

benefitbay[®]

Delivering personalized benefits
to the modern **workforce.**



 Enrollment

 Coverage

 Profile

 Wallet

 Medical Providers

 Medicine Cabinet

 Documents

HIPAA Authorization form for the 2026 plan year

 The HIPAA agreement allows us to securely access your health plan information and help you enroll.

≡ 8KMSAwIG9iago8PCAvQ3JIYXRvciA8Zm... 1 / 1 - 90% + 📄 ↺ ↻ ↶ ↷ ↓ 🖨 ⋮



1

HIPAA Authorization

- 1. Purpose of Authorization**

The Health Insurance Portability and Accountability Act (HIPAA) protects an individual's sensitive health information from being disclosed without his or her consent or knowledge.
- 2. Authorized Persons to Use and Disclose Protected Health Information**

Benefitbay, Inc. is authorized to disclose relevant protected health information to the health insurance carrier from which the individual has chosen to purchase a health insurance policy.
- 3. Description of Information to be Disclosed**

The health information that may be disclosed shall include the following:

 - Employee and family member names
 - Physical address
 - Telephone numbers
 - Fax numbers
 - Email addresses
 - Social security numbers
 - Account numbers
 - Other identifying numbers or codes
- 4. Purpose of the Discloser and Use of Protected Health Information**

The purpose of this disclosure and use of the individual's protected health information is to enable Benefitbay, Inc. to complete and sign a health insurance application on behalf of the individual.
- 5. Validity of Authorization Form**

This Authorization is valid for health insurance plans purchased for the 2026 plan year and will end on December 31, 2026.
- 6. Acknowledgment**

Jerry Anders

Enrollment

Coverage

Profile

Wallet

Medical Providers

Medicine Cabinet

Documents

Enrollment ends on November 30, 2025 for coverage starting December 01, 2025

Enrollment

Your next steps

We suggest completing your profile before the enrollment period starts.



Verify your personal information



Select a healthcare provider



Add prescription drugs

Verify my information

Waive enrollment

I do not need to enroll in any plans. I understand that I will not be able to make any changes unless I have a qualifying life event.

Waive



🕒 Enrollment ends on November 30, 2025 for coverage starting December 01, 2025

- AD...
- AGCY
- AGCY
- AGT
- ER
- EE
-
-
-
-
-
-
-
-
-
-

Please verify the information below

[? Help](#)

📁 Employment information

📌 Contact your employer if you have questions about employment information

Pay Type: **Hourly**
Annual Wage:
Hourly Rate: **\$20.00**

👤 Personal information

Name: **Fletcher, Oliver**
Social Security Number:
Date of Birth: **02/28/1963**
Gender: **Male**
Tobacco User: **No**

[Update](#)

👨‍👩‍👧 Family members

No associated family members found

[Add new family member](#)

🏠 Addresses

📌 Verify your addresses including county. Incorrect information will affect your monthly premium and delay coverage effectuation.

, California 94404
County: **San Mateo County**

[Update](#)

[Confirm and continue](#)



Jerry Anders

Enrollment ends on November 30, 2025 for coverage starting December 01, 2025

Enrollment

Coverage

Profile

Wallet

Medical Providers

Medicine Cabinet

Documents



STEP 2

Do you have any preferred healthcare provider?

If you do not set a preference your insurance carrier may assign you a primary care provider.

