

Village of Wellington
 Medical Insurance RFP Evaluation
 Effective Date: January 1, 2017



Schedule of Benefits	CURRENT		RENEWAL		NEGOTIATED RENEWAL	
	Cigna Open Access Plus		Cigna Open Access Plus		Cigna Open Access Plus	
Funding Arrangement	Fully Insured - Hybrid		Fully Insured - Hybrid		Fully Insured - Hybrid	
Network	Open Access Plus	Out-of-Network	Open Access Plus	Out-of-Network	Open Access Plus	Out-of-Network
Calendar Year Deductible (CYD)						
Single	None	\$500	None	\$500	None	\$500
Family	None	\$1,000	None	\$1,000	None	\$1,000
Out-of-Pocket Maximum	Includes All Costs		Includes All Costs		Includes All Costs	
Single	\$1,500	\$2,500	\$1,500	\$2,500	\$1,500	\$2,500
Family	\$3,000	\$5,000	\$3,000	\$5,000	\$3,000	\$5,000
Non-Hospital Services						
Physician Office Visit	\$10	20% after CYD	\$10	20% after CYD	\$10	20% after CYD
Specialist Office Visit	\$25	20% after CYD	\$25	20% after CYD	\$25	20% after CYD
Preventive Care	No charge	20% after CYD	No charge	20% after CYD	No charge	20% after CYD
Chiropractor	\$10 (100v)	20% after CYD	\$10 (100v)	20% after CYD	\$10 (100v)	20% after CYD
Short Term Rehab	\$10 (100v)	20% after CYD	\$10 (100v)	20% after CYD	\$10 (100v)	20% after CYD
Diagnostic Testing (Lab & X-ray)	No charge	20% after CYD	No charge	20% after CYD	No charge	20% after CYD
Advanced Imaging (CT, PET, MRI)	\$125	20% after CYD	\$125	20% after CYD	\$125	20% after CYD
Urgent Care Center	\$35		\$35		\$35	
Hospital						
Inpatient	\$250	20% after CYD	\$250	20% after CYD	\$250	20% after CYD
Outpatient	\$125	20% after CYD	\$125	20% after CYD	\$125	20% after CYD
Physician Services	No charge	20% after CYD	No charge	20% after CYD	No charge	20% after CYD
Emergency Room Visit	\$100		\$100		\$100	
Mental Health & Substance Abuse						
Inpatient	\$250	20% after CYD	\$250	20% after CYD	\$250	20% after CYD
Outpatient	\$10	20% after CYD	\$10	20% after CYD	\$10	20% after CYD
Prescription Drug Benefit	Tiering Rx Program by Drug Type		Tiering Rx Program by Drug Type		Tiering Rx Program by Drug Type	
Generic	\$10	40%	\$10	40%	\$10	40%
Preferred Brand	\$30	40%	\$30	40%	\$30	40%
Non-Preferred Brand	\$50	40%	\$50	40%	\$50	40%
Mail Order - 90 day supply	2.5x Retail Copay	Not Covered	2.5x Retail Copay	Not Covered	2.5x Retail Copay	Not Covered
Premium						
Employee	120	\$740.14		\$776.86		\$765.93
EE + Spouse	35	\$1,587.41		\$1,666.96		\$1,643.10
EE + Child	57	\$1,371.88		\$1,440.53		\$1,419.96
Family	76	\$2,219.12		\$2,330.60		\$2,297.10
Monthly Premium		\$391,226.43		\$410,802.61		\$404,937.42
Annual Premium		\$4,694,717.16		\$4,929,631.32		\$4,859,249.04
\$ Increase		N/A		\$234,914.16		\$164,531.88
% Increase		N/A		5.0%		3.5%

