

Presented To: Holiday Park

Presented By: Dave Wampler

Benefit Cost Summary

		Florida Blue					
		BlueCare All Copay 14252	BlueCare Everyday Health 14354	BlueCare Everyday Health 14353	Blue Care All Copay 16253		
		Current Employee Only Plan	Alternate Employee Only Plan	Current Dependent Plan	Alternate Dependent Plan		
Metallic Level	Platinum	Gold	Gold	Silver			
In-Network							
Deductible Ind/Fam	\$0/\$0	\$1500/\$3000	\$2000/\$4000	\$3000/\$6000			
Coinsurance	0%	20%	20%	0%			
Out-of-Pocket Max Ind/Fam	\$3500/\$7000	\$5000/\$10,000	\$3500/\$7000	\$7900/\$15,800			
PCP Office Copay	\$15	\$25	\$30	\$25			
Specialist Office Copay	\$30	\$50	\$60	\$55			
X-Ray	\$75	20% after Ded	20% after Ded	\$150			
Advanced Imaging	\$150	\$50	20% after Ded	\$350			
Lab	\$0	20% after Ded	\$50	\$150			
Inpatient Hospital	\$300 per day/\$900 Max	20% after Ded	20% after Ded	\$1000 after Ded			
Outpatient Surgery	\$250	20% after Ded	20% after Ded	ASC: \$400; Hosp: \$500			
ER	\$150	20% after Ded	20% after Ded	\$300 after Ded			
Walk-in Urgent Care	\$35	\$55	\$65	\$60			
Out-of-Network							
Deductible Ind/Fam	NA	NA	NA	NA			
Coinsurance	NA	NA	NA	NA			
Out-of-Pocket Max Ind/Fam	NA	NA	NA	NA			
PCP Office Copay	NA	NA	NA	NA			
Specialist Office Copay	NA	NA	NA	NA			
X-Ray	NA	NA	NA	NA			
Advanced Imaging	NA	NA	NA	NA			
Lab	NA	NA	NA	NA			
Inpatient Hospital	NA	NA	NA	NA			
Outpatient Surgery	NA	NA	NA	NA			
ER	\$150	20% after Ded	20% after Ded	\$300 after Ded			
Walk-in Urgent Care	NA	NA	NA	NA			
Rx Benefits In Network							
Generic	\$10	\$10	\$10	\$15			
Preferred Brand	\$30	\$30	\$30	\$75			
Non-Preferred Brand	\$50	\$50	\$50	\$150			
Specialty	\$150	\$150	\$150	\$300			
Rates							
		Florida Blue					
		BlueCare All Copay 14252	BlueCare Everyday Health 14354	BlueCare Everyday Health 14353	Blue Care All Copay 16253		
		Current Employee Only Plan	Alternate Employee Only Plan	Current Dependent Plan	Alternate Dependent Plan		
Metallic Level	Age	Platinum	Gold	Gold	Silver		
Schofield, Teresa	51	\$824.43	\$850.80	\$698.76	\$623.80	\$671.34	\$633.29
Sanchez, Carlos	59	\$1,076.15	\$1,134.54	\$931.80	\$889.94	\$937.00	\$844.49
Macdonald, Joseph	48	\$660.13	\$712.63	\$585.28	\$545.91	\$588.55	\$530.44
Mullen, Bernie	50	\$720.63	\$778.45	\$639.33	\$595.85	\$642.91	\$579.43
Thomas, Johnny	29	\$472.61	\$487.73	\$400.57	\$379.66	\$402.81	\$363.04
Montgomery, Jessica	35	\$512.73	\$532.62	\$437.44	\$424.01	\$439.88	\$396.45
Montgomery, Lucas	34	\$505.98	\$529.13	\$434.58	\$418.43	\$437.00	\$393.86

*Rates and benefits are shown for comparison purpose only. This document does not constitute a guarantee of benefits coverage. For full plan details please refer to the plan's Summary Of Benefits and Coverage.



