

City of Coral Gables



RFP # 2019-019

Group Medical Insurance

Appendix A

Benefit Review

City of Coral Gables
RFP 2019-019
Group Medical Insurance
Requested Benefits

	Current Benefits			Cigna		
	HMO	HMO	PPO	HMO	HMO	PPO
Plan Name/Number	Base Plan (Plan 57)	Buy-Up Plan (Plan 56)	PPO Plan (Plan 03559)	Base Plan (OAP -IN 1)	Buy-Up Plan (OAP -IN2)	OAP
Annual Deductible						
<i>In-network</i>	\$0	\$0	\$500/\$1,000	\$0	\$0	\$500/\$1,000
<i>Out-of-Network</i>	N/A	N/A	\$1,500/\$3,000	N/A	N/A	\$1,500/\$3,000
Annual Out of Pocket Max.						
<i>In-network</i>	\$6,250/\$12,500	\$3,500/\$7,000	\$4,500/\$9,000	\$6,250/\$12,500	\$3,500/\$7,000	\$4,500/\$9,000
<i>Out-of-Network</i>	N/A	N/A	\$9,000/\$18,000	N/A	N/A	\$9,000/\$18,000
Lifetime Maximum						
<i>In-network</i>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<i>Out-of-Network</i>	N/A	N/A	Unlimited	N/A	N/A	Unlimited
Office Visit						
<i>In-network PCP</i>	\$20 Copay	\$30 Copay	\$30 Copay	\$20 Copay	\$30 Copay	\$30 Copay
<i>In-network Specialists</i>	\$30 Copay	\$45 Copay	\$45 Copay	\$30 Copay	\$45 Copay	\$45 Copay
<i>Open Access</i>	Yes	Yes	Yes	Yes	Yes	Yes
<i>Out-of-Network</i>	N/A	N/A	60%*	N/A	N/A	60%*
Prescription Drugs						
<i>Formulary</i>	Yes	Yes	Yes	Yes	Yes	Yes
<i>Level 1</i>	\$15	\$15	\$15	\$15	\$15	\$15
<i>Level 2</i>	\$30	\$35	\$35	\$30	\$35	\$35
<i>Level 3</i>	\$55	\$55	\$55	\$55	\$55	\$55
<i>Level 4</i>	25%	25%	25%	25%	25%	25%
<i>Mail Order</i>	2.5 x Copay for 90 day supply for Levels 1,2,3	2.5 x Copay for 90 day supply for Levels 1,2,3	2.5 x Copay for 90 day supply for Levels 1,2,3	2.5 x Copay for 90 day supply for Levels 1,2,3	2.5 x Copay for 90 day supply for Levels 1,2,3	2.5 x Copay for 90 day supply for Levels 1,2,3