*(v) = number of visits per year

\$25K Wellness Fund

\$25K Wellness Fund

\$25K Wellness Fund

Village of Wellington
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	CURRENT		ALTERNATIVE #1		ALTERNATIVE #2	
Schedule of Benefits	Cigna Open Access Plus		Cigna Open Access Plus		Humana NPOS	
Funding Arrangement	Fully Insured - Hybrid		Fully Insured - Hybrid		Fully Insured	
Network	Open Access Plus	Out-of-Network	Open Access Plus	Out-of-Network	National POS	Out-of-Network
Calendar Year Deductible (CYD)						
Single	None	\$500	None	\$500	None	\$500
Family	None	\$1,000	None	\$1,000	None	\$1,000
Out-of-Pocket Maximum	Includes All Costs		Includes All Costs		Includes All Costs	
Single	\$1,500	\$2,500	\$1,500	\$2,500	\$1,500	\$2,500
Family	\$3,000	\$5,000	\$3,000	\$5,000	\$3,000	\$5,000
Non-Hospital Services						
Physician Office Visit	\$10	20% after CYD	\$20	20% after CYD	\$10	20% after CYD
Specialist Office Visit	\$25	20% after CYD	\$35	20% after CYD	\$25	20% after CYD
Preventive Care	No charge	20% after CYD	No charge	20% after CYD	No charge	20% after CYD
Chiropractor	\$10 (100v)	20% after CYD	\$20 (50v)	20% after CYD	\$10 (30v)	20% after CYD
Short Term Rehab	\$10 (100v)	20% after CYD	\$20 (50v)	20% after CYD	\$10 (30v)	20% after CYD
Diagnostic Testing (Lab & X-ray)	No charge	20% after CYD	No charge	20% after CYD	No charge	20% after CYD
Advanced Imaging (CT, PET, MRI)	\$125	20% after CYD	\$125	20% after CYD	\$125	20% after CYD
Urgent Care Center		\$35		\$50		\$35
Hospital						
Inpatient	\$250	20% after CYD	\$250	20% after CYD	\$250	20% after CYD
Outpatient	\$125	20% after CYD	\$125	20% after CYD	\$125	20% after CYD
Physician Services	No charge	20% after CYD	No charge	20% after CYD	No charge	20% after CYD
Emergency Room Visit		\$100		\$125		\$100
Mental Health & Substance Abuse						
Inpatient	\$250	20% after CYD	\$250	20% after CYD	\$250	20% after CYD
Outpatient	\$10	20% after CYD	\$10	20% after CYD	\$10	20% after CYD
Prescription Drug Benefit	Tiering Rx Program by Drug Type		Tiering Rx Program by Drug Type		Tiering Rx Program by Drug Type	
Generic	\$10	40%	\$15	40%	\$10	30% after \$10 copay
Preferred Brand	\$30	40%	\$30	40%	\$30	30% after \$30 copay
Non-Preferred Brand	\$50	40%	\$50	40%	\$50	30% after \$50 copay
Mail Order - 90 day supply	2.5x Retail Copay	Not Covered	2.5x Retail Copay	Not Covered	2.5x Retail Copay	30% after Mail Order copay
Premium						
Employee	120	\$740.14		\$758.52		\$698.62
EE + Spouse	35	\$1,587.41		\$1,626.92		\$1,498.36
EE + Child	57	\$1,371.88		\$1,406.00		\$1,294.92
Family	76	\$2,219.12		\$2,274.37		\$2,094.63
Monthly Premium		\$391,226.43		\$400,958.72		\$369,279.32
Annual Premium		\$4,694,717.16		\$4,811,504.64		\$4,431,351.84
\$ Increase		N/A		\$116,787.48		-\$263,365.32
% Increase		N/A		2.5%		-5.6%

