

**Village of Tequesta**  
**Medical Insurance Renewal Evaluation**  
**Effective Date: October 1, 2015**

		<b>CURRENT</b>		<b>INITIAL RENEWAL</b>		<b>NEGOTIATED RENEWAL</b>		<b>BEST AND FINAL</b>	
<b>SCHEDULE OF BENEFITS</b>		<b>Florida Blue BlueOptions 03768</b>		<b>Florida Blue BlueOptions 03768</b>		<b>Florida Blue BlueOptions 03768</b>		<b>Florida Blue BlueOptions 03768</b>	
<b>Plan Basics</b>		<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Contract Year Deductible (CYD)									
Single		\$250	\$1,000	\$250	\$1,000	\$250	\$1,000	\$250	\$1,000
Family		\$750	\$3,000	\$750	\$3,000	\$750	\$3,000	\$750	\$3,000
Out of Pocket CYM		Includes all costs		Includes all costs		Includes all costs		Includes all costs	
Single		\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000
Family		\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000
Coinsurance		0%	50%	0%	50%	0%	50%	0%	50%
<b>Physician Services</b>									
Primary Care Physician		\$20	50% after CYD	\$20	50% after CYD	\$20	50% after CYD	\$20	50% after CYD
Specialist		\$45	50% after CYD	\$45	50% after CYD	\$45	50% after CYD	\$45	50% after CYD
Pre-Natal		\$45	50% after CYD	\$45	50% after CYD	\$45	50% after CYD	\$45	50% after CYD
Preventive Benefits		No Charge	50%	No Charge	50%	No Charge	50%	No Charge	50%
Chiropractic Services		\$45	50% after CYD	\$45	50% after CYD	\$45	50% after CYD	\$45	50% after CYD
Laboratory Services		No Charge	50% after CYD	No Charge	50% after CYD	No Charge	50% after CYD	No Charge	50% after CYD
Physical Therapy		\$45	50% after CYD	\$45	50% after CYD	\$45	50% after CYD	\$45	50% after CYD
Urgent Care Facility		\$50	50% after CYD	\$50	50% after CYD	\$50	50% after CYD	\$50	50% after CYD
<b>Hospital Services</b>		Opt. 1/Opt. 2		Opt. 1/Opt. 2		Opt. 1/Opt. 2		Opt. 1/Opt. 2	
Inpatient Hospital		\$700/\$1,000	50% after CYD	\$700/\$1,000	50% after CYD	\$700/\$1,000	50% after CYD	\$700/\$1,000	50% after CYD
Outpatient Hospital		\$300/\$600	50% after CYD	\$300/\$600	50% after CYD	\$300/\$600	50% after CYD	\$300/\$600	50% after CYD
Advanced Imaging		\$200	50% after CYD	\$200	50% after CYD	\$200	50% after CYD	\$200	50% after CYD
Emergency Room		\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200
Physician Services		\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Ambulance		CYD	In-Net CYD	CYD	In-Net CYD	CYD	In-Net CYD	CYD	In-Net CYD
Outpatient Therapy		\$45	50% after CYD	\$45	50% after CYD	\$45	50% after CYD	\$45	50% after CYD
<b>Mental and Nervous Services</b>									
Inpatient Hospital		No Charge	50%	No Charge	50%	No Charge	50%	No Charge	50%
Outpatient Services		No Charge	50%	No Charge	50%	No Charge	50%	No Charge	50%
<b>Substance Abuse Services</b>									
Inpatient Hospital		No Charge	50%	No Charge	50%	No Charge	50%	No Charge	50%
Outpatient Hospital		No Charge	50%	No Charge	50%	No Charge	50%	No Charge	50%
<b>Pharmacy Plan</b>									
Generic		\$10		\$10		\$10		\$10	
Preferred Brand		\$50		\$50		\$50		\$50	
Non Preferred Brand		\$80	50%	\$80	50%	\$80	50%	\$80	50%
Specialty Injectable		20% (\$200 Max)		20% (\$200 Max)		20% (\$200 Max)		20% (\$200 Max)	
Mail Order Copay		2.5x		2.5x		2.5x		2.5x	
<b>Premium per Month</b>									
<b>Enrollment</b>		<b>Traditional</b>		<b>Traditional</b>		<b>Traditional</b>		<b>Traditional</b>	
Employee	45	\$497.30		\$596.42		\$584.73		\$573.42	
Employee + Spouse	3	\$1,183.59		\$1,419.48		\$1,391.65		\$1,364.74	
Employee + Child(ren)	11	\$915.04		\$1,097.41		\$1,075.89		\$1,055.08	
Family	22	\$1,551.58		\$1,860.83		\$1,824.34		\$1,789.06	
<b>Monthly Premium</b>		<b>\$70,129.47</b>		<b>\$84,107.11</b>		<b>\$82,458.07</b>		<b>\$80,863.32</b>	
<b>Annual Premium</b>		<b>\$841,553.64</b>		<b>\$1,009,285.32</b>		<b>\$989,496.84</b>		<b>\$970,359.84</b>	
<b>Total \$ Increase</b>		<b>N/A</b>		<b>\$167,731.68</b>		<b>\$147,943.20</b>		<b>\$128,806.20</b>	
<b>Total % Increase</b>		<b>N/A</b>		<b>19.9%</b>		<b>17.6%</b>		<b>15.3%</b>	

