City of Riviera Beach Medical Renewal Evaluation Employee and City Contributions Effective Date: October 1, 2020



**CURRENT (2019-2020)** 

						CURRENT (	-			
					tna	Aetna		Aetna		
Diam Paris				AHF Health Network Option (HRA Plan)		Network Only	Network Only Open Access In-Network		Open Access MC	
Plan Basics	n Basics ductible (CYD, except HNOption)			In-Network Out-of-Network \$500 Single/\$1,000 Family HRA Fund		In-Ne	twork	In-Network	Out-of-Network	
						¢F00		\$1,000	\$2,000	
Single				\$1,500		\$500		' '	1	
Family				\$3,000	\$6,000 \$1,000		\$3,000	\$6,000		
Maximum Out-of-Pocket				\$3,000	\$6,000	\$1,500		\$3,000	\$6,000	
Single					*				1	
Family				\$6,000	\$12,000	\$3,000		\$9,000	\$18,000	
Coinsurance				20% 40%		0%		20% 40%		
Level of Coverage				20%	40%	0/0		20%	40%	
Outpatient Services PCP Office Visit				20% after CYD	40% after CYD	Ċ1	<u> </u>	\$25	40% after CYD	
						\$15 \$35		\$25 \$45		
Specialist Office Visit				20% after CYD	40% after CYD	•		•	40% after CYD	
Laboratory Services				20% after CYD	40% after CYD	No Charge		20% after CYD	40% after CYD	
X-Rays				20% after CYD	40% after CYD	\$30		20% after CYD	40% after CYD	
Advanced Imaging				20% after CYD	40% after CYD	No Charge after CYD		20% after CYD	40% after CYD	
Urgent Care Center				20% after CYD	40% after CYD	\$30		\$50	40% after CYD	
Hospital Charges				-						
Inpatient				20% after CYD	40% after CYD	\$400 after CYD		20% after CYD	40% after CYD	
Outpatient				20% after CYD	40% after CYD	\$200 after CYD		20% after CYD	40% after CYD	
Physician Services	Physician Services			20% after CYD	40% after CYD	No Charge after CYD		20% after CYD	40% after CYD	
Emergency Room Visit	Emergency Room Visit			20% after CYD	20% after CYD	\$250		\$150		
Ambulance Services				20% after CYD	20% after CYD	No Charge after CYD		20% after CYD		
Mental Health & Substan	ce Abus	se								
Inpatient				20% after CYD	40% after CYD	\$400 after CYD		20% after CYD	40% after CYD	
Outpatient				20% after CYD	40% after CYD	\$35		\$45	40% after CYD	
<b>Prescription Drug Benefit</b>										
Generic	Generic			\$5 after CYD		\$5		\$5		
Preferred Brand		\$35 after CYD	Not Covered	\$35		\$35	Not Covered			
Non-Preferred Brand				\$75 after CYD	Not Covered	\$75		\$75	Not Covered	
Mail Order (90 day supply)				2x Retail after CYD	2x Retail after CYD		2x Retail			
Monthly Rates	1	2	3	Employee Cost	City Cost	Employee Cost	City Cost	2x Retail Employee Cost	City Cost	
Employee Only	197	136	2	\$0.00	\$950.25	\$91.79	\$950.25	\$226.29	\$950.25	
Employee + 1	24	41	7	\$380.13	\$950.25	\$508.62	\$950.25	\$696.92	\$950.25	
Employee + Family	38	74	2	\$551.15	\$950.25	\$696.17	\$950.25	\$907.30	\$950.25	
Monthly Cost	259	251	11	\$30,067	\$246,115	\$84,853	\$238,513	\$7,146	\$10,453	
Annual Cost				\$360,802	\$2,953,377	\$1,018,241	\$2,862,153	\$85,747	\$125,433	
\$ Annual Increase / Decrease				N/A	N/A	N/A	N/A	N/A	N/A	
% Annual Increase / Decrease				N/A	N/A	N/A	N/A	N/A	N/A	
City Annual Cost (Combin				,,,,	,,,,	\$5,94		,,,,	,,,	
City \$ Annual Increase / [		_				,5,54 N,				
City % Annual Increase / Decrease				N/A						
City % Annual increase / Decrease				N/A						

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ALTERNATIVE #1 (EPO)

