

CITY OF PORT ST. LUCIE



2012-2013 COMPARABLE ENTITY EMPLOYEE BENEFIT SURVEY RESULTS

SURVEY CONDUCTED APRIL 2013
IN CONJUNCTION WITH

GEHRING GROUP
INSURANCE BROKERS & CONSULTANTS

Comparable Entity Employee Benefits Survey Results: 2011-2012

Compiled by the request of: City of Port St. Lucie.

In order to assist in evaluating the competitiveness of current employee benefit offerings, the Gehring Group completed a survey of local entities on behalf of the City of Port St. Lucie.

1. Cape Coral, City of	page 12
2. Clearwater, City of	page 14
3. Coral Springs, City of.....	page 16
4. Fort Lauderdale, City of.....	page 18
5. Fort Lauderdale Police.....	page 20
5. Ft. Pierce, City of	page 22
6. Gainesville, City of.....	page 24
7. Martin County BOCC.....	page 26
8. Hollywood, City of	page 28
9. Miramar, City of.....	page 30
10. Palm Bay, City of.....	page 32
11. Pembroke Pines, City of	page 34
11. Port St. Lucie, City of.....	page 36
12. St. Lucie County BOCC	page 38
13. Stuart, City	page 40
14. Tallahassee, City of.....	page 42
15. West Palm Beach, City of.....	page 44
16. West Palm Beach (Police Plan)	page 46

DEFINITIONS, ACRONYMS & ABBREVIATIONS

/CY	Per Calendar Year
PYD	Plan Year Deductible
CYD	Calendar Year Deductible
Ded.....	Deductible
HDHP	High Deductible Health Plan
Hosp.....	Hospital
HRA	Health Reimbursement Account
HSA.....	Health Savings Account
Max.....	Maximum
MHSA.....	Mental Health / Substance Abuse
N/A	Not Applicable

IMPORTANT INFORMATION ABOUT THIS SURVEY

Please consider the following regarding the data outlined herein:

- ◆ All information reported as of April, 2013, unless otherwise specified. Gehring Group provides no guarantee to the accuracy of the information reported by the participants or information retrieved from participants' websites.
- ◆ Unless otherwise indicated, all premium contribution information is reported on a monthly basis.
- ◆ All health insurance benefits outlined may be subject to limitations and exclusions not specified herein.
- ◆ Employer contributions for self funded medical plans are based on funding rates and may not reflect actual claims experience.

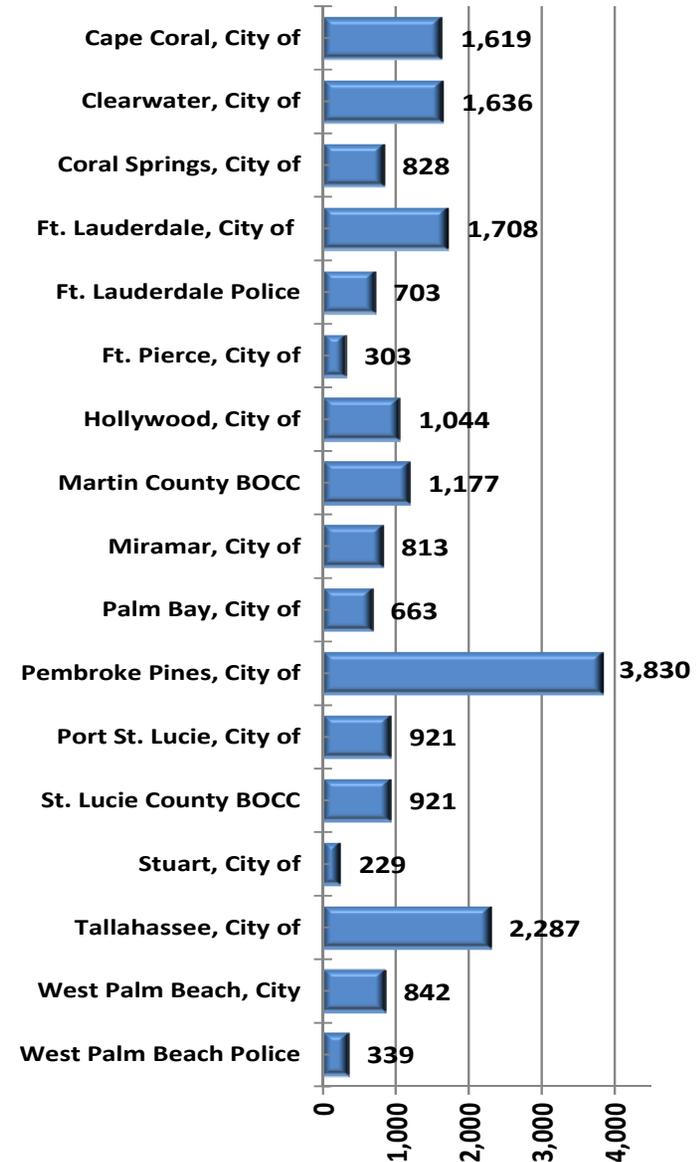
List of Comparable Entities	Population (from 2010 US Census)	Full Time Employees	Part Time Employees	Health Insurance Employer Contribution Strategy
Cape Coral, City of	154,305	1,677	343	Dollar Based
Clearwater, City of	110,169	1,510	82	Percentage Based
Coral Springs, City of	132,000	779	193	Dollar Based
Fort Lauderdale, City of	165,521	2,211	1,000	Dollar Based
Fort Lauderdale Police	165,521	500	0	Not Provided
Ft. Pierce, City of	41,590	360	13	Percentage Based
Gainesville, City of	124,354	Not Provided	Not Provided	Not Provided
Hollywood, City of	140,768	1189	233	Dollar Based
Martin County BOCC	146,318	1,032	12	Percentage Based
Miramar, City of	122,041	941	194	Percentage Based
Palm Bay, City of	103,190	698	85	Percentage Based
Pembroke Pines, City of	154,750	1,205	500	Dollar Based
Port St. Lucie, City of	164,603	876	48	Dollar Based
St. Lucie County BOCC	277,789	1,384	86	Percentage Based
Stuart, City of	15,593	233	17	Percentage Based
Tallahassee, City of	181,376	2,685	10	Percentage Based
West Palm Beach, City of	99,919	1,321	27	Percentage Based
West Palm Beach Police	99,919	362 (272 Sworn)	0	Percentage Based

List of Comparable Entities	# of EE's on Medical Plan	Eligibility Date for Health Insurance	Tier Structure	Funding Arrangement	Health Insurance Carrier / Network	Opt-Out Benefit Available	Savings Account Available
Cape Coral, City of	1,619	First of the month following 30 days	4 Tier	Fully Insured	Florida Blue (BCBSFL)	No	No
Clearwater, City of	1,636	First of the month following date of hire	3 Tier	Self Funded	CIGNA	No	No
Coral Springs, City of	828	First of the month following 30 days	3 Tier	Self Funded	CIGNA	No	Yes
Fort Lauderdale, City of	1,708	First of the month following date of hire	4 Tier	Fully Insured	CIGNA	No	Yes
Fort Lauderdale Police	703	First of the month following date of hire	4 Tier	Self Funded	FOP Health Trust	No	No
Ft. Pierce, City of	303	First of the month following 60 days	3 Tier	Fully Insured	Florida Blue (BCBSFL)	No	No
Gainesville, City of	<i>Not Provided</i>	31st day of employment	4 Tier	<i>Not Provided</i>	Florida Blue (BCBSFL)	<i>Not Provided</i>	Yes
Hollywood, City of	1,044	First of the month following 30 days	3 Tier	Self Funded	Florida Blue (BCBSFL)	No	Yes
Martin County BOCC	1,177	First of the month following 30 days	2 Tier	Self Funded	Florida Blue (BCBSFL)	No	Yes
Miramar, City of	813	First of the month following date of hire if hired before 15th.	3 Tier	Fully Insured	Humana	No	No
Palm Bay, City of	663	First of the month following 60 days	2 Tier	Fully Insured	Health First Health Plans	Yes	No
Pembroke Pines, City of	3,830	31 days after DOH	4 Tier	Self Funded	UMR—United Healthcare	Yes—Teachers Only	Yes
Port St. Lucie, City of	921	First of the month following 90 days	4 Tier	Self Funded	Florida Blue (BCBSFL)	No	No
St. Lucie County BCC	921	First of the month following 90 days	3 Tier	Fully Insured	Florida Blue (BCBSFL)	No	No
Stuart, City of	229	First of the month following 60 Days	4 Tier	Self Funded	CIGNA	No	No
Tallahassee, City of	2287	First of the month following date of hire	3 Tier	Fully Insured	Capital Health Plan & Florida Blue	Yes	Yes
West Palm Beach, City of	842	First of the month following 30 days	3 Tier	Minimum Premium	CIGNA	No	No
West Palm Beach Police	339	First of the month following date of hire	3 Tier	Fully Insured	CIGNA	No	No

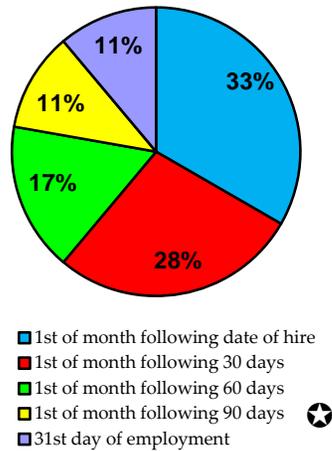
Summary of Findings General Information

The following charts illustrate the responses to the General Information questions of the survey.

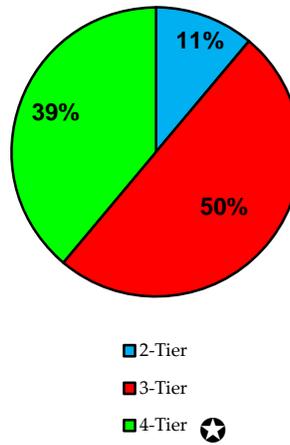
Current Number of Eligible Employees on Medical Plan



