

	CURRENT		RENEWAL		
	PPO Plan		PPO Plan		HMO Plan
	Florida Blue		Florida Blue		Florida Blue
	BlueOptions 18153		BlueOptions 18153		BlueCare 14354
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible (CYD)	BlueOptions		BlueOptions		BlueCare
Single	\$1,950	\$3,900	\$3,500	\$7,000	\$2,000
Family	\$3,900	\$7,800	\$7,000	\$14,000	\$2,000 PP / \$4,000
Out of Pocket Maximum	Includes All Costs		Includes All Costs		Includes All Costs
Single	\$3,700	\$7,400	\$7,000	\$14,000	\$5,500
Family	\$3,700 PP / \$7,400	\$7,400 PP / \$14,800	\$7,000 PP / \$14,000	\$14,000 PP / \$28,000	\$5,500 PP / \$11,000
Coinsurance (Member)	10%	50%	10%	50%	20%
Non-Hospital Services					
Primary Care Physician	VCP: \$0 / 10% after CYD	50% after CYD	VCP: \$0 / \$25 after CYD	50% after CYD	VCP: \$0 / \$25
Virtual Visits	PCP: \$0 / SP: 10% after CYD	Not Covered	PCP: \$0 / SP: \$60 after CYD	Not Covered	PCP: \$0 / SP: \$55
Specialist	VCP: \$20 / 10% after CYD	50% after CYD	\$60 after CYD	50% after CYD	\$55
Preventive Services	No Charge	50%	No Charge	50%	No Charge
Laboratory Services / X-Ray Services	VCP: \$20 / ICL: \$35 / IDTC: 10% after CYD	50% 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	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 / \$50 after CYD	\$50 after CYD	VCP: \$0 1-2 Visits / \$55
Hospital Services					
Inpatient	10% after CYD	50% after CYD	10% after CYD	50% after CYD	20% after CYD
Outpatient	10% after CYD	50% after CYD	10% after CYD	50% after CYD	ASC: 20%/ Hosp: 20% after CYD
Physician Services - Inpatient	10% after CYD	10% after INN CYD	No Charge	No Charge	\$100
Physician Services - Outpatient	10% after CYD	10% after INN CYD	No Charge	No Charge	\$100
Emergency Room	10% after CYD	10% after INN CYD	10% after CYD	10% after INN CYD	20% after CYD
Mental Health/Substance Abuse					
Inpatient Services (At Hospital)	No Charge	10% after CYD	10% after CYD	50% after CYD	20% after CYD
Outpatient Office Visit (At Provider's Office)	No Charge	50% after CYD	\$25 after CYD	50% after CYD	\$25
Outpatient (Other Services)	No Charge	50% after CYD	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: \$15
Tier 1	\$10 after CYD	Not Covered	\$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
Employee + Spouse	2	6	\$2,029.71	\$1,742.89	\$2,130.18
Employee + Child(ren)	0	1	\$1,877.48	\$1,612.18	\$1,970.41
Employee + Family	2	6	\$2,892.33	\$2,483.62	\$3,035.50
Monthly Premium	5	24	\$10,859	\$36,557	\$11,396
Annual Premium	29		\$130,307	\$438,686	\$136,757
\$ Increase/(Decrease) Per Plan			N/A	N/A	\$6,450
% Increase/(Decrease) Per Plan			N/A	N/A	4.95%
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