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**HDHP**

**CURRENT**

**INITIAL RENEWAL**

**NEGOTIATED RENEWAL**

SCHEDULE OF BENEFITS		Florida Blue		Florida Blue		Florida Blue	
		BlueOptions Plan 05180/05181		BlueOptions Plan 05180/05181		BlueOptions Plan 05180/05181	
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Plan Basics</b>							
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Contract Year Deductible (CYD)							
Single		\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000
Family		\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000
Out of Pocket CYM		Includes all cost share		Includes all cost share		Includes all cost share	
Single		\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000
Family		\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000
Coinsurance		10%	40%	10%	40%	10%	40%
<b>Physician Services</b>							
Primary Care Physician		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% after CYD	40% after CYD
Specialist		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% after CYD	40% after CYD
Pre-Natal		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% after CYD	40% after CYD
Preventive Benefits		No Charge	40%	No Charge	40%	No Charge	40%
Chiropractic Services		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% after CYD	40% after CYD
Laboratory Services		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% after CYD	40% after CYD
Physical Therapy		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% after CYD	40% after CYD
Urgent Care Facility		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% after CYD	40% after CYD
<b>Hospital Services</b>							
Inpatient Hospital		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% after CYD	40% after CYD
Outpatient Hospital		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% after CYD	40% after CYD
Advanced Imaging		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% after CYD	40% after CYD
Emergency Room		10% after CYD	10% after In-Net CYD	10% after CYD	10% after In-Net CYD	10% after CYD	10% after In-Net CYD
Physician Services		10% after CYD	10% after In-Net CYD	10% after CYD	10% after In-Net CYD	10% after CYD	10% after In-Net CYD
Ambulance		10% after CYD	10% after In-Net CYD	10% after CYD	10% after In-Net CYD	10% after CYD	10% after In-Net CYD
Outpatient Therapy		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% after CYD	40% after CYD
<b>Mental and Nervous Services</b>		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Inpatient Hospital		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% after CYD	40% after CYD
Outpatient Services		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% after CYD	40% after CYD
<b>Substance Abuse Services</b>		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Inpatient Hospital		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% after CYD	40% after CYD
Outpatient Hospital		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% after CYD	40% after CYD
<b>Pharmacy Plan</b>							
Generic		\$10 after CYD		\$10 after CYD		\$10 after CYD	
Preferred Brand		\$50 after CYD		\$50 after CYD		\$50 after CYD	
Non Preferred Brand		\$80 after CYD	50% after CYD	\$80 after CYD	50% after CYD	\$80 after CYD	50% after CYD
Specialty Injectable		20% after CYD		20% after CYD		20% after CYD	
Mail Order Copay		2.5x after CYD		2.5x after CYD		2.5x after CYD	
<b>Premium per Month</b>							
<b>Enrollment</b>		<b>HDHP</b>		<b>HDHP</b>		<b>HDHP</b>	
Employee	3	\$437.52		\$510.97		\$501.00	
Employee + Spouse	1	\$1,016.85		\$1,203.75		\$1,180.20	
Employee + Child(ren)	0	\$786.74		\$931.25		\$913.04	
Family	1	\$1,332.17		\$1,577.18		\$1,546.31	
<b>Monthly Premium</b>		<b>\$3,661.58</b>		<b>\$4,313.84</b>		<b>\$4,229.51</b>	
<b>Annual Premium</b>		<b>\$43,938.96</b>		<b>\$51,766.08</b>		<b>\$50,754.12</b>	
<b>Total \$ Increase</b>		<b>N/A</b>		<b>\$7,827.12</b>		<b>\$6,815.16</b>	
<b>Total % Increase</b>		<b>N/A</b>		<b>17.8%</b>		<b>15.5%</b>	

\*Premium rates include HSA fee of \$2.70

Village of Tequesta  
Medical Insurance Renewal Evaluation  
Effective Date: October 1, 2015