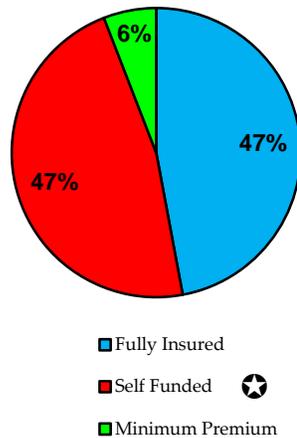
Employee Benefits Eligibility Date



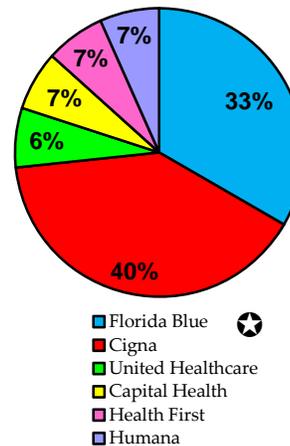
Health Insurance Tier Structure



Health Insurance Provider



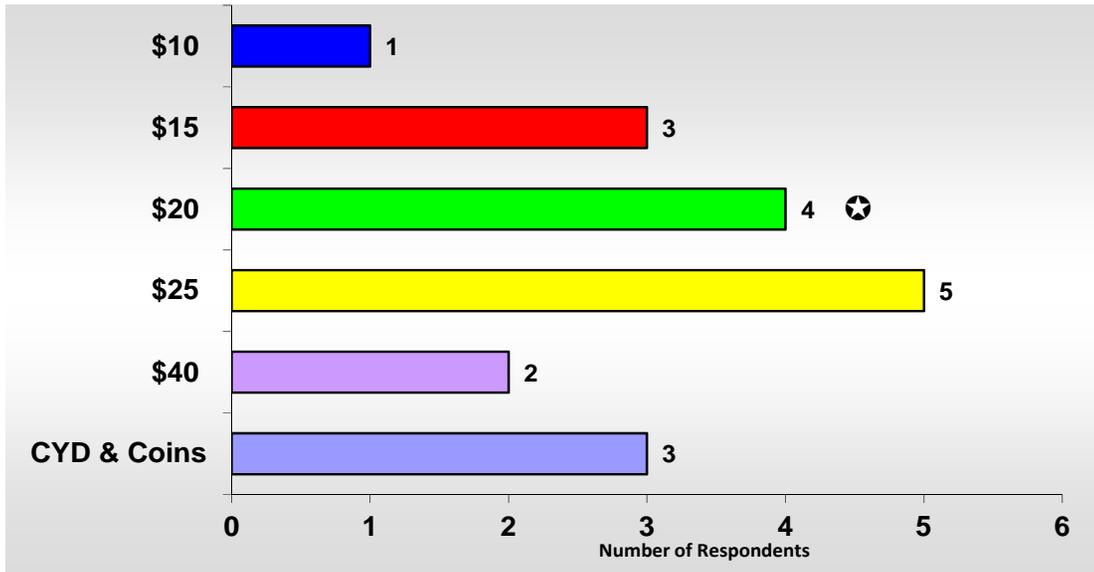
Fully Insured Versus Self Funded



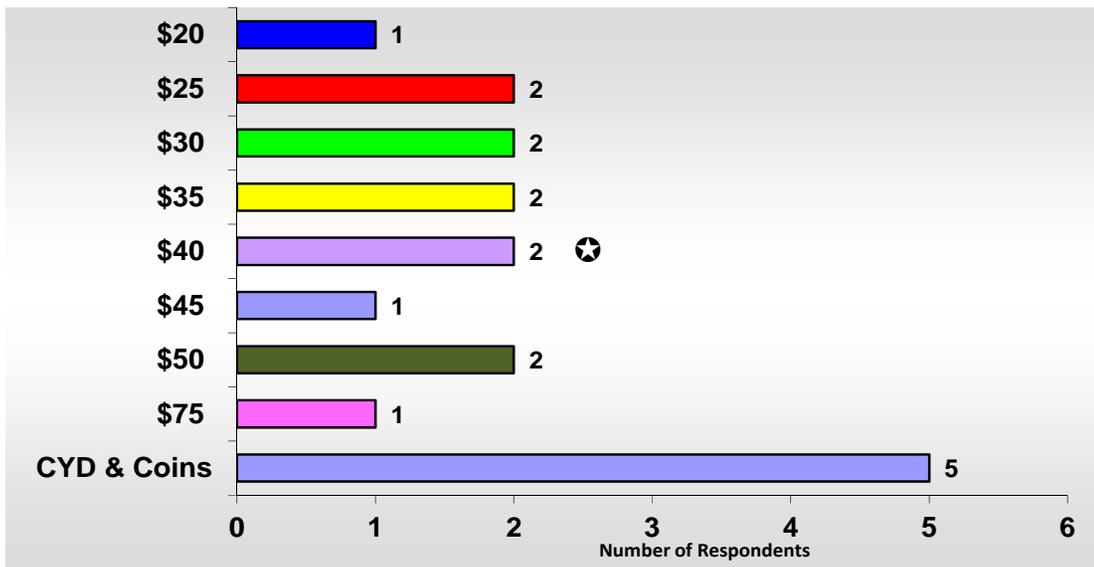
★ Indicates the City of Port St. Lucie's benefit plan attributes.

Summary of Findings Office Visit Copay Information

Primary Care Physician Office Visit Copay



Specialist Visit Copay



Pages 5 through 10 of the survey results include benefit comparisons of each entity's base or lowest cost plan.

The ★ indicates where the City of Port St. Lucie's benefit falls within each of the survey responses.

The graph on the left illustrates the Primary Care Physician Office Visit copay. It is apparent that the majority of entities surveyed (7 out of 12) continue to offer a copay of \$25 or less for this service. The City's \$20 primary care copay remains competitive with the majority of entities surveyed.

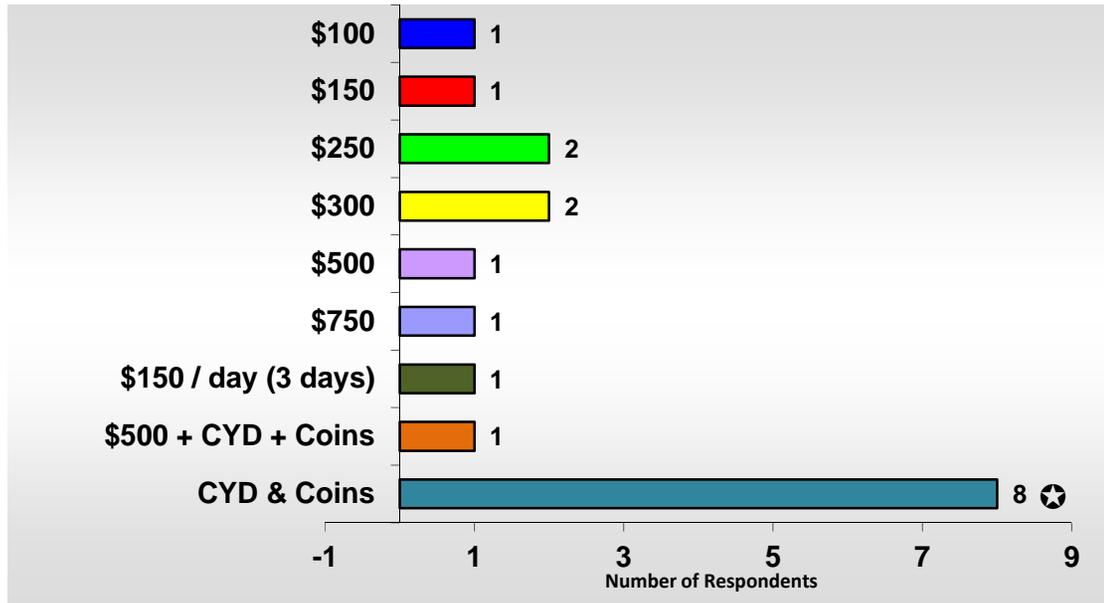
The City's Specialist copay of \$40 is considered average compared to the entities that were surveyed. Out of the 12 groups, 4 offer a benefit for specialty care subject to the Calendar Year Deductible and Coinsurance.

Two of the surveyed entities have implemented a HDHP that is HSA compatible. All expenses, other than preventive, are subject to the CYD.

★ Indicates the City of Port St. Lucie's Base plan benefit.

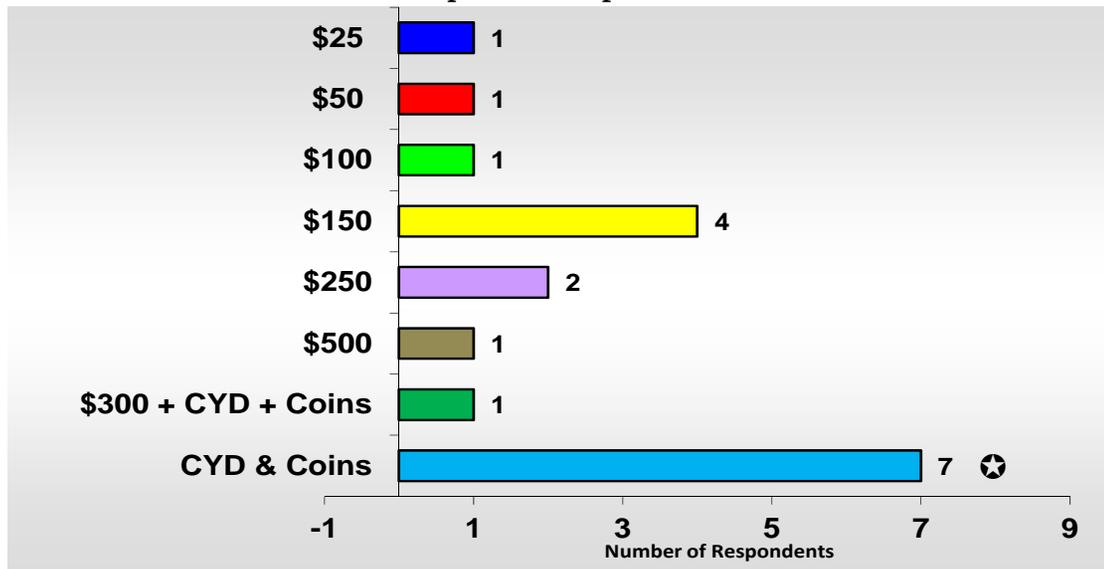
Summary of Findings Hospital Benefit Information

Inpatient Hospital Cost



The survey results indicate a wide variety of benefit levels for Inpatient and Outpatient Hospital services. The benefit of The City's base plan is in line with other entities' cost share for inpatient and outpatient hospitals.

Outpatient Hospital Cost

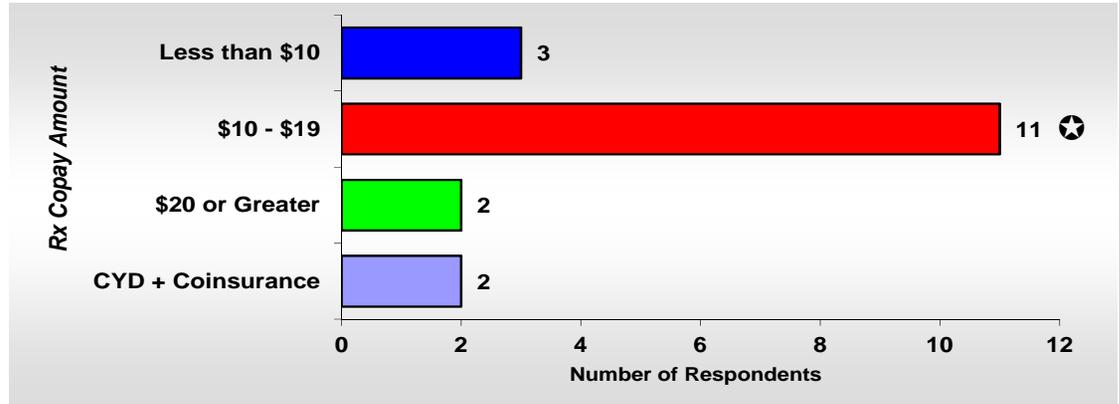


★ Indicates the City of Port St. Lucie's Base plan benefit.

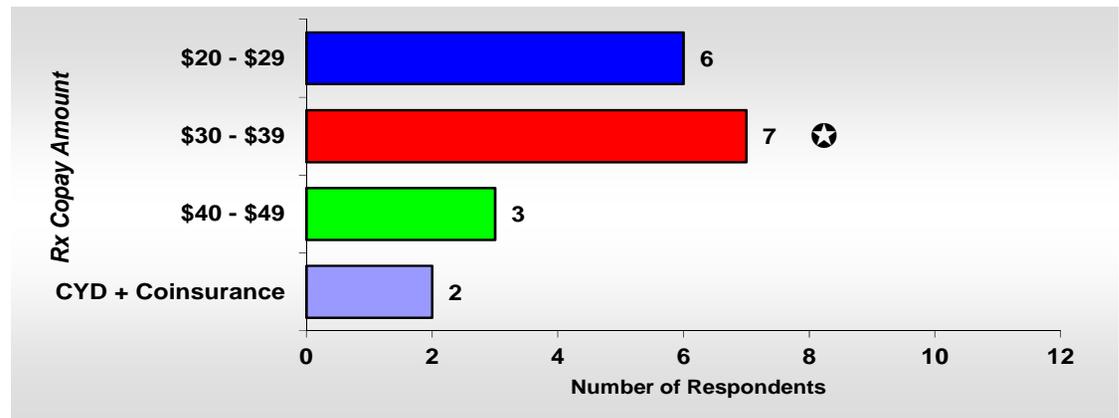
Summary of Findings Prescription Drug Benefit

Based on the results of the survey regarding the prescription drug benefit, the City's base plan benefit is in line with the majority of other entities.

