

	CURRENT				RENEWAL		
	PPO Plan		HMO Plan		PPO Plan		HMO Plan
	Florida Blue BlueOptions 18153		Florida Blue BlueCare 14354		Florida Blue BlueOptions 18153		Florida Blue BlueCare 14354
	In-Network	Out-of-Network	In-Network Only		In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible (CYD)	BlueOptions		BlueCare	BlueOptions		BlueCare	
Single	\$1,950	\$3,900	\$1,750	\$3,500	\$7,000	\$2,000	
Family	\$3,900	\$7,800	\$1,750 PP / \$3,500	\$7,000	\$14,000	\$2,000 PP / \$4,000	
Out of Pocket Maximum	Includes All Costs		Includes All Costs	Includes All Costs		Includes All Costs	
Single	\$3,700	\$7,400	\$5,300	\$7,000	\$14,000	\$5,500	
Family	\$3,700 PP / \$7,400	\$7,400 PP / \$14,800	\$5,300 PP / \$10,600	\$7,000 PP / \$14,000	\$14,000 PP / \$28,000	\$5,500 PP / \$11,000	
Coinsurance (Member)	10%	50%	20%	10%	50%	20%	
Non-Hospital Services							
Primary Care Physician	VCP: \$0 / 10% after CYD	50% after CYD	VCP: \$0 / \$20	VCP: \$0 / \$25 after CYD	50% after CYD	VCP: \$0 / \$25	
Virtual Visits	PCP: \$0 / SP: 10% after CYD	Not Covered	PCP: \$0 / SP: \$50	PCP: \$0 / SP: \$60 after CYD	Not Covered	PCP: \$0 / SP: \$55	
Specialist	VCP: \$20 / 10% after CYD	50% after CYD	VCP: \$20 / \$50	\$60 after CYD	50% after CYD	\$55	
Preventive Services	No Charge	50%	No Charge	No Charge	50%	No Charge	
Laboratory Services / X-Ray Services	VCP: \$20 / ICL: \$35 / IDTC: 10% after CYD	50% after CYD	VCP: \$20 / ICL: \$50 / IDTC: 20% after CYD	ICL: \$0 / IDTC: \$25 after CYD	50% after CYD	ICL: \$50 / IDTC: 20% after CYD	
Advanced Imaging - CT, PET, MRI	10% after CYD	50% after CYD	20% after CYD	10% after CYD	50% after CYD	20% after CYD	
Urgent Care Center	VCP: \$0 1-2 Visits / 10% after CYD	10% after CYD	VCP: \$0 1-2 Visits / \$55	VCP: \$0 1-2 Visits / \$50 after CYD	\$50 after CYD	VCP: \$0 1-2 Visits / \$55	
Hospital Services							
Inpatient	10% after CYD	50% after CYD	20% after CYD	10% after CYD	50% after CYD	20% after CYD	
Outpatient	10% after CYD	50% after CYD	ASC: 20% / Hosp: 20% after CYD	10% after CYD	50% after CYD	ASC: 20% / Hosp: 20% after CYD	
Physician Services - Inpatient	10% after CYD	10% after INN CYD	\$100	No Charge	No Charge	\$100	
Physician Services - Outpatient	10% after CYD	10% after INN CYD	\$100	No Charge	No Charge	\$100	
Emergency Room	10% after CYD	10% after INN CYD	20% after CYD	10% after CYD	10% after INN CYD	20% after CYD	
Mental Health/Substance Abuse							
Inpatient Services (At Hospital)	No Charge	10% after CYD	No Charge	10% after CYD	50% after CYD	20% after CYD	
Outpatient Office Visit (At Provider's Office)	No Charge	50% after CYD	No Charge	\$25 after CYD	50% after CYD	\$25	
Outpatient (Other Services)	No Charge	50% after CYD	No Charge	10% after CYD	50% after CYD	20% after CYD	
Prescription Drug Benefit	*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15		*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15		*Condition Care Rx - Tier 1: \$4 / Tier 2: \$75		*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15
Tier 1	\$10 after CYD		\$10	\$10 after CYD		\$10	
Tier 2	\$30 after CYD		\$30	\$150 after CYD		\$30	
Tier 3	\$50 after CYD		\$50	\$300 after CYD		\$50	
Tier 4	N/A		N/A	N/A		N/A	
Specialty Drugs	\$150 after CYD		\$150	\$500 after CYD		\$150	
Mail-Order Drugs (90-Day Supply)	\$20 after CYD / \$60 after CYD / \$100 after CYD		\$20 / \$60 / \$100	\$20 after CYD / \$300 after CYD / \$600 after CYD		\$20 / \$60 / \$100	
Rates	PPO	HMO					
Employee	1	11	\$1,014.85	\$871.45	\$1,065.09		\$966.02
Employee + Spouse	2	6	\$2,029.71	\$1,742.89	\$2,130.18		\$1,932.04
