



Leesburg, Florida

CITY OF EDGEWOOD

HEALTH INSURANCE COMPARISON ANALYSIS

EFFECTIVE DATE: 10/01/2013

Carrier Plan Name	Current Plan / Renewal Plan		Proposed Plan(s)					
	UHC 9GO w/PK	UHC FQ3 w/PK	UHC FXF w/PK	UHC FF1 w/PK	BCBS 5464	BCBS 5466	BCBS 5467	BCBS CARE 47
IN NETWORK BENEFITS	In Network	In Network	In Network	In Network	In Network	In Network	In Network	In Network
Deductible - Individual / Family	\$2,000 / \$6,000	\$2,000 / \$6,000	\$5,000 / \$5,000	\$5,000 / \$5,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$1,500 / \$4,500
Coinsurance	100% / 0%	100% / 0%	100% / 0%	100% / 0%	100% / 0%	80% / 20%	80% / 20%	80% / 20%
Prescription Drugs - Retail	\$15 / \$45 / \$85	\$15 / \$45 / \$85	\$15 / \$45 / \$85	\$15 / \$45 / \$85	\$10 / \$30 / \$50	\$10 / \$30 / \$50	\$10 / \$30 / \$50	\$10 / \$30 / \$50
Prescription Drugs - Mail Order	\$45 / \$135 / \$255	\$45 / \$135 / \$255	\$45 / \$135 / \$255	\$45 / \$135 / \$255	\$25 / \$75 / \$125	\$25 / \$75 / \$125	\$25 / \$75 / \$125	\$25 / \$75 / \$125
Office Visits								
Primary Care Physician	\$30	\$30	\$20	\$20	\$30	\$30	\$20	\$30
Specialist	\$30 / \$60	\$30 / \$60	\$40	\$40	\$60	\$60	\$50	\$55
Referral Needed for Specialist	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wellness/Prevention - Maximum Per Year PREVENTIVE CARE	NO MAX	NO MAX	NO MAX	NO MAX	NO MAX	NO MAX	NO MAX	NO MAX
Hospital & Outpatient Facility								
Inpatient Hospitalization	CYD	CYD	CYD	CYD	CYD	CYD + COIN	CYD + COIN	CYD + COIN
Additional Deductible Per Admittance	\$500	\$500	N/A	N/A	N/A	N/A	N/A	N/A
Outpatient Hospital	CYD + \$250	CYD + \$250	CYD	CYD	CYD	CYD + COIN	CYD + COIN	CYD + COIN
Emergency Room Visit	\$250	\$250	\$300	\$300	\$250	\$250	\$200	\$250
Urgent Care Center	\$100	\$100	\$100	\$100	\$75	\$75	\$75	\$60
Diagnostics								
Laboratory Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Basic - XRays, Simple Diagnostic	\$0	\$0	\$0	\$0	\$50	\$50	\$50	\$50
Major - MRI, CT, PET, MRA, Nuclear Med.	\$200	\$200	\$200	\$200	\$250	\$250	\$300	\$250
Out of Pocket Max								
Individual / Family	\$4,000 / \$8,000	\$4,000 / \$8,000	\$5,000 / \$5,000	\$5,000 / \$5,000	\$2,000 / \$4,000	\$3,500 / \$7,000	\$5,000 / \$10,000	\$4,500 / \$9,000
OUT OF NETWORK BENEFITS	Out of Network	Out of Network	Out of Network	Out of Network	Out of Network	Out of Network	Out of Network	Out of Network
Deductible - Individual / Family	\$4,000 / \$12,000	\$4,000 / \$12,000	\$10,000 / \$20,000	NOT COVERED	\$4,000 / \$12,000	\$4,000 / \$8,000	\$3,000 / \$6,000	NOT COVERED
Coinsurance	50% / 50%	50% / 50%	50% / 50%	NOT COVERED	50% / 50%	50% / 50%	50% / 50%	NOT COVERED
Hospital Per Admission Deductible	\$500	\$500	PRE AUTH	NOT COVERED	N/A	N/A	N/A	NOT COVERED
Out of Pocket Max - Individual / Family	\$8,000 / \$16,000	\$8,000 / \$16,000	\$20,000 / \$60,000	NOT COVERED	\$6,000 / \$12,000	\$5,000 / \$10,000	\$6,000 / \$12,000	NOT COVERED
MONTHLY PREMIUMS	Current Rates / Renewal Rates		Proposed Rates					
	387.71 / 458.40		440.59	432.43	520.89	490.81	490.75	435.02
	829.70 / 980.98		942.86	925.40	1,239.73	1,168.12	1,167.99	1,035.35
	730.91 / 864.17		830.59	815.22	979.28	922.71	922.62	817.84
	1,231.75 / 1,457.52		1,400.89	1,374.95	1,653.84	1,558.31	1,558.14	1,381.19

This comparison analysis is intended only to highlight certain benefits. Specifics regarding the entire plan can be found in the benefit summaries. BCBS Rates shown are not final and are subject to change based on final medical underwriting and/or final enrollment.