

HAVE YOU HEARD THE NEWS!!!

Benefit Package (with Kaiser)

Coverage Effective November 1, 2020 - October 31, 2021

Annual Association Membership Required

Best Benefits & Enhanced Benefits

Multiple Plan Choices - Low Premiums
Everyone Accepted* - Guaranteed Issue

More than 100 No. CA Health Care Locations
More than 150 So. CA Health Care Locations

\$30 Copayment Plan*

Unlimited Lifetime Maximum

No Claim Forms

\$30 Co-Pay for Office Visit

\$0 Co-Pay for Maternity & Pre-Natal Visits

\$10 Co-Pay for Generic Prescriptions (up to 100 day supply)

Age	MEMBER	SPOUSE (add to members rate)	CHILDREN (add to members rate)	FAMILY (add to members rate)
	ADD MEMBER + SPOUSE			
<30	\$471.63	\$829.91	\$808.98	\$1,335.72
30-39	\$520.47	\$878.74	\$796.19	\$1,476.42
40-49	\$668.14	\$858.98	\$595.02	\$1,343.86
50-54	\$866.98	\$926.42	\$557.81	\$1,421.77
55-59	\$1,092.56	\$1,193.86	\$538.05	\$1,535.72
60-64	\$1,346.05	\$1,203.16	\$453.16	\$1,627.58
65+	\$1,525.12	\$1,761.30	\$764.79	\$2,086.88

**Most Popular
Co-Pay Plan**

(Region 1a Santa Clara County) Call or email to inquire of other area/regions in the state of California

Best Benefits & Enhanced Benefits

\$20 Copayment Plan*

Unlimited Lifetime Maximum No Claim Forms
 \$20 Co-Pay Office Visit Durable Medical Equip.. Coverage
 \$0 Co-Pay for Maternity & Pre-Natal Visits
 \$10 Co-Pay for Generic, \$30 Co-Pay Name Brand Rx

Best Value Co-Pay Plan	Age	MEMBER	ADD MEMBER + SPOUSE	SPOUSE (add to members rate)	ADD MEMBER + CHILDREN	CHILDREN (add to members rate)	ADD MEMBER + FAMILY	FAMILY (add to members rate)
	<30	\$519.30		\$915.95		\$891.53		\$1,472.93
	30-39	\$572.79		\$968.28		\$877.58		\$1,627.58
	40-49	\$736.74		\$946.19		\$655.49		\$1,479.91
	50-54	\$955.35		\$1,021.77		\$615.95		\$1,568.28
	55-59	\$1,204.19		\$1,315.95		\$592.70		\$1,692.70
	60-64	\$1,483.26		\$1,327.58		\$498.51		\$1,796.19
	65+	\$1,680.93		\$1,941.53		\$842.70		\$2,299.67

\$15 Copayment Plan*

Unlimited Lifetime Maximum No Claim Forms
 \$15 Co-Pay Office Visit Infertility Procedures Coverage
 \$10 Co-Pay for Generic, \$25 Co-Pay Name Brand Rx

Extra Benefit Co-Pay Plan	Age	MEMBER	ADD MEMBER + SPOUSE	SPOUSE (add to members rate)	ADD MEMBER + CHILDREN	CHILDREN (add to members rate)	ADD MEMBER + FAMILY	FAMILY (add to members rate)
	<30	\$555.35		\$978.74		\$954.33		\$1,575.26
	30-39	\$612.33		\$1,035.72		\$939.21		\$1,741.53
	40-49	\$786.74		\$1,012.47		\$700.84		\$1,583.40
	50-54	\$1,020.47		\$1,092.70		\$657.81		\$1,677.58
	55-59	\$1,287.91		\$1,407.81		\$634.56		\$1,810.14
	60-64	\$1,585.58		\$1,419.44		\$533.40		\$1,920.60
	65+	\$1,797.21		\$2,076.42		\$902.00		\$2,460.14