DP=Designated Provider

SP = Specialist

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

*Covers Preventive Generic

	CURRENT		OPTION 1	
	PPO Plan	HMO Plan	PPO Plan	HMO Plan
	Florida Blue	Florida Blue	Florida Blue	Florida Blue
	BlueOptions 18153	BlueCare 14354	BlueOptions 26102	BlueCare 14354
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible (CYD)	BlueOptions		BlueOptions	
Single	\$1,950	\$3,900	\$1,500	\$3,000
Family	\$3,900	\$7,800	\$1,500 PP / \$3,000	\$3,000 PP / \$6,000
Out of Pocket Maximum	Includes All Costs		Includes All Costs	
Single	\$3,700	\$7,400	\$5,500	\$11,000
Family	\$3,700 PP / \$7,400	\$7,400 PP / \$14,800	\$5,500 PP / \$11,000	\$11,000 PP / \$22,000
Coinsurance (Member)	10%	50%	0%	50%
Non-Hospital Services				
Primary Care Physician	VCP: \$0 / 10% after CYD	50% after CYD	VCP: \$0 / \$30 after CYD	50% after CYD
Virtual Visits	PCP: \$0 / SP: 10% after CYD	Not Covered	PCP: \$0 / SP: \$90 after CYD	Not Covered
Specialist	VCP: \$20 / 10% after CYD	50% after CYD	\$90 after CYD	50% after CYD
Preventive Services	No Charge	50%	No Charge	50%
Laboratory Services / X-Ray Services	VCP: \$20 / ICL: \$35 / IDTC: 10% after CYD	50% after CYD	ICL: \$60 after CYD / IDTC: \$60 after CYD	50% after CYD
Advanced Imaging - CT, PET, MRI	10% after CYD	50% after CYD	PCP: \$90 after CYD / IDTC: \$400 after CYD	50% after CYD
Urgent Care Center	VCP: \$0 1-2 Visits / 10% after CYD	10% after CYD	VCP: \$0 1-2 Visits / \$50 after CYD	\$50 after CYD
Hospital Services				
Inpatient	10% after CYD	50% after CYD	\$1,250 after CYD	50% after CYD
Outpatient	10% after CYD	50% after CYD	\$500 after CYD	50% after CYD
Physician Services - Inpatient	10% after CYD	10% after INN CYD	\$10 after CYD	\$10 after CYD
Physician Services - Outpatient	10% after CYD	10% after INN CYD	\$10 after CYD	\$10 after CYD
Emergency Room	10% after CYD	10% after INN CYD	\$500 after CYD	\$500 after INN CYD
Mental Health/Substance Abuse				
Inpatient Services (At Hospital)	No Charge	10% after CYD	\$1,250 after CYD	50% after CYD
Outpatient Office Visit (At Provider's Office)	No Charge	50% after CYD	\$30 after CYD	50% after CYD
Outpatient (Other Services)	No Charge	50% after CYD	\$500 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	Not Covered	\$10	Not Covered
Tier 2	\$30 after CYD		\$30	
Tier 3	\$50 after CYD		\$50	
Tier 4	N/A		N/A	
Specialty Drugs	\$150 after CYD		\$150	
Mail-Order Drugs (90-Day Supply)	\$20 after CYD / \$60 after CYD / \$100 after CYD		\$20 / \$60 / \$100	
Rates	PPO	HMO		
Employee	1	11	\$1,014.85	\$871.45
Employee + Spouse	2	6	\$2,029.71	\$1,742.89
Employee + Child(ren)	0	1	\$1,877.48	\$1,612.18
Employee + Family	2	6	\$2,892.33	\$2,483.62
Monthly Premium	5	24	\$10,859	\$36,557
Annual Premium	29		\$130,307	\$438,686
\$ Increase/(Decrease) Per Plan			N/A	N/A
% Increase/(Decrease) Per Plan			N/A	N/A
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%	

VCP=Value Choice Provider
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*Covers Preventive Generic

	CURRENT		OPTION 2		
	PPO Plan		PPO Plan		HMO Plan
	Florida Blue		Florida Blue		Florida Blue
	BlueOptions 18153		BlueOptions 26102		BlueCare 14304
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible (CYD)	BlueOptions		BlueOptions		BlueCare
Single	\$1,950	\$3,900	\$1,500	\$3,000	\$1,500
Family	\$3,900	\$7,800	\$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
Single	\$3,700	\$7,400	\$5,500	\$11,000	\$4,800
Family	\$3,700 PP / \$7,400	\$7,400 PP / \$14,800	\$5,500 PP / \$11,000	\$11,000 PP / \$22,000	\$4,800 PP / \$9,600
Coinsurance (Member)	10%	50%	0%	50%	20%
Non-Hospital Services					
Primary Care Physician	VCP: \$0 / 10% after CYD	50% after CYD	VCP: \$0 / \$30 after CYD	50% after CYD	VCP: \$0 / \$10
Virtual Visits	PCP: \$0 / SP: 10% after CYD	Not Covered	PCP: \$0 / SP: \$90 after CYD	Not Covered	PCP: \$0 / SP: \$40
Specialist	VCP: \$20 / 10% after CYD	50% after CYD	\$90 after CYD	50% after CYD	\$40
Preventive Services	No Charge	50%	No Charge	50%	No Charge
Laboratory Services / X-Ray Services	VCP: \$20 / ICL: \$35 / IDTC: 10% after CYD	50% 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	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 / \$50 after CYD	\$50 after CYD	VCP: \$0 1-2 Visits / \$55
Hospital Services					
Inpatient	10% after CYD	50% after CYD	\$1,250 after CYD	50% after CYD	20% after CYD
Outpatient	10% after CYD	50% after CYD	\$500 after CYD	50% after CYD	20% after CYD
Physician Services - Inpatient	10% after CYD	10% after INN CYD	\$10 after CYD	\$10 after CYD	No Charge
Physician Services - Outpatient	10% after CYD	10% after INN CYD	\$10 after CYD	\$10 after CYD	No Charge
Emergency Room	10% after CYD	10% after INN CYD	\$500 after CYD	\$500 after INN CYD	\$200 after CYD
Mental Health/Substance Abuse					
Inpatient Services (At Hospital)	No Charge	10% after CYD	\$1,250 after CYD	50% after CYD	20% after CYD
Outpatient Office Visit (At Provider's Office)	No Charge	50% after CYD	\$30 after CYD	50% after CYD	\$10
Outpatient (Other Services)	No Charge	50% after CYD	\$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
Tier 1	\$10 after CYD	Not Covered	\$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
Employee + Spouse	2	6	\$2,029.71	\$1,742.89	\$2,278.86
Employee + Child(ren)	0	1	\$1,877.48	\$1,612.18	\$2,107.94
Employee + Family	2	6	\$2,892.33	\$2,483.62	\$3,247.37
Monthly Premium	5	24	\$10,859	\$36,557	\$12,192
Annual Premium	29		\$130,307	\$438,686	\$146,303
\$ Increase/(Decrease) Per Plan			N/A	N/A	\$15,996
% Increase/(Decrease) Per Plan			N/A	N/A	12.28%
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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*Covers Preventive Generic