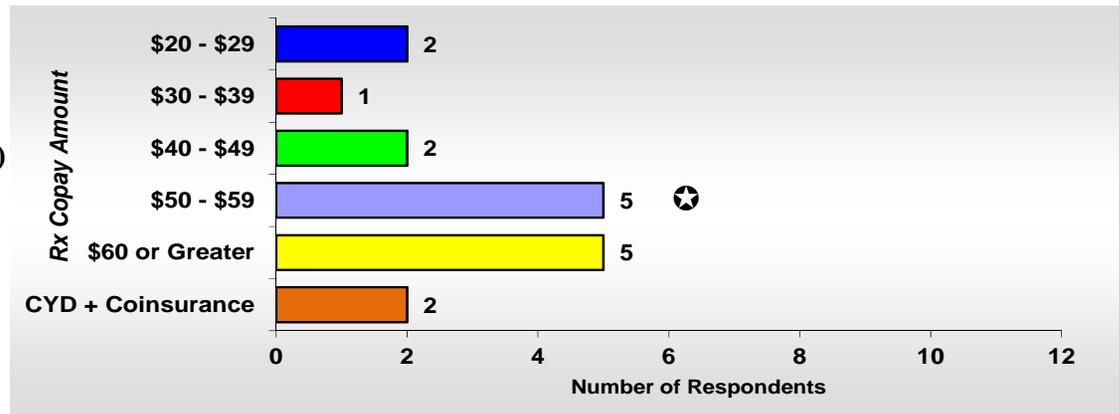
Tier One (Generic)
Number of entities whose prescription copay for Tier One drugs falls into the following ranges.



Tier Two (Preferred Brand Name)
Number of entities whose prescription copay for Tier Two drugs falls into the following ranges.



Tier Three (Non-Preferred Brand Name)
Number of entities whose prescription copay for Tier Three drugs falls into the following ranges.



★ Indicates the City of Port St. Lucie's Base plan benefit.

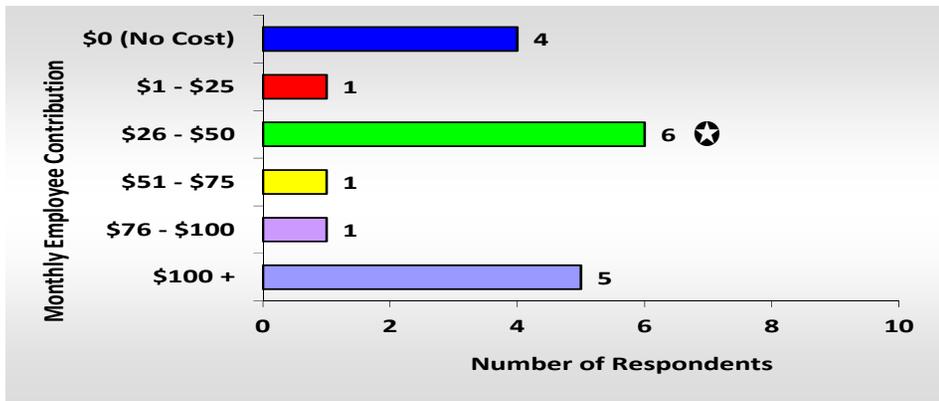
Summary of Findings Employee Monthly Cost Summary

The graphs on this page illustrate the employee contributions for the base plan option for all Tiers of Coverage. The \$0 to \$50 monthly contributions range remains the most popular option for employees with Single Coverage, indicating that the City's employees contribute more than the majority of the groups surveyed; however, the costs for employee plus Spouse, Child(ren), and Family Coverage are lower than seen in the majority of the entities surveyed. **It is important to note that the City of Port St. Lucie's contribution covers multiple lines of coverage and not just medical as many of the others plan do.** There are many unknown variables to consider when looking at these costs such as:

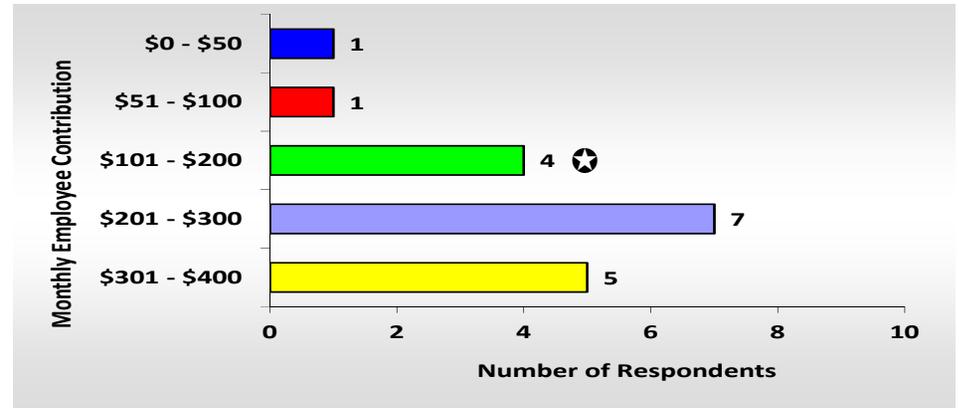
- ◆ employee demographics and its effect on the overall underwriting of the group's benefit plans,
- ◆ the claims experience of the overall group and its affect on the total cost of premiums, and
- ◆ employee participation in the "Base" plan versus other plan options within the group.

Overall, it appears that the City is more competitive than all of the other entities when comparing the contribution cost of Family Coverage. As always, it is important to evaluate the City's level of benefits in comparison to other "Base" plan options to determine whether the City's costs are higher due to having better benefits. It is also important to review the various employer contribution scenarios before you can determine how competitive the City's plan is overall.

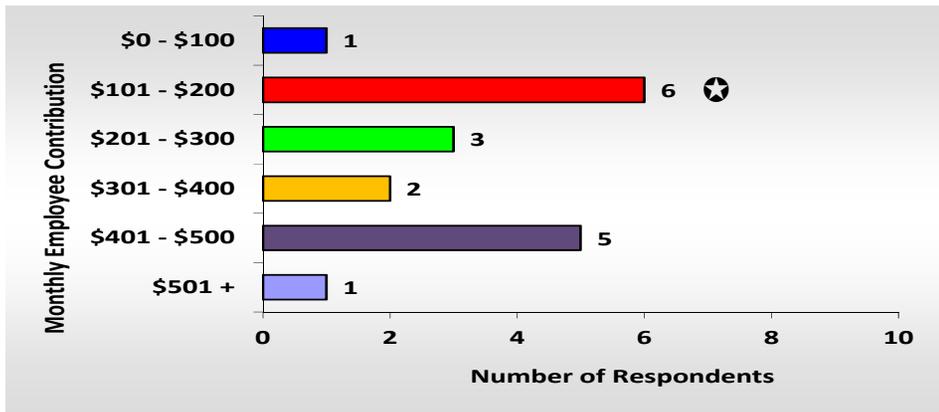
EE Contribution—EE ONLY COVERAGE



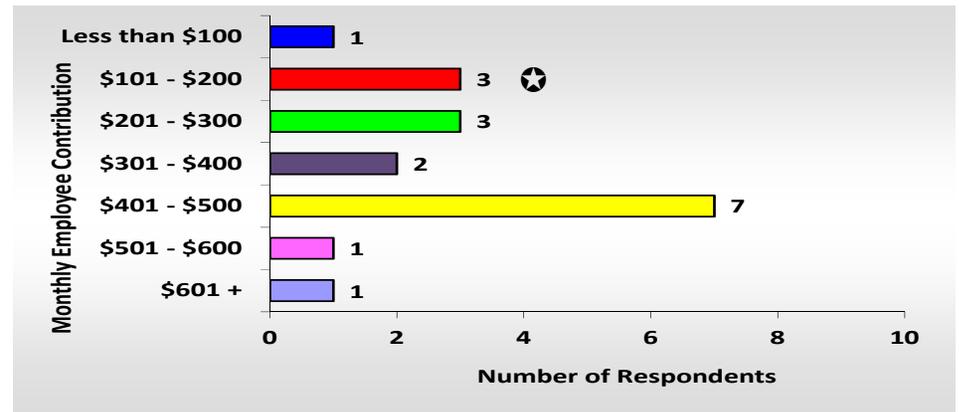
EE Contribution—EE + SPOUSE / EE + 1 COVERAGE



EE Contribution - EE + CHILD(REN) / EE + 2 OR MORE COVERAGE



EE Contribution—FAMILY COVERAGE



★ Indicates the City of Port St. Lucie's Base plan benefit.

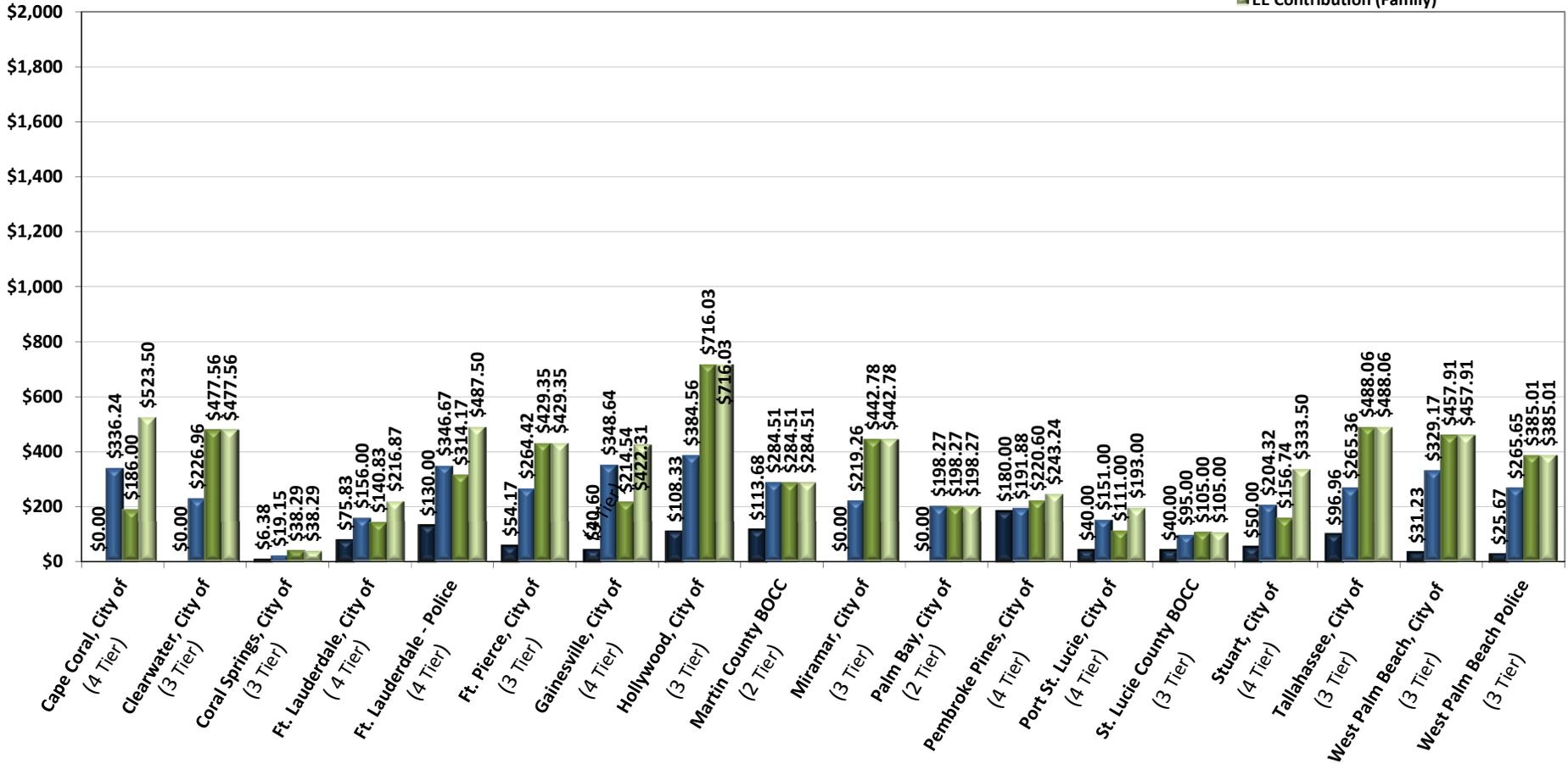
Summary of Findings

Employee Monthly Contribution by Entity

This graph illustrates the employee contribution for the base plan option at each entity. Based on these results, the City of Port St. Lucie's employees contribute around the average for single coverage and less than

the mean for family coverage. Again, there are numerous unknown variables to consider when reviewing this data.