Yes, add my provider

No, I don't



- Enrollment
- Coverage
- Profile
- Wallet
- Medical Providers
- Medicine Cabinet
- Documents



Find your providers

family Medicine

94104

Search

Prosalud Family Medicine, Inc (+)

Family Medicine

2480 Mission St Ste 221 San Francisco, CA 94110

Apollo Family Medicine And Sleep Medicine Inc (+)

Family Medicine

950 Stockton St Ste 200 San Francisco, CA 94108

818 Jackson St Ste 202 San Francisco, CA 94133

2001 Union St Ste 250 San Francisco, CA 94123

1828 El Camino Real Ste 507 Burlingame, CA 94010

Premier Family Medicine Associates, Inc (+)

Clinic/Center

320 8th St Ste 1D Oakland, CA 94607

312 13th St Oakland, CA 94612

2710 Telegraph Ave Ste 210 Oakland, CA 94612

- Coverage
- Profile
- Wallet
- Medical Providers
- Medicine Cabinet
- Documents



Select the family members you want to assign this medical provider for

Premier Family Medicine Associates, Inc
Clinic/Center

Selecting a PCP doesn't guarantee they'll be available for your selected plan. You can confirm or change your PCP once a plan is selected.

Jerry Anders (Myself)

Primary Care Provider (PCP) NO YES

Sarah Anders



Save medical provider

- Coverage
- Profile
- Wallet
- Medical Providers
- Medicine Cabinet
- Documents



Medical Providers

Allow my employer to see my providers NO YES

i If your employer is helping with enrollment, they may need access to this information.

Premier Family Medicine Associates, Inc ⋮
Clinic/Center

Medical Provider for:
Jerry Anders (Myself) 👤 PCP



Add provider

Done

Jerry Anders

🕒 Enrollment ends on November 30, 2025 for coverage starting December 01, 2025

📍 Enrollment

👤 Coverage

👤 Profile

👛 Wallet

👨‍⚕️ Medical Providers

📖 Medicine Cabinet

📄 Documents



STEP 3

Would you like to add prescription drugs?

Add any medications you take regularly so we can show which plans cover them.
You can skip this step if you don't need it.

Yes, add prescriptions

I'll do it later



Jerry Anders

🕒 Enrollment ends on November 30, 2025 for coverage starting December 01, 2025

📄 Enrollment

👤 Coverage

👤 Profile

👛 Wallet

👨‍⚕️ Medical Providers

📁 Medicine Cabinet

📄 Documents



Add prescription

🔍 Search by medication name

Search

Enter a medication name above to search for prescriptions.

Save prescription



Jerry Anders

🕒 Enrollment ends on November 30, 2025 for coverage starting December 01, 2025

📍 Enrollment

👤 Coverage

👤 Profile

👛 Wallet

👤 Medical Providers

📅 Medicine Cabinet

📄 Documents



Add prescription

🔍 Lipitor

Search

Select form and dosage

💡 Check your prescription bottle or pharmacy information to find the exact form and dosage.

📅 atorvastatin 40 MG Oral Tablet [Lipitor]



📅 atorvastatin 80 MG Oral Tablet [Lipitor]



📅 atorvastatin 10 MG Oral Tablet [Lipitor]



📅 atorvastatin 20 MG Oral Tablet [Lipitor]



Found 4 medication(s)

Save prescription



Jerry Anders

🕒 Enrollment ends on November 30, 2025 for coverage starting December 01, 2025

📍 Enrollment

👤 Coverage

👤 Profile

👛 Wallet

👤 Medical Providers

📁 Medicine Cabinet

📄 Documents



Select the family members you want to add prescription drugs for

atorvastatin 40 MG Oral Tablet [Lipitor]

Jerry Anders (Myself)

Sarah Anders

Save prescription



Jerry Anders

🕒 Enrollment ends on November 30, 2025 for coverage starting December 01, 2025

📍 Enrollment

👤 Coverage

👤 Profile

👛 Wallet

👤 Medical Providers

📅 Medicine Cabinet

📄 Documents



Medicine Cabinet

Allow my employer to see prescriptions

NO YES

📌 If your employer is helping with enrollment, they may need access to this information.

Jerry Anders (Myself)

atorvastatin 40 MG Oral Tablet [Lipitor]



Sarah Anders

Add prescription

Done



Jerry Anders

Enrollment

Coverage

Profile

Wallet

Medical Providers

Medicine Cabinet

Documents

Enrollment ends on November 30, 2025 for coverage starting December 01, 2025

Your available monthly employer medical contribution is up to: **\$823.46**



You're all set!

