

City of Hollywood

Medical Insurance Evaluation



September 26, 2016

Analysis by:

GEHRING GROUP
PROFESSIONAL SERVICES

**11505 Fairchild Gardens Avenue, Suite 202
Palm Beach Gardens, Florida 33410
(561) 626-6797 - Phone
(800) 244-3696 / (561) 626-6970 – Fax
www.gehringgroup.com**

2015	EE/ER FUNDING	Capitation	Inpatient	Outpatient	Physician & Other Claims	Pharmacy Retail/Mail	TOTAL PAID CLAIMS	ASO Fee	Specific Stop Loss	Aggregate Stop Loss	Total Plan Cost	Reserve Accumulation	EE	EE+1	EE+F	TOTAL EE	
January-15	\$ 2,265,143	\$ 2,527	\$ 188,172	\$ 569,614	\$ 624,424	\$ 489,054	\$ 1,873,792	\$ 83,030	\$ 70,928	\$ 3,281	\$ 2,031,032	\$ 234,111	1,252	503	477	2,232	
February-15	\$ 2,263,826	\$ 2,526	\$ 277,045	\$ 401,914	\$ 617,097	\$ 639,788	\$ 1,938,370	\$ 83,030	\$ 70,899	\$ 3,281	\$ 2,095,580	\$ 168,246	1,253	503	476	2,232	
March-15	\$ 2,263,707	\$ 2,528	\$ 316,409	\$ 583,204	\$ 638,016	\$ 779,521	\$ 2,319,678	\$ 82,993	\$ 70,939	\$ 3,280	\$ 2,476,889	\$ (213,183)	1,250	506	475	2,231	
April-15	\$ 2,274,241	\$ 5,564	\$ 269,687	\$ 477,028	\$ 592,454	\$ 601,255	\$ 1,945,989	\$ 83,365	\$ 71,245	\$ 3,294	\$ 2,103,893	\$ 170,348	1,256	507	478	2,241	
May-15	\$ 2,271,248	\$ 5,571	\$ 209,176	\$ 496,099	\$ 505,196	\$ 641,171	\$ 1,857,212	\$ 83,254	\$ 71,130	\$ 3,290	\$ 2,014,885	\$ 256,363	1,255	505	478	2,238	
June-15	\$ 2,275,318	\$ 5,585	\$ 439,011	\$ 476,594	\$ 547,303	\$ 692,265	\$ 2,160,758	\$ 83,551	\$ 71,281	\$ 3,302	\$ 2,318,892	\$ (43,573)	1,263	506	477	2,246	
July-15	\$ 2,277,114	\$ 5,589	\$ 499,683	\$ 556,887	\$ 612,577	\$ 788,509	\$ 2,463,245	\$ 83,626	\$ 71,337	\$ 3,306	\$ 2,621,514	\$ (344,400)	1,266	506	477	2,249	
August-15	\$ 2,278,431	\$ 5,650	\$ 327,159	\$ 517,636	\$ 604,162	\$ 660,622	\$ 2,115,228	\$ 83,711	\$ 71,367	\$ 3,306	\$ 2,273,613	\$ 4,818	1,265	506	478	2,249	
September-15	\$ 2,276,755	\$ 5,636	\$ 274,362	\$ 652,017	\$ 665,149	\$ 888,103	\$ 2,485,268	\$ 84,512	\$ 71,270	\$ 3,303	\$ 2,644,353	\$ (367,598)	1,265	503	479	2,247	
October-15	\$ 2,287,289	\$ 5,681	\$ 227,947	\$ 574,108	\$ 612,303	\$ 648,574	\$ 2,068,613	\$ 83,637	\$ 71,535	\$ 3,324	\$ 2,227,109	\$ 60,181	1,279	500	482	2,261	
November-15	\$ 2,291,599	\$ 5,661	\$ 219,227	\$ 578,791	\$ 535,037	\$ 690,845	\$ 2,029,560	\$ 84,667	\$ 71,701	\$ 3,325	\$ 2,189,253	\$ 102,346	1,275	504	483	2,262	
December-15	\$ 2,289,205	\$ 5,695	\$ 637,109	\$ 533,641	\$ 617,890	\$ 808,541	\$ 2,602,877	\$ 84,221	\$ 71,604	\$ 3,322	\$ 2,762,024	\$ (472,819)	1,275	502	483	2,260	
2015 TOTALS	\$ 27,313,876	\$ 58,212	\$ 3,884,988	\$ 6,417,534	\$ 7,171,607	\$ 8,328,248	\$ 25,860,589	\$ 1,003,598	\$ 855,235	\$ 39,614	\$ 27,759,036	\$ (445,159)	1,263	504	479	2,246	
Estimated Stop Loss Reimbursement (Claims Exceeding \$350,000)												\$ 327,754					
Adjusted Reserve												\$ (117,405)					

FUNDING	ASO PEPM	ISL PEPM	ASL PEPM
EE	\$ 598.55	\$ 37.20	\$ 18.90
EE + 1	\$ 1,197.10	\$ 37.20	\$ 48.23
EE + Family	\$ 1,915.34	\$ 37.20	\$ 48.23

*Loss Ratio based on Total Plan Cost

2016	EE/ER FUNDING	Capitation	Inpatient	Outpatient	Physician & Other Claims	Pharmacy Retail/Mail	TOTAL PAID CLAIMS	ASO Fee	Specific Stop Loss	Aggregate Stop Loss	Total Plan Cost	Reserve Accumulation	EE	EE+1	EE+F	TOTAL EE
January-16	\$ 2,323,561	\$ 5,770	\$ 497,207	\$ 394,543	\$ 572,167	\$ 480,975	\$ 1,950,663	\$ 88,205	\$ 72,548	\$ 3,435	\$ 2,114,850	\$ 208,711	1,292	503	495	2,290
February-16	\$ 2,322,244	\$ 5,761	\$ 173,716	\$ 671,353	\$ 679,802	\$ 559,285	\$ 2,089,916	\$ 88,166	\$ 72,497	\$ 3,438	\$ 2,254,018	\$ 68,227	1,297	501	494	2,292
March-16	\$ 2,330,744	\$ 5,475	\$ 416,909	\$ 935,951	\$ 758,472	\$ 755,959	\$ 2,872,766	\$ 88,205	\$ 72,661	\$ 3,444	\$ 3,037,076	\$ (706,332)	1,298	498	500	2,296
April-16	\$ 2,340,201	\$ 5,495	\$ 535,929	\$ 660,406	\$ 685,528	\$ 607,196	\$ 2,494,554	\$ 80,908	\$ 73,066	\$ 3,458	\$ 2,651,985	\$ (311,785)	1,299	507	499	2,305
May-16	\$ 2,349,059	\$ 5,547	\$ 554,973	\$ 680,937	\$ 778,577	\$ 635,386	\$ 2,655,419	\$ 88,564	\$ 73,276	\$ 3,470	\$ 2,820,729	\$ (471,670)	1,305	505	503	2,313
June-16	\$ 2,353,848	\$ 5,550	\$ 347,058	\$ 545,050	\$ 685,290	\$ 846,960	\$ 2,429,908	\$ 88,896	\$ 73,479	\$ 3,474	\$ 2,595,758	\$ (241,910)	1,303	510	503	2,316
July-16	\$ 2,355,404	\$ 5,239	\$ 448,212	\$ 548,696	\$ 644,955	\$ 717,617	\$ 2,364,719	\$ 88,896	\$ 73,584	\$ 3,480	\$ 2,530,679	\$ (175,275)	1,306	513	501	2,320
August-16	\$ 2,361,389	\$ 5,312	\$ 339,345	\$ 584,306	\$ 711,227	\$ 911,854	\$ 2,552,044	\$ 88,896	\$ 73,681	\$ 3,483	\$ 2,718,104	\$ (356,714)	1,306	510	506	2,322
September-16	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
October-16	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
November-16	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
December-16	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
TOTAL	\$ 18,736,450	\$ 44,148	\$ 3,313,349	\$ 5,021,241	\$ 5,516,019	\$ 5,515,233	\$ 19,409,990	\$ 700,736	\$ 584,791	\$ 27,681	\$ 20,723,198	\$ (1,986,748)	10,406	4,047	4,001	18,454
ROLLING 12 MONTHS	\$ 27,881,298	\$ 66,822	\$ 4,671,995	\$ 7,359,798	\$ 7,946,398	\$ 8,551,295	\$ 28,596,308	\$ 1,037,773	\$ 870,901	\$ 40,955	\$ 30,545,937	\$ (2,664,639)	15,500	6,056	5,928	27,484