Average EE Only EE Contribution	\$ 55.16	Median EE Only EE Contribution	\$ 40.30
Average EE + Spouse/EE + 1) EE Contribution	\$238.17	Median EE + Spouse/EE + 1) EE Contribution	\$245.69
Average EE + Child(ren)/EE + 2+) EE Contribution	\$298.15	Median EE + Child(ren)/EE + 2+) EE Contribution	\$252.56
Average Family EE Contribution	\$357.93	Median Family EE Contribution	\$403.66



Summary of Findings

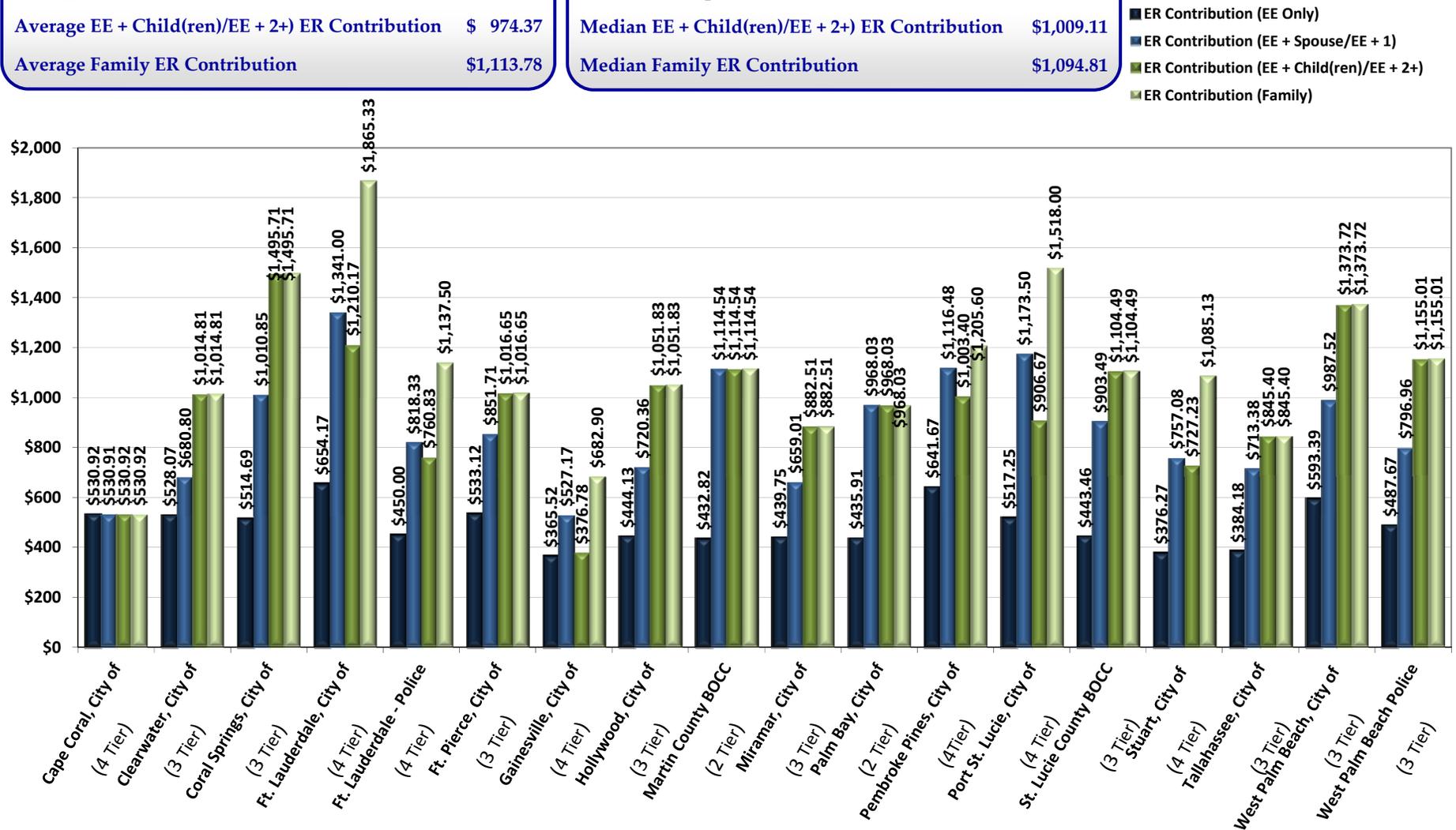
Employer Monthly Contribution by Entity

This graph illustrates the employer contribution for the base plan option at each entity. Based on these results, the City of Port St. Lucie contributes more towards the employee's premium than the average

contribution level of the 13 entities. Again, there are numerous unknown variables to consider when reviewing this data.

Average EE Only ER Contribution	\$ 487.39
Average EE + Spouse/EE + 1) ER Contribution	\$ 870.62
Average EE + Child(ren)/EE + 2+) ER Contribution	\$ 974.37
Average Family ER Contribution	\$1,113.78

Median EE Only ER Contribution	\$ 468.84
Median EE + Spouse/EE + 1) ER Contribution	\$ 835.02
Median EE + Child(ren)/EE + 2+) ER Contribution	\$1,009.11
Median Family ER Contribution	\$1,094.81



*Plan Benefits, Costs & Contributions
by Respondent*

CITY OF CAPE CORAL

SUMMARY OF BENEFITS		FLORIDA BLUE (BCBSFL)			
	BlueCare	BlueOptions Low Plan		BlueOptions High Plan	
	<i>In-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Calendar Year Deductible					
Single	None	\$1,500	\$3,000	\$500	\$500
Family	None	\$4,500	\$9,000	\$1,500	\$1,500
Out of Pocket Maximum					
Single	\$3,000	\$3,000	\$5,000	\$2,500	\$5,000
Family	\$6,000	\$6,000	\$10,000	\$5,000	\$10,000
Office Visits					
PCP Physician Office Visit	\$25	\$25	CYD + 40%	\$15	CYD + 50%
Specialist Office Visit	\$50	CYD + 20%	CYD + 40%	\$35	CYD + 50%
Chiropractic Benefit & Limits	\$50	CYD + 20%	CYD + 40%	\$35	CYD + 50%
Retail Prescriptions (30 days)					
Tier 1: Generic	\$10	\$10		\$10	
Tier 2: Preferred Brand	\$30	\$30	50%	\$30	50%
Tier 3: Non Preferred Brand	\$50	\$50		\$50	
Tier 4: (if applicable)	N/A	N/A	N/A	N/A	
Mail Order Rx Benefit (90 days)					
Mail Order 90-day Supply	2 X Copay	2 X Copay	2 X Copay	2 X Copay	2 X Copay
Emergency Services					
Emergency Room Visit	\$150	CYD + 20%	CYD + 40%	\$100	\$200
Urgent Care Visit	\$75	CYD + 20%	CYD + 40%	\$40	CYD + 50%
Hospital Services					
Inpatient	\$750 / admission	CYD + 20%	CYD + 40%	\$600 / \$1,000	CYD + 50%
Outpatient	\$200 / visit	CYD + 20%	CYD + 40%	\$250 / \$350	CYD + 50%
Outpatient Diagnostic Testing (MRI/CT Scans /Colonoscopy/ etc.)	\$250	CYD + 20%	CYD + 40%	\$125	CYD + 50%

CITY OF CAPE CORAL

ENROLLMENT, COSTS & CONTRIBUTIONS		FLORIDA BLUE (BCBSFL)		
Number Enrolled: 1,619	BlueCare	BlueOptions Low Plan	BlueOptions High Plan	
Enrollment				
EE Only	487	34	576	
EE+Spouse	103	7	28	
EE+Child(ren)	193	6	61	
EE+Family	102	8	14	
Total Premium				
EE Only	\$642.33	\$530.92	\$738.58	
EE+Spouse	\$1,050.19	\$867.15	\$1,255.01	
EE+Child(ren)	\$868.20	\$716.92	\$1,011.82	
EE+Family	\$1,277.03	\$1,054.42	\$1,524.19	
Employer Contribution				
EE Only	\$642.33 (100%)	\$530.92 (100%)	\$738.58 (100%)	
EE+Spouse	\$642.33 (61%)	\$530.91 (61%)	\$738.57 (59%)	
EE+Child(ren)	\$642.32 (74%)	\$530.92 (74%)	\$738.58 (73%)	
EE+Family	\$642.33 (50%)	\$530.92 (50%)	\$738.57 (48%)	
Employee Contribution				
EE Only	\$0.00 (0%)	\$0.00 (0%)	\$0.00 (0%)	
EE+Spouse	\$407.86 (39%)	\$336.24 (39%)	\$516.44 (41%)	
EE+Child(ren)	\$225.88 (26%)	\$186.00 (26%)	\$273.24 (27%)	
EE+Family	\$634.70 (50%)	\$523.50 (50%)	\$785.62 (52%)	

CITY OF CLEARWATER

SUMMARY OF BENEFITS	CIGNA			
	Open Access—Base Plan		Open Access—PHA Plan	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Calendar Year Deductible				
Single	\$3,000	\$3,000	\$2,000	\$2,000
Family	\$6,000	\$6,000	\$4,000	\$4,000
Out of Pocket Maximum				
Single	\$4,000	\$4,000	\$3,500	\$3,500
Family	\$8,000	\$8,000	\$7,000	\$7,000
Office Visits				
PCP Physician Office Visit	\$50	CYD + 40%	\$40	CYD + 30%
Specialist Office Visit	\$75	CYD + 40%	\$60	CYD + 30%
Chiropractic Benefit & Limits	\$75	CYD + 40%	\$60	CYD + 30%
Retail Prescriptions (30 days)				
Tier 1: Generic	\$30		\$30	
Tier 2: Preferred Brand	\$40	Not Covered	\$40	Not Covered
Tier 3: Non Preferred Brand	\$60		\$60	
Tier 4: (if applicable)	N/A		N/A	
Mail Order Rx Benefit (90 days)				
Mail Order 90-day Supply	2 X Copay	Not Covered	2 X Copay	Not Covered
Emergency Services				
Emergency Room Visit	\$150	\$150	\$150	\$150
Urgent Care Visit	\$75 / visit	\$75 / visit	\$75 / visit	\$75 / visit
Hospital Services				
Inpatient	CYD + \$500 / admission + 20%	CYD + \$500 / admission + 40%	CYD + \$500 / admission + 10%	CYD + \$500 / admission + 40%
Outpatient	CYD + \$300 / admission + 10%	CYD + 30%	CYD + \$300 / admission + 10%	CYD + 30%
Outpatient Diagnostic Testing (MRI/CT Scans /Colonoscopy/ etc.)	CYD + 10%	CYD + 30%	CYD + 10%	CYD + 30%