Great job. It is now time to shop for your personalized healthcare plan.

[Go back to enrollment](#)

🕒 Enrollment ends on November 30, 2025 for coverage starting December 01, 2025

Your available monthly employer medical contribution is up to: **\$823.46**

< Go back

🏠 Medical enrollment

Family enrollment status

Me: Fletcher, Oliver

✗ NOT SELECTED

Your options

Shop >
I would like to review the available plan options.

Custom plan entry >
Enter custom plan details for government-subsidized or Medicare plans.

Waive >
I do not need to enroll in any plans. I understand that I will not be able to make any changes unless I have a qualifying life event.



Kerrie Whitehead

Enrollment

Coverage

Profile

Wallet

Medical Providers

Medicine Cabinet

Documents

Go back

Sign ICHRA agreement

The ICHRA Agreement describes how your premiums are paid, your employer contribution is applied, and your contribution is deducted from your payroll. These numbers are reflected in the cost of each plan as you shop.

ICHRA_Agreement.pdf

1 / 2

90%



1



2

HRA Authorization

Employee ICHRA Agreement Non-Subsidy Coverage

You are acknowledging that you are electing to enroll in an Individual Coverage Health Reimbursement Arrangement (ICHRA) to help you pay for medical insurance. To enroll in this Individual Coverage HRA, you must be enrolled in individual health insurance coverage, Medicare Part A (Hospital Insurance) and Part B (Medical Insurance), or Medicare Part C (Medicare Advantage). You should have received a notice that describes the individual coverage HRA that you are being offered. You can review this notice under Documents on your benefitbay® Home.

As a part of your benefitbay® ICHRA, you are provided with an Advanced Reimbursement Checking (ARC) Account to pay your full insurance premiums. The ARC Account will allow your insurance policy premiums to be paid in advance of coverage each month. This premium payment is an **advance on future wages**. Your employer is offering this service to help with the purchase and monthly payment of medical insurance coverage.

This advance will be paid back each month first by your employer's reimbursement to your ICHRA plan with any amount over this reimbursement coming out of your paycheck in equal **pre-tax** installments in the month your coverage is effective.

If you terminate employment prior to coverage becoming effective or become ineligible for your company's ICHRA plan throughout the year you may be required to repay part of all the advance. Repayment shall be due and payable at the time of separation and your employer shall deduct any amounts owed under this provision from your final paycheck in accordance with applicable law. If said deduction does not fully reimburse your employer for advances hereunder, the balance shall thereupon be due and owing. I acknowledge that this wage advance is a debt owed to my employer until it is repaid as described above.

Once your application has been submitted it can take up to 2-3 business days for it to appear in your benefitbay® account, so please check back over the next day or two to confirm and take any necessary actions if needed.

Digital Signature

Kerrie Whitehead

Submit Signature





Jerry Anders

🕒 Enrollment ends on November 30, 2025 for coverage starting December 01, 2025

📍 Enrollment

👤 Coverage

📅 Profile

👛 Wallet

👨‍⚕️ Medical Providers

📁 Medicine Cabinet

📄 Documents

Your available monthly employer medical contribution is up to: **\$823.46**

Enrollment

✅ Agreements 📄 Medical

\$0.00	\$0.00	\$0.00	\$0.00
My Monthly cost	My pre tax cost per month	My post tax cost per month	Employer cost per month

📄 **Medical** 0 plans added

🕒 NOT STARTED [Get started](#)

You will see your plan information here





Jerry Anders

🕒 Enrollment ends on November 30, 2025 for coverage starting December 01, 2025

Your available monthly employer medical contribution is up to: **\$823.46**

< Go back

🩺 Medical enrollment

Family enrollment status

Me: Anders, Jerry

✗ NOT SELECTED

Spouse: Anders, Sarah

✗ NOT SELECTED

Your options

Shop

I would like to review the available plan options. >

Waive

I do not need to enroll in any plans. I understand that I will not be able to make any changes unless I have a qualifying life event. >