	CURRENT		OPTION 3		
	PPO Plan		PPO Plan		HMO Plan
	Florida Blue		Florida Blue		Florida Blue
	BlueOptions 18153		BlueOptions 14103		BlueCare 14353
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible (CYD)	BlueOptions		BlueOptions		BlueCare
Single	\$1,950	\$3,900	\$2,000	\$4,000	\$2,000
Family	\$3,900	\$7,800	\$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
Single	\$3,700	\$7,400	\$5,400	\$10,800	\$5,400
Family	\$3,700 PP / \$7,400	\$7,400 PP / \$14,800	\$5,400 PP / \$10,800	\$10,800 PP / \$21,600	\$5,400 PP / \$10,800
Coinsurance (Member)	10%	50%	20%	50%	20%
Non-Hospital Services					
Primary Care Physician	VCP: \$0 / 10% after CYD	50% after CYD	VCP: \$0 / \$35 after CYD	50% after CYD	VCP: \$0 / \$35
Virtual Visits	PCP: \$0 / SP: 10% after CYD	Not Covered	PCP: \$0 / SP: \$60 after CYD	Not Covered	PCP: \$0 / SP: \$60
Specialist	VCP: \$20 / 10% after CYD	50% after CYD	\$60 after CYD	50% after CYD	\$60
Preventive Services	No Charge	50%	No Charge	50%	No Charge
Laboratory Services / X-Ray Services	VCP: \$20 / ICL: \$35 / IDTC: 10% after CYD	50% 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	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 / \$65 after CYD	\$65 after CYD	VCP: \$0 1-2 Visits / \$65
Hospital Services					
Inpatient	10% after CYD	50% after CYD	20% after CYD	50% after CYD	20% after CYD
Outpatient	10% after CYD	50% after CYD	ASC: 20% / Hosp: 20% after CYD	50% after CYD	20% after CYD
Physician Services - Inpatient	10% after CYD	10% after INN CYD	\$100	\$100 after CYD	\$100
Physician Services - Outpatient	10% after CYD	10% after INN CYD	\$100	\$100 after CYD	\$100
Emergency Room	10% after CYD	10% after INN 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	50% after CYD	20% after CYD
Outpatient Office Visit (At Provider's Office)	No Charge	50% after CYD	No Charge	50% after CYD	\$35
Outpatient (Other Services)	No Charge	50% after CYD	No Charge	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	Not Covered	\$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		\$150	\$150	\$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
Employee + Spouse	2	6	\$2,029.71	\$1,742.89	\$2,280.38
Employee + Child(ren)	0	1	\$1,877.48	\$1,612.18	\$2,109.35
Employee + Family	2	6	\$2,892.33	\$2,483.62	\$3,249.54
Monthly Premium	5	24	\$10,859	\$36,557	\$12,200
Annual Premium	29		\$130,307	\$438,686	\$146,400
\$ Increase/(Decrease) Per Plan			N/A	N/A	\$16,093
% Increase/(Decrease) Per Plan			N/A	N/A	12.35%
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%		