Estimated Stop Loss Reimbursement (Claims Exceeding \$350,000) \$ 206,266

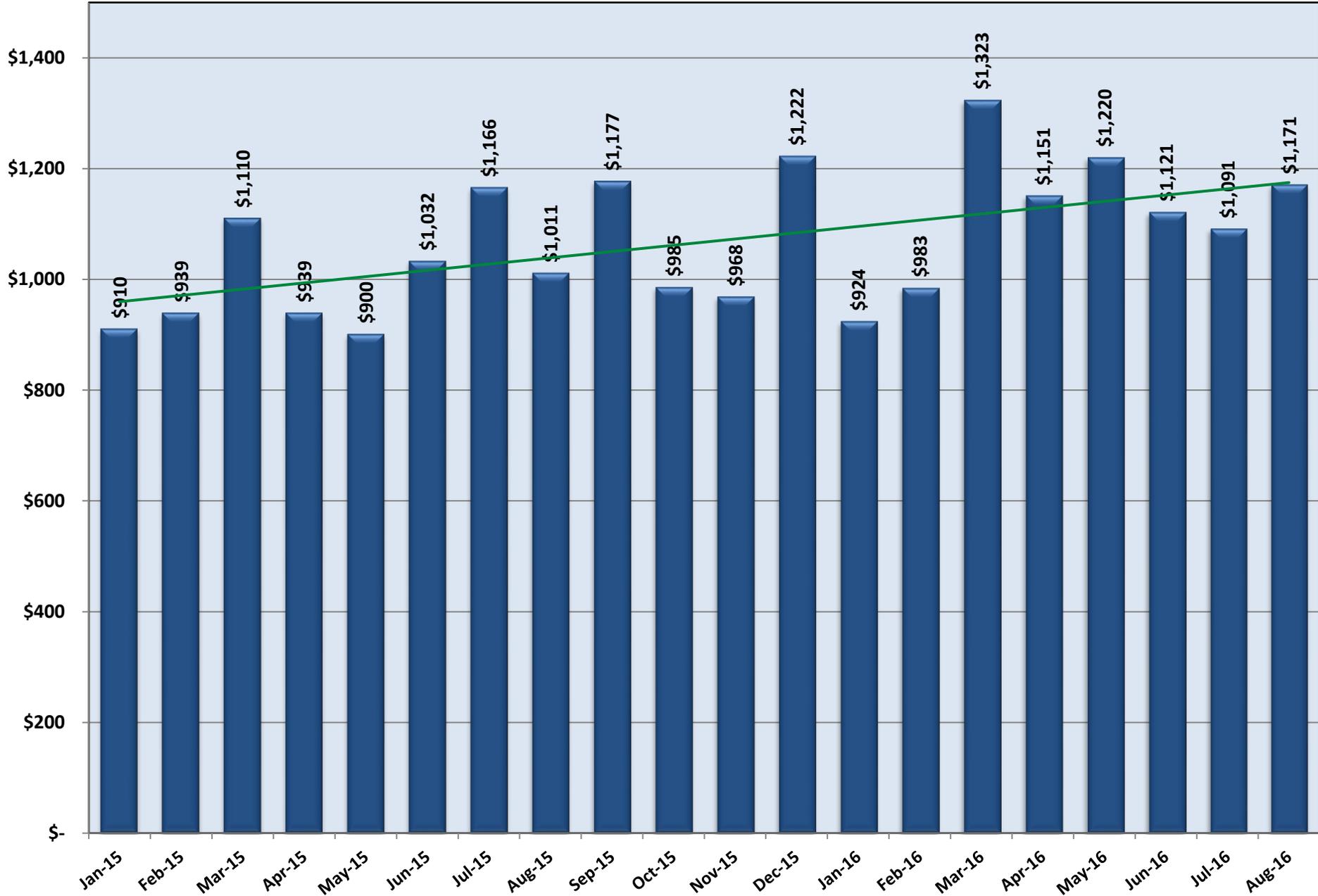
Pharmacy Rebates \$ -

Adjusted Reserve \$ (1,780,482)

FUNDING		ASO PEPM	ISL PEPM	ASL PEPM
EE	\$ 598.55	\$ 38.40	\$ 18.85	\$ 1.50
EE + 1	\$ 1,197.10	\$ 38.40	\$ 48.29	\$ 1.50
EE + Family	\$ 1,915.34	\$ 38.40	\$ 48.29	\$ 1.50

*Loss Ratio based on Total Plan Cost

City of Hollywood Florida Blue Total Cost Per Employee Per Month



City of Hollywood
Medical Insurance Renewal Projection
Plan Effective Date: January 1, 2017



Medical & Pharmacy		16 Months Trend		13 Months Trend	
		Renewal Projection		Renewal Projection	
1	Florida Blue Total Paid Claims (September 2015 - August 2016)	+ \$	28,596,308	\$	28,596,308
2	Less Large Claims (3 Claimants Exceeding \$350,000 Pooling Level)	- \$	(1,353,456)	\$	(1,353,456)
3	Net Medical Claims	= \$	27,242,852	\$	27,242,852
4	Maturation Factor (0%)	x	1.00		1.00
5	Total Paid Claims	= \$	27,242,852	\$	27,242,852
6	Average Setback Lives	/	2,290		2,290
7	Paid Average Claims Per Employee Per Year	= \$	11,896	\$	11,896
8	Current In-Force	x	2,322		2,322
9	Adjusted Projected Annual Claims	= \$	27,621,528	\$	27,621,528
10	Trend @ 9.5% / Year Projected for 16 & 13 Months	x \$	1.1286	\$	1.1033
11	Trended Claims	= \$	31,174,526	\$	30,475,183
12	Benefit Changes (0%)	x	1.00		1.00
13	Plus Large Claims (3 Claimants Exceeding \$350,000 Pooling Level)	+ \$	1,050,000	\$	1,050,000
15	Expected Medical Costs	= \$	32,224,526	\$	31,525,183
16	Administrative Services Only Fee (Estimated 0% Increase)	+ \$	1,067,213	\$	1,067,213
17	Reinsurance Costs (ISL + ASL) (Estimated 9.3% Increase)	+ \$	1,009,320	\$	1,009,320
18	Projected Premium for Claims & Administration	= \$	34,301,058	\$	33,601,716
19	PPACA - Comparative Effectiveness Fee (\$2.28 PMPY) (1)	+ \$	9,761	\$	9,761
20	Total Projected Annual Cost	= \$	34,310,819	\$	33,611,477
21	Current Funding for This Period	= \$	28,336,672	\$	28,336,672
22	Estimated Funding Needed for 2016-2017 Plan Year	/ \$	34,310,819	\$	33,611,477
23	Estimated Amount Change for 2016-2017 Plan Year	= \$	5,974,147	\$	5,274,804
24	Estimated Percentage Change for 2016-2017 Plan Year	=	21.1%		18.6%

⁽¹⁾ Based on current membership of 4,281.

*Estimated claim reserve requirement (60 days + IBNR) = \$5,456,097.

This projection is for illustrative purposes only. Increased plan utilization and/or catastrophic events could affect overall plan performance.

City of Hollywood
2017 Medical Insurance RFP Marketing List

Medical Carrier	Proposal Status
Aetna / Meritain	ASO Medical, Fully Insured Medical
AvMed	ASO Medical
Cigna	ASO Medical, Fully Insured Medical
Florida Blue (Incumbent)	ASO Medical
FMIT - Florida League of Cities (Public Only)	No Response
Humana	Decline to Quote
United Healthcare	Received after requested Due Date
Stop Loss Carrier	Proposal Status
Aetna	Stop Loss
AIG	Decline to Quote
AmWins	Decline to Quote
Cigna	Stop Loss
Creative Risk Underwriters	Stop Loss
HCC Life	Stop Loss
HM (Incumbent)	Stop Loss
Munich RE	Stop Loss
Optum	Decline to Quote
Roundstone Captive	Decline to Quote
SunLife	No Response
Symetra	Stop Loss
Voya Financial	Stop Loss

CURRENT/RENEWAL

ALTERNATIVE #1

ALTERNATIVE #2

Carrier	Florida Blue		Meritain		AvMed	
	In-Network	Out of-Network	In-Network	Out of-Network	In-Network	Out of-Network
Network(s) Utilized	BlueOptions PPO		Aetna PPO & Aetna Choice POS II		AvMed Service Area / PHCS	
Calendar Year Deductible (CYD)						
Individual	\$0	\$500	\$0	\$500	\$0	\$500
Family	\$0	\$1,500	\$0	\$1,500	\$0	\$1,500
Out-of-Pocket Maximum	Includes CYD, Coinsurance, Copays; Excludes Rx		Includes CYD, Coinsurance, Copays; Excludes Rx		Includes CYD, Coinsurance, Copays; Excludes Rx	
Individual	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000
Family	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000
Member Coinsurance	0%	40%	0%	40%	0%	40%
Non-Hospital Services						
Primary Care Physician Office Visit	\$40	CYD + 40%	\$40	CYD + 40%	\$40	CYD + 40%
Specialist Physician Office Visit	\$40	CYD + 40%	\$40	CYD + 40%	\$40	CYD + 40%
Preventive Care	No Charge	40%	No Charge	40%	No Charge	40%
Diagnostic lab	No Charge	CYD + 40%	No Charge	CYD + 40%	No Charge	CYD + 40%
Diagnostic X-ray	\$50	CYD + 40%	\$50	CYD + 40%	\$40	CYD + 40%
Advanced Imaging	\$50	CYD + 40%	\$50	CYD + 40%	\$40	\$40
Hospital Services						
Inpatient	Option 1 - \$250 Option 2 - \$500	\$750	Option 1 - \$250 Option 2 - \$500	\$750	\$500	\$750
Outpatient	Option 1 - \$100 Option 2 - \$200	\$300	Option 1 - \$100 Option 2 - \$200	\$300	\$100	\$750
Physician Services at Hospital	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Emergency Room Visit	\$50	\$50	\$50	\$50	\$50	\$50
Urgent Care	\$40	CYD + 40%	\$40	CYD + 40%	\$40	CYD + 40%
Mental Health & Substance Abuse						
Inpatient	\$250	\$750	\$250	\$750	\$250	\$750
Outpatient Surgery	\$40	\$300	\$40	\$300	\$40	\$750
Prescription Drugs						
Rx Deductible	\$50 per person		\$50 per person		\$50 per person	
Rx Out-of-Pocket Maximum	\$1,000 - Individual \$3,000 - Family		\$1,000 - Individual \$3,000 - Family		\$1,000 - Individual \$3,000 - Family	
Generic	20%	50%	20%	50%	20%	50%
Preferred Brand	20%	50%	20%	50%	20%	50%
Non-Preferred Brand	20%	50%	20%	50%	20%	50%
Specialty	Fall under tier 1-3	50%	Fall under tier 1-3	50%	Fall under tier 1-3	50%
Mail Order (90 day supply)	\$20 / \$50 / \$80	50%	\$20 / \$50 / \$80	50%	\$20 / \$50 / \$80	50%

CURRENT/RENEWAL

ALTERNATIVE #3

ALTERNATIVE #4

Carrier	Florida Blue		Cigna		Aetna	
	In-Network	Out of-Network	In-Network	Out of-Network	In-Network	Out of-Network
Network(s) Utilized	BlueOptions PPO		Cigna Open Access Plus		Aetna Choice POS II	
Calendar Year Deductible (CYD)						
Individual	\$0	\$500	\$0	\$500	\$0	\$500
Family	\$0	\$1,500	\$0	\$1,500	\$0	\$1,500
Out-of-Pocket Maximum	Includes CYD, Coinsurance, Copays; Excludes Rx		Includes CYD, Coinsurance, Copays; Excludes Rx		Includes CYD, Coinsurance, Copays; Includes Rx	
Individual	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000
Family	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000
Member Coinsurance	0%	40%	0%	40%	0%	40%
Non-Hospital Services						
Primary Care Physician Office Visit	\$40	CYD + 40%	\$40	CYD + 40%	\$40	CYD + 40%
Specialist Physician Office Visit	\$40	CYD + 40%	\$40	CYD + 40%	\$40	CYD + 40%
Preventive Care	No Charge	40%	No Charge	40%	No Charge	40%
Diagnostic lab	No Charge	CYD + 40%	No Charge	CYD + 40%	No Charge	CYD + 40%
Diagnostic X-ray	\$50	CYD + 40%	\$50	CYD + 40%	\$50	CYD + 40%
Advanced Imaging	\$50	CYD + 40%	\$50	CYD + 40%	\$50	CYD + 40%
Hospital Services						
Inpatient	Option 1 - \$250 Option 2 - \$500	\$750	\$250	\$750	\$250	CYD + \$750
Outpatient	Option 1 - \$100 Option 2 - \$200	\$300	\$100	\$300	No Charge	CYD + \$300
Physician Services at Hospital	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Emergency Room Visit	\$50	\$50	\$50	\$50	\$50	\$50
Urgent Care	\$40	CYD + 40%	\$40	CYD + 40%	\$40	CYD + 40%
Mental Health & Substance Abuse						
Inpatient	\$250	\$750	\$250	\$750	\$250	CYD + \$750
Outpatient Surgery	\$40	\$300	No Charge	CYD	\$40	CYD + 40%
Prescription Drugs						
Rx Deductible	\$50 per person		\$50 per person		\$50 per person	
Rx Out-of-Pocket Maximum	\$1,000 - Individual \$3,000 - Family		\$1,000 - Individual \$3,000 - Family		None	
Generic	20%	50%	20%	50%	20%	50%
Preferred Brand	20%	50%	20%	50%	20%	50%
Non-Preferred Brand	20%	50%	20%	50%	20%	50%
Specialty	Fall under tier 1-3	50%	Fall under tier 1-3	50%	Fall under tier 1-3	N/A
Mail Order (90 day supply)	\$20 / \$50 / \$80	50%	\$20 / \$50 / \$80	50%	\$20 / \$50 / \$80	N/A