Employee + Child(ren)	0	1	\$1,877.48	\$1,612.18	\$1,970.41		\$1,787.14
Employee + Family	2	6	\$2,892.33	\$2,483.62	\$3,035.50		\$2,753.15
Monthly Premium	5	24	\$10,859	\$36,557	\$11,396		\$40,525
Annual Premium		29	\$130,307	\$438,686	\$136,757		\$486,294
\$ Increase/(Decrease) Per Plan			N/A	N/A	\$6,450		\$47,608
% Increase/(Decrease) Per Plan			N/A	N/A	4.95%		10.85%
Combined Monthly Premium			\$47,416			\$51,921	
Combined Annual Premium			\$568,993			\$623,051	
Combined Annual \$ Increase/(Decrease)			N/A			\$54,058	
Combined Annual % Increase/(Decrease)			N/A			9.5%	

VCP=Value Choice Provider

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SP = Specialist

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*Covers Preventive Generic

	CURRENT				OPTION 1			
	PPO Plan		HMO Plan		PPO Plan		HMO Plan	
	Florida Blue BlueOptions 18153		Florida Blue BlueCare 14354		Florida Blue BlueOptions 26102		Florida Blue BlueCare 14354	
	In-Network	Out-of-Network	In-Network Only		In-Network	Out-of-Network	In-Network Only	
Calendar Year Deductible (CYD)	BlueOptions		BlueCare		BlueOptions		BlueCare	
Single	\$1,950	\$3,900	\$1,750		\$1,500	\$3,000	\$2,000	
Family	\$3,900	\$7,800	\$1,750 PP / \$3,500		\$1,500 PP / \$3,000	\$3,000 PP / \$6,000	\$2,000 PP / \$4,000	
Out of Pocket Maximum	Includes All Costs		Includes All Costs		Includes All Costs		Includes All Costs	
Single	\$3,700	\$7,400	\$5,300		\$5,500	\$11,000	\$5,500	
Family	\$3,700 PP / \$7,400	\$7,400 PP / \$14,800	\$5,300 PP / \$10,600		\$5,500 PP / \$11,000	\$11,000 PP / \$22,000	\$5,500 PP / \$11,000	
Coinsurance (Member)	10%	50%	20%		0%	50%	20%	
Non-Hospital Services								
Primary Care Physician	VCP: \$0 / 10% after CYD	50% after CYD	VCP: \$0 / \$20	VCP: \$0 / \$30 after CYD	50% after CYD	VCP: \$0 / \$25		
Virtual Visits	PCP: \$0 / SP: 10% after CYD	Not Covered	PCP: \$0 / SP: \$50	PCP: \$0 / SP: \$90 after CYD	Not Covered	PCP: \$0 / SP: \$55		
Specialist	VCP: \$20 / 10% after CYD	50% after CYD	VCP: \$20 / \$50	\$90 after CYD	50% after CYD	\$55		
Preventive Services	No Charge	50%	No Charge	No Charge	50%	No Charge		
Laboratory Services / X-Ray Services	VCP: \$20 / ICL: \$35 / IDTC: 10% after CYD	50% after CYD	VCP: \$20 / ICL: \$50 / IDTC: 20% after CYD	ICL: \$60 after CYD / IDTC: \$60 after CYD	50% after CYD	ICL: \$50 / IDTC: 20% after CYD		
Advanced Imaging - CT, PET, MRI	10% after CYD	50% after CYD	20% after CYD	PCP: \$90 after CYD / IDTC: \$400 after CYD	50% after CYD	20% after CYD		
Urgent Care Center	VCP: \$0 1-2 Visits / 10% after CYD	10% after CYD	VCP: \$0 1-2 Visits / \$55	VCP: \$0 1-2 Visits / \$50 after CYD	\$50 after CYD	VCP: \$0 1-2 Visits / \$55		
Hospital Services								
Inpatient	10% after CYD	50% after CYD	20% after CYD	\$1,250 after CYD	50% after CYD	20% after CYD		
Outpatient	10% after CYD	50% after CYD	ASC: 20% / Hosp: 20% after CYD	\$500 after CYD	50% after CYD	ASC: 20% / Hosp: 20% after CYD		
Physician Services - Inpatient	10% after CYD	10% after INN CYD	\$100	\$10 after CYD	\$10 after CYD	\$100		
Physician Services - Outpatient	10% after CYD	10% after INN CYD	\$100	\$10 after CYD	\$10 after CYD	\$100		
Emergency Room	10% after CYD	10% after INN CYD	20% after CYD	\$500 after CYD	\$500 after INN CYD	20% after CYD		
Mental Health/Substance Abuse								
Inpatient Services (At Hospital)	No Charge	10% after CYD	No Charge	\$1,250 after CYD	50% after CYD	20% after CYD		
Outpatient Office Visit (At Provider's Office)	No Charge	50% after CYD	No Charge	\$30 after CYD	50% after CYD	\$25		
Outpatient (Other Services)	No Charge	50% after CYD	No Charge	\$500 after CYD	50% after CYD	20% after CYD		