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	Current Benefits			Cigna		
	HMO	HMO	PPO	HMO	HMO	PPO
Plan Name/Number	Base Plan (Plan 57)	Buy-Up Plan (Plan 56)	PPO Plan (Plan 03559)	Base Plan (OAP -IN 1)	Buy-Up Plan (OAP -IN2)	OAP
Emergency Room	\$100 Copay	\$150 Copay	\$150 Copay	\$100 Copay	\$150 Copay	\$150 Copay
Urgent Care	\$30 Copay	\$75 Copay	\$75 Copay	\$30 Copay	\$75 Copay	\$75 Copay
Maternity						
<i>In-network</i>	\$30 Copay	\$45 Copay	90%*	\$30 Copay	\$45 Copay	90%*
<i>Out-of-Network</i>	N/A	N/A	60%*	N/A	N/A	60%*
Hospital Inpatient						
<i>In-network</i>	100%	100%	100%	100%	100%	100%
<i>Out-of-Network</i>	N/A	N/A	60%*	N/A	N/A	60%*
Hospital Copay						
<i>In-network</i>	\$500/day, 3 day max	\$250 per admit	\$500 Copay	\$500/day, 3 day max	\$250 per admit	\$500 Copay
<i>Out-of-Network</i>	N/A	N/A	N/A	N/A	N/A	N/A
Outpatient Surgery						
<i>In-network</i>	\$300 Copay	\$250 Copay	\$250 Copay	\$300 Copay	\$250 Copay	\$250 Copay
<i>Out-of-Network</i>	N/A	N/A	60%*	N/A	N/A	60%*
Major Diagnostic (CT/PET scans, MRIs)	Physician Office - \$30 Independent Center - No Charge	Physician Office - \$45 Independent Center - No Charge	Physician Office - \$45 Independent Center - \$250 Copay	Physician Office - \$30 Independent Center - No Charge	Physician Office - \$45 Independent Center - \$250 Copay	Information Missing from Proposal
Mental Health						
Inpatient						
<i>In-network</i>	\$500/day Copay, 3 day max	\$250 Copay	Covered @ 100%, after \$500 Copay	\$500/day Copay, 3 day max	\$250 Copay	Covered @ 100%, after \$500 Copay
<i>Out-of-Network</i>	N/A	N/A	Covered @ 60%	N/A	N/A	Covered @ 60% with OON Ded
Outpatient						
<i>In-network</i>	\$30 Copay	\$45 Copay	\$45 Copay	\$30 Copay	\$45 Copay	\$45 Copay
<i>Out-of-Network</i>	N/A	N/A	Covered @ 60%	N/A	N/A	Covered @ 60% with OON Ded
Drug & Alcohol Abuse						
Inpatient						
<i>In-network</i>	\$500/day Copay, 3 day max	\$250 Copay	Covered @ 100%, after \$500 Copay	\$500/day Copay, 3 day max	\$250 Copay	Covered @ 100%, after \$500 Copay
<i>Out-of-Network</i>	N/A	N/A	Covered @ 60%	N/A	N/A	Covered @ 60% with OON Ded
Outpatient						
<i>In-network</i>	\$30 Copay	\$45 Copay	\$45 Copay	\$30 Copay	\$45 Copay	\$45 Copay
<i>Out-of-Network</i>	N/A	N/A	Covered @ 60%	N/A	N/A	Covered @ 60% with OON Ded

* subject to deductible

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City of Coral Gables
RFP 2019-019
Group Medical Insurance
Requested Benefits

	Current Benefits			Florida Blue		
	HMO	HMO	PPO	HMO	HMO	POS
Plan Name/Number	Base Plan (Plan 57)	Buy-Up Plan (Plan 56)	PPO Plan (Plan 03559)	Base Plan (Plan 57)	Buy-Up Plan (Plan 56)	PPO Plan (Plan 03559)
Annual Deductible						
<i>In-network</i>	\$0	\$0	\$500/\$1,000	\$0	\$0	\$500/\$1,000
<i>Out-of-Network</i>	N/A	N/A	\$1,500/\$3,000	N/A	N/A	\$1,500/\$3,000
Annual Out of Pocket Max.						
<i>In-network</i>	\$6,250/\$12,500	\$3,500/\$7,000	\$4,500/\$9,000	\$6,250/\$12,500	\$3,500/\$7,000	\$4,500/\$9,000
<i>Out-of-Network</i>	N/A	N/A	\$9,000/\$18,000	N/A	N/A	\$9,000/\$18,000
Lifetime Maximum						
<i>In-network</i>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<i>Out-of-Network</i>	N/A	N/A	Unlimited	N/A	N/A	Unlimited
Office Visit						
<i>In-network PCP</i>	\$20 Copay	\$30 Copay	\$30 Copay	\$20 Copay	\$30 Copay	\$30 Copay
<i>In-network Specialists</i>	\$30 Copay	\$45 Copay	\$45 Copay	\$30 Copay	\$45 Copay	\$45 Copay
<i>Open Access</i>	Yes	Yes	Yes	Yes	Yes	Yes
<i>Out-of-Network</i>	N/A	N/A	60%*	N/A	N/A	60%*
Prescription Drugs						
<i>Formulary</i>	Yes	Yes	Yes	Yes	Yes	Yes
<i>Level 1</i>	\$15	\$15	\$15	\$15	\$15	\$15
<i>Level 2</i>	\$30	\$35	\$35	\$30	\$35	\$35
<i>Level 3</i>	\$55	\$55	\$55	\$55	\$55	\$55
<i>Level 4</i>	25%	25%	25%	25%	25%	25%
<i>Mail Order</i>	2.5 x Copay for 90 day supply for Levels 1,2,3	2.5 x Copay for 90 day supply for Levels 1,2,3	2.5 x Copay for 90 day supply for Levels 1,2,3	2.5 x Copay for 90 day supply for Levels 1,2,3	2.5 x Copay for 90 day supply for Levels 1,2,3	2.5 x Copay for 90 day supply for Levels 1,2,3