	CURRENT	RENEWAL	ALTERNATE #1	ALTERNATE #2	ALTERNATE #3	ALTERNATE #4
	Florida Blue	Florida Blue	Meritain	AvMed/Symetra	Cigna	Aetna
MEDICAL Administration	Florida Blue	Florida Blue	Meritain	AvMed	Cigna	Aetna
Network	BlueOptions	BlueOptions	Aetna PPO & Choice POS II	AvMed Service Area/PHCS	Open Access Plus	Aetna Choice POS II
Rate Guarantee	Expires 12/31/16	48 Months	36 Months	36 Months	60 Months	36 Months
Rate Guarantee Detail by Year	--	Yr. 1 2 & 3 Yr. 4	Years 1, 2 & 3	Years 1, 2 & 3	1 & 2 Yr. 4 Yr. 5	Yr. 1 Yr. 2 Yr. 3
Composite Rate	2,322 \$38.40	\$38.40 \$39.90 \$41.10	\$27.70	\$27.15	\$29.02 \$29.60 \$30.19	\$30.58 \$31.31 \$31.81
Annual Administration Cost	\$1,069,978	\$1,069,978	\$771,833	\$756,508	\$808,613	\$852,081
\$ Increase/Decrease	--	\$0	-\$298,145	-\$313,470	-\$261,364	-\$217,896
% Increase/Decrease	--	0.0%	-27.9%	-29.3%	-24.4%	-20.4%
SPECIFIC STOP LOSS	Florida Blue	Florida Blue	Meritain	Symetra	Cigna	Aetna
Specific Deductible	\$350,000	\$350,000	\$350,000	\$350,000	\$350,000	\$350,000
Covered Benefits	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Contract Basis	48/12	60/12	12/12 TLO	24/12	12/12 TLO	12/12 TLO
Annual Max Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Single	1,306 \$18.85	\$20.53	\$18.18	\$22.55	\$31.75	\$28.23
Family	1,016 \$48.29	\$52.99	\$47.70	\$57.77	\$31.75	\$28.23
Annual Premium	2,322 \$884,169	\$967,800	\$866,475	\$1,057,735	\$884,682	\$786,601
\$ Increase/Decrease	--	\$83,631	-\$17,694	\$173,567	\$513	-\$97,568
% Increase/Decrease	--	9.5%	-2.0%	19.6%	0.1%	-11.0%
AGGREGATE STOP LOSS	Florida Blue	Florida Blue	Meritain	Symetra	Cigna	Aetna
Covered Benefits	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Annual Max Reimbursement	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Aggregate Premium (PEPM)	2,322 \$1.50	\$1.58	\$1.25	\$1.76	\$2.00	\$2.33
Annual Premium	\$41,796	\$44,025	\$34,830	\$49,041	\$55,728	\$64,923
\$ Increase/Decrease	--	\$2,229	-\$6,966	\$7,245	\$13,932	\$23,127
% Increase/Decrease	--	5.3%	-16.7%	17.3%	33.3%	55.3%
Total Fixed Costs	\$1,995,942	\$2,081,803	\$1,673,138	\$1,863,284	\$1,749,023	\$1,703,605
\$ Increase/Decrease	--	\$85,860	-\$322,804	-\$132,659	-\$246,919	-\$292,338
% Increase/Decrease	--	4.3%	-16.2%	-6.6%	-12.4%	-14.6%
EXPECTED CLAIMS COST	Florida Blue	Florida Blue	Meritain	Symetra	Cigna	Aetna
Single	1,306 \$632.94	\$717.00	\$916.57	\$674.26	\$1,177.12	\$716.21
Family	1,016 \$1,519.06	\$1,720.80	\$916.57	\$1,618.23	\$1,177.12	\$1,879.34
Annual Expected Claims Cost	2,322 \$28,439,927	\$32,216,818	\$25,539,306	\$30,296,550	\$32,799,272	\$34,137,276
\$ Increase	--	\$3,776,891	(\$2,900,620)	\$1,856,623	\$4,359,345	\$5,697,350
% Increase	--	13.3%	-10.2%	6.5%	15.3%	20.0%
TOTAL EXPECTED COST	\$30,435,869	\$34,298,621	\$27,212,445	\$32,159,834	\$34,548,295	\$35,840,881
\$ Increase/Decrease	--	\$3,862,751	-\$3,223,424	\$1,723,964	\$4,112,426	\$5,405,012
% Increase/Decrease	--	12.7%	-10.6%	5.7%	13.5%	17.8%
MAXIMUM CLAIMS COST	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor
Single	1,306 \$791.18	\$896.25	\$1,145.71	\$842.83	\$1,471.40	\$895.26
Family	1,016 \$1,898.83	\$2,151.00	\$1,145.71	\$2,022.79	\$1,471.40	\$2,349.17
Annual Expected Claims Cost	2,322 \$35,549,908	\$40,271,022	\$31,924,133	\$37,870,687	\$40,999,090	\$42,671,595
\$ Increase	--	\$4,721,114	(\$3,625,775)	\$2,320,779	\$5,449,181	\$7,121,687
% Increase	--	13.3%	-10.2%	6.5%	15.3%	20.0%
TOTAL MAXIMUM COST	\$37,545,851	\$42,352,825	\$33,597,271	\$39,733,971	\$42,748,113	\$44,375,200
\$ Increase/Decrease	--	\$4,806,974	-\$3,948,580	\$2,188,120	\$5,202,262	\$6,829,350
% Increase/Decrease	--	12.8%	-10.5%	5.8%	13.9%	18.2%

Medical RFP Evaluation - Single Plan Option - \$350,000 Specific Deductible with \$150,000 Aggregating Specific Deductible

Effective Date: January 1, 2017

	CURRENT	ALTERNATE #1	ALTERNATE #2	ALTERNATE #3	ALTERNATE #4	ALTERNATE #5
	Florida Blue	Florida Blue	Meritain	AvMed/Symetra	Cigna	Aetna
MEDICAL Administration	Florida Blue	Florida Blue	Meritain	AvMed/Symetra	Cigna	Aetna
Network	BlueOptions	BlueOptions	Aetna PPO & Choice POS II	AvMed Service Area/PHCS	Open Access Plus	Aetna Choice POS II
Rate Guarantee	Expires 12/31/16	48 Months	36 Months	36 Months	60 Months	36 Months
Rate Guarantee Detail by Year	--	Yr. 1 2 & 3 Yr. 4	Years 1, 2 & 3	Years 1, 2 & 3	1,2 & 3 Yr. 4 Yr. 5	Yr. 1 Yr. 2 Yr. 3
Composite Rate	2,322 \$38.40	\$38.40 \$39.90 \$41.10	\$27.70	\$27.15	\$29.02 \$29.60 \$30.19	\$30.58 \$31.31 \$31.81
Annual Administration Cost	\$1,069,978	\$1,069,978	\$771,833	\$756,508	\$808,613	\$852,081
\$ Increase/Decrease	--	\$0	-\$298,145	-\$313,470	-\$261,364	-\$217,896
% Increase/Decrease	--	0.0%	-27.9%	-29.3%	-24.4%	-20.4%
SPECIFIC STOP LOSS	Florida Blue	Florida Blue	Meritain	Symetra	Cigna	Aetna
Specific Deductible	\$350,000	\$350,000 + \$150,000 Aggregate ISL	\$350,000 + \$150,000 Aggregate ISL	\$350,000 + \$150,000 Aggregate ISL	\$350,000 + \$150,000 Aggregating ISL	\$350,000 + \$150,000 Aggregate ISL
Covered Benefits	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Contract Basis	48/12	60/12	12/12 TLO	24/12	12/12 TLO	12/12 TLO
Annual Max Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Single	1,306 \$18.85	\$17.34	\$15.48	\$20.52	\$26.95	\$24.86
Family	1,016 \$48.29	\$44.75	\$40.60	\$52.57	\$26.95	\$24.86
Annual Premium	2,322 \$884,169	\$817,344	\$737,598	\$962,523	\$750,935	\$692,699
\$ Increase/Decrease	--	-\$66,824	-\$146,571	\$78,354	-\$133,234	-\$191,470
% Increase/Decrease	--	-7.6%	-16.6%	8.9%	-15.1%	-21.7%
AGGREGATE STOP LOSS	Florida Blue	Florida Blue	Meritain	Symetra	Cigna	Aetna
Covered Benefits	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Annual Max Reimbursement	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Aggregate Premium (PEPM)	2,322 \$1.50	\$1.58	\$1.25	\$1.85	\$2.00	\$2.41
Annual Premium	\$41,796	\$44,025	\$34,830	\$51,548	\$55,728	\$67,152
\$ Increase/Decrease	--	\$2,229	-\$6,966	\$9,752	\$13,932	\$25,356
% Increase/Decrease	--	5.3%	-16.7%	23.3%	33.3%	60.7%
Total Fixed Costs	\$1,995,942	\$1,931,347	\$1,544,261	\$1,770,579	\$1,615,276	\$1,611,932
\$ Increase/Decrease	--	-\$64,595	-\$451,682	-\$225,364	-\$380,666	-\$384,010
% Increase/Decrease	--	-3.2%	-22.6%	-11.3%	-19.1%	-19.2%
EXPECTED CLAIMS COST	Florida Blue	Florida Blue	Meritain	Symetra	Cigna	Aetna
Single	1,306 \$632.94	\$717.00	\$916.57	\$675.80	\$1,183.94	\$716.21
Family	1,016 \$1,519.06	\$1,720.80	\$916.57	\$1,621.93	\$1,183.94	\$1,884.34
Annual Expected Claims Cost	2,322 \$28,439,927	\$32,216,818	\$25,539,306	\$30,365,684	\$32,989,304	\$34,198,334
\$ Increase	--	\$3,776,891	(\$2,900,620)	\$1,925,757	\$4,549,378	\$5,758,407
% Increase	--	13.3%	-10.2%	6.8%	16.0%	20.2%
TOTAL EXPECTED COST	\$30,435,869	\$34,148,165	\$27,083,567	\$32,136,263	\$34,604,580	\$35,810,266
\$ Increase/Decrease	--	\$3,712,296	-\$3,352,302	\$1,700,394	\$4,168,711	\$5,374,397
% Increase/Decrease	--	12.2%	-11.0%	5.6%	13.7%	17.7%
MAXIMUM CLAIMS COST	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor
Single	1,306 \$791.18	\$896.25	\$1,145.71	\$844.75	\$1,479.93	\$895.26
Family	1,016 \$1,898.83	\$2,151.00	\$1,145.71	\$2,027.41	\$1,479.93	\$2,355.43
Annual Expected Claims Cost	2,322 \$35,549,908	\$40,271,022	\$31,924,133	\$37,957,105	\$41,236,630	\$42,747,917
\$ Increase	--	\$4,721,114	(\$3,625,775)	\$2,407,196	\$5,686,722	\$7,198,009
% Increase	--	13.3%	-10.2%	6.8%	16.0%	20.2%
TOTAL MAXIMUM COST	\$37,545,851	\$42,202,369	\$33,468,394	\$39,727,684	\$42,851,906	\$44,359,850
\$ Increase/Decrease	--	\$4,656,518	-\$4,077,457	\$2,181,833	\$5,306,055	\$6,813,999
% Increase/Decrease	--	12.4%	-10.9%	5.8%	14.1%	18.1%