Prescription Drug Benefit	*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15		*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15		*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15		*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15	
Tier 1	\$10 after CYD		\$10	\$10			\$10	
Tier 2	\$30 after CYD		\$30	\$150			\$30	
Tier 3	\$50 after CYD		\$50	\$300			\$50	
Tier 4	N/A		N/A	N/A			N/A	
Specialty Drugs	\$150 after CYD		\$150	\$500			\$150	
Mail-Order Drugs (90-Day Supply)	\$20 after CYD / \$60 after CYD / \$100 after CYD		\$20 / \$60 / \$100	\$20 / \$300 / \$600			\$20 / \$60 / \$100	
Rates	PPO	HMO						
Employee	1	11	\$1,014.85	\$871.45	\$1,139.43		\$966.02	
Employee + Spouse	2	6	\$2,029.71	\$1,742.89	\$2,278.86		\$1,932.04	
Employee + Child(ren)	0	1	\$1,877.48	\$1,612.18	\$2,107.94		\$1,787.14	
Employee + Family	2	6	\$2,892.33	\$2,483.62	\$3,247.37		\$2,753.15	
Monthly Premium	5	24	\$10,859	\$36,557	\$12,192		\$40,525	
Annual Premium		29	\$130,307	\$438,686	\$146,303		\$486,294	
\$ Increase/(Decrease) Per Plan			N/A	N/A	\$15,996		\$47,608	
% Increase/(Decrease) Per Plan			N/A	N/A	12.28%		10.85%	
Combined Monthly Premium			\$47,416			\$52,716		
Combined Annual Premium			\$568,993			\$632,597		
Combined Annual \$ Increase/(Decrease)			N/A			\$63,603		
Combined Annual % Increase/(Decrease)			N/A			11.2%		

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	CURRENT				OPTION 2		
	PPO Plan		HMO Plan		PPO Plan		HMO Plan
	Florida Blue BlueOptions 18153		Florida Blue BlueCare 14354		Florida Blue BlueOptions 26102		Florida Blue BlueCare 14304
	In-Network	Out-of-Network	In-Network Only		In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible (CYD)	BlueOptions		BlueCare	BlueOptions		BlueCare	
Single	\$1,950	\$3,900	\$1,750	\$1,500	\$3,000	\$1,500	
Family	\$3,900	\$7,800	\$1,750 PP / \$3,500	\$1,500 PP / \$3,000	\$3,000 PP / \$6,000	\$1,500 PP / \$3,000	
Out of Pocket Maximum	Includes All Costs		Includes All Costs	Includes All Costs		Includes All Costs	
Single	\$3,700	\$7,400	\$5,300	\$5,500	\$11,000	\$4,800	
Family	\$3,700 PP / \$7,400	\$7,400 PP / \$14,800	\$5,300 PP / \$10,600	\$5,500 PP / \$11,000	\$11,000 PP / \$22,000	\$4,800 PP / \$9,600	
Coinsurance (Member)	10%	50%	20%	0%	50%	20%	
Non-Hospital Services							
Primary Care Physician	VCP: \$0 / 10% after CYD	50% after CYD	VCP: \$0 / \$20	VCP: \$0 / \$30 after CYD	50% after CYD	VCP: \$0 / \$10	
Virtual Visits	PCP: \$0 / SP: 10% after CYD	Not Covered	PCP: \$0 / SP: \$50	PCP: \$0 / SP: \$90 after CYD	Not Covered	PCP: \$0 / SP: \$40	
Specialist	VCP: \$20 / 10% after CYD	50% after CYD	VCP: \$20 / \$50	\$90 after CYD	50% after CYD	\$40	
Preventive Services	No Charge	50%	No Charge	No Charge	50%	No Charge	
Laboratory Services / X-Ray Services	VCP: \$20 / ICL: \$35 / IDTC: 10% after CYD	50% after CYD	VCP: \$20 / ICL: \$50 / IDTC: 20% after CYD	ICL: \$60 after CYD / IDTC: \$60 after CYD	50% after CYD	ICL: No Charge / IDTC: \$50 after CYD	
Advanced Imaging - CT, PET, MRI	10% after CYD	50% after CYD	20% after CYD	PCP: \$90 after CYD / IDTC: \$400 after CYD	50% after CYD	PCP: \$40 after CYD / IDTC: \$300 after CYD	
Urgent Care Center	VCP: \$0 1-2 Visits / 10% after CYD	10% after CYD	VCP: \$0 1-2 Visits / \$55	VCP: \$0 1-2 Visits / \$50 after CYD	\$50 after CYD	VCP: \$0 1-2 Visits / \$55	
Hospital Services							
Inpatient	10% after CYD	50% after CYD	20% after CYD	\$1,250 after CYD	50% after CYD	20% after CYD	
Outpatient	10% after CYD	50% after CYD	ASC: 20% / Hosp: 20% after CYD	\$500 after CYD	50% after CYD	20% after CYD	
