

## City of Coral Gables

	Humana Current Plan
MAXIMUM BENEFIT:	Unlimited
DEDUCTIBLE, PER PERSON:	None
DEDUCTIBLE, PER FAMILY:	None
PHYSICIAN'S OFFICE VISIT:	\$10 Copay
SPECIALTY CARE:	\$20 Copay (referrals required)
HOSPITAL INPATIENT:	\$100 copay per confinement.
CO-INSURANCE:	100% after applicable copayments
OUT-OF-POCKET EXPOSURE:	\$1,500 Ind./\$3,000 Fam.
SUPPLEMENTAL ACCIDENT:	None
SECOND SURGICAL OPINION:	Covered
ROUTINE PHYSICAL EXAMS:	\$10 Copay
PRE-ADMISSION TESTING:	Covered

**Humana**  
**Current Plan**

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OUT-PATIENT SURGERY:	\$100 Copay, then 100%
EMERGENCY ROOM VISITS:	\$50 Copay per visit then 100%
ELECTIVE STERILIZATION:	Covered
ORAL SURGERY:	Accident Only
TMJ:	Not Covered
ORGAN TRANSPLANTS: RECIPIENT DONOR TRANSPORTATION	same as any other illness when services are received from a Humana Transplant Network provider.
MATERNITY BENEFITS:	As any other illness
WELL BABY CARE:	Covered
SKILLED NURSING FACILITY:	Covered, limited to 100 days per calendar year.
HOME HEALTH CARE:	Covered, limited to 60 days per calendar year.

Humana  

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Current Plan

HOSPICE CARE:	Covered @ 100%
PRESCRIPTION DRUGS:	\$10 Level 1 \$30 Level 2 \$50 Level 3 25% Level 4
MENTAL & NERVOUS CONDITIONS:	
INPATIENT-	\$100 copay per confinement limited to 31 days per calendar year.
OUTPATIENT-	\$20 copay per visit, limited to 20 visits per calendar year maximum.
ALCOHOLISM & DRUG DEPENDENCY:	
INPATIENT-	Detoxification Only \$100 copay per confinement
OUTPATIENT-	\$35 copay per visit, limited to 44 visits per lifetime.

City of Coral Gables

	Humana Plan 75 Option 02	Humana OA-HMO
MAXIMUM BENEFIT:	\$5,000,000	\$5,000,000
DEDUCTIBLE, PER PERSON:	None	None
DEDUCTIBLE, PER FAMILY:	None	None
PHYSICIAN'S OFFICE VISIT:	\$15 Copay	\$20 Copay
SPECIALTY CARE:	\$25 Copay (referrals required)	\$35 Copay
HOSPITAL INPATIENT:	\$250 copay per day, 3 day max.	100% after \$100 Copay
CO-INSURANCE:	100% after applicable copayments	100% after applicable copayments
OUT-OF-POCKET EXPOSURE:	\$1,500 Ind./\$3,000 Fam.	\$1,500 Ind./\$3,000 Fam.
SUPPLEMENTAL ACCIDENT:	None	None
SECOND SURGICAL OPINION:	Covered	Covered
ROUTINE PHYSICAL EXAMS:	\$15 Copay	\$20 Copay
PRE-ADMISSION TESTING:	Covered	Covered

	Humana Plan 75 Option 02	Humana OA-HMO
OUT-PATIENT SURGERY:	\$200 Copay, then 100%	\$100 Copay per visit then 100%
EMERGENCY ROOM VISITS:	\$75 Copay per visit then 100%	\$100 Copay per visit then 100%
ELECTIVE STERILIZATION:	Covered	Covered
ORAL SURGERY:	Accident Only	Accident Only
TMJ:	Not Covered	Not Covered
ORGAN TRANSPLANTS: RECIPIENT DONOR TRANSPORTATION	same as any other illness when services are received from a Humana Transplant Network provider.	same as any other illness when services are received from a Humana Transplant Network provider.
MATERNITY BENEFITS:	As any other illness	As any other illness
WELL BABY CARE:	Covered	Covered
SKILLED NURSING FACILITY:	Covered, limited to 100 days per calendar year.	Covered, limited to 100 days per calendar year then 90%
HOME HEALTH CARE:	Covered, limited to 60 days per calendar year.	Covered, limited to 60 days per calendar year.

	Humana Plan 75 Option 02	Humana OA-HMO
HOSPICE CARE:	Covered @ 100%	Covered @ 90%
PRESCRIPTION DRUGS:	\$10 Level 1 \$30 Level 2 \$50 Level 3 25% Level 4	\$10 Level 1 \$30 Level 2 \$50 Level 3 25% Level 4
MENTAL & NERVOUS CONDITIONS:		
INPATIENT-	\$250 copay per day, 3 day max. limited to 30 days per calendar year.	covered @ 90% limited to 30 days per calendar year
OUTPATIENT-	\$25 copay per visit, limited to 20 visits per calendar year maximum.	\$20 copay per visit, limited to 20 visits per calendar year maximum.
ALCOHOLISM & DRUG DEPENDENCY:		
INPATIENT-	Detoxification Only \$250 copay per day, 3 day max.	Detoxification Only Covered @ 90%
OUTPATIENT-	\$35 copay per visit, limited to 44 visits per lifetime.	\$20 copay per visit, limited to 44 visits per lifetime.