	CURRENT	ALTERNATE #1	ALTERNATE #2	ALTERNATE #3	ALTERNATE #4	ALTERNATE #5
	Florida Blue	Florida Blue	Meritain	AvMed/Symetra	Cigna	Aetna
MEDICAL Administration	Florida Blue	Florida Blue	Meritain	AvMed/Symetra	Cigna	Aetna
Network	BlueOptions	BlueOptions	Aetna PPO & Choice POS II	AvMed Service Area/PHCS	Open Access Plus	Aetna Choice POS II
Rate Guarantee	Expires 12/31/16	48 Months	36 Months	36 Months	60 Months	36 Months
Rate Guarantee Detail by Year	--	Yr. 1 2 & 3 Yr. 4	Years 1, 2 & 3	Years 1, 2 & 3	1,2 & 3 Yr. 4 Yr. 5	Yr. 1 Yr. 2 Yr. 3
Composite Rate	2,322 \$38.40	\$38.40 \$39.90 \$41.10	\$27.70	\$27.15	\$29.02 \$29.60 \$30.19	\$30.58 \$31.31 \$31.81
Annual Administration Cost	\$1,069,978	\$1,069,978	\$771,833	\$756,508	\$808,613	\$852,081
\$ Increase/Decrease	--	\$0	-\$298,145	-\$313,470	-\$261,364	-\$217,896
% Increase/Decrease	--	0.0%	-27.9%	-29.3%	-24.4%	-20.4%
SPECIFIC STOP LOSS	Florida Blue	Florida Blue	Aetna	Symetra	Cigna	Aetna
Specific Deductible	\$350,000	\$400,000	\$400,000	\$400,000	\$400,000	\$400,000
Covered Benefits	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Contract Basis	48/12	60/12	12/12 TLO	24/12	12/12 TLO	12/12 TLO
Annual Max Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Single	1,306 \$18.85	\$17.20	\$15.08	\$18.73	\$25.72	\$23.75
Family	1,016 \$48.29	\$45.34	\$39.56	\$47.99	\$25.72	\$23.75
Annual Premium	2,322 \$884,169	\$822,344	\$718,649	\$878,631	\$716,662	\$661,770
\$ Increase/Decrease	--	-\$61,825	-\$165,520	-\$5,538	-\$167,507	-\$222,399
% Increase/Decrease	--	-7.0%	-18.7%	-0.6%	-18.9%	-25.2%
AGGREGATE STOP LOSS	Florida Blue	Florida Blue	Aetna	Symetra	Cigna	Aetna
Covered Benefits	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Annual Max Reimbursement	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Aggregate Premium (PEPM)	2,322 \$1.50	\$1.62	\$1.26	\$1.94	\$2.00	\$2.34
Annual Premium	\$41,796	\$45,140	\$35,109	\$54,056	\$55,728	\$65,202
\$ Increase/Decrease	--	\$3,344	-\$6,687	\$12,260	\$13,932	\$23,406
% Increase/Decrease	--	8.0%	-16.0%	29.3%	33.3%	56.0%
Total Fixed Costs	\$1,995,942	\$1,937,461	\$1,525,591	\$1,689,194	\$1,581,003	\$1,579,053
\$ Increase/Decrease	--	-\$58,482	-\$470,352	-\$306,748	-\$414,939	-\$416,890
% Increase/Decrease	--	-2.9%	-23.6%	-15.4%	-20.8%	-20.9%
EXPECTED CLAIMS COST	Florida Blue	Florida Blue	Aetna	Symetra	Cigna	Aetna
Single	1,306 \$632.94	\$719.86	\$922.41	\$677.16	\$1,185.33	\$720.56
Family	1,016 \$1,519.06	\$1,727.68	\$922.41	\$1,625.18	\$1,185.33	\$1,887.02
Annual Expected Claims Cost	2,322 \$28,439,927	\$32,345,583	\$25,702,032	\$30,426,695	\$33,028,035	\$34,299,213
\$ Increase	--	\$3,905,657	(\$2,737,894)	\$1,986,768	\$4,588,108	\$5,859,286
% Increase	--	13.7%	-9.6%	7.0%	16.1%	20.6%
TOTAL EXPECTED COST	\$30,435,869	\$34,283,044	\$27,227,623	\$32,115,889	\$34,609,038	\$35,878,266
\$ Increase/Decrease	--	\$3,847,175	-\$3,208,246	\$1,680,020	\$4,173,169	\$5,442,397
% Increase/Decrease	--	12.6%	-10.5%	5.5%	13.7%	17.9%
MAXIMUM CLAIMS COST	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor
Single	1,306 \$791.18	\$899.83	\$1,153.01	\$846.45	\$1,481.66	\$900.70
Family	1,016 \$1,898.83	\$2,159.60	\$1,153.01	\$2,031.48	\$1,481.66	\$2,358.78
Annual Expected Claims Cost	2,322 \$35,549,908	\$40,431,979	\$32,127,540	\$38,033,369	\$41,285,044	\$42,874,016
\$ Increase	--	\$4,882,071	(\$3,422,368)	\$2,483,460	\$5,735,136	\$7,324,108
% Increase	--	13.7%	-9.6%	7.0%	16.1%	20.6%
TOTAL MAXIMUM COST	\$37,545,851	\$42,369,440	\$33,653,131	\$39,722,563	\$42,866,047	\$44,453,069
\$ Increase/Decrease	--	\$4,823,589	-\$3,892,720	\$2,176,712	\$5,320,196	\$6,907,218
% Increase/Decrease	--	12.8%	-10.4%	5.8%	14.2%	18.4%

Carrier	Administration Services and Stop Loss Caveats
<p>Florida Blue</p>	<ul style="list-style-type: none"> - Rx Deductible [\$50] does not apply to Mail order Rx. - \$100,000 Wellness/Implementation contribution to the City upon approval of contract with additional amounts of \$50,000 provided in January 2017, 2018 and 2019; to be used at City's discretion for Enrollment system or Wellness activities. If the City chooses BCBSF Medical Administrative Services, Prescription benefit Manager and FCL Fully Insured Dental, an additional \$100,000 will be provided to the City upon approval of contract. - Contract Termination Fees set as 15% of paid claims. - 87.5% of earned pharmacy rebates will be returned to the group; illustrative only / not a credit against ASO Fee. - Network Access Fees for 2017: 2.52% of network savings will be applied to all PPO claims and 4.51% to all Traditional claims outside of Blue Plan service areas where fees are waived. Applicable savings is capped at \$2,000 per claim. - ASO Bank Account: Approximately 15 days before first of each month, group is billed monthly administrative and stop loss premium. - Group is responsible for IBNR upon cancellation.
<p>Meritain</p>	<ul style="list-style-type: none"> - Meritain ASO Fee includes Dental Network Fee of \$2.30 & assumes Medical and Dental package. Dual plan Option pricing not provided. - Proposal includes \$100,000 Wellness funds, \$200,000 fee holiday and Disease and Utilization Management programs to control costs and support member needs. - Final sale require final census, signed disclosure statement and monthly paid claims, large claims and enrollments for the 24 month period prior to effective date. - Firm rates require claims through 9/30/2016 and are subject to review of additional information on any claimants 50% in excess of the quoted specific stop loss limit and/or those with "trigger" diagnosis. [Laser may be required] - Proposal assumes current plan design, includes standard ID Card production & delivery, and one initial enrollment assistance meeting & annual open enrollment meeting. - Prescription Drug Card through Scrip World is an integral part of the program and requires inclusion. - 75% participation required.
<p>AvMed</p>	<ul style="list-style-type: none"> - ASO Fee includes termination Fees. - ASO Fee guaranteed for three (3) years (January 1, 2017 - December 31, 2019). - ASO Fee includes a Prescription Drug rebate credit of \$8.16 PEPM; Disease Management services available as a pass thru cost. - \$100,000 Wellness Fund and \$20,000 Web-Enrollment System Fund included with offer. - If the proposed Symetra Stop loss is not elected, AvMed reserves right to adjust ASO proposal. - Firm Stop Loss rates require Paid and large claim experience through 9/2016, a plan document review/approval, final census and details of anyone confirmed to hospital for 30 days or more in the most recent 12 months or is currently on an organ transplant list.

Carrier	Administration Services and Stop Loss Caveats
Cigna	<ul style="list-style-type: none"> - ASO fee guarantee "flat" unchanged for 3 years with a cap on years 4 and 5. - A 3-month ASO fee holiday [Estimated \$200,000] if Cigna stop loss is bundled with Cigna ASO Medical. - Health Improvement fund of \$100,000 each year for the life of the contract. - City of Hollywood is guaranteed 100% of all rebates with estimated annual rebate minimums set per year. - Proposal includes performance guarantees for Service, Implementation, and Trend which includes discount and the effectiveness of Cigna's clinical programs: estimated total of \$175,000 for the fee at risk for performance guarantees. - Network includes a Collaborative Accountable Care (CCC) initiative with Memorial Hospital. - Clinical and Wellness Programs included in the ASO fees include: Your Health First Chronic Care Management, Lifestyle Management and Gaps in Care. - Full time, onsite service representative included in the fees. - \$70,000 technology fund to offset cost of online benefits enrollment company included, per request. - Cigna will discount the aggregate attachment factor by 1% if dental is bundled with medical. [Additionally, dental ASO fee is lowered]
Aetna	<ul style="list-style-type: none"> - \$100,000 Wellness Fund, \$1.50 PEPM allowance for benefits administration system and fee holiday of \$100,000 in the first year. - ASO Fee guaranteed for three contract periods (January 1, 2017 - December 31, 2019) and if contract terminated prior to end of 36-month period, a transition fee totaling \$80,000 will be due within 31 days of the invoice. - ASO Fee proposed for 12 months with a 2.4% increase for Year 2 and an additional 1.6% increase for Year 3. - ASO Fee includes Utilization review, Network access Fee, Disease management, Pharmacy management, and termination Fees. - Pharmacy rebates applied both to the fee as a guaranteed credit as well as pass through that will apply to claims cost.: The proposed ASO fee has been reduced \$9.95 PEPM. Second year reduced by \$10.54 PEPM and third year will be reduced by \$11.41 PEPM. - Aetna reserves right to adjust rate if there is a 10% decrease in the number of enrolled employees. - ASO Fee includes dental network cost; proposal assumes package; Medical, pharmacy and dental. - Large claims through August required for firm rates and confirmation of no lasering. - Banking: Aetna assumes no more than three primary banking lines which are shared across all self-funded products, excluding FSA. Additional wire lines will result in adjustment to proposed pricing.

