

City of Cooper City
Medical Insurance Renewal Evaluation 4-Tier
Effective Date: October 1, 2025

	Alternative #1					
	BlueOptions Predictable Cost 03768		BlueOptions Predictable Cost 03766		BlueOptions HSA Compatible 05190/05191	
	Unlimited		Unlimited		Unlimited	
Schedule of Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (CYD)	Calendar Year		Calendar Year		Calendar Year	
Single	\$250	\$1,000	\$0	\$500	\$1,650	\$3,300
Family	\$750	\$3,000	\$0	\$1,500	\$3,300	\$6,600
Coinsurance	0%	50%	20%	50%	20%	40%
Out-of-Pocket Maximum	Includes Coins, Ded, and Rx Copays		Includes Coins, Ded, and Rx Copays		Includes Coins, Ded, and Rx Copays	
Single	\$3,000	\$6,000	\$2,500	\$5,000	\$4,800	\$9,600
Family	\$6,000	\$12,000	\$5,000	\$10,000	\$7,500 / \$9,200	\$18,400
Physician Services						
Physician Office Visit	VCP: \$0/ PCP: \$20	50% After CYD	VCP: \$0/ PCP: \$20	50% After CYD	VCP: CYD/ PCP: 20% After CYD	40% After CYD
Specialist Visit	VCS: \$20/ Specialist: \$45	50% After CYD	VCS: \$20/ Specialist: \$40	50% After CYD	VCS: CYD/ Specialist: 20% After CYD	40% After CYD
Laboratory	\$50	50% After CYD	\$50	50% After CYD	20% After CYD	40% After CYD
Advanced Imaging	\$200	50% After CYD	\$150	50% After CYD	20% After CYD	40% After CYD
Urgent Care Center	VCP: \$0 1-2 Visits/ Urgent Care: \$50	50% After \$50	VCP: \$0 1-2 Visits/ Urgent Care: \$45	50% After \$45	VCP: CYD / Urgent Care: 20% After CYD	40% After CYD
Preventative Care						
Adult Wellness	No Charge	50% After CYD	No Charge	50% After CYD	No Charge	40%
Hospital						
Inpatient	\$700 Per Admission	50% After CYD	\$600 Per Admission	50% After CYD	20% After CYD	\$500 PAD + 40% After CYD
Outpatient	\$300	50% After CYD	\$200	50% After CYD	20% After CYD	40% After CYD
Physician Services	\$50	\$50	\$0	\$0	20% After CYD	20% After INN CYD
Emergency Room Visit	\$200	\$200	\$100	\$100	20% After CYD	20% After INN CYD
Mental Health & Nervous						
Inpatient	\$0	50%	\$0	50%	20% After CYD	20% After INN CYD
Outpatient (OV/Other)	\$0	50%	\$0	50%	20% After CYD	40% After CYD
Prescription Drugs					(Rx Copays After CYD)	
Generic	\$10		\$10		\$10	
Brand Name	\$50	50%	\$50	50%	\$50	50%
Non-Preferred Brand	\$80		\$80		\$80	
Mail Order (90-Day Supply)	2.5x Retail Copay	50%	2.5x Retail Copay	50%	2.5x Retail Copay	50%
EE Only	\$951.73		\$971.25		\$776.02	
EE + Spouse	\$2,169.95		\$2,214.44		\$1,769.32	
EE + Child(ren)	\$1,903.47		\$1,942.50		\$1,552.03	
EE + Family	\$3,045.54		\$3,107.99		\$2,483.25	
Monthly Premium	\$164,650		\$23,388		\$3,104	
Annual Premium	\$1,975,794		\$280,652		\$37,249	
Total Monthly Premium			\$191,141			
Total Annual Premium			\$2,293,695			
Total \$ Change			-\$83,619			
Total % Change			-3.5%			

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	Renewal					
	FMIT - UHC Choice Plus Plan 1		FMIT - UHC Choice Plus Plan 2		FMIT - UHC Choice HSA Plus Plan 5	
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Schedule of Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (CYD)	Calendar Year		Calendar Year		Calendar Year	
Single	\$250	\$500	\$250	\$500	\$1,650	\$2,500
Family	\$500	\$1,000	\$500	\$1,000	\$3,300	\$5,000
Coinsurance	0%	30%	10%	30%	10%	30%
Out-of-Pocket Maximum	Includes Coins, Ded, and Rx Copays		Includes Coins, Ded, and Rx Copays		Includes Coins, Ded, and Rx Copays	
Single	\$2,000	\$4,000	\$2,500	\$5,000	\$3,750	\$7,500
Family	\$4,000	\$8,000	\$5,000	\$10,000	\$7,500	\$15,000
Physician Services						
Physician Office Visit	\$15	30% After CYD	\$15	30% After CYD	10% After CYD	30% After CYD
Specialist Visit	\$30	30% After CYD	\$30	30% After CYD	10% After CYD	30% After CYD
Laboratory	No Charge	30% After CYD	No Charge	30% After CYD	10% After CYD	30% After CYD
Advanced Imaging	\$100	30% After CYD	\$100	30% After CYD	10% After CYD	30% After CYD
Urgent Care Center	\$50	30% After CYD	\$50	30% After CYD	10% After CYD	30% After CYD
Preventative Care						
Adult Wellness	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered
Hospital						
Inpatient	0% After CYD	30% After CYD	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Outpatient	\$100	30% After CYD	\$100	30% After CYD	10% After CYD	30% After CYD
Physician Services	0% After CYD	30% After CYD	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Emergency Room Visit	\$125	\$125	\$125	\$125	10% After CYD	10% After INN CYD
Mental Health & Nervous						
Inpatient	0% After CYD	30% After CYD	10% After CYD	30% After CYD	10% After CYD	30% After CYD
Outpatient (OV/Other)	\$15/ 0% After CYD	30% After CYD	\$15/ 10% After CYD	30% After CYD	10% After CYD	30% After CYD
Prescription Drugs					(Rx Copays After CYD)	
Generic	\$10	Tier 1-3 Copay + any amount over the allowed amount	\$10	Tier 1-3 Copay + any amount over the allowed amount	\$10	Tier 1-3 Copay + any amount over the allowed amount
Brand Name	\$35		\$35		\$35	
Non-Preferred Brand	\$60		\$60		\$60	
Mail Order (90-Day Supply)	2.5x Retail Copay	Not Covered	2.5x Retail Copay	Not Covered	2.5x Retail Copay	Not Covered
EE Only	\$1,420.35		\$1,341.96		\$1,195.80	
EE + Spouse	\$3,053.75		\$2,885.21		\$2,570.97	
EE + Child(ren)	\$2,698.66		\$2,549.72		\$2,272.02	
EE + Family	\$4,403.08		\$4,160.07		\$3,706.98	
Monthly Premium	\$239,258		\$31,469		\$4,664	
Annual Premium	\$2,871,093		\$377,627		\$55,963	
Total Monthly Premium			\$275,390			
Total Annual Premium			\$3,304,684			
Total \$ Change			\$927,370			
Total % Change			39.0%			