

Village of Wellington
Medical Insurance RFP Evaluation
Effective: January 1, 2016



	CURRENT		INITIAL RENEWAL		NEGOTIATED RENEWAL	
	Cigna Open Access Plus Single Option		Cigna Open Access Plus Single Option		Cigna Open Access Plus Single Option	
Schedule of Benefits	Open Access	Out of Network	Open Access	Out of Network	Open Access	Out of Network
Funding Type	Fully Insured - Participating Minimum Premium		Fully Insured - Participating Minimum Premium		Fully Insured - Participating Minimum Premium	
Deductible						
Single	None	\$500	None	\$500	None	\$500
Family Maximum	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
Office Visits						
Physician Office Visit	\$10	CYD + 20%	\$10	CYD + 20%	\$10	CYD + 20%
Specialist Office Visit	\$25	CYD + 20%	\$25	CYD + 20%	\$25	CYD + 20%
Chiropractor	\$25 (20v)	CYD + 20%	\$25 (20v)	CYD + 20%	\$25 (20v)	CYD + 20%
Physical Therapy / Rehab Therapy	\$25 (20v)	CYD + 20%	\$25 (20v)	CYD + 20%	\$25 (20v)	CYD + 20%
Preventative Care						
Children Birth to age 16	No Charge	20%	No Charge	20%	No Charge	20%
Age 17 and above	No Charge	CYD + 20%	No Charge	CYD + 20%	No Charge	CYD + 20%
Well Woman Exam	No Charge	CYD + 20%	No Charge	CYD + 20%	No Charge	CYD + 20%
Mammograms	No Charge	CYD + 20%	No Charge	CYD + 20%	No Charge	CYD + 20%
Retail Prescriptions (30 days)	Tiering Rx program by product type		Tiering Rx program by product type		Tiering Rx program by product type	
Tier 1	\$10	CYD + 40%	\$10	CYD + 40%	\$10	CYD + 40%
Tier 2	\$30	CYD + 40%	\$30	CYD + 40%	\$30	CYD + 40%
Tier 3	\$50	CYD + 40%	\$50	CYD + 40%	\$50	CYD + 40%
Mail Order Prescriptions (90 days)	Tiering Rx program by product type		Tiering Rx program by product type		Tiering Rx program by product type	
Tier 1	\$25	Not Covered	\$25	Not Covered	\$25	Not Covered
Tier 2	\$75	Not Covered	\$75	Not Covered	\$75	Not Covered
Tier 3	\$125	Not Covered	\$125	Not Covered	\$125	Not Covered
Emergency						
Emergency Room Visit	\$100		\$100		\$100	
Ambulance	No Copayment		No Copayment		No Copayment	
Urgent Care Center	\$35	\$35	\$35	\$35	\$35	\$35
Hospital						
Inpatient	\$250	CYD + 20%	\$250	CYD + 20%	\$250	CYD + 20%
Outpatient	\$125	CYD + 20%	\$125	CYD + 20%	\$125	CYD + 20%
Outpatient Diagnostic Testing	\$125	CYD + 20%	\$125	CYD + 20%	\$125	CYD + 20%
Laboratory & X-Rays	No Charge	CYD + 20%	No Charge	CYD + 20%	No Charge	CYD + 20%
Mental Health & Substance Abuse						
Inpatient	\$250	CYD + 20%	\$250	CYD + 20%	\$250	CYD + 20%
Outpatient	\$10	CYD + 20%	\$10	CYD + 20%	\$10	CYD + 20%
Premium	CURRENT	DIFFERENCE	RENEWAL	DIFFERENCE	RENEWAL	DIFFERENCE
Employee 117	\$634.19	n/a	\$851.92	\$217.73	\$742.00	\$107.81
EE + Spouse 39	\$1,356.60	n/a	\$1,831.47	\$474.87	\$1,587.22	\$230.62
EE + Child 54	\$1,172.83	n/a	\$1,582.28	\$409.45	\$1,372.21	\$199.38
Family 74	\$1,895.22	n/a	\$2,561.81	\$666.59	\$2,217.41	\$322.19
Monthly Premium	\$330,686.73		\$446,119.03		\$386,903.47	
Annual Premium	\$3,968,240.76		\$5,353,428.36		\$4,642,841.69	
\$ Increase	N/A		\$1,385,187.60		\$674,600.93	
% Increase	N/A		34.9%		17.0%	