**This page is a high level summary of the key caveats taken from the respective proposals. Please refer to the proposals for a more detailed description.*

	CURRENT	ALTERNATIVE #1	ALTERNATIVE #2	ALTERNATIVE #3	ALTERNATIVE #4
	Florida Blue	Munich RE	HCC / Tokio Marine	CRU / Great Midwest	VOYA
MEDICAL Administration	Florida Blue	Florida Blue	Florida Blue	Florida Blue	Florida Blue
Network	BlueOptions	BlueOptions	BlueOptions	BlueOptions	BlueOptions
Interface Fee	None	\$1.00	\$1.00	\$1.00	\$1.00
ASO Fee	\$38.40	\$38.40	\$38.40	\$38.40	\$38.40
Total Composite Rate	2,322 \$38.40	\$39.40	\$39.40	\$39.40	\$39.40
Annual Administration Cost	\$1,069,978	\$1,097,842	\$1,097,842	\$1,097,842	\$1,097,842
\$ Increase/Decrease		\$27,864	\$27,864	\$27,864	\$27,864
% Increase/Decrease		2.6%	2.6%	2.6%	2.6%
SPECIFIC STOP LOSS	Florida Blue	Munich RE	HCC / Tokio Marine	CRU / Great Midwest	VOYA
Specific Deductible	\$350,000	\$350,000	\$350,000	\$350,000	\$350,000
Covered Benefits	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Contract Basis	48/12	24/12	24/12	12/15	12/15
Annual Max Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Single	1,306 \$18.85	\$21.36	\$13.98	\$19.55	\$16.24
Family	1,016 \$48.29	\$41.50	\$48.71	\$48.28	\$42.97
Annual Premium	\$884,169	\$840,722	\$812,967	\$895,017	\$778,404
\$ Increase/Decrease		-\$43,447	-\$71,202	\$10,848	-\$105,765
% Increase/Decrease		-4.9%	-8.1%	1.2%	-12.0%
AGGREGATE STOP LOSS	Florida Blue	Munich RE	HCC / Tokio Marine	CRU / Great Midwest	VOYA
Covered Benefits	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Annual Max Reimbursement	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Aggregate Premium (PEPM)	2,322 \$1.50	\$1.22	\$1.63	\$1.20	\$1.50
Annual Premium	\$41,796	\$33,994	\$45,418	\$33,437	\$41,796
\$ Increase/Decrease		-\$7,802	\$3,622	-\$8,359	\$0
% Increase/Decrease		-18.7%	8.7%	-20.0%	0.0%
Total Fixed Costs	\$1,995,942	\$1,972,558	\$1,956,227	\$2,026,296	\$1,918,041
\$ Increase/Decrease		-\$23,385	-\$39,716	\$30,353	-\$77,901
% Increase/Decrease		-1.2%	-2.0%	1.5%	-3.9%
EXPECTED CLAIMS COST	Florida Blue	Munich RE	HCC / Tokio Marine	CRU / Great Midwest	VOYA
Single	1,306 \$632.94	\$599.73	\$760.14	\$619.78	\$1,229.80
Family	1,016 \$1,519.06	\$1,671.26	\$1,655.46	\$1,846.73	\$1,229.80
Annual Expected Claims Cost	2,322 \$28,439,927	\$29,774,988	\$32,096,296	\$32,228,437	\$34,267,147
\$ Increase		\$1,335,061	\$3,656,370	\$3,788,511	\$5,827,221
% Increase		4.7%	12.9%	13.3%	20.5%
TOTAL EXPECTED COST	\$30,435,869	\$31,747,546	\$34,052,523	\$34,254,733	\$36,185,188
\$ Increase/Decrease		\$1,311,676	\$3,616,654	\$3,818,864	\$5,749,319
% Increase/Decrease		4.3%	11.9%	12.5%	18.9%
MAXIMUM CLAIMS COST	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor
Single	1,306 \$791.18	\$749.66	\$950.18	\$774.72	\$1,537.25
Family	1,016 \$1,898.83	\$2,089.08	\$2,069.32	\$2,308.41	\$1,537.25
Annual Expected Claims Cost	2,322 \$35,549,908	\$37,218,735	\$40,120,370	\$40,285,547	\$42,833,934
\$ Increase		\$1,668,827	\$4,570,462	\$4,735,638	\$7,284,026
% Increase		4.7%	12.9%	13.3%	20.5%
TOTAL MAXIMUM COST	\$37,545,851	\$39,191,292	\$42,076,597	\$42,311,842	\$44,751,975
\$ Increase/Decrease		\$1,645,442	\$4,530,746	\$4,765,992	\$7,206,124
% Increase/Decrease		4.4%	12.1%	12.7%	19.2%

Medical RFP Evaluation - Carve-out Reinsurance - Single Plan Option - \$350,000 Specific Deductible with \$150,000 Aggregating Specific Deductible

Effective Date: January 1, 2017

	CURRENT	ALTERNATIVE #1	ALTERNATIVE #2	ALTERNATIVE #3
	Florida Blue	Munich RE	CRU / Great Midwest	VOYA
MEDICAL Administration	Florida Blue	Florida Blue	Florida Blue	Florida Blue
Network	BlueOptions	BlueOptions	BlueOptions	BlueOptions
Interface Fee	None	\$1.00	\$1.00	\$1.00
ASO Fee	\$38.40	\$38.40	\$38.40	\$38.40
Total Composite Rate 2,322	\$38.40	\$39.40	\$39.40	\$39.40
Annual Administration Cost	\$1,069,978	\$1,097,842	\$1,097,842	\$1,097,842
\$ Increase/Decrease		\$27,864	\$27,864	\$27,864
% Increase/Decrease		2.6%	2.6%	2.6%
SPECIFIC STOP LOSS	Florida Blue	Munich RE	CRU / Great Midwest	VOYA
Specific Deductible	\$350,000	\$350,000 + \$150,000	\$350,000 + \$150,000	\$350,000 + \$150,000
		Aggregate ISL	Aggregate ISL	Aggregate ISL
Covered Benefits	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Contract Basis	48/12	24/12	12/15	12/15
Annual Max Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited
Single 1,306	\$18.85	\$17.69	\$16.39	\$13.88
Family 1,016	\$48.29	\$34.37	\$40.47	\$34.95
Annual Premium 2,322	\$884,169	\$696,277	\$750,274	\$643,638
\$ Increase/Decrease		-\$187,892	-\$133,895	-\$240,531
% Increase/Decrease		-21.3%	-15.1%	-27.2%
AGGREGATE STOP LOSS	Florida Blue	Munich RE	CRU / Great Midwest	VOYA
Covered Benefits	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Annual Max Reimbursement	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Aggregate Premium (PEPM) 2,322	\$1.50	\$1.22	\$1.20	\$1.50
Annual Premium	\$41,796	\$33,994	\$33,437	\$41,796
\$ Increase/Decrease		-\$7,802	-\$8,359	\$0
% Increase/Decrease		-18.7%	-20.0%	0.0%
Total Fixed Costs	\$1,995,942	\$1,828,112	\$1,881,553	\$1,783,275
\$ Increase/Decrease		-\$167,830	-\$114,390	-\$212,667
% Increase/Decrease		-8.4%	-5.7%	-10.7%
EXPECTED CLAIMS COST	Florida Blue	Munich RE	CRU / Great Midwest	VOYA
Single 1,306	\$632.94	\$599.73	\$619.78	\$1,229.80
Family 1,016	\$1,519.06	\$1,671.26	\$1,846.73	\$1,229.80
Annual Expected Claims Cost 2,322	\$28,439,927	\$29,774,988	\$32,228,437	\$34,267,147
\$ Increase	--	\$1,335,061	\$3,788,511	\$5,827,221
% Increase	--	4.7%	13.3%	20.5%
TOTAL EXPECTED COST	\$30,435,869	\$31,603,100	\$34,109,990	\$36,050,423
\$ Increase/Decrease		\$1,167,231	\$3,674,121	\$5,614,553
% Increase/Decrease		3.8%	12.1%	18.4%
MAXIMUM CLAIMS COST	125% Corridor	125% Corridor	125% Corridor	125% Corridor
Single 1,306	\$791.18	\$749.66	\$774.72	\$1,537.25
Family 1,016	\$1,898.83	\$2,089.08	\$2,308.41	\$1,537.25
Annual Expected Claims Cost 2,322	\$35,549,908	\$37,218,735	\$40,285,547	\$42,833,934
\$ Increase	--	\$1,668,827	\$4,735,638	\$7,284,026
% Increase	--	4.7%	13.3%	20.5%
TOTAL MAXIMUM COST	\$37,545,851	\$39,046,847	\$42,167,099	\$44,617,209
\$ Increase/Decrease		\$1,500,996	\$4,621,248	\$7,071,359
% Increase/Decrease		4.0%	12.3%	18.8%