\$5 Copayment Plan*

Unlimited Lifetime Maximum No Claim Forms
 \$5 Co-Pay Office Visit Infertility Procedures Coverage
 \$5 Co-Pay for Generic, \$15 Co-Pay Brand Name Rx

Best Benefits 100% Hosp.	Age	MEMBER	ADD MEMBER + SPOUSE	SPOUSE (add to members rate)	ADD MEMBER + CHILDREN	CHILDREN (add to members rate)	ADD MEMBER + FAMILY	FAMILY (add to members rate)
	<30	\$693.72		\$1,228.74		\$1,196.19		\$1,976.42
	30-39	\$765.81		\$1,299.67		\$1,177.58		\$2,185.72
	40-49	\$984.42		\$1,269.44		\$879.91		\$1,986.88
	50-54	\$1,278.60		\$1,370.60		\$825.26		\$2,104.33
	55-59	\$1,613.49		\$1,765.95		\$795.02		\$2,271.77
	60-64	\$1,987.91		\$1,781.07		\$669.44		\$2,410.14
	65+	\$2,253.02		\$2,605.49		\$1,131.07		\$3,086.88

E-Mail: jp@powersandassociatesllc.com Voice: (888) 266-6060 Local (408) 472-9886
 Fax: (408) 286-1099

Benefit Package (with Kaiser)

Coverage Effective November 1, 2020 - October 31, 2021

Annual Association Membership Required

Best Balance & Value Benefits

Multiple Plan Choices - Low Premiums
Everyone Accepted* - Guaranteed Issue

More than 100 No. CA Health Care Locations
More than 150 So. CA Health Care Locations

\$40/\$2,000 Deductible Plan*

Unlimited Lifetime Maximum **No Claim Forms**
Lower Monthly Premiums **\$40 Co-Pay Office Visits**
\$0 Co-Pay for Preventive Exams

Age	MEMBER	SPOUSE (add to members rate)	CHILDREN (add to members rate)	FAMILY
	ADD MEMBER + SPOUSE			ADD MEMBER + FAMILY
<30	\$323.95	\$548.51	\$398.51	\$725.26
30-39	\$380.93	\$622.93	\$379.91	\$792.70
40-49	\$511.16	\$524.09	\$284.56	\$800.84
50-54	\$679.77	\$722.93	\$249.67	\$871.77
55-59	\$841.40	\$899.67	\$248.51	\$1,065.95
60-64	\$1,076.28	\$1,069.44	\$253.16	\$1,296.19
65+	\$1,303.02	\$1,657.81	\$243.86	\$1,802.00

Low Cost
Deductible Plan

Best Balance & Value Benefits

\$30/\$1,500 Deductible Plan*

Unlimited Lifetime Maximum

No Claim Forms

\$0 Co-Pay for Preventive Exams

\$0 Co-Pay for Maternity & Pre-Natal Visits

\$30 Co-Pay Office Visits

Age	MEMBER	SPOUSE (add to members rate)	CHILDREN (add to members rate)	FAMILY
	ADD MEMBER + SPOUSE			ADD MEMBER + CHILDREN
<30	\$349.53	\$592.70	\$431.07	\$783.40
30-39	\$411.16	\$674.09	\$411.30	\$857.81
40-49	\$553.02	\$567.12	\$308.98	\$867.12
50-54	\$735.58	\$782.23	\$270.60	\$943.86
55-59	\$911.16	\$974.09	\$269.44	\$1,154.33
60-64	\$1,164.65	\$1,157.81	\$274.09	\$1,404.33
65+	\$1,410.00	\$1,793.86	\$263.63	\$1,950.84