CITY OF CLEARWATER

ENROLLMENT, COSTS & CONTRIBUTIONS		CIGNA	
Number Enrolled: 1,636	Base Plan	PHA Plan	
Enrollment			
EE Only	181	941	
EE+1	14	255	
EE+Family	18	227	
Total Premium			
EE Only	\$528.07	\$528.07	
EE+1	\$907.84	\$907.84	
EE+Family	\$1,492.37	\$1,492.37	
Employer Contribution			
EE Only	\$528.07 (100%)	\$528.07 (100%)	
EE+1	\$680.80 (75%)	\$680.80 (75%)	
EE+Family	\$1,014.81 (68%)	\$1,014.81 (68%)	
Employee Contribution			
EE Only	\$0.00	\$0.00	
EE+1	\$226.96 (25%)	\$226.96 (25%)	
EE+Family	\$477.56 (32%)	\$477.56 (32%)	

CITY OF CORAL SPRINGS

SUMMARY OF BENEFITS		CIGNA			
	HMO	HDHP with HRA		PPO	
	<i>In-Network</i>	<i>In-Network / HRA Amt</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Calendar Year Deductible					
Single	N/A	\$1,500 / \$750	\$1,500	\$300	\$600
Employee & 1 dependent	N/A	\$3,000 / \$1,500	\$3,000	N/A	N/A
Family	N/A	\$4,500 / \$2,250	\$4,500	\$900	\$1,800
Out of Pocket Maximum					
Single	\$500	\$750	\$1,500	\$750	\$1,500
Family	\$1,500	\$2,250	\$4,500	\$2,250	\$4,500
Office Visits					
PCP Physician Office Visit	\$20	CYD + 20%	CYD + 40%	\$30	CYD + 40%
Specialist Office Visit	\$30 / \$40	CYD + 20%	CYD + 40%	\$40 / \$50	CYD + 40%
Chiropractic Benefit	\$30 / \$40	CYD + 20%	CYD + 40%	\$40 / \$50	CYD + 40%
Retail Prescriptions					
Tier 1: Generic	\$10	CYD + 20%		\$15	
Tier 2: Preferred Brand	\$20	CYD + 20%		\$30	
Tier 3: Non Preferred	Not Covered	CYD + 20%	Not Covered	\$60	40%
Tier 4: (if applicable)	N/A	N/A		N/A	
Mail Order Rx Benefit					
Mail Order 90-day Supply	2 X Copay	CYD + 20%	Not Covered	2 X Copay	40%
Emergency Services					
Emergency Room Visit	\$170	CYD + 20%	CYD + 20%	\$100	\$100
Urgent Care Visit	\$85	CYD + 20%	CYD + 20%	\$50	\$50
Hospital Services					
Inpatient	\$200 / admission + 10%	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%
Outpatient	\$50 / visit	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%
Outpatient Diagnostic	10%	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%

CITY OF CORAL SPRINGS

ENROLLMENT, COSTS & CONTRIBUTIONS		CIGNA		
Number Enrolled: 845	HMO	HDHP w-HRA	PPO	
Enrollment				
EE Only	256	16	25	
EE+Spouse/EE+1	175	7	20	
EE+Child(ren)/EE+2 or more	N/A	N/A	N/A	
EE+Family	319	9	18	
Total Premium				
EE Only	\$561.00	\$521.00	\$766.00	
EE+Spouse/EE+1	\$1,111.00	\$1,030.00	\$1,514.00	
EE+Child(ren)/EE+2 or more	N/A	N/A	N/A	
EE+Family	\$1,655.00	\$1,534.00	\$2,260.00	
Employer Contribution				
EE Only	\$552.45 (98%)	\$514.62 (99%)	\$680.48 (89%)	
EE+Spouse/EE+1	\$1,068.23 (96%)	\$1,010.85 (98%)	\$1,342.95 (89%)	
EE+Child(ren)/EE+2 or more	N/A	N/A	N/A	
EE+Family	\$1,569.48 (95%)	\$1,495.71 (98%)	\$2,003.45 (89%)	
Employee Contribution				
EE Only	\$8.55 (2%)	\$6.38 (1%)	\$85.52 (11%)	
EE+Spouse/EE+1	\$42.77 (4%)	\$19.15 (2%)	\$171.05 (11%)	
EE+Child(ren)/EE+2 or more	N/A	N/A	N/A	
EE+Family	\$85.52 (5%)	\$38.29 (2%)	\$256.55 (11%)	

CITY OF FT. LAUDERDALE

SUMMARY OF BENEFITS	CIGNA			
	HMO 1	HMO 2	CDHP with HRA	
	<i>In-Network</i>	<i>In-Network</i>	<i>In-Network / HRA Amt</i>	<i>Out-of-Network</i>
Calendar Year Deductible				
Single	N/A	\$1,000	\$2,000 / \$750	
Employee & 1 Dependent	N/A	\$2,000	\$3,000 / \$1,000	
Family	N/A	\$3,000	\$4,000 / \$1,500	
Out of Pocket Maximum				
	Include Copays, No RX	Includes Copays, No RX	Includes Deductible and Coinsurance	
Single	\$5,000	\$7,000	\$5,000	
Employee & 1 Dependent	\$7,000	\$10,000	\$7,000	
Family	\$10,000	\$14,000	\$10,000	
Office Visits				
PCP Physician Office Visit	\$40	\$40	CYD + 10%	CYD + 30%
Specialist Office Visit	\$60	\$60	CYD + 10%	CYD + 30%
Chiropractic Benefit	\$60	\$60	CYD + 10%	CYD + 30%
Retail Prescriptions				
Tier 1: Generic	\$20	\$20	CYD + 30%	
Tier 2: Preferred Brand	\$40	\$40	CYD + 40%	
Tier 3: Non Preferred	\$60	\$60	CYD + 60%	
Tier 4: (if applicable)	N/A	N/A	N/A	
Mail Order Rx Benefit				
Mail Order 90-day Supply	2 X Copay	2 X Copay	Same as Retail	
Emergency Services				
Emergency Room Visit	\$200	\$200	CYD + 10%	CYD + 10%
Urgent Care Visit	\$40	\$40	CYD + 10%	CYD + 30%
Hospital Services				
Inpatient	\$500 / day / 5 days	CYD + 20%	CYD + 10%	CYD + 30%
Outpatient	\$500 / visit	CYD + 20%	CYD + 10%	CYD + 30%
Outpatient Diagnostic	10%	10%	CYD + 10%	CYD + 30%

CITY OF FT. LAUDERDALE

ENROLLMENT, COSTS & CONTRIBUTIONS		CIGNA		
Number Enrolled: 1,708	HMO 1	HMO 2	CDHP with HRA	
Enrollment				
EE Only		725		
EE+Spouse/EE+1		389		
EE+Child(ren)/EE+2 or more		121		
EE+Family		473		
Total Premium				
EE Only	\$ 811.00	\$ 738.00	\$ 730.00	
EE+Spouse/EE+1	\$ 1,663.00	\$ 1,541.00	\$ 1,497.00	
EE+Child(ren)/EE+2 or more	\$ 1,501.00	\$ 1,411.00	\$ 1,351.00	
EE+Family	\$ 2,313.00	\$ 2,129.00	\$ 2,082.00	
Employer Contribution				
EE Only	\$ 629.00 (78%)	\$ 597.17 (81%)	\$ 654.17 (90%)	
EE+Spouse/EE+1	\$ 1,290.33 (78%)	\$ 1,255.00 (81%)	\$ 1,341.00 (90%)	
EE+Child(ren)/EE+2 or more	\$ 1,254.00 (84%)	\$ 1,153.17 (82%)	\$ 1,210.17 (90%)	
EE+Family	\$ 1,977.17 (85%)	\$ 1,732.50 (81%)	\$ 1,865.33 (90%)	
Employee Contribution				
EE Only	\$ 182.00 (22%)	\$ 140.83 (19%)	\$ 75.83 (10%)	
EE+Spouse/EE+1	\$ 372.67 (22%)	\$ 286.00 (19%)	\$ 156.00 (10%)	
EE+Child(ren)/EE+2 or more	\$ 247.00 (16%)	\$ 257.83 (18%)	\$ 140.83 (10%)	
EE+Family	\$ 335.83 (85%)	\$ 396.50 (19%)	\$ 216.67 (10%)	

CITY OF FT. LAUDERDALE POLICE

SUMMARY OF BENEFITS		FOP Health Trust (United Healthcare)			
		Choice Plus Low Plan		Choice Plus High Plan	
		<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Calendar Year Deductible					
Single		\$0	\$10,000	\$250	\$500
Family		\$0	\$20,000	\$750	\$1,500
Out of Pocket Maximum					
Single		\$1,000	\$10,000	\$1,250	\$3,500
Family		\$3,000	\$20,000	\$3,750	\$7,500
Office Visits					
PCP Physician Office Visit		\$25	CYD + 50%	\$25	CYD + 30%
Specialist Office Visit		\$50	CYD + 50%	\$50	CYD + 30%
Chiropractic Benefit		\$30	CYD + 50%	\$30	Not Covered
Retail Prescriptions					
Tier 1: Generic		\$5		\$5	
Tier 2: Preferred Brand		\$25		\$25	
Tier 3: Non Preferred		\$45	Not Covered	\$45	Not Covered
Tier 4: (if applicable)		N/A		N/A	
Mail Order Rx Benefit					
Mail Order 90-day Supply		2 X Copay	Not Covered	2 X Copay	Not Covered
Emergency Services					
Emergency Room Visit		\$200	\$200	\$200	\$200
Urgent Care Visit		\$30	CYD + 50%	\$30	CYD + 30%
Hospital Services					
Inpatient		\$150 Copay / 3 days	CYD + 50%	CYD + 10%	CYD + 30%
Outpatient		\$150 / visit	CYD + 50%	CYD + 10%	CYD + 30%
Outpatient Diagnostic		\$50 per scan	CYD + 50%	CYD + 10%	CYD + 30%

CITY OF FT. LAUDERDALE POLICE

ENROLLMENT, COSTS & CONTRIBUTIONS		FOP Health Trust (United Healthcare)	
Number Enrolled: 703	Choice Plus Low Plan	Choice Plus High Plan	
Enrollment			
EE Only	<i>Not Provided</i>	<i>Not Provided</i>	
EE+Spouse/EE+1	<i>Not Provided</i>	<i>Not Provided</i>	
EE+Child(ren)/EE+2 or more	<i>Not Provided</i>	<i>Not Provided</i>	
EE+Family	<i>Not Provided</i>	<i>Not Provided</i>	
Total Premium			
EE Only	\$ 580.00	\$ 610.00	
EE+Spouse/EE+1	\$ 1,165.00	\$ 1,230.00	
EE+Child(ren)/EE+2 or more	\$ 1,075.00	\$ 1,135.00	
EE+Family	\$ 1,625.00	\$ 1,720.00	
Employer Contribution			
EE Only	\$ 450.00 (78%)	\$ 404.17 (66%)	
EE+Spouse/EE+1	\$ 818.33 (70%)	\$ 775.00 (63%)	
EE+Child(ren)/EE+2 or more	\$ 760.83 (71%)	\$ 723.33 (64%)	
EE+Family	\$ 1,137.50 (70%)	\$ 1,080.83 (63%)	
Employee Contribution			
EE Only	\$ 130.00 (22%)	\$ 205.83 (34%)	
EE+Spouse/EE+1	\$ 346.67 (30%)	\$ 455.00 (37%)	
EE+Child(ren)/EE+2 or more	\$ 314.17 (29%)	\$ 411.67 (36%)	
EE+Family	\$ 487.50 (30%)	\$ 639.17 (37%)	

