

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



CURRENT (2019-2020)

Plan Basics	Aetna AHF Health Network Option (HRA Plan)		Aetna Network Only Open Access		Aetna Open Access MC		
	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network	
<b>Deductible (CYD, except HNOption)</b>	\$500 Single/\$1,000 Family HRA Fund						
Single	\$1,500	\$3,000	\$500		\$1,000	\$2,000	
Family	\$3,000	\$6,000	\$1,000		\$3,000	\$6,000	
<b>Maximum Out-of-Pocket</b>							
Single	\$3,000	\$6,000	\$1,500		\$3,000	\$6,000	
Family	\$6,000	\$12,000	\$3,000		\$9,000	\$18,000	
<b>Coinsurance</b>							
Level of Coverage	20%	40%	0%		20%	40%	
<b>Outpatient Services</b>							
PCP Office Visit	20% after CYD	40% after CYD	\$15		\$25	40% after CYD	
Specialist Office Visit	20% after CYD	40% after CYD	\$35		\$45	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	
<b>Hospital Charges</b>							
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	20% after CYD	40% after CYD	No Charge after CYD		20% after CYD	40% after CYD	
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		
<b>Mental Health &amp; Substance Abuse</b>							
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	\$5 after CYD		\$5		\$5		
Preferred Brand	\$35 after CYD	Not Covered	\$35		\$35	Not Covered	
Non-Preferred Brand	\$75 after CYD		\$75		\$75		
Mail Order (90 day supply)	2x Retail after CYD		2x Retail		2x Retail		
<b>Monthly Rates</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Employee Cost</b>	<b>City Cost</b>	<b>Employee Cost</b>	<b>City Cost</b>
Employee Only	197	136	2	\$0.00	\$950.25	\$91.79	\$950.25
Employee + 1	24	41	7	\$380.13	\$950.25	\$508.62	\$950.25
Employee + Family	38	74	2	\$551.15	\$950.25	\$696.17	\$950.25
<b>Monthly Cost</b>	<b>259</b>	<b>251</b>	<b>11</b>	<b>\$30,067</b>	<b>\$246,115</b>	<b>\$84,853</b>	<b>\$238,513</b>
<b>Annual Cost</b>				<b>\$360,802</b>	<b>\$2,953,377</b>	<b>\$1,018,241</b>	<b>\$2,862,153</b>
\$ Annual Increase / Decrease				N/A	N/A	N/A	N/A
% Annual Increase / Decrease				N/A	N/A	N/A	N/A
<b>City Annual Cost (Combined)</b>	<b>\$5,940,963</b>						
<b>City \$ Annual Increase / Decrease</b>	<b>N/A</b>						
<b>City % Annual Increase / Decrease</b>	<b>N/A</b>						

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



ALTERNATIVE #1 (EPO)