Jerry Anders

Enrollment

Coverage

Profile

Wallet

Medical Providers

Medicine Cabinet

Documents

🕒 Enrollment ends on November 30, 2025 for coverage starting December 01, 2025

Your available monthly employer medical contribution is up to: **\$823.46**

Let's select which family members you want to be included in this medical coverage

Jerry Anders

Sarah Anders MEDICARE

Select the address for the plan selection

Address

123 Happy Place, San Mateo, CA 94104

Note: This address will be set as the home address for all included family members

Save and continue

Cancel





Oliver Fletcherson

Enrollment

Coverage

Profile

Wallet

Medical Providers

Medicine Cabinet

Documents

Enrollment ends on November 12, 2025 for coverage starting December 01, 2025

Your available monthly employer medical contribution is up to: **\$1,113.54**

Go back

Medical

Help

Viewing 124 plans

Benchmark (1) All (124) Saved (0)

Sort by

Premium Low-High

Filters

\$81.71

Save

My Bi-Weekly cost

Carrier

Oscar

Plan

B Bronze Simple 2

Plan ID

58081GA0010051

Individual Deductible

In-Network: \$9,100 / Out-of-Network: Not Covered

Individual Max Out Of Pocket

In-Network: \$9,100 / Out-of-Network: Not Covered

Coinsurance

0%

Show more details

Compare

Select this plan

\$91.62

Save

My Bi-Weekly cost

Carrier

Anthem

Plan

B Anthem Bronze Blue Value 9200 (\$0 Virtual PCP + \$0 Select Drugs)

Plan ID

45334GA0020011

Individual Deductible

In-Network: \$9,200 / Out-of-Network: Not Covered

Individual Max Out Of Pocket

In-Network: \$9,200 / Out-of-Network: Not Covered

Coinsurance

0%

Show more details

Compare

Select this plan





- Oliver Fletcherson
- Enrollment
- Coverage
- Profile
- Wallet
- Medical Providers
- Medicine Cabinet
- Documents

Enrollment ends on Novem

Your available monthly empl

Go back

Medical

Viewing 124 p

Benchmark (1) All (124)

Sort by
Premium Low-High

\$81.71
My Bi-Weekly cost

Carrier
Oscar

Plan
Bronze Simple 2

Plan ID
58081GA0010051

Individual Deductible
In-Network: \$9,100 / Out-of-N

Individual Max Out Of Pocket
In-Network: \$9,100 / Out-of-N

Coinsurance
0%

Show more details

- Bronze
 - Expanded bronze
 - Silver
 - Gold
- Plan types**
- EPO
 - HMO
- HSA Eligible**
- Yes
 - No
- Networks**
- Ambetter Solutions
 - Blue Value Hmo (Ga)
 - Connect (Ga)
 - Cvs Hmo (Georgia)
 - Ga Individual Exchange Benefit Plan
 - Ga Marketplace
 - Georgia Signature Hmo
 - Individual Georgia Hmo
 - Pathway Guided Access Hmo/Pathway X Guided Access (Ga)
 - Pathway Pcp Copay Choice (Ga)
- Providers**
- Brittany Wilson
 - Dr. Matthew Christopher Smith
 - Dr. Walid Hmissa
 - Northside Hospital Atlanta

Clear

Apply filters

Help

Save

ue 9200 (\$0 Virtual PCP + \$0 Select Drugs)

network: Not Covered

network: Not Covered

Compare

Select this plan





Oliver Fletcherson

Enrollment

Coverage

Profile

Wallet

Medical Providers

Medicine Cabinet

Documents

Enrollment ends on November 12, 2025 for coverage starting December 01, 2025

Your available monthly employer medical contribution is up to: **\$1,113.54**

Go back

Medical

Help

Viewing 38 of 124 plans

Benchmark (1) All (124) Saved (0)