Medical Coverage - 23 Selected Plans

Medical Employer Contribution
Employees 50% / Dependents 0%

Gap Employer Contribution
Employees 50% / Dependents 0%

1 UnitedHealthcare

UnitedHealthcare NHP Direct Access 35/7900/100% (BHXS/A6)	
BHXS A6	HMO Silver
Doctor Visit	\$35, ded waived
Specialist Visit	\$120, ded waived
X-ray/Lab	No charge after ded.
Imaging	No charge after ded.
Urgent Care	\$50, ded waived
Emergency Room	\$750, ded waived
Hospital Stay	No charge after ded.
Coinsurance	0%
Prescription Drugs	\$20/\$65/\$100/\$200, Emb

2 UnitedHealthcare

UnitedHealthcare NHP HMO - Direct Access 30/3500/50% (AVNE/A6)	
AVNE A6	HMO Silver
Doctor Visit	\$30, ded waived
Specialist Visit	\$60, ded waived
X-ray/Lab	50% after ded.
Imaging	50% after ded.
Urgent Care	\$50, ded waived
Emergency Room	50% after ded.
Hospital Stay	50% after ded.
Coinsurance	50%
Prescription Drugs	\$20/\$65/\$100/\$200, Sep

3 UnitedHealthcare

UnitedHealthcare Balanced 45/1500/50% (BH76/722)	
BH76 722	EPO Silver
Doctor Visit	\$45, ded waived
Specialist Visit	\$120, ded waived
X-ray/Lab	50% after ded.
Imaging	50% after ded.
Urgent Care	\$50, ded waived
Emergency Room	50% after ded.
Hospital Stay	50% after ded.
Coinsurance	50%
Prescription Drugs	\$20/\$65/\$100/\$200, Sep

4 UnitedHealthcare

UnitedHealthcare NHP Direct Access - Primary Advantage 35/4500/100% (BHYY/NHSE)	
BHYY NHSE	HMO Silver
Doctor Visit	\$35, ded waived
Specialist Visit	\$75, ded waived
X-ray/Lab	\$35, ded waived
Imaging	\$500 after ded.
Urgent Care	\$125, ded waived
Emergency Room	\$600 after ded.
Hospital Stay	\$750/day up to max \$2,250 after ded
Coinsurance	0%
Prescription Drugs	\$25/\$65/\$100/\$200, Sep

Deductible - Ind.	\$7,900
Deductible - Family	\$15,800
OOP Max - Ind.	\$7,900
OOP Max - Family	\$15,800
Monthly Premium	\$3,305.74

Deductible - Ind.	\$3,500
Deductible - Family	\$7,000
OOP Max - Ind.	\$7,150
OOP Max - Family	\$14,300
Monthly Premium	\$3,374.11

Deductible - Ind.	\$1,500
Deductible - Family	\$3,000
OOP Max - Ind.	\$7,900
OOP Max - Family	\$15,800
Monthly Premium	\$3,499.84

Deductible - Ind.	\$4,500
Deductible - Family	\$9,000
OOP Max - Ind.	\$7,500
OOP Max - Family	\$15,000
Monthly Premium	\$3,567.46



TransConnect \$8,000	
Inpatient Benefit	\$8,000
Outpatient Benefit	\$4,000
Monthly Premium	\$604.97



TransConnect \$3,500	
Inpatient Benefit	\$3,500
Outpatient Benefit	\$1,750
Monthly Premium	\$313.46



TransConnect \$1,500	
Inpatient Benefit	\$1,500
Outpatient Benefit	\$750
Monthly Premium	\$163.88



TransConnect \$4,500	
Inpatient Benefit	\$4,500
Outpatient Benefit	\$2,250
Monthly Premium	\$397.82

Employer Cost	\$1,746.19
Total Monthly Cost	\$3,910.71
Employee Cost	\$2,164.52

Employer Cost	\$1,654.71
Total Monthly Cost	\$3,687.57
Employee Cost	\$2,032.85

Employer Cost	\$1,648.72
Total Monthly Cost	\$3,663.72
Employee Cost	\$2,015.01

Employer Cost	\$1,777.40
Total Monthly Cost	\$3,965.28
Employee Cost	\$2,187.88

Plan Summary

Quote ID: 6MQN9XS-10
Package Info: FL819



Plan Summary

Quote ID: 6MQN9XS-3
Package Info: FL819



Plan Summary

Quote ID: 6MQN9XS-9
Package Info: FL817, FL818, FL819



Plan Summary

Quote ID: 6MQN9XS-7
Package Info: FL819