VCP=Value Choice Provider

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*Covers Preventive Generic

	CURRENT			OPTION 4				
	PPO Plan		HMO Plan		PPO Plan		PPO Plan	
	Florida Blue		Florida Blue		Crumdale		Crumdale	
	BlueOptions 18153		BlueCare 14354		PPO 4		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
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
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
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
Coinsurance (Member)	10%	50%	20%		0%	50%	20%	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
Virtual Visits	PCP: \$0 / SP: 10% after CYD	Not Covered	PCP: \$0 / SP: \$50		Recurro: \$0 / Other: Not Covered	Not Covered	Recurro: \$0 / Other: Not Covered	Not Covered
Specialist	VCP: \$20 / 10% after CYD	50% after CYD	VCP: \$20 / \$50		\$75	50% after CYD	\$50	50% after CYD
Preventive Services	No Charge	50%	No Charge		No Charge	50%	No Charge	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
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
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
Hospital Services								
Inpatient	10% after CYD	50% after CYD	20% after CYD		CYD	50% after CYD	20% 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
Physician Services - Inpatient	10% after CYD	10% after INN CYD	\$100		CYD	50% after CYD	20% 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
Emergency Room	10% after CYD	10% after INN CYD	20% 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
Outpatient Office Visit (At Provider's Office)	No Charge	50% after CYD	No Charge		\$20	50% after CYD	\$20	50% after CYD
Outpatient (Other Services)	No Charge	50% after CYD	No Charge		CYD	50% 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	Not Covered	\$10		\$10	Not Covered	\$10	Not Covered
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		\$1,155.32		\$1,048.84	
Employee + Spouse	2	6	\$2,029.71		\$2,340.00		\$2,104.54	
Employee + Child(ren)	0	1	\$1,877.48		\$2,209.39		\$1,988.16	
Employee + Family	2	6	\$2,892.33		\$3,048.93		\$2,736.29	
Monthly Premium	5	24	\$10,859		\$11,933		\$42,570	
Annual Premium		29	\$130,307		\$143,198		\$510,845	
\$ Increase/(Decrease) Per Plan			N/A		\$12,891		\$72,158	
% Increase/(Decrease) Per Plan			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%			

VCP=Value Choice Provider
DP=Designated Provider
SP = Specialist

*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		
	Florida Blue		Florida Blue		
	BlueOptions 18153		BlueCare 14354		
	In-Network	Out-of-Network	In-Network Only	In-Network	Out-of-Network
Calendar Year Deductible (CYD)	BlueOptions		BlueCare	Choice Plus	
Single	\$1,950	\$3,900	\$1,750	\$3,500	\$10,000
Family	\$3,900	\$7,800	\$1,750 PP / \$3,500	\$3,500 PP / \$7,000	\$10,000 PP / \$20,000
Out of Pocket Maximum	Includes All Costs		Includes All Costs	Includes All Costs	
Single	\$3,700	\$7,400	\$5,300	\$7,500	\$20,000
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
Coinsurance (Member)	10%	50%	20%	0%	50%
Non-Hospital Services					
Primary Care Physician	VCP: \$0 / 10% after CYD	50% after CYD	VCP: \$0 / \$20	CYD	50% after CYD
Virtual Visits	PCP: \$0 / SP: 10% after CYD	Not Covered	PCP: \$0 / SP: \$50	DP: CYD / SP: Not Covered	Not Covered
Specialist	VCP: \$20 / 10% after CYD	50% after CYD	VCP: \$20 / \$50	CYD	50% after CYD
Preventive Services	No Charge	50%	No Charge	No Charge	50% after CYD
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
Advanced Imaging - CT, PET, MRI	10% after CYD	50% after CYD	20% after CYD	DP: \$500 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	CYD	50% after CYD
Hospital Services					
Inpatient	10% after CYD	50% after CYD	20% after CYD	\$1,200 after CYD	50% after CYD
Outpatient	10% after CYD	50% after CYD	ASC: 20% / Hosp: 20% after CYD	\$800 after CYD	50% after CYD
Physician Services - Inpatient	10% after CYD	10% after INN CYD	\$100	CYD	50% after CYD
Physician Services - Outpatient	10% after CYD	10% after INN CYD	\$100	CYD	50% after CYD
Emergency Room	10% after CYD	10% after INN CYD	20% after CYD	\$500 after CYD	\$500 after CYD
Mental Health/Substance Abuse					
Inpatient Services (At Hospital)	No Charge	10% after CYD	No Charge	\$1,200 after CYD	50% after CYD
Outpatient Office Visit (At Provider's Office)	No Charge	50% after CYD	No Charge	CYD	50% after CYD
Outpatient (Other Services)	No Charge	50% after CYD	No Charge	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	Not Covered	\$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 Applicbale 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
Employee + Spouse	2	6	\$2,029.71	\$1,742.89	\$2,336.98
Employee + Child(ren)	0	1	\$1,877.48	\$1,612.18	\$2,161.71
Employee + Family	2	6	\$2,892.33	\$2,483.62	\$3,330.20
Monthly Premium	5	24	\$10,859	\$36,557	\$12,503
Annual Premium	29		\$130,307	\$438,686	\$150,034
\$ Increase/(Decrease) Per Plan			N/A	N/A	\$19,727
% Increase/(Decrease) Per Plan			N/A	N/A	15.14%
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%	