Sort by

Premium Low-High

Filters (2 applied)

\$182.40

Save

My Bi-Weekly cost

Carrier

Aetna CVS Health

Plan

B Bronze 2 Advanced HSA: Aetna network + MinuteClinic + CVS Health Virtual Primary Care

Plan ID

82824GA0110028

Individual Deductible

In-Network: \$5,695 / Out-of-Network: Not Covered

Individual Max Out Of Pocket

In-Network: \$7,495 / Out-of-Network: Not Covered

Coinsurance

50%

Show more details

Compare

Select this plan

\$196.28

Save

My Bi-Weekly cost

Carrier

Aetna CVS Health

Plan

B Bronze S: Aetna network + \$0 MinuteClinic + \$0 CVS Health Virtual Primary Care

Plan ID

82824GA0110016

Individual Deductible

In-Network: \$7,500 / Out-of-Network: Not Covered

Individual Max Out Of Pocket

In-Network: \$9,200 / Out-of-Network: Not Covered

Coinsurance

50%

Show more details

Compare

Select this plan





Oliver Fletcherson

Enrollment

Coverage

Profile

Wallet

Medical Providers

Medicine Cabinet

Documents

Viewing 38 of 124 plans

Benchmark (1) All (124) Saved (0)

Sort by

Premium Low-High

Filters (2 applied)

\$182.40

Save

My Bi-Weekly cost

Carrier

Aetna CVS Health

Plan

Bronze 2 Advanced HSA: Aetna network + MinuteClinic + CVS Health Virtual Primary Care

Plan ID

82824GA0110028

Individual Deductible

In-Network: \$5,695 / Out-of-Network: Not Covered

Individual Max Out Of Pocket

In-Network: \$7,495 / Out-of-Network: Not Covered

Coinsurance

50%

Show more details

Stop comparing

Select this plan

\$196.28

Save

My Bi-Weekly cost

Carrier

Aetna CVS Health

Plan

Bronze S: Aetna network + \$0 MinuteClinic + \$0 CVS Health Virtual Primary Care

Plan ID

82824GA0110016

Individual Deductible

In-Network: \$7,500 / Out-of-Network: Not Covered

Individual Max Out Of Pocket

In-Network: \$9,200 / Out-of-Network: Not Covered

Coinsurance

50%

Show more details

Stop comparing

Select this plan

\$220.94

Save

My Bi-Weekly cost

Carrier

Cigna Healthcare

\$232.38

Save

My Bi-Weekly cost

Carrier

Cigna Healthcare

See comparison (2)

Cancel





Jerry Anders

- Enrollment
- Coverage
- Profile
- Wallet
- Medical Providers
- Medicine Cabinet
- Documents

🕒 Enrollment ends on November 30, 2025 for coverage starting December 01, 2025

Your available monthly employer medical contribution is up to: **\$823.46**

< Back to all plans

Comparing 4 plans

Scroll left to right to see all the plan compared together. You can select the plan from here too.

Gold 80 EPO	Platinum 90 Trio HMO	Gold 80 PPO	Silver 70 PPO
Select plan	Select plan	Select plan	Select plan
Remove	Remove	Remove	Remove
\$200.98 My Monthly cost	\$179.36 My Monthly cost	\$431.67 My Monthly cost	\$226.60 My Monthly cost
Carrier Anthem	Carrier BlueShield of California	Carrier BlueShield of California	Carrier BlueShield of California
Plan Gold 80 EPO	Plan Platinum 90 Trio HMO	Plan Gold 80 PPO	Plan Silver 70 PPO
Plan ID 27603CA1500005	Plan ID 70285CA8050004	Plan ID 70285CA1270001	Plan ID 70285CA1290001
Individual deductible In-Network: \$0 / Out-of-Network: Not Covered	Individual deductible In-Network: \$0 / Out-of-Network: Not Covered	Individual deductible In-Network: \$0 / Out-of-Network: \$5,500	Individual deductible In-Network: \$5,400 / Out-of-Network: \$7,000
Individual max out of pocket In-Network: \$8,700 / Out-of-Network: Not Covered	Individual max out of pocket In-Network: \$4,500 / Out-of-Network: Not Covered	Individual max out of pocket In-Network: \$8,700 / Out-of-Network: \$25,000	Individual max out of pocket In-Network: \$8,700 / Out-of-Network: \$25,000
Coinsurance 30%	Coinsurance 10%	Coinsurance 30%	Coinsurance 30%
Doctor visit cost	Doctor visit cost	Doctor visit cost	Doctor visit cost