		<b>CURRENT</b>		<b>HDHP BEST AND FINAL</b>		<b>Alternative #1</b>	
<b>SCHEDULE OF BENEFITS</b>		<b>Florida Blue</b>		<b>Florida Blue</b>		<b>Florida Blue</b>	
		<b>BlueOptions Plan 05180/05181</b>		<b>BlueOptions Plan 05180/05181</b>		<b>BlueOptions Plan 05182/05183</b>	
<b>Plan Basics</b>		<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Contract Year Deductible (CYD)							
Single		\$1,500	\$3,000	\$1,500	\$3,000	<b>\$2,500</b>	<b>\$5,000</b>
Family		\$3,000	\$6,000	\$3,000	\$6,000	<b>\$5,000</b>	<b>\$10,000</b>
Out of Pocket CYM		Includes all cost share		Includes all cost share		Includes all cost share	
Single		\$3,000	\$6,000	\$3,000	\$6,000	<b>\$5,000</b>	<b>\$10,000</b>
Family		\$6,000	\$12,000	\$6,000	\$12,000	<b>\$10,000</b>	<b>\$20,000</b>
Coinsurance		10%	40%	10%	40%	10%	40%
<b>Physician Services</b>							
Primary Care Physician		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% <b>after CYD</b>	40% <b>after CYD</b>
Specialist		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% <b>after CYD</b>	40% <b>after CYD</b>
Pre-Natal		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% <b>after CYD</b>	40% <b>after CYD</b>
Preventive Benefits		No Charge	40%	No Charge	40%	No Charge	40%
Chiropractic Services		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% <b>after CYD</b>	40% <b>after CYD</b>
Laboratory Services		10% after CYD	40% after CYD	10% after CYD	40% after CYD	<b>CYD</b>	40% <b>after CYD</b>
Physical Therapy		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% <b>after CYD</b>	40% <b>after CYD</b>
Urgent Care Facility		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% <b>after CYD</b>	40% <b>after CYD</b>
<b>Hospital Services</b>						Opt 1/Opt 2	
Inpatient Hospital		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% <b>after CYD</b>	40% <b>after CYD</b>
Outpatient Hospital		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% <b>after CYD</b>	40% <b>after CYD</b>
Advanced Imaging		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% <b>after CYD</b>	40% <b>after CYD</b>
Emergency Room		10% after CYD	10% after In-Net CYD	10% after CYD	10% after In-Net CYD	10% <b>after CYD</b>	10% <b>after In-Net CYD</b>
Physician Services		10% after CYD	10% after In-Net CYD	10% after CYD	10% after In-Net CYD	10% <b>after CYD</b>	10% <b>after In-Net CYD</b>
Ambulance		10% after CYD	10% after In-Net CYD	10% after CYD	10% after In-Net CYD	10% <b>after CYD</b>	10% <b>after In-Net CYD</b>
Outpatient Therapy		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% <b>after CYD</b>	40% <b>after CYD</b>
<b>Mental and Nervous Services</b>		<i>Unlimited</i>	<i>Unlimited</i>	<i>Unlimited</i>	<i>Unlimited</i>	<i>Unlimited</i>	<i>Unlimited</i>
Inpatient Hospital		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% <b>after CYD</b>	<b>10% after In-Net CYD</b>
Outpatient Services		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% <b>after CYD</b>	40% <b>after CYD</b>
<b>Substance Abuse Services</b>		<i>Unlimited</i>	<i>Unlimited</i>	<i>Unlimited</i>	<i>Unlimited</i>	<i>Unlimited</i>	<i>Unlimited</i>
Inpatient Hospital		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% <b>after CYD</b>	<b>10% after In-Net CYD</b>
Outpatient Hospital		10% after CYD	40% after CYD	10% after CYD	40% after CYD	10% <b>after CYD</b>	40% <b>after CYD</b>
<b>Pharmacy Plan</b>							
Generic		\$10 after CYD		\$10 after CYD		\$10 after <b>CYD</b>	
Preferred Brand		\$50 after CYD		\$50 after CYD		\$50 after <b>CYD</b>	
Non Preferred Brand		\$80 after CYD	50% after CYD	\$80 after CYD	50% after CYD	\$80 after <b>CYD</b>	50% after <b>CYD</b>
Specialty Injectable		20% after CYD		20% after CYD		20% after <b>CYD</b>	
Mail Order Copay		2.5x after CYD		2.5x after CYD		2.5x after <b>CYD</b>	
<b>Premium per Month</b>							
<b>Enrollment</b>		<b>HDHP</b>		<b>HDHP</b>		<b>HDHP</b>	
Employee	3	\$437.52		\$491.36		\$424.50	
Employee + Spouse	1	\$1,016.85		\$1,157.43		\$944.67	
Employee + Child(ren)	0	\$786.74		\$895.43		\$730.94	
Family	1	\$1,332.17		\$1,516.46		\$1,237.55	
<b>Monthly Premium</b>		<b>\$3,661.58</b>		<b>\$4,147.97</b>		<b>\$3,455.72</b>	
<b>Annual Premium</b>		<b>\$43,938.96</b>		<b>\$49,775.64</b>		<b>\$41,468.64</b>	
<b>Total \$ Increase</b>		<b>N/A</b>		<b>\$5,836.68</b>		<b>-\$2,470.32</b>	
<b>Total % Increase</b>		<b>N/A</b>		<b>13.3%</b>		<b>-5.6%</b>	

\*Premium rates include HSA fee of \$2.70