	Aetna HRA OA Elect Choice In-Network		Aetna OA Elect Choice \$500 In-Network		Aetna OA Elect Choice \$1,000 In-Network				
<b>Plan Basics</b>									
<b>Deductible (CYD, except HNOption)</b>	\$500 Single/\$1,000 Family HRA Fund								
Single	\$1,500		\$500		\$1,000				
Family	\$3,000		\$1,000		\$3,000				
<b>Maximum Out-of-Pocket</b>									
Single	\$3,000		\$1,500		\$3,000				
Family	\$6,000		\$3,000		\$9,000				
<b>Coinsurance</b>									
Level of Coverage	20%		0%		20%				
<b>Outpatient Services</b>									
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				
<b>Hospital Charges</b>									
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		\$150				
Ambulance Services	20% after CYD		No Charge		No Charge after CYD				
<b>Mental Health &amp; Substance Abuse</b>									
Inpatient	20% after CYD		\$400 after CYD		20% after CYD				
Outpatient	20% after CYD		\$35		\$45				
<b>Prescription Drug Benefit</b>									
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				
<b>Monthly Rates</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Employee Cost</b>	<b>City Cost</b>	<b>Employee Cost</b>	<b>City Cost</b>	<b>Employee Cost</b>	<b>City Cost</b>
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
<b>Monthly Cost</b>	<b>259</b>	<b>251</b>	<b>11</b>	<b>\$34,839</b>	<b>\$285,177</b>	<b>\$98,321</b>	<b>\$276,369</b>	<b>\$8,280</b>	<b>\$12,112</b>
<b>Annual Cost</b>				<b>\$418,063</b>	<b>\$3,422,126</b>	<b>\$1,179,849</b>	<b>\$3,316,423</b>	<b>\$99,357</b>	<b>\$145,341</b>
<b>\$ Annual Increase / Decrease</b>				<b>\$57,261</b>	<b>\$468,749</b>	<b>\$161,608</b>	<b>\$454,270</b>	<b>\$13,609</b>	<b>\$19,908</b>
<b>% Annual Increase / Decrease</b>				<b>15.9%</b>	<b>15.9%</b>	<b>15.9%</b>	<b>15.9%</b>	<b>15.9%</b>	<b>15.9%</b>
<b>City Annual Cost (Combined)</b>	<b>\$6,883,890</b>								
<b>City \$ Annual Increase / Decrease</b>	<b>\$942,927</b>								
<b>City % Annual Increase / Decrease</b>	<b>15.9%</b>								

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



ALTERNATIVE #2 (EPO)

	Aetna HRA OA Elect Choice In-Network		Aetna OA Elect Choice \$500 In-Network		Aetna OA Elect Choice \$1,000 In-Network				
<b>Plan Basics</b>									
<b>Deductible (CYD, except HNOption)</b>	\$500 Single/\$1,000 Family HRA Fund								
Single	\$2,000		\$750		\$1,000				
Family	\$4,000		\$1,500		\$3,000				
<b>Maximum Out-of-Pocket</b>									
Single	\$3,500		\$3,000		\$3,000				
Family	\$7,000		\$6,000		\$9,000				
<b>Coinsurance</b>									
Level of Coverage	20%		0%		20%				
<b>Outpatient Services</b>									
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				
<b>Hospital Charges</b>									
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		\$150				
Ambulance Services	20% after CYD		No Charge		No Charge after CYD				
<b>Mental Health &amp; Substance Abuse</b>									
Inpatient	20% after CYD		\$400 after CYD		20% after CYD				
Outpatient	20% after CYD		\$35		\$45				
<b>Prescription Drug Benefit</b>									
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				
<b>Monthly Rates</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Employee Cost</b>	<b>City Cost</b>	<b>Employee Cost</b>	<b>City Cost</b>	<b>Employee Cost</b>	<b>City Cost</b>
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
<b>Monthly Cost</b>	<b>259</b>	<b>251</b>	<b>11</b>	<b>\$32,768</b>	<b>\$268,231</b>	<b>\$100,631</b>	<b>\$259,946</b>	<b>\$8,999</b>	<b>\$11,392</b>
<b>Annual Cost</b>				<b>\$393,221</b>	<b>\$3,218,769</b>	<b>\$1,207,577</b>	<b>\$3,119,348</b>	<b>\$107,993</b>	<b>\$136,704</b>
<b>\$ Annual Increase / Decrease</b>				<b>\$32,419</b>	<b>\$265,392</b>	<b>\$189,336</b>	<b>\$257,195</b>	<b>\$22,246</b>	<b>\$11,271</b>
<b>% Annual Increase / Decrease</b>				<b>8.99%</b>	<b>8.99%</b>	<b>18.6%</b>	<b>8.99%</b>	<b>25.94%</b>	<b>8.99%</b>
<b>City Annual Cost (Combined)</b>	<b>\$6,474,821</b>								
<b>City \$ Annual Increase / Decrease</b>	<b>\$533,858</b>								
<b>City % Annual Increase / Decrease</b>	<b>8.99%</b>								