City of Coral Gables

Humana  
 NPOS 90/70 Plan

	Participating Provider	Non-Participating Provider
MAXIMUM BENEFIT:	\$5,000,000	\$5,000,000
DEDUCTIBLE, PER PERSON:	\$500	\$1,500
DEDUCTIBLE, PER FAMILY:	\$1,500	\$4,500
PHYSICIAN'S OFFICE VISIT:	\$25	70% after deductible
SPECIALTY CARE:	\$35	70% after deductible
HOSPITAL INPATIENT:	100% after a \$250 Copay per admit	70% after deductible
CO-INSURANCE:	90% after deductible	70% after deductible
OUT-OF-POCKET EXPOSURE:	\$2,000 Ind./\$6,000 Fam.	\$6,000 Ind./\$18,000 Fam.
SUPPLEMENTAL ACCIDENT:	None	None
SECOND SURGICAL OPINION:	Covered	Covered
ROUTINE PHYSICAL EXAMS:	Covered	Covered
PRE-ADMISSION TESTING:	Covered	70% after deductible

**NPOS 90/70 Plan**

	Participating Provider	Non-Participating Provider
OUT-PATIENT SURGERY:	100% after \$300 Copay per visit	70% after deductible
EMERGENCY ROOM VISITS:	100% after \$150 Copay	100% after \$150 Copay
ELECTIVE STERILIZATION:	Covered	Covered
ORAL SURGERY:	Accident Only	Accident Only
TMJ:	Not Covered	Not Covered
ORGAN TRANSPLANTS: RECIPIENT DONOR TRANSPORTATION	90% after deductible when services received from a Humana Transplant Network Provider	50% after deductible
MATERNITY BENEFITS:	Same as any other illness	Same as any other illness
WELL BABY CARE:	Covered	Covered
SKILLED NURSING FACILITY:	90% after deductible limited to 60 days per calendar year	70% after deductible limited to 60 days per calendar year
HOME HEALTH CARE:	90% after deductible limited to 60 visits per calendar year	70% after deductible limited to 60 visits per calendar year



**NPOS 90/70 Plan**

	Participating Provider	Non-Participating Provider
<b>HOSPICE CARE:</b>	90% after deductible	70% after deductible
<b>PRESCRIPTION DRUGS:</b>	\$10 Level 1 \$30 Level 2 \$50 Level 3 25% Level 4	Not Covered
<b>MENTAL &amp; NERVOUS CONDITIONS:</b>		
<b>INPATIENT-</b>	100% after a \$250 Copay per admit Benefits limited to a maximum of 30 days per calendar year	70% after deductible
<b>OUTPATIENT-</b>	\$35 co-payment, limited to 20 visits per calendar year maximum	70% after deductible
	<b>Combined Lifetime Maximum of \$2,000 for Inpatient &amp; Outpatient</b>	
<b>ALCOHOLISM &amp; DRUG DEPENDENCY:</b>		
<b>INPATIENT-</b>	100% after a \$250 Copay per admit limited to 10 days per calendar year	70% after deductible
<b>OUTPATIENT-</b>	\$35 co-payment, limited to 44 lifetime visits	70% after deductible

**City of Coral Gables**

**Dental Insurance Renewal**

July 1, 2009

**Blue Cross Blue Shield of Florida**

**Pre-Paid Dental Program**

Plan PS220

	<u><b>Current</b></u>	<u><b>Renewal</b></u>
Employee	\$ 13.14	\$ 13.14
Employee & Spouse	27.01	27.01
Employee & Child(ren)	21.82	21.82
Family	38.22	38.22

**Indemnity Plan**

	<u><b>Current</b></u>	<u><b>Renewal</b></u>
Employee	\$ 48.17	\$ 48.17
Employee & Spouse	98.20	98.20
Employee & Child(ren)	87.39	87.39
Family	119.74	119.74

**City of Coral Gables**

**Life Insurance Renewal**

July 1, 2009

**Standard Insurance Company**

	<u><b>Current</b></u>	<u><b>Renewal</b></u>
Term Life	0.18/\$1,000	0.18/\$1,000
AD&D	.03/\$1,000	.03/\$1,000

Rates Guaranteed till July 1, 2010

City of Coral Gables  
Employee Benefit Review

**Health Insurance Renewal**

We recommend that the City accept the plan variations illustrated to the Humana benefit program as of July 1, 2009. This will include a referral based HMO, an Open Access HMO and a national network Point of Service plan. The new premium figures for each of these plans will be guaranteed for 12 months

**Dental Insurance**

We recommend that the City renew the Pre-Paid Dental and Indemnity Dental Programs with Blue Cross Blue Shield of Florida. Blue Cross has agreed to continue the same benefits with no adjustment in the premium rates. These rates will be guaranteed for 12 months.

**Life Insurance**

We recommend that the City renew the Life Insurance coverage with Standard Insurance Company. Standard has agreed to continue the same benefits with no adjustment in the premium rates. These rates will be guaranteed for 12 months.