CITY OF FT. PIERCE

SUMMARY OF BENEFITS		FLORIDA BLUE (BCBSFL)			
	BlueOptions—Base Plan		BlueChoice—Buy-Up Plan		
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	
Calendar Year Deductible					
Single		\$750		\$500	
Family		\$2,250		\$1,500	
Out of Pocket Maximum					
Single		\$3,000		\$1,500	
Family		\$9,000		\$4,500	
Office Visits					
PCP Physician Office Visit	\$20	CYD + 40%	\$15	CYD + 40%	
Specialist Office Visit	\$35	CYD + 40%	\$15	CYD + 40%	
Chiropractic Benefit & Limits	\$35	CYD + 40%	\$15	CYD + 40%	
Retail Prescriptions (30 days)					
Tier 1: Generic	\$10	\$10	\$5	\$5	
Tier 2: Preferred Brand	\$25	\$25	\$24	\$35	
Tier 3: Non Preferred Brand	\$60	\$60	\$24	\$24	
Tier 4: (if applicable)	N/A	N/A	N/A	N/A	
Mail Order Rx Benefit (90 days)					
Mail Order 90-day Supply	2 X Copay	CYD + 50%		\$10/\$70/\$70	
Emergency Services					
Emergency Room Visit	\$100 + 20%	\$100 + 20%	<i>Not Provided</i>	<i>Not Provided</i>	
Urgent Care Visit	<i>Not Provided</i>	CYD + 40%	<i>Not Provided</i>	<i>Not Provided</i>	
Hospital Services					
Inpatient	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	
Outpatient	CYD + 20%	CYD + 40%	CYD + 20%	CYD + 40%	
Outpatient Diagnostic Testing (MRI/CT Scans /Colonoscopy/etc.)	\$100	CYD + 40%	\$15	CYD + 40%	

CITY OF FT. PIERCE

ENROLLMENT, COSTS & CONTRIBUTIONS		FLORIDA BLUE (BCBSFL)	
Number Enrolled: 303	BlueOptions—Base Plan	BlueChoice—Buy-Up Plan	
Enrollment			
EE Only	174		26
EE+Spouse/EE+1	37		7
EE+Child(ren)/EE+2 or more	-		-
EE+Family	47		12
Total Premium			
EE Only	\$587.29		\$643.27
EE+Spouse/EE+1	\$1,116.13		\$1,229.00
EE+Child(ren)/EE+2 or more	N/A		\$1,594.35
EE+Family	\$1,446.00		N/A
Employer Contribution			
EE Only	\$533.12 (91%)		\$533.12 (83%)
EE+Spouse/EE+1	\$851.71 (76%)		\$851.71 (69%)
EE+Child(ren)/EE+2 or more	N/A		N/A
EE+Family	\$1,016.65 (70%)		\$1,016.65 (64%)
Employee Contribution			
EE Only	\$54.17 (9%)		\$110.15 (17%)
EE+Spouse/EE+1	\$264.42 (24%)		\$377.29 (31%)
EE+Child(ren)/EE+2 or more	N/A		N/A
EE+Family	\$429.35 (30%)		\$577.72 (36%)

CITY OF GAINESVILLE

SUMMARY OF BENEFITS		FLORIDA BLUE (BCBSFL)	
	<i>In-Network</i>	<i>Out-of-Network</i>	
Calendar Year Deductible			
Single		\$500	
Family		\$1,500	
Out of Pocket Maximum			
Single	\$3,000		\$5,000
Family	\$6,000		\$10,000
Office Visits			
PCP Physician Office Visit	\$15		CYD + 40%
Specialist Office Visit	CYD + 20%		CYD + 40%
Chiropractic Benefit & Limits	CYD + 20%		CYD + 40%
Retail Prescriptions (30 days)			
Tier 1: Generic	\$10		CYD + 40%
Tier 2: Preferred Brand	\$30		
Tier 3: Non Preferred Brand	\$50		
Tier 4: (if applicable)	N/A		
Mail Order Rx Benefit (90 days)			
Mail Order 90-day Supply	<i>2 X Copay</i>		N/A
Emergency Services			
Emergency Room Visit	Facility - \$100 / Physician - CYD + 20%		Facility - \$100 / Physician - CYD + 20%
Urgent Care Visit	\$30		CYD + 40%
Hospital Services			
Inpatient	\$750 / \$1,000		CYD + 40%
Outpatient	\$150 / \$250		CYD + 40%
Outpatient Diagnostic Testing (MRI/CT Scans /Colonoscopy/etc.)	\$125 / scan		CYD + 40%

CITY OF GAINESVILLE

ENROLLMENT, COSTS & CONTRIBUTIONS	FLORIDA BLUE (BCBSFL)
Number Enrolled: Pending	
Enrollment	
EE Only	<i>Not provided</i>
EE+Spouse/EE+1	<i>Not provided</i>
EE+Child(ren)/EE+2 or more	<i>Not provided</i>
EE+Family	<i>Not provided</i>
Total Premium	
EE Only	\$ 406.12
EE+Spouse/EE+1	\$ 875.81
EE+Child(ren)/EE+2 or more	\$ 591.33
EE+Family	\$ 1,105.28
Employer Contribution	
EE Only	\$ 365.52 (90%)
EE+Spouse/EE+1	\$ 527.17 (60%)
EE+Child(ren)/EE+2 or more	\$ 376.78 (64%)
EE+Family	\$ 682.98 (62%)
Employee Contribution	
EE Only	\$ 40.60 (10%)
EE+Spouse/EE+1	\$ 348.64 (40%)
EE+Child(ren)/EE+2 or more	\$ 214.55 (36%)
EE+Family	\$ 422.31 (38%)

CITY OF HOLLYWOOD

SUMMARY OF BENEFITS		FLORIDA BLUE (BCBSFL)			
	General Plan		Enterprise Plan		
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	
Calendar Year Deductible					
Single	\$0	\$500	\$0	\$500	
Family	\$0	\$1,500	\$0	\$1,500	
Out of Pocket Maximum					
Single	\$1,500	\$3,000	\$1,500	\$3,000	
Family	\$3,000	\$6,000	\$3,000	\$6,000	
Office Visits					
PCP Physician Office Visit	\$40	CYD + 40%	\$20	CYD + 40%	
Specialist Office Visit	\$40	CYD + 40%	\$20	CYD + 40%	
Chiropractic Benefit & Limits	\$40 (30 visits)	CYD + 40%	\$20 (30 visits)	CYD + 40%	
Retail Prescriptions (30 days)					
	\$50 Deductible \$1,000 Individual/\$3,000 Family Out of Pocket Max.		\$50 Deductible \$1,000 Individual/\$3,000 Family Out of Pocket Max.		
Tier 1: Generic	20%		20%		
Tier 2: Preferred Brand	20%	50%	20%	50%	
Tier 3: Non Preferred Brand	20%		20%		
Tier 4: (if applicable)	N/A	N/A	N/A	N/A	
Mail Order Rx Benefit (90 days)					
Mail Order 90-day Supply	\$20/\$50/\$80	N/A	\$20/\$50/\$80	N/A	
Emergency Services					
Emergency Room Visit	\$50	\$50	\$50	\$50	
Urgent Care Visit	\$40	CYD + 40%	\$20	CYD + 40%	
Hospital Services					
Inpatient	\$250 / \$500	\$750	\$250 / \$500	\$750	
Outpatient	\$100 / \$200	\$300	\$50	CYD + 40%	
Outpatient Diagnostic Testing (MRI/CT Scans /Colonoscopy/etc.)	\$50	CYD + 40%	\$20	CYD + 40%	

CITY OF HOLLYWOOD

ENROLLMENT, COSTS & CONTRIBUTIONS	FLORIDA BLUE (BCBSFL)	
Number Enrolled: 1,044	General Plan	Enterprise Plan
Enrollment		
EE Only	402	84
EE+Spouse/EE+1	39	109
EE+Family	359	51
Total Premium		
EE Only	\$ 552.46	<i>Not Provided</i>
EE+Spouse/EE+1	\$ 1,104.92	<i>Not Provided</i>
EE+Family	\$ 1,767.86	<i>Not Provided</i>
Employer Contribution		
EE Only	\$ 444.13 (80%)	<i>Not Provided</i>
EE+Spouse/EE+1	\$ 720.36 (65%)	<i>Not Provided</i>
EE+Family	\$ 1,051.83 (59%)	<i>Not Provided</i>
Employee Contribution		
EE Only	\$ 108.33 (20%)	<i>Not Provided</i>
EE+Spouse/EE+1	\$ 384.56 (35%)	<i>Not Provided</i>
EE+Family	\$ 716.03 (41%)	<i>Not Provided</i>

MARTIN COUNTY BOCC

SUMMARY OF BENEFITS		FLORIDA BLUE (BCBSFL)	
		PPO	
		<i>In-Network</i>	<i>Out-of-Network</i>
Calendar Year Deductible			
Single		None	\$500
Family		None	\$1,500
Out of Pocket Maximum			
Single		\$2,000	\$4,000
Family		\$4,000	\$8,000
Office Visits			
PCP Physician Office Visit		\$20	CYD + 40%
Specialist Office Visit		\$30	CYD + 40%
Chiropractic Benefit & Limits		\$30	CYD + 40%
Retail Prescriptions (30 days)			
Tier 1: Generic		\$15	
Tier 2: Preferred Brand		\$30	CYD + 50%
Tier 3: Non Preferred Brand		\$50	
Tier 4: (if applicable)		N/A	
Mail Order Rx Benefit (90 days)			
Mail Order 90-day Supply		2 X Copay	CYD + 50%
Emergency Services			
Emergency Room Visit		\$150	\$150
Urgent Care Visit		\$40	CYD + 40%
Hospital Services			
Inpatient		\$500 / \$750	\$1,000
Outpatient		\$150 / \$250	\$300
Outpatient Diagnostic Testing (MRI/CT Scans /Colonoscopy/etc.)		\$125 Free Standing /\$150 Out Patient Hospital	CYD + 40%/ \$300 Out Patient Hospital

MARTIN COUNTY BOCC

ENROLLMENT, COSTS & CONTRIBUTIONS	FLORIDA BLUE (BCBSFL)
Number Enrolled: 1,177	PPO
Enrollment	
EE Only	511
EE+Family	666
Total Premium	
EE Only	\$546.50
EE+Family	\$1,399.05
Employer Contribution	
EE Only	\$432.82 (79%)
EE+Family	\$1,114.54 (80%)
Employee Contribution	
EE Only	\$113.68 (21%)
EE+Family	\$284.51 (20%)

CITY OF MIRAMAR

SUMMARY OF BENEFITS		HUMANA		
	HMO	PPO– Eligible after 2 years of Service		
	<i>In-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	
Calendar Year Deductible				
Single	None	\$300		\$600
Family	None	\$600		\$800
Out of Pocket Maximum				
Single	None	N/A		\$2,000
Family	None	\$2,000		\$4,000
Office Visits				
PCP Physician Office Visit	\$15	\$20		CYD + 20%
Specialist Office Visit	\$25	\$30		CYD + 20%
Chiropractic Benefit & Limits	\$15	\$25		CYD + 20%
Retail Prescriptions (30 days)				
Tier 1: Generic	\$10	\$10		
Tier 2: Preferred Brand	\$20	\$20		Not Covered
Tier 3: Non Preferred Brand	\$45	\$45		
Tier 4: (if applicable)	N/A	N/A		
Mail Order Rx Benefit (90 days)				
Mail Order 90-day Supply	2 X Copay	2 X Copay		Not Covered
Emergency Services				
Emergency Room Visit	\$150	\$150		\$150
Urgent Care Visit	\$25	\$40		CYD + 20%
Hospital Services				
Inpatient	\$100 / admission	CYD + \$100 / admission		CYD + \$300 / admission + 20%
Outpatient	\$50 / visit	CYD + \$100 / visit		CYD + 20%
Outpatient Diagnostic Testing (MRI/CT Scans /Colonoscopy/etc.)	No Charge	CYD		CYD + 20%