Physician Services - Inpatient	10% after CYD	10% after INN CYD	\$100	\$10 after CYD	\$10 after CYD	No Charge	
Physician Services - Outpatient	10% after CYD	10% after INN CYD	\$100	\$10 after CYD	\$10 after CYD	No Charge	
Emergency Room	10% after CYD	10% after INN CYD	20% after CYD	\$500 after CYD	\$500 after INN CYD	\$200 after CYD	
Mental Health/Substance Abuse							
Inpatient Services (At Hospital)	No Charge	10% after CYD	No Charge	\$1,250 after CYD	50% after CYD	20% after CYD	
Outpatient Office Visit (At Provider's Office)	No Charge	50% after CYD	No Charge	\$30 after CYD	50% after CYD	\$10	
Outpatient (Other Services)	No Charge	50% after CYD	No Charge	\$500 after CYD	50% after CYD	20% after CYD	
Prescription Drug Benefit	*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15		*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15		*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15		*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15
Tier 1	\$10 after CYD		\$10	\$10			\$10
Tier 2	\$30 after CYD		\$30	\$150			\$30
Tier 3	\$50 after CYD		\$50	\$300			\$50
Tier 4	N/A		N/A	N/A			N/A
Specialty Drugs	\$150 after CYD	Not Covered	\$150	\$500	Not Covered		\$150
Mail-Order Drugs (90-Day Supply)	\$20 after CYD / \$60 after CYD / \$100 after CYD		\$20 / \$60 / \$100	\$20 / \$300 / \$600			\$20 / \$60 / \$100
Rates	PPO	HMO					
Employee	1	11	\$1,014.85	\$871.45	\$1,139.43		\$1,122.86
Employee + Spouse	2	6	\$2,029.71	\$1,742.89	\$2,278.86		\$2,245.72
Employee + Child(ren)	0	1	\$1,877.48	\$1,612.18	\$2,107.94		\$2,077.29
Employee + Family	2	6	\$2,892.33	\$2,483.62	\$3,247.37		\$3,200.15
Monthly Premium	5	24	\$10,859	\$36,557	\$12,192		\$47,104
Annual Premium		29	\$130,307	\$438,686	\$146,303		\$565,248
\$ Increase/(Decrease) Per Plan			N/A	N/A	\$15,996		\$126,561
% Increase/(Decrease) Per Plan			N/A	N/A	12.28%		28.85%
Combined Monthly Premium			\$47,416			\$59,296	
Combined Annual Premium			\$568,993			\$711,550	
Combined Annual \$ Increase/(Decrease)			N/A			\$142,557	
Combined Annual % Increase/(Decrease)			N/A			25.1%	

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	CURRENT			OPTION 3		
	PPO Plan		HMO Plan	PPO Plan		HMO Plan
	Florida Blue	BlueOptions 18153	Florida Blue	BlueOptions 14103	Florida Blue	BlueCare 14353
	In-Network	Out-of-Network	In-Network Only	In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible (CYD)	BlueOptions		BlueCare	BlueOptions		BlueCare
Single	\$1,950	\$3,900	\$1,750	\$2,000	\$4,000	\$2,000
Family	\$3,900	\$7,800	\$1,750 PP / \$3,500	\$2,000 PP / \$4,000	\$4,000 PP / \$8,000	\$2,000 PP / \$4,000
Out of Pocket Maximum	Includes All Costs		Includes All Costs	Includes All Costs		Includes All Costs
Single	\$3,700	\$7,400	\$5,300	\$5,400	\$10,800	\$5,400
Family	\$3,700 PP / \$7,400	\$7,400 PP / \$14,800	\$5,300 PP / \$10,600	\$5,400 PP / \$10,800	\$10,800 PP / \$21,600	\$5,400 PP / \$10,800
Coinsurance (Member)	10%	50%	20%	20%	50%	20%
Non-Hospital Services						
Primary Care Physician	VCP: \$0 / 10% after CYD	50% after CYD	VCP: \$0 / \$20	VCP: \$0 / \$35 after CYD	50% after CYD	VCP: \$0 / \$35
Virtual Visits	PCP: \$0 / SP: 10% after CYD	Not Covered	PCP: \$0 / SP: \$50	PCP: \$0 / SP: \$60 after CYD	Not Covered	PCP: \$0 / SP: \$60
Specialist	VCP: \$20 / 10% after CYD	50% after CYD	VCP: \$20 / \$50	\$60 after CYD	50% after CYD	\$60
Preventive Services	No Charge	50%	No Charge	No Charge	50%	No Charge
Laboratory Services / X-Ray Services	VCP: \$20 / ICL: \$35 / IDTC: 10% after CYD	50% after CYD	VCP: \$20 / ICL: \$50 / IDTC: 20% after CYD	ICL: \$50 after CYD / IDTC: 20% after CYD	50% after CYD	ICL: \$50 / IDTC: 20% after CYD
