



C.A.R. HEALTH PLAN

How To Calculate Your Medical Rates

For Assistance, Call RealCare Insurance Marketing at (800) 939-8088

Step 1: Review Plan Options

Find the plan you want from the information on the RealCare website. Once you select a plan, you will only be allowed to change it during Open Enrollment or if you experience a qualifying event. Information on benefits and rates for all plans and coverage options are available online.

For more information please follow the link below. If you wish to confirm your eligibility you can call RealCare at (800) 939-8088.

Once you've decided which plan you want and who you want to cover, use the worksheet below to calculate your premiums. All rates will be confirmed by RealCare.

Step 2: Confirm Eligibility and Find Your Rating Region

Review the Rating Region guide to confirm that you live within the health plan service area and determine which rating region you should use. Your rate is determined by your home zip code. The zip code of a P.O. Box or other purchased mailbox may not be used. **For Anthem:** If you move to a different rating area during the year your age and rate will be updated on the first of the month following notice of your address change. **For W2 Employees on Anthem:** use your employer's zip code to select the rating region.

Step 3: Medical Rate Worksheet

- Write in the name of the plan you've selected and locate the plan on the rate page for your rating region
- List each family member you want to cover on the worksheet below
- **For Kaiser:** Enter the rate for each family member, based on their age as of **1/1/21**, regardless of effective date.
- **For Anthem:** Enter the rate for each family member, based on their age as of the 1st of the month of the effective date of coverage.
- For children under 21, include a rate for only the three oldest children
- For children 21 and older, enter each child's rate
- Add up the rates

Health Plan Selection: _____

| Family Member | Family Member Name | Age as of 1/1/21 Or (Anthem) 1 st of month of coverage | Medical Rate |
|-----------------------------------|--------------------|---|-----------------|
| C.A.R. Member | | | \$ |
| Spouse/DP | | | \$ |
| Child | | | \$ |
| Child | | | \$ |
| Child | | | \$ |
| Child | | | \$ |
| Monthly Administration Fee | | | \$ 22.00 |
| Total | | | \$ |

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