

City of Delray Beach
Group Medical Insurance
Effective Date: October 01, 2016



CURRENT

FINAL SOLD

Schedule of Benefits	CIGNA HMO Core	CIGNA HMO Buy-Up	CIGNA Choice Fund HDHP		UnitedHealthcare Core	UnitedHealthcare Buy Up	UnitedHealthcare Choice Plus HRA	
Plan Basics	<i>In-Network Only</i>	<i>In-Network Only</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network Only</i>	<i>In-Network Only</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Lifetime Maximum	Unlimited	Unlimited	Unlimited		Unlimited	Unlimited	Unlimited	
Plan Year Deductible (PYD)								
Single	\$1,500	\$750	\$1,500	\$3,000	\$1,500	\$750	\$1,500	\$3,000
Family	\$3,000	\$1,500	\$3,000	\$6,000	\$3,000	\$1,500	\$3,000	\$6,000
Maximum Out-of-Pocket								
Single	\$5,000	\$3,500	\$4,750	\$9,500	\$3,000	\$2,500	\$3,000	\$9,500
Family	\$10,000	\$7,000	\$9,500	\$19,000	\$6,000	\$5,000	\$6,000	\$19,000
Coinsurance								
Level of Coverage	30%	20%	10%	40%	20%	20%	10%	40%
Outpatient Services								
PCP Office Visit	\$45	\$40	10% after PYD	40%	\$40	\$40	10% after PYD	40%
Specialist Office Visit	\$65 / \$85	\$60 / \$80	10% or 20% after PYD	40% after PYD	\$50 / \$65	\$50 / \$65	10% or 20% after PYD	40% after PYD
Preventative Care	No charge	No charge	No charge	40%	No charge	No charge	No charge	40%
Laboratory Services	No charge	No charge	10% after PYD	40% after PYD	No charge	No charge	10% after PYD	40% after PYD
Advanced Imaging	30% after PYD	20% after PYD	10% after PYD	40% after PYD	20% after PYD	20% after PYD	10% after PYD	40% after PYD
Urgent Care Center	\$75	\$75	10% after PYD	10% after PYD	\$50	\$50	10% after PYD	10% after PYD
Hospital Charges								
Inpatient	30% after PYD	20% after PYD	10% after PYD	40% after PYD	20% after PYD	20% after PYD	10% after PYD	40% after PYD
Outpatient	30% after PYD	20% after PYD	10% after PYD	40% after PYD	20% after PYD	20% after PYD	10% after PYD	40% after PYD
Physician Services	30% after PYD	20% after PYD	10% or 20% after PYD	40% after PYD	20% after PYD	20% after PYD	10% or 20% after PYD	40% after PYD
Emergency Room Visit	\$500	\$300	10% after PYD	10% after PYD	\$500	\$300	10% after PYD	10% after PYD
Ambulance Services	30% after PYD	20% after PYD	10% after PYD	10% after PYD	20% after PYD	20% after PYD	10% after PYD	10% after PYD
M.H. / Alcohol / Sub Abuse								
Inpatient	30% after PYD	20% after PYD	10% after PYD	40% after PYD	20% after PYD	20% after PYD	10% after PYD	40% after PYD
Outpatient	\$45	\$40	10% after PYD	40% after PYD	\$40	\$40	10% after PYD	40% after PYD
Prescription Drug Benefit								
Preventive Drug List (Tier 1/2/3)	No charge	No charge	NC / NC / 50%	In-Network coverage only	No charge	No charge	NC / NC / 50%	In-Network coverage only
Tier 1	\$30	\$20	30% after PYD		\$20	\$20	\$20 after PYD	
Tier 2	\$55	\$45	40% after PYD		\$50	\$40	\$40 after PYD	
Tier 3	\$80	\$65	50% after PYD		\$75	\$65	\$60 after PYD	
Mail Order (90 day supply)	\$60 / \$110 / \$160	\$40 / \$90 / \$130	30%/40%/50% after PYD		\$40 / \$100 / \$150	\$40 / \$80 / \$120	\$40/\$80/\$120 after PYD	