Advanced Imaging - CT, PET, MRI	10% after CYD	50% after CYD	20% after CYD	PCP: \$60 after CYD / IDTC: 20% after CYD	50% after CYD	PCP: \$60 after CYD / IDTC: 20% after CYD
Urgent Care Center	VCP: \$0 1-2 Visits / 10% after CYD	10% after CYD	VCP: \$0 1-2 Visits / \$55	VCP: \$0 1-2 Visits / \$65 after CYD	\$65 after CYD	VCP: \$0 1-2 Visits / \$65
Hospital Services						
Inpatient	10% after CYD	50% after CYD	20% after CYD	20% after CYD	50% after CYD	20% after CYD
Outpatient	10% after CYD	50% after CYD	ASC: 20% / Hosp: 20% after CYD	20% after CYD	50% after CYD	20% after CYD
Physician Services - Inpatient	10% after CYD	10% after INN CYD	\$100	\$100 after CYD	\$100 after CYD	\$100
Physician Services - Outpatient	10% after CYD	10% after INN CYD	\$100	\$100 after CYD	\$100 after CYD	\$100
Emergency Room	10% after CYD	10% after INN CYD	20% after CYD	20% after CYD	20% after INN CYD	20% after CYD
Mental Health/Substance Abuse						
Inpatient Services (At Hospital)	No Charge	10% after CYD	No Charge	20% after CYD	50% after CYD	20% after CYD
Outpatient Office Visit (At Provider's Office)	No Charge	50% after CYD	No Charge	\$35 after CYD	50% after CYD	\$35
Outpatient (Other Services)	No Charge	50% after CYD	No Charge	20% after CYD	50% after CYD	20% after CYD
Prescription Drug Benefit	*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15		*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15		*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15	
Tier 1	\$10 after CYD		\$10	\$10		\$10
Tier 2	\$30 after CYD		\$30	\$30		\$30
Tier 3	\$50 after CYD		\$50	\$50		\$50
Tier 4	N/A		N/A	N/A		N/A
Specialty Drugs	\$150 after CYD	Not Covered	\$150	\$150	Not Covered	\$150
Mail-Order Drugs (90-Day Supply)	\$20 after CYD / \$60 after CYD / \$100 after CYD		\$20 / \$60 / \$100	\$20 / \$60 / \$100		\$20 / \$60 / \$100
Rates	PPO	HMO				
Employee	1	11	\$1,014.85	\$871.45	\$1,140.19	\$962.77
Employee + Spouse	2	6	\$2,029.71	\$1,742.89	\$2,280.38	\$1,925.54
Employee + Child(ren)	0	1	\$1,877.48	\$1,612.18	\$2,109.35	\$1,781.13
Employee + Family	2	6	\$2,892.33	\$2,483.62	\$3,249.54	\$2,743.90
Monthly Premium	5	24	\$10,859	\$36,557	\$12,200	\$40,388
Annual Premium		29	\$130,307	\$438,686	\$146,400	\$484,659
\$ Increase/(Decrease) Per Plan			N/A	N/A	\$16,093	\$45,973
% Increase/(Decrease) Per Plan			N/A	N/A	12.35%	10.48%
Combined Monthly Premium			\$47,416		\$52,588	
Combined Annual Premium			\$568,993		\$631,059	
Combined Annual \$ Increase/(Decrease)			N/A		\$62,066	
Combined Annual % Increase/(Decrease)			N/A		10.9%	

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	CURRENT				OPTION 4			
	PPO Plan		HMO Plan		PPO Plan		PPO Plan	
	Florida Blue BlueOptions 18153		Florida Blue BlueCare 14354		Crumdale PPO 4		Crumdale PPO 8	
	In-Network	Out-of-Network	In-Network Only		In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible (CYD)	BlueOptions		BlueCare					
Single	\$1,950	\$3,900	\$1,750	\$2,000	\$4,000	\$2,000	\$4,000	\$4,000
Family	\$3,900	\$7,800	\$1,750 PP / \$3,500	\$2,000 PP / \$4,000	\$4,000 PP / \$8,000	\$2,000 PP / \$4,000	\$4,000 PP / \$8,000	\$4,000
Out of Pocket Maximum	Includes All Costs		Includes All Costs		Includes All Costs		Includes All Costs	
Single	\$3,700	\$7,400	\$5,300	\$6,000	\$12,000	\$6,000	\$12,000	\$12,000
Family	\$3,700 PP / \$7,400	\$7,400 PP / \$14,800	\$5,300 PP / \$10,600	\$6,000 PP / \$12,000	\$12,000 PP / \$24,000	\$6,000 PP / \$12,000	\$12,000 PP / \$24,000	\$12,000
Coinsurance (Member)	10%	50%	20%	0%	50%	20%	50%	50%