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	Current Benefits			Florida Blue		
	HMO	HMO	PPO	HMO	HMO	POS
Plan Name/Number	Base Plan (Plan 57)	Buy-Up Plan (Plan 56)	PPO Plan (Plan 03559)	Base Plan (Plan 57)	Buy-Up Plan (Plan 56)	PPO Plan (Plan 03559)
Emergency Room	\$100 Copay	\$150 Copay	\$150 Copay	\$100 Copay	\$150 Copay	\$150 Copay
Urgent Care	\$30 Copay	\$75 Copay	\$75 Copay	\$30 Copay	\$75 Copay	\$75 Copay
Maternity						
<i>In-network</i>	\$30 Copay	\$45 Copay	90%*	\$30 Copay	\$45 Copay	90%*
<i>Out-of-Network</i>	N/A	N/A	60%*	N/A	N/A	60%*
Hospital Inpatient						
<i>In-network</i>	100%	100%	100%	100%	100%	100%
<i>Out-of-Network</i>	N/A	N/A	60%*	N/A	N/A	60%*
Hospital Copay						
<i>In-network</i>	\$500/day, 3 day max	\$250 per admit	\$500 Copay	\$500/day, 3 day max	\$250 per admit	\$500 Copay
<i>Out-of-Network</i>	N/A	N/A	N/A	N/A	N/A	N/A
Outpatient Surgery						
<i>In-network</i>	\$300 Copay	\$250 Copay	\$250 Copay	\$300 Copay	\$250 Copay	\$250 Copay
<i>Out-of-Network</i>	N/A	N/A	60%*	N/A	N/A	60%*
Major Diagnostic (CT/PET scans, MRIs)	Physician Office - \$30 Independent Center - No Charge	Physician Office - \$45 Independent Center - No Charge	Physician Office - \$45 Independent Center - \$250 Copay	Physician Office - \$30 Independent Center - No Charge	Physician Office - \$45 Independent Center - No Charge	Physician Office - \$45 Independent Center - \$250 Copay
Mental Health						
Inpatient						
<i>In-network</i>	\$500/day Copay, 3 day max	\$250 Copay	Covered @ 100%, after \$500 Copay	\$500/day Copay, 3 day max	\$250 Copay	Covered @ 100%, after \$500 Copay
<i>Out-of-Network</i>	N/A	N/A	Covered @ 60%	N/A	N/A	Covered @ 60%
Outpatient						
<i>In-network</i>	\$30 Copay	\$45 Copay	\$45 Copay	\$30 Copay	\$45 Copay	\$45 Copay
<i>Out-of-Network</i>	N/A	N/A	Covered @ 60%	N/A	N/A	Covered @ 60%
Drug & Alcohol Abuse						
Inpatient						
<i>In-network</i>	\$500/day Copay, 3 day max	\$250 Copay	Covered @ 100%, after \$500 Copay	\$500/day Copay, 3 day max	\$250 Copay	Covered @ 100%, after \$500 Copay
<i>Out-of-Network</i>	N/A	N/A	Covered @ 60%	N/A	N/A	Covered @ 60%
Outpatient						
<i>In-network</i>	\$30 Copay	\$45 Copay	\$45 Copay	\$30 Copay	\$45 Copay	\$45 Copay
<i>Out-of-Network</i>	N/A	N/A	Covered @ 60%	N/A	N/A	Covered @ 60%