	CURRENT	ALTERNATIVE #1	ALTERNATIVE #2	ALTERNATIVE #3	ALTERNATIVE #4
	Florida Blue	Munich RE	HCC / Tokio Marine	CRU / Great Midwest	VOYA
MEDICAL Administration	Florida Blue	Florida Blue	Florida Blue	Florida Blue	Florida Blue
Network	BlueOptions	BlueOptions	BlueOptions	BlueOptions	BlueOptions
Interface Fee	None	\$1.00	\$1.00	\$1.00	\$1.00
ASO Fee	\$38.40	\$38.40	\$38.40	\$38.40	\$38.40
Total Composite Rate	2,322 \$38.40	\$39.40	\$39.40	\$39.40	\$39.40
Annual Administration Cost	\$1,069,978	\$1,097,842	\$1,097,842	\$1,097,842	\$1,097,842
\$ Increase/Decrease		\$27,864	\$27,864	\$27,864	\$27,864
% Increase/Decrease		2.6%	2.6%	2.6%	2.6%
SPECIFIC STOP LOSS	Florida Blue	Munich RE	HCC / Tokio Marine	CRU / Great Midwest	VOYA
Specific Deductible	\$350,000	\$400,000	\$400,000	\$400,000	\$400,000
Covered Benefits	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Contract Basis	48/12	24/12	24/12	12/15	12/15
Annual Max Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Single	1,306 \$18.85	\$17.78	\$12.01	\$16.87	\$13.84
Family	1,016 \$48.29	\$33.99	\$41.06	\$41.91	\$36.62
Annual Premium	\$884,169	\$693,054	\$688,824	\$775,353	\$663,372
\$ Increase/Decrease		-\$191,115	-\$195,345	-\$108,816	-\$220,797
% Increase/Decrease		-21.6%	-22.1%	-12.3%	-25.0%
AGGREGATE STOP LOSS	Florida Blue	Munich RE	HCC / Tokio Marine	CRU / Great Midwest	VOYA
Covered Benefits	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Annual Max Reimbursement	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Aggregate Premium (PEPM)	2,322 \$1.50	\$1.31	\$1.69	\$1.30	\$1.50
Annual Premium	\$41,796	\$36,502	\$47,090	\$36,223	\$41,796
\$ Increase/Decrease		-\$5,294	\$5,294	-\$5,573	\$0
% Increase/Decrease		-12.7%	12.7%	-13.3%	0.0%
Total Fixed Costs	\$1,995,942	\$1,827,398	\$1,833,756	\$1,909,418	\$1,803,009
\$ Increase/Decrease		-\$168,545	-\$162,186	-\$86,524	-\$192,933
% Increase/Decrease		-8.4%	-8.1%	-4.3%	-9.7%
EXPECTED CLAIMS COST	Florida Blue	Munich RE	HCC / Tokio Marine	CRU / Great Midwest	VOYA
Single	1,306 \$632.94	\$619.78	\$760.14	\$1,229.80	\$0.00
Family	1,016 \$1,519.06	\$1,846.73	\$1,655.46	\$1,229.80	\$0.00
Annual Expected Claims Cost	2,322 \$28,439,927	\$32,228,437	\$32,096,296	\$34,267,147	\$0
\$ Increase	--	\$3,788,511	\$3,656,370	\$5,827,221	(\$28,439,927)
% Increase	--	13.3%	12.9%	20.5%	-100.0%
TOTAL EXPECTED COST	\$30,435,869	\$34,055,835	\$33,930,052	\$36,176,565	\$1,803,009
\$ Increase/Decrease		\$3,619,966	\$3,494,183	\$5,740,696	-\$28,632,860
% Increase/Decrease		11.9%	11.5%	18.9%	-94.1%
MAXIMUM CLAIMS COST	125% Corridor	125% Corridor	125% Corridor	125% Corridor	125% Corridor
Single	1,306 \$791.18	\$774.72	\$950.18	\$1,537.25	\$0.00
Family	1,016 \$1,898.83	\$2,308.41	\$2,069.32	\$1,537.25	\$0.00
Annual Expected Claims Cost	2,322 \$35,549,908	\$40,285,547	\$40,120,370	\$42,833,934	\$0
\$ Increase	--	\$4,735,638	\$4,570,462	\$7,284,026	(\$35,549,908)
% Increase	--	13.3%	12.9%	20.5%	-100.0%
TOTAL MAXIMUM COST	\$37,545,851	\$42,112,944	\$41,954,126	\$44,743,352	\$1,803,009
\$ Increase/Decrease		\$4,567,093	\$4,408,276	\$7,197,501	-\$35,742,842
% Increase/Decrease		12.2%	11.7%	19.2%	-95.2%

Carrier	Carve-out Reinsurance Caveats
Florida Blue	<ul style="list-style-type: none"> - Proposal reflects as-is current plan of benefits & includes pricing for proposed dual-option plan benefits. - Firm rates require updated claims including large claimant information through September 30, 2016. - Both the premium rates and the aggregate factors are subject to change should census change by 10% or more in total and/or by single/family mix. - Proposal assumes a minimum participation of 75%, no more than 15% COBRA and includes Retirees for Stop loss coverage. - Proposal assumes the benefits include a pre-certification, utilization review, and large case management program is in place. - Assumes Florida Blue as the Network and the TPA. - Termination Fees based on 15% of paid claims.
Creative Risk Underwriters (CRU) / Great Midwest	<ul style="list-style-type: none"> - Proposal reflects the current plan of benefits. - For proposed dual-option; Reduce aggregate factors by 10% for HMO plan. Final aggregate factors will be blended, subject to final enrollment per plan. - Firm rates require updated claims including large claimant information through December 31, 2016. - Disclosure requires diagnosis and prognosis for all large claimants and shock loss information for participants who've incurred medical expenses of at least \$30K. - Carrier reserves right to recalculate if census count changes by 10%. - Minimum participation of 75%. - Retirees included. - Actively-at-work provision applies as of effective date and waived for those on the disclosure statement. - Assumes Florida Blue as the Network and the TPA.
HCC / Tokio Marine	<ul style="list-style-type: none"> - Proposal reflects the current plan of benefits. - Firm rates require updated claims including large claimant information through December 31, 2016 including enrollment figures. - Disclosure requires large claim detail and shock loss information for participants who've incurred medical expenses above \$175K required no earlier than 30 days prior to the effective date. - Lasers May Apply. - HCC reserves right to recalculate if census count changes by 10%. - Minimum participation of 75%. - Retirees included; quote based on 2 COBRA enrollments current. - Assumes Florida Blue as the Network and the TPA
Munich RE	<ul style="list-style-type: none"> - Binder check required 1/1/2017. - Firm rates require paid claims experience, large claim data and enrollment data through October 31, 2016, including Pended claims report & denied and suspended claim report, case management files for open and declined lists to include diagnosis and prognosis of claims through October 31,2016. - Assumes Florida Blue as the Network and the TPA. - Munich Re reserves right to recalculate if census count changes by 10%. - Minimum participation of 75%
VOYA	<ul style="list-style-type: none"> - Proposal based on plan benefits submitted with request. - Firm rates require Aggregate and Disclosure reports through 8/31/2016; require 50% report, transplant list, pended/denied report and trigger report provided no earlier than 90 days prior to effective date. - Claims data must include a minimum of 9 months in the most recent experience period. - Proposal assumes Medicare is primary for Retirees age 65 and over. - Assumes Florida Blue as the Network and the TPA.

**This page is a high level summary of the key caveats taken from the respective proposals. Please refer to the proposals for a more detailed description.*

CURRENT

ALTERNATIVE #1

ALTERNATIVE #2

Carrier	Florida Blue		Florida Blue		AvMed			
	In-Network	Out of-Network	In-Network	Out of-Network	In-Network	In-Network	Out of-Network	In-Network
Network(s) Utilized	BlueOptions PPO		BlueOptions PPO		BlueCare HMO	AvMed Service Area / PHCS		
Calendar Year Deductible (CYD)								
Individual	\$0	\$500	\$0	\$500	\$500	\$0	\$500	\$500
Family	\$0	\$1,500	\$0	\$1,500	\$1,500	\$0	\$1,500	\$1,500
Out-of-Pocket Maximum	Includes CYD, Coinsurance, Copays; Excludes Rx		Includes CYD, Coinsurance, Copays; Excludes Rx		Includes CYD, Coins, Copays; Excludes Rx	Includes CYD, Coinsurance, Copays; Excludes Rx		Includes CYD, Coins, Copays; Excludes Rx
Individual	\$1,500	\$3,000	\$1,500	\$3,000	\$3,000	\$1,500	\$3,000	\$3,000
Family	\$3,000	\$6,000	\$3,000	\$6,000	\$9,000	\$3,000	\$6,000	\$9,000
Member Coinsurance	0%	40%	0%	40%	20%	0%	40%	20%
Non-Hospital Services								
Primary Care Physician Office Visit	\$40	CYD + 40%	\$40	CYD + 40%	\$30	\$40	CYD + 40%	\$30
Specialist Physician Office Visit	\$40	CYD + 40%	\$40	CYD + 40%	\$40	\$40	CYD + 40%	\$40
Preventive Care	No Charge	40%	No Charge	40%	No Charge	No Charge	40%	No Charge
Diagnostic lab	No Charge	CYD + 40%	No Charge	CYD + 40%	No Charge	No Charge	CYD + 40%	No Charge
Diagnostic X-ray	\$50	CYD + 40%	\$50	CYD + 40%	\$50	\$40	CYD + 40%	\$50
Advanced Imaging	\$50	CYD + 40%	\$50	CYD + 40%	\$50	\$40	\$40	\$50
Hospital Services								
Inpatient	Option 1 - \$250 Option 2 - \$500	\$750	Option 1 - \$250 Option 2 - \$500	\$750	\$500	\$500	\$750	\$500
Outpatient	Option 1 - \$100 Option 2 - \$200	\$300	Option 1 - \$100 Option 2 - \$200	\$300	\$250	\$100	\$750	\$250
Physician Services at Hospital	No Charge	No Charge	No Charge	No Charge	\$40	No Charge	No Charge	No Charge
Emergency Room Visit	\$50	\$50	\$50	\$50	\$200	\$50	\$50	\$200
Urgent Care	\$40	CYD + 40%	\$40	CYD + 40%	\$75	\$40	CYD + 40%	\$75
Mental Health & Substance Abuse								
Inpatient	\$250	\$750	\$250	\$750	\$500	\$250	\$750	\$500
Outpatient Services	\$40	\$300	\$40	\$300	\$30 or \$40	\$40	\$750	\$30
Prescription Drugs								
Rx Deductible	\$50 per person		\$50 per person		\$50 / \$150 Family	\$50 per person		\$50 / \$150 Family
Rx Out-of-Pocket Maximum	\$1,000 - Individual \$3,000 - Family		\$1,000 - Individual \$3,000 - Family		\$1,500 - I \$4,500 - F	\$1,000 - Individual \$3,000 - Family		\$1,500 - I \$4,500 - F
Generic	20%	50%	20%	50%	20%	20%	50%	20%
Preferred Brand	20%	50%	20%	50%	20%	20%	50%	20%
Non-Preferred Brand	20%	50%	20%	50%	20%	20%	50%	20%
Specialty	Fall under tier 1-3	50%	Fall under tier 1-3	50%	Fall under tier 1-3	Fall under tier 1-3	50%	Fall under tier 1-3
Mail Order (90 day supply)	\$20 / \$50 / \$80	50%	\$20 / \$50 / \$80	50%	\$25 / \$75 / \$150	\$20 / \$50 / \$80	50%	\$25 / \$75 / \$150

