Compare Up to 4 Plans

Shopping Cart (1)

Plan Name

Plan Type

Monthly Premium

Who?



UnitedHealthcare

Saver 80

PPO

436

Shirley



Scott

Matt

Connie

[Plan Details](#)

☐ Select to Compare

Your Total Monthly Premium:

\$436

[Compare Selected](#)

[Save](#)

[Apply Now](#)

or

[Continue Shopping](#)

[Plan Details](#)

☐ Select to Compare

[My Cart](#)



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Employer Portal



Employer

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Employer Services

Manage My Account ▾

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- [Edit Employee Addresses](#)
- [Terminate Employee](#)
- [Enroll Employee](#)
- [Pending Requests](#)
- [Processed Requests](#)
- [Order ID Cards](#)

Billing ▶

Reports ▶

Welcome to Employer Services ELECTRONIC METAL



Manage My Account

Here you can process New Hire worksheets, request meetings, order I.D. cards and obtain information about your company's health insurance program with ease, security and accuracy. Managing your group benefits online is a breeze and you'll have access to discount services from select CaliforniaChoices® partners.



New Hire Quote

Sign up a new hire! [New Hire Quote page](#).



Customer Service

If you need any assistance, please contact **Customer Service Center at (800) 558-8003.**



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Employee Portal



My Benefits

[Home](#) > [My Benefits](#) > [View My Benefits](#)

Individual Services

My Benefits ▾

- [View My Benefits](#)
- [Update My Info](#)
- [Order ID Cards](#)
- [View Invoices](#)

Life Events ►

Choice Health Links ►

View My Benefits

Welcome to your benefits page, JON DOE MRN-23857935.

Please click the links in the Coverage Type column to view covered dependents. Clicking the links in the Health Plan column will display the Plan Benefit Details.

	Coverage Type	Health Plan	My Monthly Contribution
Medical	EE & Spouse	Kaiser Permanente 25	\$200.00
Dental	EE & Spouse	SmileSaver 3000	\$13.53
Life	EE Only	Security Financial Life	\$0.00
Vision	EE & Spouse	EyeMed	\$0.00
1			

Medical Enrollees

Kaiser Permanente 25



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Pathfinder Portal



Services

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Services

Quoting ▼

- [Mini Quote](#)
- [Payroll Quote](#)
- [New Hire Quote](#)
- [Existing Quotes](#)
- [Unfinished Quotes](#)
- [Quote Inbox](#)
- [Quote Support](#)

Online Enrollment ►

Group Accounts ►

Employee Accounts ►

My Stats ►

Support ►

You can manage your entire block of Exchange business online with ease, security, and accuracy.



Quote Options

Easily manage all your quotes in one location, including online quotes you can edit and PDFs you've saved from previous quotes.



Marketing Support

The State Exchange portal is a cost effective marketing solution for brokers that allows you to customize direct mail campaigns online, 24/7, or work with a marketing team member from design to completion.

[Marketing Tips for the Small Group Broker](#)



Group Accounts

- [View Active Groups and their employees](#)
- [Review late pays](#)
- [See who needs to renew](#)
- [Review group invoices](#)
- [Group Terminations](#)



Online Enrollment

Request a new online group enrollment or complete an enrollment request you recently started.

The Employer group contact will receive an email with instructions for Online Enrollment and a link to the Employee Application.

Rate Guides

- ☐ [HMO Guide \(01/11-06/11\)](#)
- ☐ [HMO Guide \(09/10-12/10\)](#)
- ☐ [HMO Guide \(07/10-8/10\)](#)
- ☐ [HMO Guide \(06/10-06/10\)](#)
- ☐ [HMO Guide \(01/10-05/10\)](#)
- ☐ [PPO Guide \(01/11-06/11\)](#)
- ☐ [PPO Guide \(07/10-12/10\)](#)
- ☐ [PPO Guide \(06/10-06/10\)](#)
- ☐ [PPO Guide \(01/10-05/10\)](#)