



# City of New Port Richey

Rates/Benefits Comparison Effective 10/01/2019

ED 07/19/2019 - SAVE 2.5% ON MEDICAL IF PKG DENTAL/A

No Out of State Enrolled per Census; Includes 11 Retirees	# Employees		United Healthcare				CIGNA							
			Current		Renewal - INITIAL PROPOSAL 14.1% ABOVE CURRENT		Fully Insured - Includes Incentive Program fees							
			Modified AQOI w/121		Modified AQPW w/121		Modified AQOI w/121		Modified AQPW w/121		Open Access Plus OAPIN Low		Open Access Plus OAPIN High	
Benefit Coverage	Low	High	Rate	Total	Rate	Total	Rate	Total	Rate	Total	Rate	Total		
Employee	87	21	\$519.83	\$45,225.21	\$579.10	\$12,161.10	\$578.21	\$50,304.27	\$634.35	\$13,321.35	\$532.56	\$46,332.72	\$593.29	\$12,459.09
Employee + Spouse	11	12	\$1,044.86	\$11,493.46	\$1,164.00	\$13,968.00	\$1,162.20	\$12,784.20	\$1,275.05	\$15,300.60	\$1,070.59	\$11,776.49	\$1,192.66	\$14,311.92
Employee + Child(ren)	18	10	\$987.68	\$17,778.24	\$1,100.29	\$11,002.90	\$1,098.60	\$19,774.80	\$1,205.27	\$12,052.70	\$1,011.99	\$18,215.82	\$1,127.38	\$11,273.80
Employee + Family	12	6	\$1,668.66	\$20,023.92	\$1,858.90	\$11,153.40	\$1,856.06	\$22,272.72	\$2,036.25	\$12,217.50	\$1,709.83	\$20,517.96	\$1,904.79	\$11,428.74
Monthly Premium	128	49	\$94,520.83		\$48,285.40		\$105,135.99		\$52,892.15		\$96,842.99		\$49,473.55	
Total Monthly Premium	177		\$142,806.23				\$158,028.14				\$146,316.54			
% Change from Current Total Monthly Premium			0.00%				10.66%				2.46%			
% change from current Employee Rate			0.00%		0.00%		11.23%		9.54%		2.45%		2.45%	

Quoted rates are exclusive of enrollment changes and based on the review of the Medical Questionnaires, the final rates can change from the above stated rates.

Benefit Summary	United Healthcare				CIGNA	
	Modified AQOI w/121	Modified AQPW w/121	Modified AQOI w/121	Modified AQPW w/121	Open Access Plus OAPIN Low	Open Access Plus OAPIN High
<b>In Network</b>						
<b>Financials</b>						
Deductible (single/family)	\$2,500 / \$5,000	\$1,250 / \$2,500	\$2,500 / \$5,000	\$1,250 / \$2,500	\$2,500 / \$5,000	\$1,250 / \$2,500
Coinsurance (Carrier/Member)	80%/20% *	80%/20% *	80%/20% *	80%/20% *	80%/20% *	80%/20% *
Max. Out of Pocket (single/family)	\$6,250 / \$12,500 includes deductible, coins, copays & Rx	\$5,000 / \$10,000 includes deductible, coins, copays & Rx	\$6,250 / \$12,500 includes deductible, coins, copays & Rx	\$5,000 / \$10,000 includes deductible, coins, copays & Rx	\$6,250 / \$12,500 includes deductible, coins, copays & Rx	\$5,000 / \$10,000 includes deductible, coins, copays & Rx
Lifetime Maximum (Per Person)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Physician Services</b>						
Primary Care	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Specialist	\$50 copay	\$45 copay	\$50 copay	\$45 copay	\$50 copay	\$45 copay
<b>Hospitalization</b>						
Inpatient Hospitalization	80%/20% *	\$850 copay per day; \$4,250 max per admission	80%/20% *	\$850 copay per day; \$4,250 max per admission	80%/20% *	80%/20% *
Outpatient Surgery	80%/20% *	\$600 copay	80%/20% *	\$600 copay	80%/20% *	80%/20% *
Physician Services at Hospital and ER	80%/20% *	80%/20% *	80%/20% *	80%/20% *	80%/20% *	80%/20% *
Urgent Care	\$75 copay	\$45 copay	\$75 copay	\$45 copay	\$75 copay	\$45 copay
Emergency Room	\$150 copay	\$100 copay	\$150 copay	\$100 copay	\$150 copay	\$100 copay
<b>Outpatient Diagnostics</b>						
Routine Diagnostics (Lab & X-ray)	No copay	No copay	No copay	No copay	Lab: No copay X-ray: 80%/20% *	Lab: No copay X-ray: 80%/20% *
Contracted Lab	Labcorp & Quest	Labcorp & Quest	Labcorp & Quest	Labcorp & Quest	Labcorp & Quest	Labcorp & Quest
Major Diagnostics (MRI, CAT, PET Scans, etc.)	\$300 copay	\$350 copay	\$300 copay	\$350 copay	\$300 copay	\$350 copay
<b>Prescriptions</b>						
Rx Deductible	None	None	None	None	None	None
Tier Level 1	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Tier Level 2	\$35 copay	\$35 copay	\$35 copay	\$35 copay	\$35 copay	\$35 copay
Tier Level 3	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay
Tier Level 4	\$100 copay	\$100 copay	\$100 copay	\$100 copay	N/A	N/A
Mail Order Pharmacy	2.5 x retail copay(90 day supply)	2.5 x retail copay(90 day supply)	2.5 x retail copay(90 day supply)	2.5 x retail copay(90 day supply)	3 x retail copay (90 day supply)	3 x retail copay (90 day supply)
<b>Out of Network</b>						
Deductible (single/family)	N/A	N/A	N/A	N/A	N/A	N/A
Co-Insurance	N/A	N/A	N/A	N/A	N/A	N/A
Max Out of Pocket (single/family)	N/A	N/A	N/A	N/A	N/A	N/A
Lifetime Maximum (Per Person)	N/A	N/A	N/A	N/A	N/A	N/A

\* Deductible must be met before coinsurance is applied.

The above benefit overview is intended only to highlight the benefits and should not be relied on to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are contained in the Certificate of Coverage. If this description conflicts in any way with the Certificate of Coverage, the Certificate of Coverage prevails.