Non-Hospital Services								
Primary Care Physician	VCP: \$0 / 10% after CYD	50% after CYD	VCP: \$0 / \$20	\$20	50% after CYD	\$20	50% after CYD	50% after CYD
Virtual Visits	PCP: \$0 / SP: 10% after CYD	Not Covered	PCP: \$0 / SP: \$50	Recurso: \$0 / Other: Not Covered	Not Covered	Recurso: \$0 / Other: Covered	Not Covered	Not Covered
Specialist	VCP: \$20 / 10% after CYD	50% after CYD	VCP: \$20 / \$50	\$75	50% after CYD	\$50	50% after CYD	50% after CYD
Preventive Services	No Charge	50%	No Charge	No Charge	50%	No Charge	50%	50%
Laboratory Services / X-Ray Services	VCP: \$20 / ICL: \$35 / IDTC: 10% after CYD	50% after CYD	VCP: \$20 / ICL: \$50 / IDTC: 20% after CYD	IDTC: No Charge / Labs: \$50 after CYD / X-rays: \$75 after CYD	50% after CYD	IDTC: No Charge / Other: 20% after CYD	50% after CYD	50% after CYD
Advanced Imaging - CT, PET, MRI	10% after CYD	50% after CYD	20% after CYD	\$300 after CYD	50% after CYD	20% after CYD	50% after CYD	50% after CYD
Urgent Care Center	VCP: \$0 1-2 Visits / 10% after CYD	10% after CYD	VCP: \$0 1-2 Visits / \$55	\$50	50% after CYD	\$40	50% after CYD	50% after CYD
Hospital Services								
Inpatient	10% after CYD	50% after CYD	20% after CYD	CYD	50% after CYD	20% after CYD	50% after CYD	50% after CYD
Outpatient	10% after CYD	50% after CYD	ASC: 20% / Hosp: 20% after CYD	\$750 after CYD	50% after CYD	20% after CYD	50% after CYD	50% after CYD
Physician Services - Inpatient	10% after CYD	10% after INN CYD	\$100	CYD	50% after CYD	20% after CYD	50% after CYD	50% after CYD
Physician Services - Outpatient	10% after CYD	10% after INN CYD	\$100	CYD	50% after CYD	20% after CYD	50% after CYD	50% after CYD
Emergency Room	10% after CYD	10% after INN CYD	20% after CYD	\$300 after CYD	\$300 after CYD	\$300 after CYD	\$300 after CYD	\$300 after CYD
Mental Health/Substance Abuse								
Inpatient Services (At Hospital)	No Charge	10% after CYD	No Charge	CYD	50% after CYD	20% after CYD	50% after CYD	50% after CYD
Outpatient Office Visit (At Provider's Office)	No Charge	50% after CYD	No Charge	\$20	50% after CYD	\$20	50% after CYD	50% after CYD
Outpatient (Other Services)	No Charge	50% after CYD	No Charge	CYD	50% after CYD	20% after CYD	20% after CYD	50% after CYD
Prescription Drug Benefit	*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15		*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15					
Tier 1	\$10 after CYD		\$10	\$10			\$10	
Tier 2	\$30 after CYD		\$30	\$25			\$25	
Tier 3	\$50 after CYD		\$50	50%			50%	
Tier 4	N/A		N/A	N/A			N/A	
Specialty Drugs	\$150 after CYD		\$150	\$200			\$200	
Mail-Order Drugs (90-Day Supply)	\$20 after CYD / \$60 after CYD / \$100 after CYD		\$20 / \$60 / \$100	\$20 / \$50 / 50%			\$20 / \$50 / 50%	
Rates	PPO	HMO						
Employee	1	11	\$1,014.85	\$871.45	\$1,155.32		\$1,048.84	
Employee + Spouse	2	6	\$2,029.71	\$1,742.89	\$2,340.00		\$2,104.54	
Employee + Child(ren)	0	1	\$1,877.48	\$1,612.18	\$2,209.39		\$1,988.16	
Employee + Family	2	6	\$2,892.33	\$2,483.62	\$3,048.93		\$2,736.29	
Monthly Premium	5	24	\$10,859	\$36,557	\$11,933		\$42,570	
Annual Premium		29	\$130,307	\$438,686	\$143,198		\$510,845	
\$ Increase/(Decrease) Per Plan			N/A	N/A	\$12,891		\$72,158	
% Increase/(Decrease) Per Plan			N/A	N/A	9.89%		16.45%	
Combined Monthly Premium			\$47,416				\$54,504	
Combined Annual Premium			\$568,993				\$654,043	
Combined Annual \$ Increase/(Decrease)			N/A				\$85,049	
Combined Annual % Increase/(Decrease)			N/A				14.95%	

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*Preventive Generic Drugs covered at no charge for retail and mail order.