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City of Coral Gables
RFP 2019-019
Group Medical Insurance
Requested Benefits

	Current Benefits			Humana		
	HMO	HMO	PPO	HMO	HMO	POS
Plan Name/Number	Base Plan (Plan 57)	Buy-Up Plan (Plan 56)	PPO Plan (Plan 03559)	Base Plan (OA HMO Option 2)	Buy-Up Plan (OA HMO Option 1)	PPO (NPOS Copay)
Annual Deductible						
<i>In-network</i>	\$0	\$0	\$500/\$1,000	\$0	\$0	\$500/\$1,000
<i>Out-of-Network</i>	N/A	N/A	\$1,500/\$3,000	N/A	N/A	\$1,000/\$3,000
Annual Out of Pocket Max.						
<i>In-network</i>	\$6,250/\$12,500	\$3,500/\$7,000	\$4,500/\$9,000	\$6,250/\$12,500	\$3,500/\$7,000	\$4,500/\$9,000
<i>Out-of-Network</i>	N/A	N/A	\$9,000/\$18,000	N/A	N/A	\$9,000/\$18,000
Lifetime Maximum						
<i>In-network</i>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<i>Out-of-Network</i>	N/A	N/A	Unlimited	N/A	N/A	Unlimited
Office Visit						
<i>In-network PCP</i>	\$20 Copay	\$30 Copay	\$30 Copay	\$20 Copay	\$30 Copay	\$30 Copay
<i>In-network Specialists</i>	\$30 Copay	\$45 Copay	\$45 Copay	\$30 Copay	\$45 Copay	\$45 Copay
<i>Open Access</i>	Yes	Yes	Yes	Yes	Yes	Yes
<i>Out-of-Network</i>	N/A	N/A	60%*	N/A	N/A	60%
Prescription Drugs						
<i>Formulary</i>	Yes	Yes	Yes	Yes	Yes	Yes
<i>Level 1</i>	\$15	\$15	\$15	\$15	\$15	\$15
<i>Level 2</i>	\$30	\$35	\$35	\$35	\$35	\$35
<i>Level 3</i>	\$55	\$55	\$55	\$55	\$55	\$55
<i>Level 4</i>	25%	25%	25%	25%	25%	25%
<i>Mail Order</i>	2.5 x Copay for 90 day supply for Levels 1,2,3	2.5 x Copay for 90 day supply for Levels 1,2,3	2.5 x Copay for 90 day supply for Levels 1,2,3	\$40/\$75/\$140	\$40/\$90/\$140	\$40/\$90/\$140