VCP=Value Choice Provider
DP=Designated Provider
SP = Specialist
*Preventive Generic Drugs covered at no charge for retail and mail order.

	CURRENT		OPTION 6		
	PPO Plan		HMO Plan		
	Florida Blue		Florida Blue		
	BlueOptions 18153		BlueCare 14354		
	In-Network	Out-of-Network	In-Network Only	In-Network	Out-of-Network
Calendar Year Deductible (CYD)	BlueOptions		BlueCare	Choice Plus	
Single	\$1,950	\$3,900	\$1,750	\$3,500	\$10,000
Family	\$3,900	\$7,800	\$1,750 PP / \$3,500	\$3,500 PP / \$7,000	\$10,000 PP / \$20,000
Out of Pocket Maximum	Includes All Costs		Includes All Costs	Includes All Costs	
Single	\$3,700	\$7,400	\$5,300	\$7,250	\$12,000
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
Coinsurance (Member)	10%	50%	20%	10%	40%
Non-Hospital Services					
Primary Care Physician	VCP: \$0 / 10% after CYD	50% after CYD	VCP: \$0 / \$20	\$30	40% after CYD
Virtual Visits	PCP: \$0 / SP: 10% after CYD	Not Covered	PCP: \$0 / SP: \$50	DP: No Charge / SP: Not Covered	Not Covered
Specialist	VCP: \$20 / 10% after CYD	50% after CYD	VCP: \$20 / \$50	\$70	40% after CYD
Preventive Services	No Charge	50%	No Charge	No Charge	40% after CYD
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
Advanced Imaging - CT, PET, MRI	10% after CYD	50% after CYD	20% after CYD	DP: 10% after CYD / 50% after CYD	40% 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
Hospital Services					
Inpatient	10% after CYD	50% after CYD	20% after CYD	10% after CYD	40% after CYD
Outpatient	10% after CYD	50% after CYD	ASC: 20% / Hosp: 20% after CYD	10% after CYD	40% after CYD
Physician Services - Inpatient	10% after CYD	10% after INN CYD	\$100	10% after CYD	40% after CYD
Physician Services - Outpatient	10% after CYD	10% after INN CYD	\$100	10% after CYD	40% after CYD
Emergency Room	10% after CYD	10% after INN CYD	20% after CYD	\$750, then 10% after CYD	40% after CYD
Mental Health/Substance Abuse					
Inpatient Services (At Hospital)	No Charge	10% after CYD	No Charge	10% after CYD	40% after CYD
Outpatient Office Visit (At Provider's Office)	No Charge	50% after CYD	No Charge	\$30	40% after CYD
Outpatient (Other Services)	No Charge	50% after CYD	No Charge	\$30	40% 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	Not Covered	\$10	\$5	INN Cost + Cost Over Allowed Amount
Tier 2	\$30 after CYD		\$30	\$40	
Tier 3	\$50 after CYD		\$50	\$150	
Tier 4	N/A		N/A	\$300	
Specialty Drugs	\$150 after CYD		\$150	Based on Applicable Tier: \$5 / \$40 / \$150 / \$500	Based on Applicbale 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	\$1,199.44
Employee + Spouse	2	6	\$2,029.71	\$1,742.89	\$2,398.88
Employee + Child(ren)	0	1	\$1,877.48	\$1,612.18	\$2,218.96
Employee + Family	2	6	\$2,892.33	\$2,483.62	\$3,418.40
Monthly Premium	5	24	\$10,859	\$36,557	\$12,834
Annual Premium	29		\$130,307	\$438,686	\$154,008
\$ Increase/(Decrease) Per Plan			N/A	N/A	\$23,701
% Increase/(Decrease) Per Plan			N/A	N/A	18.19%
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%	

VCP=Value Choice Provider
DP=Designated Provider
SP = Specialist
*Preventive Generic Drugs covered at no charge for retail and mail order.