Share as PDF





Oliver Fletcherson

Enrollment

Coverage

Profile

Wallet

Medical Providers

Medicine Cabinet

Documents

Enrollment ends on November 12, 2025 for coverage starting December 01, 2025

Your available monthly employer medical contribution is up to: **\$1,113.54**

Go back

Medical

Help

Viewing 38 of 124 plans

Benchmark (1) All (124) Saved (0)

Sort by

Premium Low-High

Filters (2 applied)

\$182.40

Save

My Bi-Weekly cost

Carrier

Aetna CVS Health

Plan

B Bronze 2 Advanced HSA: Aetna network + MinuteClinic + CVS Health Virtual Primary Care

Plan ID

82824GA0110028

Individual Deductible

In-Network: \$5,695 / Out-of-Network: Not Covered

Individual Max Out Of Pocket

In-Network: \$7,495 / Out-of-Network: Not Covered

Coinsurance

50%

Show more details

Compare

Select this plan

\$196.28

Save

My Bi-Weekly cost

Carrier

Aetna CVS Health

Plan

B Bronze S: Aetna network + \$0 MinuteClinic + \$0 CVS Health Virtual Primary Care

Plan ID

82824GA0110016

Individual Deductible

In-Network: \$7,500 / Out-of-Network: Not Covered

Individual Max Out Of Pocket

In-Network: \$9,200 / Out-of-Network: Not Covered

Coinsurance

50%

Show more details

Compare

Select this plan





Oliver Fletcherson

Enrollment

Coverage

Profile

Wallet

Medical Providers

Medicine Cabinet

Documents

Enrollment ends on November 12, 2025 for coverage starting December 01, 2025

Your available monthly employer medical contribution is up to: **\$1,113.54**

Your personalized benefits journey is almost complete

Please review the information shown and confirm that you have selected the insurance policy you would like for coverage.

Participants and medical care providers

For HMO and POS plans, you must choose a Primary Care Provider (PCP). Confirm with your provider that they are in-network for your plan and, if new, accepting patients.

Oliver Fletcherson (Myself)

Employee

DR. WALID HMISSA In Network Selected PCP

Internal Medicine

575 Professional Dr, Ste 400, Lawrenceville, GA, 30046

Not a PCP in this location

771 Old Norcross Rd, Ste 350, Lawrenceville, GA, 30046

Not a PCP in this location

[Change Primary Care Provider](#)

Amelia Fletcherson

Child

BRITTANY WILSON Out of Network Selected PCP

Pediatrics

Confirm and continue

Schedule support meeting

Help



Need help selecting a plan?

[Click here](#) to view a detailed article about metal tiers to help you decide.



Can't decide which metal tier would meet your needs?

[Click here](#) to view a detailed article about metal tiers to help you decide.



Wondering if a plan includes your prescriptions or preferred providers?

[Click here](#) to view instructions on how to check your plan's drug formulary or [here](#) to check network status for your provider.



Still unable to decide which plan is best for you?

Click below to schedule a virtual Microsoft Teams meeting with one of our licensed education specialists.