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	Current Benefits			Humana		
	HMO	HMO	PPO	HMO	HMO	POS
Plan Name/Number	Base Plan (Plan 57)	Buy-Up Plan (Plan 56)	PPO Plan (Plan 03559)	Base Plan (OA HMO Option 2)	Buy-Up Plan (OA HMO Option 1)	PPO (NPOS Copay)
Emergency Room	\$100 Copay	\$150 Copay	\$150 Copay	\$100 Copay	\$150 Copay	\$150 Copay
Urgent Care	\$30 Copay	\$75 Copay	\$75 Copay	\$30 Copay	\$75 Copay	75 Copay
Maternity						
<i>In-network</i>	\$30 Copay	\$45 Copay	90%*	\$30 Copay	\$45 Copay	90%*
<i>Out-of-Network</i>	N/A	N/A	60%*	N/A	N/A	60%*
Hospital Inpatient						
<i>In-network</i>	100%	100%	100%	100%	100%	100%
<i>Out-of-Network</i>	N/A	N/A	60%*	N/A	N/A	60%*
Hospital Copay						
<i>In-network</i>	\$500/day, 3 day max	\$250 per admit	\$500 Copay	\$500/day, 3 day max	\$250 per admit	\$500/day, 3 day max
<i>Out-of-Network</i>	N/A	N/A	N/A	N/A	N/A	N/A
Outpatient Surgery						
<i>In-network</i>	\$300 Copay	\$250 Copay	\$250 Copay	\$300 Copay	\$250 Copay	\$250 Copay
<i>Out-of-Network</i>	N/A	N/A	60%*	N/A	N/A	60%*
Major Diagnostic (CT/PET scans, MRIs)	Physician Office - \$30 Independent Center - No Charge	Physician Office - \$45 Independent Center - No Charge	Physician Office - \$45 Independent Center - \$250 Copay	Physician Office - \$30 Independent Center - No Charge	Physician Office - \$45 Independent Center - No Charge	\$250 Copay -location charge not identified
Mental Health						
Inpatient						
<i>In-network</i>	\$500/day Copay, 3 day max	\$250 Copay	Covered @ 100%, after \$500 Copay	\$500/day Copay, 3 day max	\$250 Copay	\$500 Copay
<i>Out-of-Network</i>	N/A	N/A	Covered @ 60%	N/A	N/A	60% after deductible
Outpatient						
<i>In-network</i>	\$30 Copay	\$45 Copay	\$45 Copay	\$20 Copay	\$30 Copay	\$45 Copay
<i>Out-of-Network</i>	N/A	N/A	Covered @ 60%	N/A	N/A	60% after deductible
Drug & Alcohol Abuse						
Inpatient						
<i>In-network</i>	\$500/day Copay, 3 day max	\$250 Copay	Covered @ 100%, after \$500 Copay	\$500/day Copay, 3 day max	\$250 Copay	\$500 Copay
<i>Out-of-Network</i>	N/A	N/A	Covered @ 60%	N/A	N/A	60% after deductible
Outpatient						
<i>In-network</i>	\$30 Copay	\$45 Copay	\$45 Copay	\$20 Copay	\$30 Copay	\$45 Copay
<i>Out-of-Network</i>	N/A	N/A	Covered @ 60%	N/A	N/A	60% after deductible

* subject to deductible

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City of Coral Gables

RFP 2019-019
 Group Medical Insurance
 Alternate Benefits

	Alternate Benefits Requested		Cigna		Florida Blue	
	HMO	HMO	HMO	HMO	HMO	PPO
Plan Name/Number	Base Plan	Buy-Up Plan	Base Plan OAP-IN	Buy-Up Plan OAP -IN	Base Plan (BlueCare 60)	Buy-Up Plan (Blue Options 05570)
Annual Deductible						
<i>In-network</i>	\$0	\$0	\$0	\$0	\$500/\$1,000	\$1,000/\$3,000
<i>Out-of-Network</i>	N/A	N/A	N/A	N/A	N/A	\$3,000/\$6,000
Annual Out of Pocket Max.						
<i>In-network</i>	\$7,000/\$14,000	\$4,000/\$8,000	\$7,000/\$14,000	\$4,000/\$8,000	\$3,500/\$7,000	\$3,500/\$7,000
<i>Out-of-Network</i>	N/A	N/A	N/A	N/A	N/A	\$7,000/\$14,000
Lifetime Maximum						
<i>In-network</i>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<i>Out-of-Network</i>	N/A	N/A	N/A	N/A	N/A	N/A
Office Visit						
<i>In-network PCP</i>	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	\$20 Copay	\$25 Copay
<i>In-network Specialists</i>	\$50 Copay	\$45 Copay	\$50 Copay	\$45 Copay	\$45 Copay	\$45 Copay
<i>Open Access</i>	Yes	Yes	Yes	Yes	Yes	Yes
<i>Out-of-Network</i>	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drugs						
<i>Formulary</i>	Yes	Yes	Yes	Yes	Yes	Yes
<i>Level 1</i>	\$15	\$15	\$15	\$15	\$10	\$10
<i>Level 2</i>	\$40	\$40	\$40	\$40	\$50	\$50
<i>Level 3</i>	\$75	\$75	\$75	\$75	\$80	\$80
<i>Level 4</i>	25%	25%	25%	25%	3 Tier level Rx	3 Tier level RX
<i>Mail Order</i>	2.5 x Copay for 90 day supply for Levels 1,2,3	2.5 x Copay for 90 day supply for Levels 1,2,3	2.5 x Copay for 90 day supply for Levels 1,2,3	2.5 x Copay for 90 day supply for Levels 1,2,3	2.5 x Copay for 90 day supply for Levels 1,2,3	2.5 x Copay for 90 day supply for Levels 1,2,3