Annual Fee: \$4,000 due before plan year begins

Both Plans Compared to 18153 PPO

	CURRENT			OPTION 5		
	PPO Plan		HMO Plan	PPO Plan		HMO Plan
	Florida Blue	BlueOptions 18153	Florida Blue	UHC	UHC	UHC
	In-Network	Out-of-Network	In-Network Only	In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible (CYD)	BlueOptions		BlueCare	Choice Plus		Choice
Single	\$1,950	\$3,900	\$1,750	\$3,500	\$10,000	\$1,500
Family	\$3,900	\$7,800	\$1,750 PP / \$3,500	\$3,500 PP / \$7,000	\$10,000 PP / \$20,000	\$1,500 PP / \$3,000
Out of Pocket Maximum	Includes All Costs		Includes All Costs	Includes All Costs		Includes All Costs
Single	\$3,700	\$7,400	\$5,300	\$7,500	\$20,000	\$5,000
Family	\$3,700 PP / \$7,400	\$7,400 PP / \$14,800	\$5,300 PP / \$10,600	\$7,500 PP / \$15,000	\$20,000 PP / \$40,000	\$5,000 PP / \$10,000
Coinsurance (Member)	10%	50%	20%	0%	50%	30%
Non-Hospital Services						
Primary Care Physician	VCP: \$0 / 10% after CYD	50% after CYD	VCP: \$0 / \$20	CYD	50% after CYD	DP: \$10 / \$30
Virtual Visits	PCP: \$0 / SP: 10% after CYD	Not Covered	PCP: \$0 / SP: \$50	DP: CYD / SP: Not Covered	Not Covered	DP: No Charge / SP: Not Covered
Specialist	VCP: \$20 / 10% after CYD	50% after CYD	VCP: \$20 / \$50	CYD	50% after CYD	DP: \$60 / \$120
Preventive Services	No Charge	50%	No Charge	No Charge	50% after CYD	No Charge
Laboratory Services / X-Ray Services	VCP: \$20 / ICL: \$35 / IDTC: 10% after CYD	50% after CYD	VCP: \$20 / ICL: \$50 / IDTC: 20% after CYD	DP: \$40 after CYD / ICL: 50% after CYD / IDTC: \$40 after CYD	50% after CYD	DP: 30% after CYD / ICL: 50% after CYD / IDTC: 30% after CYD
Advanced Imaging - CT, PET, MRI	10% after CYD	50% after CYD	20% after CYD	DP: \$500 after CYD / 50% after CYD	50% after CYD	DP: \$400 / 50% after CYD
Urgent Care Center	VCP: \$0 1-2 Visits / 10% after CYD	10% after CYD	VCP: \$0 1-2 Visits / \$55	CYD	50% after CYD	\$40
Hospital Services						
Inpatient	10% after CYD	50% after CYD	20% after CYD	\$1,200 after CYD	50% after CYD	30% after CYD
Outpatient	10% after CYD	50% after CYD	ASC: 20% / Hosp: 20% after CYD	\$800 after CYD	50% after CYD	30% after CYD
Physician Services - Inpatient	10% after CYD	10% after INN CYD	\$100	CYD	50% after CYD	30% after CYD
Physician Services - Outpatient	10% after CYD	10% after INN CYD	\$100	CYD	50% after CYD	30% after CYD
Emergency Room	10% after CYD	10% after INN CYD	20% after CYD	\$500 after CYD	\$500 after CYD	\$750
Mental Health/Substance Abuse						
Inpatient Services (At Hospital)	No Charge	10% after CYD	No Charge	\$1,200 after CYD	50% after CYD	30% after CYD
Outpatient Office Visit (At Provider's Office)	No Charge	50% after CYD	No Charge	CYD	50% after CYD	\$60
Outpatient (Other Services)	No Charge	50% after CYD	No Charge	CYD	50% after CYD	\$60
Prescription Drug Benefit	*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15		*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15			
Tier 1	\$10 after CYD		\$10	\$10 after CYD		\$10
Tier 2	\$30 after CYD		\$30	\$40 after CYD		\$40
Tier 3	\$50 after CYD		\$50	\$150 after CYD		\$150
Tier 4	N/A		N/A	\$300 after CYD		\$300
Specialty Drugs	\$150 after CYD		\$150	Based on Applicable Tier: \$10 after CYD / \$40 after CYD / \$150 after CYD / \$500 after CYD		Based on Applicable Tier: \$10 / \$40 / \$150 / \$500
Mail-Order Drugs (90-Day Supply)	\$20 after CYD / \$60 after CYD / \$100 after CYD		\$20 / \$60 / \$100	\$25 after CYD / \$100 after CYD / \$375 after CYD / \$750 after CYD		\$25 / \$100 / \$375 / \$750
Rates	PPO	HMO				
Employee	1	11	\$1,014.85	\$871.45	\$1,168.49	\$1,277.96
Employee + Spouse	2	6	\$2,029.71	\$1,742.89	\$2,336.98	\$2,555.92
Employee + Child(ren)	0	1	\$1,877.48	\$1,612.18	\$2,161.71	\$2,364.23
Employee + Family	2	6	\$2,892.33	\$2,483.62	\$3,330.20	\$3,642.19
Monthly Premium	5	24	\$10,859	\$36,557	\$12,503	\$53,610
Annual Premium		29	\$130,307	\$438,686	\$150,034	\$643,325
\$ Increase/(Decrease) Per Plan			N/A	N/A	\$19,727	\$204,639
% Increase/(Decrease) Per Plan			N/A	N/A	15.14%	46.65%
Combined Monthly Premium			\$47,416		\$66,113	
Combined Annual Premium			\$568,993		\$793,360	
Combined Annual \$ Increase/(Decrease)			N/A		\$224,366	