*(v) = number of visits per year

*Rates Not Finalized

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	CURRENT		Alternative #1		Alternative #2	
	Cigna Open Access Plus Single Option		Aetna Health Network Option Plan		Florida Blue BlueOptions Plan 03748	
Schedule of Benefits	Open Access	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Funding Type	Fully Insured - Participating Minimum Premium		Fully Insured		Fully Insured	
Deductible						
Single	None	\$500	None	\$500	None	\$500
Family Maximum	None	\$1,000	None	\$1,000	None	\$1,500
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
Office Visits						
Physician Office Visit	\$10	CYD + 20%	\$10	CYD + 20%	\$10	CYD + 40%
Specialist Office Visit	\$25	CYD + 20%	\$25	CYD + 20%	\$25	CYD + 40%
Chiropractor	\$25 (20v)	CYD + 20%	\$10 (20v)	CYD + 20%	\$25 (26v)	CYD + 40%
Physical Therapy / Rehab Therapy	\$25 (20v)	CYD + 20%	\$10 (30v)	CYD + 20%	\$25 (35v)	CYD + 40%
Preventative Care						
Children Birth to age 16	No Charge	20%	No Charge	CYD + 20%	No Charge	40%
Age 17 and above	No Charge	CYD + 20%	No Charge	Not Covered	No Charge	40%
Well Woman Exam	No Charge	CYD + 20%	No Charge	Not Covered	No Charge	40%
Mammograms	No Charge	CYD + 20%	No Charge	CYD + 20%	No Charge	40%
Retail Prescriptions (30 days)	Tiering Rx program by product type		Tiering Rx program by product type		Tiering Rx program by product type	
Tier 1	\$10	CYD + 40%	\$10	Not Covered	\$10	
Tier 2	\$30	CYD + 40%	\$30	Not Covered	\$30	50%
Tier 3	\$50	CYD + 40%	\$50	Not Covered	\$50	
Mail Order Prescriptions (90 days)	Tiering Rx program by product type		Tiering Rx program by product type		Tiering Rx program by product type	
Tier 1	\$25	Not Covered	\$25	Not Covered	\$25	
Tier 2	\$75	Not Covered	\$75	Not Covered	\$75	50%
Tier 3	\$125	Not Covered	\$125	Not Covered	\$125	
Emergency						
Emergency Room Visit	\$100		\$100		\$100	
Ambulance	No Copayment		No Copayment		No Copayment	
Urgent Care Center	\$35	\$35	\$35	CYD + 20%	\$30	CYD + 40%
Hospital						
Inpatient	\$250	CYD + 20%	\$250	CYD + 20%	Opt. 1/Opt. 2	
Outpatient	\$125	CYD + 20%	\$125	CYD + 20%	\$250/\$500	\$750
Outpatient Diagnostic Testing	\$125	CYD + 20%	\$125	CYD + 20%	\$150/\$250	\$300
Laboratory & X-Rays	No Charge	CYD + 20%	No Charge	CYD + 20%	\$125	CYD + 40%
					\$50	CYD + 40%
Mental Health & Substance Abuse						
Inpatient	\$250	CYD + 20%	\$250	CYD + 20%	No Charge	\$750
Outpatient	\$10	CYD + 20%	\$25	CYD + 20%	No Charge	40%
Premium	CURRENT	DIFFERENCE	RENEWAL	DIFFERENCE	RENEWAL	DIFFERENCE
Employee 117	\$634.19	n/a	\$795.74	\$161.55	\$843.96	\$209.77
EE + Spouse 39	\$1,356.60	n/a	\$1,663.10	\$306.50	\$2,008.63	\$652.03
EE + Child 54	\$1,172.83	n/a	\$1,480.08	\$307.25	\$1,552.89	\$380.06
Family 74	\$1,895.22	n/a	\$2,355.39	\$460.17	\$2,633.16	\$737.94
Monthly Premium	\$330,686.73		\$412,185.66		\$455,789.79	
Annual Premium	\$3,968,240.76		\$4,946,227.92		\$5,469,477.48	
\$ Increase	N/A		\$977,987.16		\$1,501,236.72	
% Increase	N/A		24.6%		37.8%	

*(v) = number of visits per year