CREBPT is a special benefit

\$30/\$1,000 Deductible Plan*

Unlimited Lifetime Maximum

No Claim Forms

\$0 Co-Pay for Preventive Exams

\$0 Co-Pay for Maternity & Pre-Natal Visits

\$30 Co-Pay Office Visits

Age	MEMBER	SPOUSE (add to members rate)	CHILDREN (add to members rate)	FAMILY
	ADD MEMBER + SPOUSE			ADD MEMBER + CHILDREN
<30	\$398.37	\$677.58	\$492.70	\$895.02
30-39	\$469.30	\$769.44	\$469.44	\$978.74
40-49	\$630.93	\$647.35	\$352.00	\$990.37
50-54	\$839.07	\$893.86	\$307.81	\$1,077.58
55-59	\$1,039.07	\$1,112.47	\$306.65	\$1,318.28
60-64	\$1,328.60	\$1,321.77	\$313.63	\$1,603.16
65+	\$1,608.84	\$2,048.51	\$300.84	\$2,227.58

Lowest Deductible Plan

\$50 Copayment Plan *

No Claim Forms

Unlimited Lifetime Benefits

\$0 Co-Pay for Preventive Exams

Low Co-Pay for X-Ray & Lab Services

\$0 Co-Pay for Maternity & Pre-Natal Visits

\$10 Co-Pay for Generic Prescriptions (up to 100 Day Supply)

Age	MEMBER	SPOUSE (add to members rate)	CHILDREN (add to members rate)	FAMILY
	ADD MEMBER + SPOUSE			ADD MEMBER + CHILDREN
<30	\$429.77	\$755.49	\$735.72	\$1,214.79
30-39	\$473.95	\$799.67	\$724.09	\$1,343.86
40-49	\$608.84	\$781.07	\$541.53	\$1,221.77
50-54	\$789.07	\$842.70	\$507.81	\$1,293.86
55-59	\$994.88	\$1,085.72	\$489.21	\$1,396.19
60-64	\$1,225.12	\$1,095.02	\$412.47	\$1,481.07
65+	\$1,387.91	\$1,602.00	\$696.19	\$1,897.35

Lowest Premium Co-Pay Plan

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Smart & Affordable Benefits

Multiple Plan Choices - Low Premiums
Everyone Accepted* - Guaranteed Issue

More than 100 No. CA Health Care Locations
More than 150 So. CA Health Care Locations

HRA DHMO XP \$1500D*

Unlimited Lifetime Maximum **No Claim Forms**
Lower Monthly Premiums **\$30 Co-Pay Office Visits (after Deductible)**
\$0 Co-Pay for Preventive Exams (Deductible Waived)
\$10 Co-Pay for Generic, \$30 Co-Pay Name Brand Rx

Best Benefits
HRA Plan

Age	MEMBER		SPOUSE (add to members rate)		CHILDREN (add to members rate)		FAMILY (add to members rate)
<30	\$363.49	ADD MEMBER + SPOUSE	\$617.12	ADD MEMBER + CHILDREN	\$448.51	ADD MEMBER + FAMILY	\$815.95
30-39	\$427.44		\$700.84		\$427.58		\$891.53
40-49	\$575.12		\$589.21		\$320.60		\$900.84
50-54	\$764.65		\$813.63		\$281.07		\$981.07
55-59	\$946.05		\$1,012.47		\$279.91		\$1,199.67
60-64	\$1,210.00		\$1,203.16		\$285.72		\$1,458.98
65+	\$1,465.81		\$1,864.79		\$274.09		\$2,027.58

HRA DHMO XP \$2500D*

Unlimited Lifetime Maximum **No Claim Forms**
Lower Monthly Premiums **\$30 Co-Pay Office Visits (after Deductible)**
\$0 Co-Pay for Preventive Exams (Deductible Waived)
\$10 Co-Pay for Generic, \$30 Co-Pay Name Brand Rx

Best Value HRA
Plan

Age	MEMBER		SPOUSE (add to members rate)		CHILDREN (add to members rate)		FAMILY (add to members rate)
<30	\$326.28	ADD MEMBER + SPOUSE	\$552.00	ADD MEMBER + CHILDREN	\$402.00	ADD MEMBER + FAMILY	\$729.91
30-39	\$383.26		\$627.58		\$382.23		\$798.51
40-49	\$515.81		\$527.58		\$286.88		\$806.65
50-54	\$685.58		\$728.74		\$252.00		\$878.74
55-59	\$848.37		\$906.65		\$250.84		\$1,074.09
60-64	\$1,084.42		\$1,077.58		\$255.49		\$1,306.65
65+	\$1,312.33		\$1,669.44		\$245.02		\$1,814.79