CITY OF MIRAMAR

ENROLLMENT, COSTS & CONTRIBUTIONS		HUMANA	
Number Enrolled: 813	HMO	POS	
Enrollment			
EE Only	248	126	
EE+1	112	33	
EE+Family	278	16	
Total Premium			
EE Only	\$439.75	\$793.72	
EE+1	\$878.26	\$1,357.72	
EE+Family	\$1,325.29	\$2,153.59	
Employer Contribution—Police / IAFF			
EE Only	\$407.25 (93%) / \$407.25 (93%)	\$761.22 (96%) / \$761.22 (96%)	
EE+1	\$626.50 (71%) / \$626.50 (71%)	\$980.47 (72%) / \$1,043.22 (77%)	
EE+Family	\$850.02 (64%) / \$850.02 (64%)	\$1,203.99 (56%) / \$1,441.15 (67%)	
Employer Contribution—Game			
EE Only	\$439.75 (100%)		
EE+1	\$659.01 (75%)		
EE+Family	\$882.51 (67%)		
Employee Contribution—Police / IAFF			
EE Only	\$32.50 (7%) / \$32.50 (7%)	\$32.50 (4%) / \$32.50 (4%)	
EE+1	\$251.76 (29%) / \$251.76 (29%)	\$377.25 (28%) / \$314.50 (23%)	
EE+Family	\$475.27 (36%) / \$475.27 (36%)	\$949.60 (44%) / \$712.44 (33%)	
Employee Contribution—Game			
EE Only	\$0.00 (0%)	\$0.00 (0%)	
EE+1	\$219.25 (25%)	\$281.99 (21%)	
EE+Family	\$442.78 (33%)	\$679.94 (32%)	

CITY OF PALM BAY

SUMMARY OF BENEFITS	Health First Health Plans		
	HMO	POS	
	<i>In-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Calendar Year Deductible			
Single	\$750	\$1,250	\$2,000
Family	\$1,500	\$2,500	\$4,000
Out of Pocket Maximum			
Single	\$2,500	\$3,000	\$4,000
Family	\$5,000	\$6,000	\$8,000
Office Visits			
PCP Physician Office Visit	\$20	\$30	CYD + 40%
Specialist Office Visit	\$30	\$40	CYD + 40%
Chiropractic Benefit & Limits	\$20 / 20 visits a year	\$30 / 20 visits a year	CYD + 40%
Retail Prescriptions (30 days)			
Tier 1: Generic	\$10	\$10	
Tier 2: Preferred Brand	\$30	\$30	
Tier 3: Non Preferred Brand	\$50	\$50	Not Covered
Tier 4: (if applicable)	N/A	N/A	
Mail Order Rx Benefit (90 days)			
Mail Order 90-day Supply	2 X Copay	2 X Copay	Not Covered
Emergency Services			
Emergency Room Visit	\$150 1st visit/\$300 2nd/\$500 thereafter		\$150 1st visit/\$300 2nd/\$500 thereafter
Urgent Care Visit	\$20	\$30	\$30
Hospital Services			
Inpatient	CYD + 10%	CYD + 20%	CYD + 40%
Outpatient	CYD + 10%	CYD + 20%	CYD + 40%
Outpatient Diagnostic Testing (MRI/CT Scans /Colonoscopy/etc.)	CYD + 10%	CYD + 20%	CYD + 40%

CITY OF PALM BAY

ENROLLMENT, COSTS & CONTRIBUTIONS		Health First Health Plans	
Number Enrolled: 663	HMO	POS	
Enrollment			
EE Only	268	17	
EE+Spouse/EE+1	N/A	N/A	
EE+Child(ren)/EE+2 or more	N/A	N/A	
EE+Family	362	16	
Total Premium			
EE Only	\$435.91	\$443.37	
EE+Spouse/EE+1	N/A	N/A	
EE+Child(ren)/EE+2 or more	N/A	N/A	
EE+Family	\$1,166.30	\$1,186.25	
Employer Contribution			
EE Only	\$435.91 (100%)	\$403.62 (91%)	
EE+Spouse/EE+1	N/A	N/A	
EE+Child(ren)/EE+2 or more	N/A	N/A	
EE+Family	\$968.03 (83%)	\$896.35 (76%)	
Employee Contribution			
EE Only	\$0.00 (0%)	\$39.75 (9%)	
EE+Spouse/EE+1	N/A	N/A	
EE+Child(ren)/EE+2 or more	N/A	N/A	
EE+Family	\$198.27 (17%)	\$289.90 (24%)	

CITY OF PEMBROKE PINES

SUMMARY OF BENEFITS		UMR—UNITED HEALTHCARE			
		Plan 1		Plan 2	
		<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Calendar Year Deductible					
Single		\$0	\$10,000	\$300	\$600
Family		\$0	\$0	\$600	\$1,000
Out of Pocket Maximum					
Single		\$0	\$0	\$1,200	\$1,750
Family		\$0	\$0	\$3,000	\$3,500
Office Visits					
PCP Physician Office Visit		\$15	CYD + 50%	CYD + 10%	CYD + 30%
Specialist Office Visit		\$20	CYD + 50%	CYD + 10%	CYD + 30%
Chiropractic Benefit		\$15 (12 visits)	CYD + 50%	\$20 (12 visits)	CYD + 30%
Retail Prescriptions					
Tier 1: Generic		\$10		\$10	
Tier 2: Preferred Brand		\$25	Not Covered	\$25	Not Covered
Tier 3: Non Preferred		\$35		\$35	Not Covered
Tier 4: (if applicable)		\$20/\$50/\$70		\$20/\$50/\$70	
Mail Order Rx Benefit					
Mail Order 90-day Supply		2 X Copay	Not Covered	2 X Copay	Not Covered
Emergency Services					
Emergency Room Visit		\$100	\$100	\$100	\$100
Urgent Care Visit		\$50	CYD + 50%	\$50	CYD + 30%
Hospital Services					
Inpatient		\$150 Copay	CYD + 50%	CYD + 10%	CYD + 30%
Outpatient		\$25	CYD + 50%	CYD + 10%	CYD + 30%
Outpatient Diagnostic		\$25 per scan	CYD + 50%	CYD + 10%	CYD + 30%

CITY OF PEMBROKE PINES

ENROLLMENT, COSTS & CONTRIBUTIONS		UMR—UNITED HEALTHCARE	
Number Enrolled: 3,830	Plan 1	Plan 2	
Enrollment			
EE Only		555	
EE+Spouse/EE+1		407	
EE+Child(ren)/EE+2 or more		578	
EE+Family		2,279	
Total Premium			
EE Only	\$821.67		\$1,107.89
EE+Spouse/EE+1	\$1,308.36		\$1,779.64
EE+Child(ren)/EE+2 or more	\$1,224.00		\$1,652.17
EE+Family	\$1,448.84		\$1,856.40
Employer Contribution			
EE Only	\$641.67 (78%)		\$907.89 (82%)
EE+Spouse/EE+1	\$1,116.48 (85%)		\$1,523.32 (86%)
EE+Child(ren)/EE+2 or more	\$1,003.40 (82%)		\$1,421.67 (86%)
EE+Family	\$1,205.60 (83%)		\$1,584.54 (85%)
Employee Contribution			
EE Only	\$180.00 (22%)		\$200.00 (18%)
EE+Spouse/EE+1	\$191.88 (15%)		\$256.32 (14%)
EE+Child(ren)/EE+2 or more	\$220.60 (18%)		\$230.50 (14%)
EE+Family	\$243.24 (17%)		\$271.86 (15%)

CITY OF PORT ST. LUCIE

SUMMARY OF BENEFITS		FLORIDA BLUE (BCBSFL)	
		BlueChoice Plan A	
		<i>In-Network</i>	<i>Out-of-Network</i>
Calendar Year Deductible			
Single		\$300	
Family		\$900	
Out of Pocket Maximum			
Single		\$1,500	
Family		\$4,500	
Office Visits			
PCP Physician Office Visit		\$20	CYD + 30%
Specialist Office Visit		\$40	CYD + 30%
Chiropractic Benefit & Limits		\$40	CYD + 30%
Retail Prescriptions (30 days)			
Tier 1: Generic		\$10	
Tier 2: Preferred Brand		\$30	
Tier 3: Non Preferred Brand		\$50	50%
Tier 4: (if applicable)		N/A	
Mail Order Rx Benefit (90 days)			
Mail Order 90-day Supply		\$20 / \$40 / \$60	50%
Emergency Services			
Emergency Room Visit		\$50 + CYD + 10%	\$50 + CYD + 10%
Urgent Care Visit		\$20	CYD + 30%
Hospital Services			
Inpatient		CYD + 10%	\$300 PAD + CYD + 30%
Outpatient		CYD + 10%	CYD + 30%
Outpatient Diagnostic Testing (MRI/CT Scans /Colonoscopy/etc.)		\$40	CYD + 30%

CITY OF PORT ST. LUCIE

ENROLLMENT, COSTS & CONTRIBUTIONS	FLORIDA BLUE (BCBSFL)
Number Enrolled: 921	BlueChoice Plan A
Enrollment	
EE Only	287
EE+Spouse	175
EE+Child(ren)	107
EE+Family	352
Total Premium	
EE Only	\$557.25
EE+Spouse	\$1,324.50
EE+Child(ren)	\$1,017.67
EE+Family	\$1,711.00
Employer Contribution	
EE Only	\$517.25 (93%)
EE+Spouse	\$1,173.50 (89%)
EE+Child(ren)	\$906.67 (89%)
EE+Family	\$1,518.00 (89%)
Employee Contribution	
EE Only	\$40.00 (7%)
EE+Spouse	\$151.00 (13%)
EE+Child(ren)	\$111.00 (11%)
EE+Family	\$193.00 (11%)

ST. LUCIE COUNTY BOCC

SUMMARY OF BENEFITS		FLORIDA BLUE (BCBSFL)		
	BlueOptions		BlueOptions	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Calendar Year Deductible				
Single	\$500	<i>Combined with In-Network</i>	None	\$500
Family	\$1,000	<i>Combined with In-Network</i>	None	\$1,500
Out of Pocket Maximum				
Single	\$2,500	<i>Combined with In-Network</i>	\$2,500	<i>Combined with In-Network</i>
Family	\$2,500 / person	<i>Combined with In-Network</i>	\$2,500 / person	<i>Combined with In-Network</i>
Office Visits				
PCP Physician Office Visit	\$25	CYD + 20%	\$25	CYD + 50%
Specialist Office Visit	\$45	CYD + 20%	\$45	CYD + 50%
Chiropractic Benefit & Limits	\$45	CYD + 20%	\$45	CYD + 50%
Retail Prescriptions (30 days)				
Tier 1: Generic	\$6		\$6	
Tier 2: Preferred Brand	\$25	50%	\$25	50%
Tier 3: Non Preferred Brand	\$25		\$25	
Tier 4: (if applicable)	N/A		N/A	
Mail Order Rx Benefit (90 days)				
Mail Order 90-day Supply	2 X Copay	50%	2 X Copay	50%
Emergency Services				
Emergency Room Visit	CYD + 20%	CYD + 20%	\$50	\$50
Urgent Care Visit	\$25	CYD + 20%	\$25	CYD + 50%
Hospital Services				
Inpatient	\$300	CYD + \$300 + 40%	\$300	CYD + 50%
Outpatient	\$250	CYD + \$250 + 40%	\$250	CYD + 50%
Outpatient Diagnostic Testing (MRI/CT Scans /Colonoscopy/etc.)	15%	CYD + 20%	10%	CYD + 50%