				Aetna Aetna Aetna Aetna						
						Aetna		Aetna		
Plan Basics				HRA OA Elect Choice In-Network		OA Elect Choice \$500 In-Network		OA Elect Choice \$1,000 In-Network		
Deductible (CYD, except HNOption)				\$500 Single/\$1,000 Family HRA Fund		III-Ne	LWOIK	III-Ne	LWOIK	
Single				\$1,500		\$50	<u> </u>	\$1,000		
Family				\$3,000		\$1,0		\$3,000		
Maximum Out-of-Pocket				\$5,0	J00	\$1,0	<del>)</del>	\$5,0	J00	
Single				\$3,000		\$1,500		\$3,000		
Family				i i		\$3,000		\$9,000		
Coinsurance				\$6,000		\$3,000		\$9,000		
Level of Coverage				20	10/	0'	)/ <sub>-</sub>	20	10/	
Outpatient Services				20	170	0	/0	20	170	
PCP Office Visit				20% af	or CVD	ė,	5	ę,	)5	
Specialist Office Visit							\$15 \$35		\$25 \$45	
				20% after CYD 20% after CYD		I •		20% after CYD		
Laboratory Services							No Charge			
X-Rays				20% after CYD		1	\$30		ter CYD	
Advanced Imaging				20% after CYD		No Charge after CYD		20% after CYD		
Urgent Care Center				20% after CYD		\$3	\$30		\$50	
Hospital Charges						1.00				
Inpatient				20% after CYD		\$400 after CYD		20% after CYD		
Outpatient				20% after CYD		\$200 after CYD		20% after CYD		
Physician Services				20% after CYD		No Charge after CYD		20% after CYD		
Emergency Room Visit				20% after CYD		\$250		\$1	50	
Ambulance Services				20% after CYD		No Charge		No Charge after CYD		
Mental Health & Substa	nce Abus	se								
Inpatient				20% after CYD			\$400 after CYD		ter CYD	
Outpatient				20% after CYD		\$3	\$35		5	
<b>Prescription Drug Benef</b>	it									
Generic				\$5 after CYD			\$5		5	
Preferred Brand				\$35 after CYD		\$35		\$35		
Non-Preferred Brand				\$75 after CYD		\$75		\$75		
Mail Order (90 day supply)				2x Retail after CYD		2x Retail		2x Retail		
Monthly Rates	1	2	3	Employee Cost	City Cost	Employee Cost	City Cost	Employee Cost	City Cost	
Employee Only	197	136	2	\$0.00	\$1,101.07	\$106.36	\$1,101.07	\$262.20	\$1,101.07	
Employee + 1	24	41	7	\$440.46	\$1,101.07	\$589.34	\$1,101.07	\$807.53	\$1,101.07	
Employee + Family	38	74	2	\$638.62	\$1,101.07	\$806.66	\$1,101.07	\$1,051.30	\$1,101.07	
Monthly Cost	259	251	11	\$34,839	\$285,177	\$98,321	\$276,369	\$8,280	\$12,112	
Annual Cost				\$418,063	\$3,422,126	\$1,179,849	\$3,316,423	\$99,357	\$145,341	
\$ Annual Increase / Decrease				\$57,261	\$468,749	\$161,608	\$454,270	\$13,609	\$19,908	
% Annual Increase / Decrease				15.9%	15.9%	15.9%	15.9%	15.9%	15.9%	
City Annual Cost (Comb				13.370	13.370	\$6,88		131370	13.370	
City \$ Annual Increase /		_								
				\$942,927 15.9%						
City % Annual Increase / Decrease						15.	3/0			

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## ALTERNATIVE #2 (EPO)

				Aetna Aetna Aetna Aetna						
						Aetna		Aetna		
Diam Parisa					ect Choice	OA Elect Choice \$500		OA Elect Choice \$1,000		
Plan Basics Deductible (CYD, except HNOption)				In-Network \$500 Single/\$1,000 Family HRA Fund		In-Ne	In-Network		In-Network	
	пічори	onj		\$2,000 \$1,000 Family HRA Fana \$2,000		¢7	\$750		Ć1 000	
Single				1				\$1,000		
Family				\$4,000		\$1,500		\$3,000		
Maximum Out-of-Pocke	t			ća	-00	Ć2.	200	ća	200	
Single				\$3,		\$3,000		\$3,000		
Family				\$7,	<del>)</del>	\$6,000		\$9,000		
Coinsurance				20	20.4		2/	2.	20/	
Level of Coverage				20	0%	0	%	20	)%	
Outpatient Services				200/ =	hau CVD	<u> </u>	ı F		) r	
PCP Office Visit				20% after CYD		\$15		\$25		
Specialist Office Visit				20% after CYD		\$35		\$45		
Laboratory Services				20% after CYD		No Charge		20% after CYD		
X-Rays				20% after CYD		\$30		20% after CYD		
Advanced Imaging				20% after CYD		No Charge after CYD		20% after CYD		
Urgent Care Center				20% after CYD		\$30		\$50		
Hospital Charges										
Inpatient				20% after CYD		\$400 after CYD		20% after CYD		
Outpatient				20% after CYD		\$200 after CYD		20% after CYD		
Physician Services				20% after CYD		No Charge after CYD		20% after CYD		
Emergency Room Visit				20% after CYD		\$2	\$250		50	
Ambulance Services				20% after CYD		No C	narge	No Charge	e after CYD	
Mental Health & Substa	nce Abu	se								
Inpatient				20% after CYD		\$400 after CYD		20% af	ter CYD	
Outpatient				20% after CYD		\$35		\$4	<b>1</b> 5	
<b>Prescription Drug Benef</b>	it									
Generic				\$5 after CYD		\$		\$		
Preferred Brand				\$35 after CYD		\$3	\$35		\$35	
Non-Preferred Brand				\$75 after CYD		\$75		\$75		
Mail Order (90 day supply)				2x Retail after CYD		2x Retail		2x Retail		
Monthly Rates	1	2	3	Employee Cost	City Cost	Employee Cost	City Cost	Employee Cost	City Cost	
Employee Only	197	136	2	\$0.00	\$1,035.64	\$126.31	\$1,035.64	\$327.63	\$1,035.64	
Employee + 1	24	41	7	\$414.29	\$1,035.64	\$591.11	\$1,035.64	\$872.96	\$1,035.64	
Employee + Family	38	74	2	\$600.67	\$1,035.64	\$800.24	\$1,035.64	\$1,116.73	\$1,035.64	
Monthly Cost	259	251	11	\$32,768	\$268,231	\$100,631	\$259,946	\$8,999	\$11,392	
Annual Cost				\$393,221	\$3,218,769	\$1,207,577	\$3,119,348	\$107,993	\$136,704	
\$ Annual Increase / Decrease				\$32,419	\$265,392	\$189,336	\$257,195	\$22,246	\$11,271	
% Annual Increase / Decrease				8.99%	8.99%	18.6%	8.99%	25.94%	8.99%	
City Annual Cost (Combi				0.5570	0.5570	1		23.3470	0.5570	
City \$ Annual Increase / Decrease				\$6,474,821 \$533,858						
City % Annual Increase / Decrease				8.99%						