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	Alternate Benefits Requested		Cigna		Florida Blue	
	HMO	HMO	HMO	HMO	HMO	PPO
Plan Name/Number	Base Plan	Buy-Up Plan	Base Plan OAP-IN	Buy-Up Plan OAP -IN	Base Plan (BlueCare 60)	Buy-Up Plan (Blue Options 05570)
Emergency Room	\$200 Copay	\$200 Copay	\$200 Copay	\$200 Copay	\$100 Copay	\$200 Copay
Urgent Care	\$50 Copay	\$75 Copay	\$50 Copay	\$75 Copay	\$45 Copay	\$50 Copay
Maternity						
<i>In-network</i>	\$50 Copay	\$45 Copay	\$20 Copay	\$50 Copay	\$45 Copay	\$45 Copay
<i>Out-of-Network</i>	N/A	N/A	N/A	N/A	N/A	Ded+50%
Hospital Inpatient						
<i>In-network</i>	100%	100%	100%	100%	\$500/day, 3 day max	\$250 Copay
<i>Out-of-Network</i>	N/A	N/A	N/A	N/A	N/A	N/A
Hospital Copay						
<i>In-network</i>	\$500/day, 3 day max	\$500 per admit	\$500/day Copay, \$1,500 max.	\$500 per admit	\$325/day, 5 day max	Ded+20%
<i>Out-of-Network</i>	N/A	N/A	N/A	N/A	N/A	\$3,500 Copay
Outpatient Surgery						
<i>In-network</i>	\$300 Copay	\$250 Copay	\$300 Copay	\$250 Copay	\$275 Copay	Ded+20%
<i>Out-of-Network</i>	N/A	N/A	N/A	N/A	N/A	N/A
Major Diagnostic (CT/PET scans, MRIs)	Physician Office - \$250 Copay, Independent Center - \$500 Copay	Physician Office - \$250 Copay, Independent Center - \$500 Copay	Physician Office - \$250 Copay, Independent Center - \$500 Copay	Physician Office - \$250 Copay, Independent Center - \$500 Copay	Physician Office - \$125 Copay, Independent Center - \$80 Copay	Physician Office - \$200 Copay, Independent Center - \$200 Copay
Mental Health						
Inpatient						
<i>In-network</i>	\$500/day Copay, 3 day max	\$500 Copay	\$500/day Copay, up to \$1,500 max	\$500 Copay	\$0 Copay	\$0 Copay
<i>Out-of-Network</i>	N/A	N/A	N/A	N/A	N/A	50%
Outpatient						
<i>In-network</i>	\$30 Copay	\$45 Copay	\$30 Copay	\$45 Copay	\$0 Copay	\$500 Copay
<i>Out-of-Network</i>	N/A	N/A	N/A	N/A	N/A	50%
Drug & Alcohol Abuse						
Inpatient						
<i>In-network</i>	\$500/day Copay, 3 day max	\$500 Copay	\$500/day Copay, 3 day max	\$500 Copay	\$0 Copay	\$0 Copay
<i>Out-of-Network</i>	N/A	N/A	N/A	N/A	N/A	50%
Outpatient						
<i>In-network</i>	\$30 Copay	\$45 Copay	\$30 Copay	\$45 Copay	\$0 Copay	\$500 Copay
<i>Out-of-Network</i>	N/A	N/A	N/A	N/A	N/A	50%

* subject to deductible