CURRENT

ALTERNATIVE #3

ALTERNATIVE #4

Carrier	Florida Blue		Cigna		Aetna			
	In-Network	Out of-Network	In-Network	Out of-Network	In-Network	In-Network	Out of-Network	In-Network
Network(s) Utilized	BlueOptions PPO		Cigna Open Access Plus		Cigna OAP - IN	Aetna Choice POS II		Open Access Aetna Select
Calendar Year Deductible (CYD)								
Individual	\$0	\$500	\$0	\$500	\$500	\$0	\$500	\$500
Family	\$0	\$1,500	\$0	\$1,500	\$1,500	\$0	\$1,500	\$1,500
Out-of-Pocket Maximum	Includes CYD, Coinsurance, Copays; Excludes Rx		Includes CYD, Coinsurance, Copays; Excludes Rx		Includes CYD, Coins, Copays; Excludes Rx	Includes CYD, Coinsurance, Copays & Includes Rx		Includes CYD, Coins, Copays & Includes Rx
Individual	\$1,500	\$3,000	\$1,500	\$3,000	\$3,000	\$1,500	\$3,000	\$3,000
Family	\$3,000	\$6,000	\$3,000	\$6,000	\$9,000	\$3,000	\$6,000	\$9,000
Member Coinsurance	0%	40%	0%	40%	20%	0%	40%	20%
Non-Hospital Services								
Primary Care Physician Office Visit	\$40	CYD + 40%	\$40	CYD + 40%	\$30	\$40	CYD + 40%	\$30
Specialist Physician Office Visit	\$40	CYD + 40%	\$40	CYD + 40%	\$40	\$40	CYD + 40%	\$40
Preventive Care	No Charge	40%	No Charge	40%	No Charge	No Charge	40%	No Charge
Diagnostic lab	No Charge	CYD + 40%	No Charge	CYD + 40%	No Charge	No Charge	CYD + 40%	CYD + 20%
Diagnostic X-ray	\$50	CYD + 40%	\$50	CYD + 40%	\$50	\$50	CYD + 40%	CYD + \$50
Advanced Imaging	\$50	CYD + 40%	\$50	CYD + 40%	\$50	\$50	CYD + 40%	CYD + 20%
Hospital Services								
Inpatient	Option 1 - \$250 Option 2 - \$500	\$750	\$250	\$750	\$500	\$250	CYD + \$750	CYD + \$500
Outpatient	Option 1 - \$100 Option 2 - \$200	\$300	\$100	\$300	\$250	No Charge	CYD + \$300	CYD + 20%
Physician Services at Hospital	No Charge	No Charge	No Charge	No Charge	CYD + 20%	No Charge	No Charge	CYD + 20%
Emergency Room Visit	\$50	\$50	\$50	\$50	\$200	\$50	\$50	\$200
Urgent Care	\$40	CYD + 40%	\$40	CYD + 40%	\$75	\$40	CYD + 40%	\$75
Mental Health & Substance Abuse								
Inpatient	\$250	\$750	\$250	\$750	\$500	\$250	CYD + \$750	CYD + \$500
Outpatient Services	\$40	\$300	No Charge	CYD	\$40	\$40	CYD + 40%	\$30
Prescription Drugs								
Rx Deductible	\$50 per person		\$50 per person		\$50 / \$150 Family	\$50 per person		\$50 / \$150 Family
Rx Out-of-Pocket Maximum	\$1,000 - Individual \$3,000 - Family		\$1,000 - Individual \$3,000 - Family		\$1,500 - I \$4,500 - F	None		None
Generic	20%	50%	20%	50%	20%	20%	50%	20%
Preferred Brand	20%	50%	20%	50%	20%	20%	50%	20%
Non-Preferred Brand	20%	50%	20%	50%	20%	20%	50%	20%
Specialty	Fall under tier 1-3	50%	Fall under tier 1-3	50%	Fall under tier 1-3	Fall under tier 1-3	N/A	Fall under tier 1-3
Mail Order (90 day supply)	\$20 / \$50 / \$80	50%	\$20 / \$50 / \$80	50%	\$25 / \$75 / \$150	\$20 / \$50 / \$80	N/A	\$25 / \$75 / \$150

City of Hollywood
Medical RFP Evaluation - Dual Plan Option - \$350,000 Specific Deductible
Effective Date: January 1, 2017

	CURRENT	ALTERNATE #1	ALTERNATE #2	ALTERNATE #3		ALTERNATE #4						
	Florida Blue	Florida Blue	AvMed/Symetra	Cigna		Aetna						
MEDICAL Administration	Florida Blue	Florida Blue	AvMed	Cigna		Aetna						
Network	BlueOptions	BlueOptions & BlueCare	AvMed Service Area/PHCS	Open Access Plus		Aetna Choice POS II						
Rate Guarantee	Expires 12/31/16	48 Months	36 Months	60 Months		36 Months						
Rate Guarantee Detail by Year	--	Yr. 1 2 & 3 Yr. 4	Years 1, 2 & 3	1,2 & 3	Yr. 4	Yr. 5	Yr. 1	Yr. 2	Yr. 3			
Composite Rate	2,322 \$38.40	\$38.40 \$39.90 \$41.10	\$27.15	\$29.02	\$29.60	\$30.19	\$30.58	\$31.31	\$31.81	\$32.58	\$33.37	\$33.93
Annual Administration Cost	\$1,069,978	\$1,069,978	\$756,508	\$808,613		\$852,081			\$907,809			
\$ Increase/Decrease	--	\$0	-\$313,470	-\$261,364		-\$217,896			-\$162,168			
% Increase/Decrease	--	0.0%	-29.3%	-24.4%		-20.4%			-15.2%			
SPECIFIC STOP LOSS	Florida Blue	Florida Blue	Symetra	Cigna		Aetna			Aetna			
Specific Deductible	\$350,000	\$350,000	\$350,000	\$350,000		\$350,000			\$350,000			
Covered Benefits	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx		Medical & Rx			Medical & Rx			
Contract Basis	48/12	60/12	24/12	12/12 TLO		12/12 TLO			12/12 TLO			
Annual Max Reimbursement	Unlimited	Unlimited	Unlimited	Unlimited		Unlimited			Unlimited			
Single	1,306 \$18.85	\$20.66	\$22.55	\$31.75		\$28.23			\$28.23			
Family	1,016 \$48.29	\$52.55	\$57.77	\$31.75		\$28.23			\$28.23			
Annual Premium	2,322 \$884,169	\$964,473	\$1,057,735	\$884,682		\$786,601			\$786,601			
\$ Increase/Decrease	--	\$80,304	\$173,567	\$513		-\$97,568			-\$97,568			
% Increase/Decrease	--	9.1%	19.6%	0.1%		-11.0%			-11.0%			
AGGREGATE STOP LOSS	Florida Blue	Florida Blue	Symetra	Cigna		Aetna			Aetna			
Covered Benefits	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx		Medical & Rx			Medical & Rx			
Annual Max Reimbursement	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000		\$1,000,000			\$1,000,000			
Aggregate Premium (PEPM)	2,322 \$1.50	\$1.53	\$1.76	\$2.00		\$2.33			\$2.51			
Annual Premium	\$41,796	\$42,632	\$49,041	\$55,728		\$64,923			\$69,939			
\$ Increase/Decrease	--	\$836	\$7,245	\$13,932		\$23,127			\$28,143			
% Increase/Decrease	--	2.0%	17.3%	33.3%		55.3%			67.3%			
Total Fixed Costs	\$1,995,942	\$2,077,083	\$1,863,284	\$1,749,023		\$1,703,605			\$1,764,348			
\$ Increase/Decrease	--	\$81,140	-\$132,659	-\$246,919		-\$292,338			-\$231,594			
% Increase/Decrease	--	4.1%	-6.6%	-12.4%		-14.6%			-11.6%			
EXPECTED CLAIMS COST	Florida Blue	Florida Blue	Symetra	Cigna		Aetna			Aetna			
Single	1,306 \$632.94	\$691.47	\$674.26	\$1,177.12	\$1,018.00	\$716.21			\$709.05			
Family	1,016 \$1,519.06	\$1,659.54	\$1,618.23	\$1,177.12	\$1,018.00	\$1,879.34			\$1,860.54			
Annual Expected Claims Cost	2,322 \$28,439,927	\$31,069,812	\$30,296,550	\$32,799,272	\$28,365,552	\$34,137,276			\$33,795,953			
\$ Increase	--	\$2,629,885	\$1,856,623	\$4,359,345	(\$74,375)	\$5,697,350			\$5,356,026			
% Increase	--	9.2%	6.5%	15.3%	-0.3%	20.0%			18.8%			
TOTAL EXPECTED COST	\$30,435,869	\$33,146,895	\$32,159,834	\$34,548,295	\$28,365,552	\$35,840,881			\$35,560,301			
\$ Increase/Decrease	--	\$2,711,026	\$1,723,964	\$4,112,426	-\$2,070,317	\$5,405,012			\$5,124,432			
% Increase/Decrease	--	8.9%	5.7%	13.5%	-6.8%	17.8%			16.8%			
MAXIMUM CLAIMS COST	125% Corridor	125% Corridor	125% Corridor	125% Corridor		125% Corridor			125% Corridor			
Single	1,306 \$791.18	\$864.34	\$842.83	\$1,471.40	\$1,272.50	\$895.26			\$886.31			
Family	1,016 \$1,898.83	\$2,074.42	\$2,022.79	\$1,471.40	\$1,272.50	\$2,349.17			\$2,325.68			
Annual Expected Claims Cost	2,322 \$35,549,908	\$38,837,265	\$37,870,687	\$40,999,090	\$35,456,940	\$42,671,595			\$42,244,941			
\$ Increase	--	\$3,287,357	\$2,320,779	\$5,449,181	(\$92,968)	\$7,121,687			\$6,695,033			
% Increase	--	9.2%	6.5%	15.3%	-0.3%	20.0%			18.8%			
TOTAL MAXIMUM COST	\$37,545,851	\$40,914,348	\$39,733,971	\$42,748,113	\$35,456,940	\$44,375,200			\$44,009,289			
\$ Increase/Decrease	--	\$3,368,497	\$2,188,120	\$5,202,262	-\$2,088,911	\$6,829,350			\$6,463,439			
% Increase/Decrease	--	9.0%	5.8%	13.9%	-5.6%	18.2%			17.2%			