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\$25K Wellness Fund

\$25K Wellness Fund

Baptist & Tenet Hospital Systems not In Network; \$30K Wellness Fund

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Schedule of Benefits	CURRENT		ALTERNATIVE #3		ALTERNATIVE #4	
	Cigna Open Access Plus		United HealthCare Choice Plus Plan		Florida Blue BlueOptions Plan 3748	
Funding Arrangement	Fully Insured - Hybrid		Fully Insured		Fully Insured	
Network	Open Access Plus	Out-of-Network	Choice Plus	Out-of-Network	BlueOptions	Out-of-Network
Calendar Year Deductible (CYD)						
Single	None	\$500	None	\$400	None	\$500
Family	None	\$1,000	None	\$400	None	\$1,000
Out-of-Pocket Maximum	Includes All Costs		Includes All Costs		Includes All Costs	
Single	\$1,500	\$2,500	\$1,500	\$2,500	\$1,500	\$3,000
Family	\$3,000	\$5,000	\$3,000	\$5,000	\$3,000	\$6,000
Non-Hospital Services						
Physician Office Visit	\$10	20% after CYD	\$10	20% after CYD	\$10	40% after CYD
Specialist Office Visit	\$25	20% after CYD	\$10	20% after CYD	\$25	40% after CYD
Preventive Care	No charge	20% after CYD	No charge	20% after CYD	No charge	40% after CYD
Chiropractor	\$10 (100v)	20% after CYD	\$10 (20v)	20% after CYD	\$25 (unlimited)	40% after CYD
Short Term Rehab	\$10 (100v)	20% after CYD	\$10 (20v)	20% after CYD	\$25 (100v)	40% after CYD
Diagnostic Testing (Lab & X-ray)	No charge	20% after CYD	No charge	20% after CYD	No charge	40% after CYD
Advanced Imaging (CT, PET, MRI)	\$125	20% after CYD	No charge	20% after CYD	\$125	40% after CYD
Urgent Care Center	\$35		\$35	20% after CYD	\$30	\$30 after CYD
Hospital						
Inpatient	\$250	20% after CYD	\$250	20% after CYD	\$250	\$750
Outpatient	\$125	20% after CYD	No charge	20% after CYD	\$150	\$300
Physician Services	No charge	20% after CYD	No charge	20% after CYD	No charge	40% after CYD
Emergency Room Visit	\$100		\$75		\$100	
Mental Health & Substance Abuse						
Inpatient	\$250	20% after CYD	\$250	20% after CYD	\$0	\$750
Outpatient	\$10	20% after CYD	\$10	20% after CYD	\$0	40%
Prescription Drug Benefit	Tiering Rx Program by Drug Type		Tiering Rx Program by Drug Cost		Tiering Rx Program by Drug Type	
Generic	\$10	40%	\$10	40%	\$10	50%
Preferred Brand	\$30	40%	\$30	40%	\$30	50%
Non-Preferred Brand	\$50	40%	\$50	40%	\$50	50%
Mail Order - 90 day supply	2.5x Retail Copay	Not Covered	2.5x Retail Copay	Not Covered	2.5x Retail Copay	Not Covered
Premium						
Employee	120	\$740.14		\$741.77		\$812.32
EE + Spouse	35	\$1,587.41		\$1,590.91		\$1,933.32
EE + Child	57	\$1,371.88		\$1,374.90		\$1,494.67
Family	76	\$2,219.12		\$2,224.01		\$2,534.44
Monthly Premium		\$391,226.43		\$392,088.31		\$442,958.23
Annual Premium		\$4,694,717.16		\$4,705,059.72		\$5,315,498.76
\$ Increase		N/A		\$10,342.56		\$620,781.60
% Increase		N/A		0.2%		13.2%

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\$25K Wellness Fund

No Wellness

Wellness Included (No Funds)

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Schedule of Benefits	CURRENT		ALTERNATIVE #5	
	Cigna Open Access Plus		Aetna HNOption	
Funding Arrangement	Fully Insured - Hybrid		Fully Insured	
Network	Open Access Plus	Out-of-Network	Health Network Option	Out-of-Network
Calendar Year Deductible (CYD)				
Single	None	\$500	None	\$500
Family	None	\$1,000	None	\$1,000
Out-of-Pocket Maximum	Includes All Costs		Includes All Costs	
Single	\$1,500	\$2,500	\$1,500	\$2,500
Family	\$3,000	\$5,000	\$3,000	\$5,000
Non-Hospital Services				
Physician Office Visit	\$10	20% after CYD	\$10	20% after CYD
Specialist Office Visit	\$25	20% after CYD	\$25	20% after CYD
Preventive Care	No charge	20% after CYD	No charge	20% after CYD
Chiropractor	\$10 (100v)	20% after CYD	\$10 (20v)	20% after CYD
Short Term Rehab	\$10 (100v)	20% after CYD	\$10 (60v)	20% after CYD
Diagnostic Testing (Lab & X-ray)	No charge	20% after CYD	No charge	20% after CYD
Advanced Imaging (CT, PET, MRI)	\$125	20% after CYD	\$125	20% after CYD
Urgent Care Center		\$35	\$35	20% after CYD
Hospital				
Inpatient	\$250	20% after CYD	\$250	20% after CYD
Outpatient	\$125	20% after CYD	\$125	20% after CYD
Physician Services	No charge	20% after CYD	No charge	20% after CYD
Emergency Room Visit		\$100		\$100
Mental Health & Substance Abuse				
Inpatient	\$250	20% after CYD	\$250	20% after CYD
Outpatient	\$10	20% after CYD	\$10	20% after CYD
Prescription Drug Benefit	Tiering Rx Program by Drug Type		Tiering Rx Program by Drug Type	
Generic	\$10	40%	\$10	Not Covered
Preferred Brand	\$30	40%	\$30	Not Covered
Non-Preferred Brand	\$50	40%	\$50	Not Covered
Mail Order - 90 day supply	2.5x Retail Copay	Not Covered	2.5x Retail Copay	Not Covered
Premium				
Employee	120	\$740.14	\$858.47	
EE + Spouse	35	\$1,587.41	\$1,841.20	
EE + Child	57	\$1,371.88	\$1,591.21	
Family	76	\$2,219.12	\$2,573.90	
Monthly Premium	\$391,226.43		\$453,773.77	
Annual Premium	\$4,694,717.16		\$5,445,285.24	
\$ Increase	N/A		\$750,568.08	
% Increase	N/A		16.0%	

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\$25K Wellness Fund

\$25K Wellness