Combined Annual % Increase/(Decrease)			N/A		39.4%	

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	CURRENT			OPTION 6		
	PPO Plan		HMO Plan	PPO Plan		HMO Plan
	Florida Blue	BlueOptions 18153	Florida Blue	UHC	UHC	UHC
	In-Network	Out-of-Network	In-Network Only	In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible (CYD)	BlueOptions		BlueCare	Choice Plus		Choice
Single	\$1,950	\$3,900	\$1,750	\$3,500	\$10,000	\$3,000
Family	\$3,900	\$7,800	\$1,750 PP / \$3,500	\$3,500 PP / \$7,000	\$10,000 PP / \$20,000	\$3,000 PP / \$6,000
Out of Pocket Maximum	Includes All Costs		Includes All Costs	Includes All Costs		Includes All Costs
Single	\$3,700	\$7,400	\$5,300	\$7,250	\$12,000	\$6,500
Family	\$3,700 PP / \$7,400	\$7,400 PP / \$14,800	\$5,300 PP / \$10,600	\$7,250 PP / \$14,500	\$12,000 PP / \$24,000	\$6,500 PP / \$13,800
Coinsurance (Member)	10%	50%	20%	10%	40%	20%
Non-Hospital Services						
Primary Care Physician	VCP: \$0 / 10% after CYD	50% after CYD	VCP: \$0 / \$20	\$30	40% after CYD	DP: \$10 / \$30
Virtual Visits	PCP: \$0 / SP: 10% after CYD	Not Covered	PCP: \$0 / SP: \$50	DP: No Charge / SP: Not Covered	Not Covered	DP: No Charge / SP: Not Covered
Specialist	VCP: \$20 / 10% after CYD	50% after CYD	VCP: \$20 / \$50	\$70	40% after CYD	DP: \$40 / \$80
Preventive Services	No Charge	50%	No Charge	No Charge	40% after CYD	No Charge
Laboratory Services / X-Ray Services	VCP: \$20 / ICL: \$35 / IDTC: 10% after CYD	50% after CYD	VCP: \$20 / ICL: \$50 / IDTC: 20% after CYD	DP: \$25 / ICL: 50% after CYD / IDTC: \$75	40% after CYD	DP: 20% after CYD / ICL: 50% after CYD / IDTC: 20% after CYD
Advanced Imaging - CT, PET, MRI	10% after CYD	50% after CYD	20% after CYD	DP: 10% after CYD / 50% after CYD	40% after CYD	DP: \$400 / 50% after CYD
Urgent Care Center	VCP: \$0 1-2 Visits / 10% after CYD	10% after CYD	VCP: \$0 1-2 Visits / \$55	\$75	40% after CYD	\$40
Hospital Services						
Inpatient	10% after CYD	50% after CYD	20% after CYD	10% after CYD	40% after CYD	20% after CYD
Outpatient	10% after CYD	50% after CYD	ASC: 20% / Hosp: 20% after CYD	10% after CYD	40% after CYD	20% after CYD
Physician Services - Inpatient	10% after CYD	10% after INN CYD	\$100	10% after CYD	40% after CYD	20% after CYD
Physician Services - Outpatient	10% after CYD	10% after INN CYD	\$100	10% after CYD	40% after CYD	20% after CYD
Emergency Room	10% after CYD	10% after INN CYD	20% after CYD	\$750, then 10% after CYD	40% after CYD	\$750
Mental Health/Substance Abuse						
Inpatient Services (At Hospital)	No Charge	10% after CYD	No Charge	10% after CYD	40% after CYD	20% after CYD
Outpatient Office Visit (At Provider's Office)	No Charge	50% after CYD	No Charge	\$30	40% after CYD	\$40
Outpatient (Other Services)	No Charge	50% after CYD	No Charge	\$30	40% after CYD	\$40
Prescription Drug Benefit	*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15		*Condition Care Rx - Tier 1: \$4 / Tier 2: \$15			
Tier 1	\$10 after CYD		\$10	\$5	INN Cost + Cost Over Allowed Amount	\$10
Tier 2	\$30 after CYD		\$30	\$40		\$40
Tier 3	\$50 after CYD		\$50	\$150		\$150
Tier 4	N/A		N/A	\$300		\$300
Specialty Drugs	\$150 after CYD		\$150	Based on Applicable Tier: \$5 / \$40 / \$150 / \$500		Based on Applicable Tier: \$10 / \$40 / \$150 / \$500
Mail-Order Drugs (90-Day Supply)	\$20 after CYD / \$60 after CYD / \$100 after CYD		\$20 / \$60 / \$100	\$12.50 / \$100 / \$375 / \$750		\$25 / \$100 / \$375 / \$750
Rates	PPO	HMO				
Employee	1	11	\$1,014.85	\$871.45		\$1,190.30
Employee + Spouse	2	6	\$2,029.71	\$1,742.89		\$2,380.60
Employee + Child(ren)	0	1	\$1,877.48	\$1,612.18		\$2,202.06
Employee + Family	2	6	\$2,892.33	\$2,483.62		\$3,392.36
Monthly Premium	5	24	\$10,859	\$36,557		\$49,933
Annual Premium		29	\$130,307	\$438,686		\$599,197
\$ Increase/(Decrease) Per Plan			N/A			\$160,511
% Increase/(Decrease) Per Plan			N/A			36.59%
Combined Monthly Premium			\$47,416			\$62,767
Combined Annual Premium			\$568,993			\$753,205
Combined Annual \$ Increase/(Decrease)			N/A			\$184,212
Combined Annual % Increase/(Decrease)			N/A			32.4%

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*Preventive Generic Drugs covered at no charge for retail and mail order.