

Indian River County Government
Medical Plan Alternatives Evaluation
Effective Date: October 1, 2017



ALTERNATIVE #3
Non-Grandfathered Plan

Schedule of Benefits	CURRENT			RENEWAL			ALTERNATIVE #3		
	Florida Blue			Florida Blue			Florida Blue		
	In Network	Out of Network		In Network	Out of Network		In Network	Out of Network	
Deductible									
Single		\$400			\$400		\$400		\$800
Family		\$800			\$800		\$800		\$1,600
Out of Pocket Maximum		Coinsurance Only			Coinsurance Only			DED, Coinsurance, Copays & Rx	
Single		\$3,000			\$3,000		\$3,000		\$4,000
Family		\$6,000			\$6,000		\$6,000		\$8,000
Coinsurance	20%		40%	20%		40%	20%		40%
Office Visits									
Physician Office Visit	\$25		40% after CYD	\$25		40% after CYD	\$25		40% after CYD
Specialist Visit	\$45		40% after CYD	\$45		40% after CYD	\$45		40% after CYD
Pre-Natal	\$45		40% after CYD	\$45		40% after CYD	\$45		40% after CYD
Preventive Services	\$25/\$45		40%	\$25/\$45		40%	No Charge		40%
Independent Clinical Lab	\$15		40% after CYD	\$15		40% after CYD	\$15		40% after CYD
Advanced Imaging	\$25		40% after CYD	\$25		40% after CYD	\$100		40% after CYD
Chiropractic	\$45		40% after CYD	\$45		40% after CYD	\$45		40% after CYD
Urgent Care Center	\$25		40% after CYD	\$25		40% after CYD	\$25		40% after CYD
Hospital									
Inpatient	\$200 PAD + 20% after CYD		\$400 PAD + 40% after CYD	\$200 PAD + 20% after CYD		\$400 PAD + 40% after CYD	\$200 PAD + 20% after CYD		\$400 PAD + 40% after CYD
Outpatient	20% after CYD		40% after CYD	20% after CYD		40% after CYD	20% after CYD		40% after CYD
Emergency Room Visit	\$100 Copay + 20% after CYD		\$100 Copay + 40% after CYD	\$100 Copay + 20% after CYD		\$100 Copay + 40% after CYD	\$100 Copay + 20% after CYD		\$100 Copay + 20% after In-Net CYD
Physician Services at Hospital	20% after CYD		40% after CYD	20% after CYD		40% after CYD	20% after CYD		20% after In-Net CYD
Mental Health / Substance Abuse									
Inpatient	\$200 PAD + 20% after CYD		\$400 PAD + 40% after CYD	\$200 PAD + 20% after CYD		\$400 PAD + 40% after CYD	\$200 PAD + 20% after CYD		\$400 PAD + 40% after CYD
Outpatient	\$45		40% after CYD	\$45		40% after CYD	\$45		40% after CYD
Prescription Drugs (Retail)									
Generic	\$10			\$10			\$10		
Brand Name	\$35		50%	\$35		50%	\$35		50%
Non Preferred Brand	\$50			\$50			\$50		
Mail Order (90 day supply)	2 x Copay			2 x Copay			2 x Copay		
	Total	Employer	Employee	Total	Employer	Employee	Total	Employer	Employee
EE Only 697	\$635.00	\$605.00	\$30.00	\$665.00	\$635.00	\$30.00	\$685.00	\$635.00	\$50.00
EE + Family 924	\$1,092.50	\$845.00	\$247.50	\$1,122.50	\$875.00	\$247.50	\$1,142.50	\$875.00	\$267.50
Monthly Premium		\$1,452,065.00			\$1,500,695.00			\$1,533,115.00	
Annual Premium		\$17,424,780.00			\$18,008,340.00			\$18,397,380.00	
\$ Increase		N/A			\$583,560.00			\$972,600.00	
% Increase		N/A			3.3%			5.6%	