

**2014 Miami-Dade County  
Medical Benefit Comparison To Other Public Entity**

	Miami-Dade County 2014 Benefits			Miami-Dade County Public Schools * 2014 Benefits		
	High Option HMO	Low Option HMO	POS	Local Plus	OAP10	OAP20
<b>Employee Monthly Premium</b>				<b>Salary-Based: &lt;=\$25k; &gt;\$25k-\$40k; &gt;\$40k-\$55k; and &gt;\$55k-\$85k (below are the ranges of these rates)</b>		
Employee Only	\$0.00	\$0.00	\$32.28	\$0.00	\$103.00 - \$198.00	\$10.01 - \$70.01
Employee + Spouse or 1 Dependent	\$451.43	\$425.58	\$746.50	\$161.01 - \$492.00	\$307.00 - \$851.00	\$175.00 - \$626.02
Employee & 1 Child*	\$390.37	\$367.97	\$619.36	\$115.01 - \$389.00	\$249.00 - \$695.00	\$126.01 - \$495.00
Employee + Child(ren)	\$390.37	\$367.97	\$619.36	\$115.01 - \$389.00	\$249.00 - \$695.00	\$126.01 - \$495.00
Employee + Family	\$623.50	\$587.95	\$1,290.45	\$306.00 - 792.00	\$499.01 - \$1,313.00	\$334.01 - \$1,008.00
<b>'Plan Deductible, Coinsurance, and Maximum OOP</b>						
Annual Deductible (Individual / Family) In-Network/Out-of-Network	\$0/\$0	\$0/\$0	\$0/\$0/ \$200/\$500	\$750/\$1,500/ \$1,500/\$3,000	\$500/\$1,000/ \$1,000/\$2,000	\$750/\$1,500/ \$1,500/\$3,000
Coinsurance (In-Network/Out-of-Network)	0%	0%	0%/30%	30%/50%	20%/40%	30%/50%
Out of Pocket Maximum (Individual/Family) (In-Network/Out-of-Network)	\$1,500/\$3,000	\$6,350/\$12,700	\$1,500/\$4,500/ \$1,500 per individual	\$4,000/\$8,000/ \$8,000/\$16,000	\$3,750/\$7,500/ \$7,500/\$15,000	\$4,000/\$8,000/ \$8,000/\$16,000
<b>Physician Services - In Network</b>						
Office Visit PCP (In-Network/Out-of-Network)	\$15	\$30	\$15/30% after deductible	\$20/50% after deductible	\$30/40% after deductible	\$30/50% after deductible
Office Visit Specialist (In-Network/Out-of-Network)	\$30	\$45	\$30/30% after deductible	\$50/50% after deductible	\$50 CCN/\$70 Non-CCN/ 40% after deductible	\$50 CCN/\$70 Non-CCN/ 50% after deductible
<b>Facility Services</b>						
Hospital Inpatient (In-Network/Out-of-Network)	\$0	\$150/day for first 3 days per admission	\$0/30% after deductible	30% after deductible/50% after deductible	20% after deductible/40% after deductible	30% after deductible/50% after deductible
Outpatient Hospital Surgery - Hospital (In-Network/Out-of-Network)	\$0	\$0	\$0/30% after deductible	\$100 per visit/50% after deductible	\$100 per visit/40% after deductible	\$100 per visit/50% after deductible
Outpatient Diagnostic Services/Imaging (In-Network/Out-of-Network)	\$0	\$0	\$0/30% after deductible	\$100/50% after deductible	\$100/40% after deductible	\$100/50% after deductible
Emergency Room (In-Network/Out-of-Network)	\$25	\$100	\$50	\$300	\$350	\$350
Urgent Care Facility (In-Network/Out-of-Network)	\$25	\$50	\$50	\$70 per visit	\$70 per visit	\$70 per visit
<b>Prescription Drug Coverage - In Network</b>						
Generic / Brand / Brand Non-Pref / Specialty	Generic: \$15 Brand: \$25 Non-Preferred: \$35	Generic: \$20 Brand: \$35 Non-Preferred: \$55	Generic: \$15 Brand: \$25 Non-Preferred: \$35 30% (OON)	Generic: \$15 Brand: \$40 Non-Preferred: 50% coinsurance - \$100 minimum/\$150 maximum	Generic: \$20 Brand: \$50 Non-Preferred: 50% coinsurance - \$105 minimum/\$160 maximum 50% (OON)	Generic: \$15 Brand: \$45 Non-Preferred: 50% coinsurance - \$105 minimum/\$160 maximum 50% (OON)
Relative Value	1.0000	0.9379	1.0098	0.8210	0.8274	0.8099

**Reference**

\* While plan deductible and the maximum out-of-pocket are generally exclusive, a few plans may treat them inclusively

**Notes**

- \* Miami-Dade County Public Schools also offers Florida KidCare and Humana HMO & PPO for over age 65.
- Benefits eligible employees are also required to 1) register on www.cigna.com; 2) have an annual physical (preventative visit); 3) have biometric screenings (blood work) performed, and 4) complete the HRA
- Also have EE + Adult Child Rate (not illustrated above)

# Market Comparison

	Miami Dade County			Private Sector 1	Private Sector 2	Private Sector 3
	High HMO	POS				
Deductible (In Network/Out of Network)	\$0	\$0/\$200		\$1000-\$1500/\$2000-\$3000	\$0/\$700	\$400/\$650
	Per Individual	Per Individual		2x Family	2.5x Family	2.5x Family
HRA Amount				\$300, \$500 - \$500, \$1000		
Coinsurance (In Network/Out of Network)	100%	100%		80%/60%	90%/70%	80%/70%
Out of Pocket Max (In Network/Out of Network)	\$1500	\$1500/\$1500		\$2500/\$5000	\$1000/\$1800	\$1050/\$2000
	Per Individual	Per Individual		2x Family	2.5x Family	2.5x Family
Inpatient Copay	0%	0%		Info not available	Info not available	Info not available
ER Copay	\$25	\$50		\$150 + 80% Coinsurance	\$75	\$75
PCP/SCP	\$15/\$30	\$15/\$30		Coinsurance	\$20/\$25	\$20
Generic	\$15	\$15		\$5	\$8	\$8
Pref	\$25	\$25		80% Coinsurance with \$30 min and \$40 max	70% Coinsurance with \$25 max	70% Coinsurance with \$25 max
Non-Pref	\$35	\$35		70% Coinsurance with \$47 min and \$107 max	50% Coinsurance	50% Coinsurance
Relative Value	1	1.0098		0.7959- .8568	0.9696	0.9346
EE Only Contribution				\$65 - \$115/\$120 - \$170	\$45 - \$103	\$68 - \$126
Non - EE Only Contribution				\$251 - 430/\$371 - \$597	\$90 - \$148	\$135 - \$193

Relative Values are used to compare the level of benefits paid between any two plans. These values do not include adjustments to account for demographic factors.

Example: Over the course of a plan year for any one member, a plan with a relative value of .95 will pay, on average, 5% less than a plan with a relative value of 1.00.