ST. LUCIE COUNTY BOCC

ENROLLMENT, COSTS & CONTRIBUTIONS	FLORIDA BLUE (BCBSFL)	
Number Enrolled: 921	BlueOptions	BlueOptions
Enrollment		
EE Only	8	312
EE+Spouse/EE+1	9	256
EE+Child(ren)/EE+2 or more	N/A	N/A
EE+Family	9	327
Total Premium		
EE Only	\$483.46	\$474.36
EE+Spouse/EE+1	\$998.49	\$998.49
EE+Child(ren)/EE+2 or more	N/A	N/A
EE+Family	\$1,209.49	\$1,206.46
Employer Contribution		
EE Only	\$443.46 (92%)	\$449.36 (95%)
EE+Spouse/EE+1	\$903.49 (90%)	\$918.49 (92%)
EE+Child(ren)/EE+2 or more	N/A	N/A
EE+Family	\$1,104.49 (91%)	\$1,121.46 (93%)
Employee Contribution		
EE Only	\$40.00 (8%)	\$25.00 (5%)
EE+Spouse/EE+1	\$95.00 (10%)	\$80.00 (8%)
EE+Child(ren)/EE+2 or more	N/A	N/A
EE+Family	\$105.00 (9%)	\$85.00 (7%)

CITY OF STUART

SUMMARY OF BENEFITS		CIGNA			
		Open Access Plus—Basic Plan		Open Access Plus—Buy-Up Plan	
		<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Plan Year Deductible (PYD)					
Single		\$1,000	\$1,500	\$500	\$1,500
Family		\$3,000	\$3,000	\$1,500	\$3,000
Out of Pocket Maximum					
Single		\$4,000	\$7,000	\$2,500	\$7,000
Family		\$8,000	\$14,000	\$5,000	\$14,000
Office Visits					
PCP Physician Office Visit		\$25	PYD + 50%	\$20	PYD + 40%
Specialist Office Visit		\$50	PYD + 50%	\$40	PYD + 40%
Chiropractic Benefit & Limits		\$50	PYD + 50%	\$40	PYD + 40%
Retail Prescriptions (30 days)					
Tier 1: Generic		\$15	N/A	\$10	N/A
Tier 2: Preferred Brand		\$40	N/A	\$30	N/A
Tier 3: Non Preferred Brand		\$75	N/A	\$50	N/A
Mail Order Rx Benefit (90 days)					
Mail Order 90-day Supply		2 X Copay	N/A	2 X Copay	N/A
Emergency Services					
Emergency Room Visit		PYD + 20%	PYD + 20%	\$150	\$150
Urgent Care Visit		\$60	\$60	\$50	\$50
Hospital Services					
Inpatient		PYD + 20%	PYD + 50%	PYD + 20%	PYD + 40%
Outpatient		PYD + 20%	PYD + 50%	PYD + 20%	PYD + 40%
Outpatient Diagnostic Testing (MRI/CT Scans /Colonoscopy/etc.)		PYD + 20%	PYD + 50%	PYD + 20%	PYD + 40%

CITY OF STUART

ENROLLMENT, COSTS & CONTRIBUTIONS		CIGNA	
Number Enrolled: 229	Open Access Plus—Basic Plan	Open Access Plus—Buy-Up Plan	
Enrollment			
EE Only	69	27	
EE+Spouse	13	12	
EE+Child(ren)	30	19	
EE+Family	38	21	
Total Premium			
EE Only	\$426.27	\$466.34	
EE+Spouse	\$961.40	\$1,049.28	
EE+Child(ren)	\$883.97	\$960.67	
EE+Family	\$1,418.63	\$1,538.94	
Employer Contribution			
EE Only	\$376.27 (88%)	\$376.27 (81%)	
EE+Spouse	\$757.08 (79%)	\$757.08 (72%)	
EE+Child(ren)	\$727.23 (82%)	\$727.23 (76%)	
EE+Family	\$1,085.13 (77%)	\$1,085.13 (71%)	
Employee Contribution			
EE Only	\$50.00 (12%)	\$90.08 (19%)	
EE+Spouse	\$204.32 (21%)	\$292.2 (28%)	
EE+Child(ren)	\$156.74 (18%)	\$233.44 (24%)	
EE+Family	\$333.50 (23%)	\$453.82 (29%)	

CITY OF TALLAHASSEE

SUMMARY OF BENEFITS	CAPITAL HEALTH PLAN		FLORIDA BLUE (BCBSFL)	
	HMO		PPO	
	<i>In-Network</i>		<i>In-Network</i>	<i>Out-of-Network</i>
Calendar Year Deductible				
Single	N/A		\$2,000	
Family	N/A		\$6,000	
Out of Pocket Maximum				
Single	\$2,000		\$2,000	\$6,000
Family	\$4,500		\$6,000	\$12,000
Office Visits				
PCP Physician Office Visit	\$10		\$25	CYD + 40%
Specialist Office Visit	\$25		\$50	CYD + 40%
Chiropractic Benefit & Limits	\$40		\$50	CYD + 40%
Retail Prescriptions (30 days)				
Tier 1: Generic	\$7		\$10	
Tier 2: Preferred Brand	\$30		\$50	50%
Tier 3: Non Preferred Brand	\$50		\$80	
Tier 4: (if applicable)	N/A		N/A	N/A
Mail Order Rx Benefit (90 days)				
Mail Order 90-day Supply	Not Covered		2.5 X Copay	50%
Emergency Services				
Emergency Room Visit	\$250		\$150	\$150
Urgent Care Visit	\$25		\$55	CYD + 40%
Hospital Services				
Inpatient	\$250 / Admission		CYD	CYD + 40%
Outpatient	\$250 / Visit		CYD	CYD + 40%
Outpatient Diagnostic Testing (MRI/CT Scans /Colonoscopy/etc.)	\$100 / Scan		CYD	CYD + 40%

CITY OF TALLAHASSEE

ENROLLMENT, COSTS & CONTRIBUTIONS	CAPITAL HEALTH PLAN / FLORIDA BLUE (BCBSFL)	
Number Enrolled: 2,287	HMO	PPO
Enrollment		
EE Only	829	38
EE+Spouse/EE+1	575	37
EE+Child(ren)/EE+2 or more	N/A	N/A
EE+Family	783	25
Total Premium		
EE Only	\$481.14	\$481.14
EE+Spouse/EE+1	\$978.74	\$978.74
EE+Child(ren)/EE+2 or more	N/A	N/A
EE+Family	\$1,333.46	\$1,333.46
Employer Contribution		
EE Only	\$384.18 (80%)	\$384.18 (80%)
EE+Spouse/EE+1	\$713.38 (73%)	\$713.38 (73%)
EE+Child(ren)/EE+2 or more	N/A	N/A
EE+Family	\$845.40 (63%)	\$845.40 (63%)
Employee Contribution		
EE Only	\$96.96 (20%)	\$96.96 (20%)
EE+Spouse/EE+1	\$265.36 (27%)	\$265.36 (27%)
EE+Child(ren)/EE+2 or more	N/A	N/A
EE+Family	\$488.06 (37%)	\$488.06 (37%)

CITY OF WEST PALM BEACH

SUMMARY OF BENEFITS		CIGNA
		HMO <i>In-Network</i>
Calendar Year Deductible		
Single		N/A
Family		N/A
Out of Pocket Maximum		
Single		\$1,500
Family		\$3,000
Office Visits		
PCP Physician Office Visit		\$25
Specialist Office Visit		\$35
Chiropractic Benefit & Limits		\$10
Retail Prescriptions (30 days)		
Tier 1: Generic		\$15
Tier 2: Preferred Brand		\$30
Tier 3: Non Preferred Brand		\$60
Tier 4: (if applicable)		N/A
Mail Order Rx Benefit (90 days)		
Mail Order 90-day Supply		2 X Copay
Emergency Services		
Emergency Room Visit		\$150
Urgent Care Visit		\$50
Hospital Services		
Inpatient		\$300 / admission
Outpatient		\$150 / procedure
Outpatient Diagnostic Testing (MRI/CT Scans /Colonoscopy/etc.)		\$0

CITY OF WEST PALM BEACH

ENROLLMENT, COSTS & CONTRIBUTIONS	CIGNA
Number Enrolled: 842	HMO
Enrollment	
EE Only	428
EE+Spouse/EE+1	183
EE+Child(ren)/EE+2 or more	N/A
EE+Family	231
Total Premium	
EE Only	\$624.62
EE+1	\$1,316.69
EE+Family	\$1,831.63
Employer Contribution General EE / Executive EE	
EE Only	\$593.39 (95%) / \$624.62 (100%)
EE+1	\$987.52 (75%) / \$1,316.69 (100%)
EE+Family	\$1,373.72 (75%) / \$1,831.63 (100%)
Employee Contribution General EE / Executive EE	
EE Only	\$31.23 (5%) / \$0
EE+1	\$329.17 (25%) / \$0
EE+Family	\$457.91 (25%) / \$0

CITY OF WEST PALM BEACH (POLICE PLAN)

SUMMARY OF BENEFITS	CIGNA	
	<i>In-Network</i>	PPO <i>Out-of-Network</i>
Calendar Year Deductible		
Single		\$200
Family		\$600
Out of Pocket Maximum		
Single		\$1,500
Family		\$3,000
Office Visits		
PCP Physician Office Visit	CYD + 10%	CYD + 30%
Specialist Office Visit	CYD + 10%	CYD + 30%
Chiropractic Benefit & Limits	CYD + 10%	CYD + 30%
Retail Prescriptions (30 days)		
Tier 1: Generic	\$10	50%
Tier 2: Preferred Brand	\$25	50%
Tier 3: Non Preferred Brand	\$25	50%
Mail Order Rx Benefit (90 days)		
Mail Order 90-day Supply	2 X Copay	50%
Emergency Services		
Emergency Room Visit	CYD + 10%	CYD + 30%
Urgent Care Visit	CYD + 10%	CYD + 10%
Hospital Services		
Inpatient	CYD + 10%	CYD + 30%
Outpatient	CYD + 10%	CYD + 30%
Outpatient Diagnostic Testing (MRI/CT Scans /Colonoscopy/etc.)	CYD + 10%	CYD + 30%

CITY OF WEST PALM BEACH (POLICE PLAN)

ENROLLMENT, COSTS & CONTRIBUTIONS	CIGNA
Number Enrolled: 339	PPO
Enrollment	
EE Only	125
EE+Spouse/EE+1	73
EE+Family	141
Total Premium	
EE Only	\$513.34
EE+Spouse/EE+1	\$1,062.61
EE+Family	\$1,540.02
Employer Contribution	
EE Only	\$487.67 (95%)
EE+Spouse/EE+1	\$796.96 (75%)
EE+Family	\$1,155.01 (75%)
Employee Contribution	
EE Only	\$25.67 (5%)
EE+Spouse/EE+1	\$265.65 (25%)
EE+Family	\$385.01 (25%)



11505 Fairchild Gardens Avenue, Suite 202
Palm Beach Gardens, FL 33410
Telephone: (561) 626-6797
Fax: (561) 626-6970
Toll Free: (800) 244-3696
Fax: (561) 626-6970
www.gehringgroup.com