Oliver Fletcherson

Enrollment

Coverage

Profile

Wallet

Medical Providers

Medicine Cabinet

Documents

Enrollment ends on November 12, 2025 for coverage starting December 01, 2025

Your available monthly employer medical contribution is up to: **\$1,113.54**

Go back

Medical

Help

Viewing 124 plans

Benchmark (1) All (124) Saved (0)

Sort by

Premium Low-High

Filters

\$81.71

Save

My Bi-Weekly cost

Carrier

Oscar

Plan

B Bronze Simple 2

Plan ID

58081GA0010051

Individual Deductible

In-Network: \$9,100 / Out-of-Network: Not Covered

Individual Max Out Of Pocket

In-Network: \$9,100 / Out-of-Network: Not Covered

Coinsurance

0%

Show more details

Compare

Select this plan

\$91.62

Save

My Bi-Weekly cost

Carrier

Anthem

Plan

B Anthem Bronze Blue Value 9200 (\$0 Virtual PCP + \$0 Select Drugs)

Plan ID

45334GA0020011

Individual Deductible

In-Network: \$9,200 / Out-of-Network: Not Covered

Individual Max Out Of Pocket

In-Network: \$9,200 / Out-of-Network: Not Covered

Coinsurance

0%

Show more details

Compare

Select this plan





Jerry Anders

Enrollment

Coverage

Profile

Wallet

Medical Providers

Medicine Cabinet

Documents

🕒 Enrollment ends on November 30, 2025 for coverage starting December 01, 2025

Your available monthly employer medical contribution is up to: **\$823.46**

Your personalized benefits journey is almost complete.

Please review the information shown and confirm that you have selected the insurance policy you would like for coverage starting [December 2025](#).

Plan selected

\$200.98
My Monthly cost [?](#)

Carrier
Anthem

Plan
 Gold 80 EPO

Plan ID
[27603CA1500005](#)

Individual Deductible [?](#)
In-Network: \$0 / Out-of-Network: Not Covered

Individual Max Out Of Pocket [?](#)
In-Network: \$8,700 / Out-of-Network: Not Covered

Coinsurance [?](#)
30%

Participants
Jerry Anders

[Show more details](#) ▾

[Change plan](#)

Confirm and continue



Jerry Anders

🕒 Enrollment ends on November 30, 2025 for coverage starting December 01, 2025

Your available monthly employer medical contribution is up to: **\$823.46**

Your personalized benefits journey is almost complete.

Please review the information shown and confirm that you have selected the insurance policy you would like for coverage starting December 2025.

Plan selected

\$200.98

My Monthly cost [?](#)

Carrier

Anthem

Plan

G Gold 80 EPO

Plan ID

🕒 27603CA1500005

Individual Deductible [?](#)

In-Network: \$0 / Out-of-Network: Not Covered

Individual Max Out Of Pocket [?](#)

In-Network: \$8,700 / Out-of-Network: Not Covered

Coinsurance [?](#)

30%

Participants

Jerry Anders

[Show more details](#) [v](#)

[Change plan](#)

Confirm final submission?

By submitting your application, you're confirming your **FINAL** choice. **NO CHANGES** can be made to your plan selection until next year's National Open Enrollment, unless you have a qualifying life event. If you have any questions please reach out to support@benefitbay.com.

[Cancel](#)

[Submit application](#)

[Confirm and continue](#)





Jerry Anders

🕒 Enrollment ends on November 30, 2025 for coverage starting December 01, 2025

Enrollment

Coverage

Profile

Wallet

Medical Providers

Medicine Cabinet

Documents

Your available monthly employer medical contribution is up to: **\$0.00**

Enrollment

✔ Agreements ✔ Medical

\$200.98	\$200.98	\$0.00	\$823.46
My Monthly cost	My pre tax cost per month	My post tax cost per month	Employer cost per month

🏥 **Medical** 1 plan added ✔ COMPLETE [Manage](#)

\$200.98	\$200.98	\$0.00	\$823.46
My Monthly cost	My pre tax cost per month	My post tax cost per month	Employer cost per month