Smart & Affordable Benefits

\$0/\$2,000 Deductible Plan with HSA Option*

Unlimited Lifetime Maximum

No Claim Forms

Lower Monthly Premiums

Tax Advantage Savings

\$0 Co-Pay Office Visits (after Deductible)

\$0 Co-Pay for Preventive Exams (Deductible Waived)

Best Value HSA Plan

Age	MEMBER	SPOUSE + SPOUSE	SPOUSE (add to members rate)	CHILDREN + CHILDREN	CHILDREN (add to members rate)	FAMILY + FAMILY	FAMILY (add to members rate)
<30	\$348.37	ADD MEMBER + SPOUSE	\$591.53	ADD MEMBER + CHILDREN	\$429.91	ADD MEMBER + FAMILY	\$782.23
30-39	\$410.00		\$671.77		\$410.14		\$854.33
40-49	\$550.70		\$564.79		\$307.81		\$863.63
50-54	\$733.26		\$779.91		\$269.44		\$940.37
55-59	\$907.67		\$970.60		\$268.28		\$1,149.67
60-64	\$1,160.00		\$1,153.16		\$274.09		\$1,398.51
65+	\$1,405.35		\$1,788.05		\$262.47		\$1,943.86

\$0/\$2,800 Deductible Plan with HSA Option*

Unlimited Lifetime Maximum

No Claim Forms

Lower Monthly Premiums

Tax Advantage Savings

\$0 Co-Pay Office Visits (after Deductible)

\$0 Co-Pay for Preventive Exams (Deductible Waived)

Best HSA Family Plan

Age	MEMBER	SPOUSE + SPOUSE	SPOUSE (add to members rate)	CHILDREN + CHILDREN	CHILDREN (add to members rate)	FAMILY + FAMILY	FAMILY (add to members rate)
<30	\$285.58	ADD MEMBER + SPOUSE	\$481.07	ADD MEMBER + CHILDREN	\$349.67	ADD MEMBER + FAMILY	\$635.72
30-39	\$335.58		\$546.19		\$333.40		\$695.02
40-49	\$449.53		\$460.14		\$249.67		\$703.16
50-54	\$597.21		\$634.56		\$219.44		\$764.79
55-59	\$739.07		\$789.21		\$218.28		\$934.56
60-64	\$944.88		\$938.05		\$222.93		\$1,136.88
65+	\$1,143.72		\$1,453.16		\$213.63		\$1,579.91

\$30/\$3,000 Deductible Plan with HSA Option*

Unlimited Lifetime Maximum

No Claim Forms

Lowest monthly premiums

Tax Advantage Savings

\$30 Co-Pay Office Visits (after Deductible)

\$0 Co-Pay for Preventive Exams (Deductible Waived)

Lowest Premium Plan

Age	MEMBER	SPOUSE + SPOUSE	SPOUSE (add to members rate)	CHILDREN + CHILDREN	CHILDREN (add to members rate)	FAMILY + FAMILY	FAMILY (add to members rate)
<30	\$254.19	ADD MEMBER + SPOUSE	\$425.26	ADD MEMBER + CHILDREN	\$310.14	ADD MEMBER + FAMILY	\$562.47
30-39	\$298.37		\$483.40		\$295.02		\$614.79
40-49	\$399.53		\$406.65		\$221.77		\$621.77
50-54	\$529.77		\$561.30		\$193.86		\$676.42
55-59	\$655.35		\$698.51		\$193.86		\$827.58
60-64	\$836.74		\$829.91		\$197.35		\$1,006.65
65+	\$1,013.49		\$1,286.88		\$189.21		\$1,398.51