		CURRENT	ALTERNATE #1	ALTERNATE #2			ALTERNATE #3		
		Florida Blue	Florida Blue	Cigna			Aetna		
		Florida Blue	Florida Blue	Cigna			Aetna		
MEDICAL Administration		Florida Blue	Florida Blue	Cigna			Aetna		
Network		BlueOptions	BlueOptions & BlueCare	Open Access Plus			Aetna Choice POS II		
Rate Guarantee		Expires 12/31/16	48 Months	60 Months			36 Months		
Rate Guarantee Detail by Year		--	Yr. 1 2 & 3 Yr. 4	1,2 & 3	Yr. 4	Yr. 5	Yr. 1	Yr. 2	Yr. 3
Composite Rate	2,322	\$38.40	\$38.40 \$39.90 \$41.10	\$29.02	\$29.60	\$30.19	\$30.58	\$31.31	\$31.81
Annual Administration Cost		\$1,069,978	\$1,069,978	\$808,613			\$852,081		
\$ Increase/Decrease		--	\$0	-\$261,364			-\$217,896		
% Increase/Decrease		--	0.0%	-24.4%			-20.4%		
SPECIFIC STOP LOSS		Florida Blue	Florida Blue	Cigna			Aetna		
Specific Deductible		\$350,000	\$350,000 + \$150,000 Aggregate ISL	\$350,000 + \$150,000 Aggregating ISL			\$350,000 + \$150,000 Aggregate ISL		
Covered Benefits		Medical & Rx	Medical & Rx	Medical & Rx			Medical & Rx		
Contract Basis		48/12	60/12	12/12 TLO			12/12 TLO		
Annual Max Reimbursement		Unlimited	Unlimited	Unlimited			Unlimited		
Single	1,306	\$18.85	\$17.34	\$26.95			\$24.86		
Family	1,016	\$48.29	\$44.75	\$26.95			\$24.86		
Annual Premium	2,322	\$884,169	\$817,344	\$750,935			\$692,699		
\$ Increase/Decrease		--	-\$66,824	-\$133,234			-\$191,470		
% Increase/Decrease		--	-7.6%	-15.1%			-21.7%		
AGGREGATE STOP LOSS		Florida Blue	Florida Blue	Cigna			Aetna		
Covered Benefits		Medical & Rx	Medical & Rx	Medical & Rx			Medical & Rx		
Annual Max Reimbursement		\$1,000,000	\$1,000,000	\$1,000,000			\$1,000,000		
Aggregate Premium (PEPM)	2,322	\$1.50	\$1.58	\$2.00			\$2.41		
Annual Premium		\$41,796	\$44,025	\$55,728			\$67,152		
\$ Increase/Decrease		--	\$2,229	\$13,932			\$25,356		
% Increase/Decrease		--	5.3%	33.3%			60.7%		
Total Fixed Costs		\$1,995,942	\$1,931,347	\$1,615,276			\$1,611,932		
\$ Increase/Decrease		--	-\$64,595	-\$380,666			-\$384,010		
% Increase/Decrease		--	-3.2%	-19.1%			-19.2%		
EXPECTED CLAIMS COST		Florida Blue	Florida Blue	Cigna			Aetna		
Single	1,306	\$632.94	\$717.00	\$1,183.94	\$1,023.91	\$716.21	\$709.05		
Family	1,016	\$1,519.06	\$1,720.80	\$1,183.94	\$1,023.91	\$1,884.34	\$1,865.50		
Annual Expected Claims Cost	2,322	\$28,439,927	\$32,216,818	\$32,989,304	\$28,530,228	\$34,198,334	\$33,856,425		
\$ Increase		--	\$3,776,891	\$4,549,378	\$90,302	\$5,758,407	\$5,416,498		
% Increase		--	13.3%	16.0%	0.3%	20.2%	19.0%		
TOTAL EXPECTED COST		\$30,435,869	\$34,148,165	\$34,604,580	\$28,530,228	\$35,810,266	\$35,524,085		
\$ Increase/Decrease		--	\$3,712,296	\$4,168,711	-\$1,905,641	\$5,374,397	\$5,088,216		
% Increase/Decrease		--	12.2%	13.7%	-6.3%	17.7%	16.7%		
MAXIMUM CLAIMS COST		125% Corridor	125% Corridor	125% Corridor			125% Corridor		
Single	1,306	\$791.18	\$896.25	\$1,479.93	\$1,279.89	\$895.26	\$886.31		
Family	1,016	\$1,898.83	\$2,151.00	\$1,479.93	\$1,279.89	\$2,355.43	\$2,331.88		
Annual Expected Claims Cost	2,322	\$35,549,908	\$40,271,022	\$41,236,630	\$35,662,785	\$42,747,917	\$42,320,531		
\$ Increase		--	\$4,721,114	\$5,686,722	\$112,877	\$7,198,009	\$6,770,623		
% Increase		--	13.3%	16.0%	0.3%	20.2%	19.0%		
TOTAL MAXIMUM COST		\$37,545,851	\$42,202,369	\$42,851,906	\$35,662,785	\$44,359,850	\$43,988,192		
\$ Increase/Decrease		--	\$4,656,518	\$5,306,055	-\$1,883,066	\$6,813,999	\$6,442,341		
% Increase/Decrease		--	12.4%	14.1%	-5.0%	18.1%	17.2%		

City of Hollywood
Medical RFP Evaluation - Dual Plan Option - \$400,000 Specific Deductible
Effective Date: January 1, 2017

	CURRENT	ALTERNATE #1	ALTERNATE #2		ALTERNATE #3						
	Florida Blue	Florida Blue	Cigna		Aetna						
MEDICAL Administration	Florida Blue	Florida Blue	Cigna		Aetna						
Network	BlueOptions	BlueOptions & BlueCare	Open Access Plus		Aetna Choice POS II			Open Access Aetna Select			
Rate Guarantee	Expires 12/31/16	48 Months	60 Months		36 Months			36 Months			
Rate Guarantee Detail by Year	--	Yr. 1 2 & 3 Yr. 4	1,2 & 3	Yr. 4	Yr. 5	Yr. 1	Yr. 2	Yr. 3			
Composite Rate	2,322 \$38.40	\$38.40 \$39.90 \$41.10	\$29.02	\$29.60	\$30.19	\$30.58	\$31.31	\$31.81	\$32.58	\$33.37	\$33.93
Annual Administration Cost	\$1,069,978	\$1,069,978	\$808,613		\$852,081			\$907,809			
\$ Increase/Decrease	--	\$0	-\$261,364		-\$217,896			-\$162,168			
% Increase/Decrease	--	0.0%	-24.4%		-20.4%			-15.2%			
SPECIFIC STOP LOSS	Florida Blue	Florida Blue	Cigna		Aetna			Aetna			
Specific Deductible	\$350,000	\$400,000	\$400,000		\$400,000			\$400,000			
Covered Benefits	Medical & Rx	Medical & Rx	Medical & Rx		Medical & Rx			Medical & Rx			
Contract Basis	48/12	60/12	12/12 TLO		12/12 TLO			12/12 TLO			
Annual Max Reimbursement	Unlimited	Unlimited	Unlimited		Unlimited			Unlimited			
Single	1,306 \$18.85	\$17.06	\$25.72		\$23.75			\$23.75			
Family	1,016 \$48.29	\$44.96	\$25.72		\$23.75			\$23.75			
Annual Premium	2,322 \$884,169	\$815,517	\$716,662		\$661,770			\$661,770			
\$ Increase/Decrease	--	-\$68,652	-\$167,507		-\$222,399			-\$222,399			
% Increase/Decrease	--	-7.8%	-18.9%		-25.2%			-25.2%			
AGGREGATE STOP LOSS	Florida Blue	Florida Blue	Cigna		Aetna			Aetna			
Covered Benefits	Medical & Rx	Medical & Rx	Medical & Rx		Medical & Rx			Medical & Rx			
Annual Max Reimbursement	\$1,000,000	\$1,000,000	\$1,000,000		\$1,000,000			\$1,000,000			
Aggregate Premium (PEPM)	2,322 \$1.50	\$1.57	\$2.00		\$2.34			\$2.34			
Annual Premium	\$41,796	\$43,746	\$55,728		\$65,202			\$65,202			
\$ Increase/Decrease	--	\$1,950	\$13,932		\$23,406			\$23,406			
% Increase/Decrease	--	4.7%	33.3%		56.0%			56.0%			
Total Fixed Costs	\$1,995,942	\$1,929,241	\$1,581,003		\$1,579,053			\$1,634,781			
\$ Increase/Decrease	--	-\$66,702	-\$414,939		-\$416,890			-\$361,162			
% Increase/Decrease	--	-3.3%	-20.8%		-20.9%			-18.1%			
EXPECTED CLAIMS COST	Florida Blue	Florida Blue	Cigna		Aetna			Aetna			
Single	1,306 \$632.94	\$694.24	\$1,185.33	\$1,025.11	\$720.56	\$713.35					
Family	1,016 \$1,519.06	\$1,666.18	\$1,185.33	\$1,025.11	\$1,887.02	\$1,868.15					
Annual Expected Claims Cost	2,322 \$28,439,927	\$31,194,147	\$33,028,035	\$28,563,665	\$34,299,213	\$33,956,162					
\$ Increase	--	\$2,754,220	\$4,588,108	\$123,738	\$5,859,286	\$5,516,235					
% Increase	--	9.7%	16.1%	0.4%	20.6%	19.4%					
TOTAL EXPECTED COST	\$30,435,869	\$33,123,388	\$34,609,038	\$28,563,665	\$35,878,266	\$35,590,943					
\$ Increase/Decrease	--	\$2,687,519	\$4,173,169	-\$1,872,204	\$5,442,397	\$5,155,073					
% Increase/Decrease	--	8.8%	13.7%	-6.2%	17.9%	16.9%					
MAXIMUM CLAIMS COST	125% Corridor	125% Corridor	125% Corridor		125% Corridor			125% Corridor			
Single	1,306 \$791.18	\$867.80	\$1,481.66	\$1,281.39	\$900.70	\$891.69					
Family	1,016 \$1,898.83	\$2,082.72	\$1,481.66	\$1,281.39	\$2,358.78	\$2,335.19					
Annual Expected Claims Cost	2,322 \$35,549,908	\$38,992,684	\$41,285,044	\$35,704,581	\$42,874,016	\$42,445,202					
\$ Increase	--	\$3,442,776	\$5,735,136	\$154,673	\$7,324,108	\$6,895,294					
% Increase	--	9.7%	16.1%	0.4%	20.6%	19.4%					
TOTAL MAXIMUM COST	\$37,545,851	\$40,921,925	\$42,866,047	\$35,704,581	\$44,453,069	\$44,079,983					
\$ Increase/Decrease	--	\$3,376,074	\$5,320,196	-\$1,841,270	\$6,907,218	\$6,534,132					
% Increase/Decrease	--	9.0%	14.2%	-4.9%	18.4%	17.4%					

Carrier	Administration Services and Stop Loss Caveats
<p>Florida Blue</p>	<ul style="list-style-type: none"> - Rx Deductible [\$50] does not apply to Mail order Rx. - \$100,000 Wellness/Implementation contribution to the City upon approval of contract with additional amounts of \$50,000 provided in January 2017, 2018 and 2019; to be used at City's discretion for Enrollment system or Wellness activities. If the City chooses BCBSF Medical Administrative Services, Prescription benefit Manager and FCL Fully Insured Dental, an additional \$100,000 will be provided to the City upon approval of contract. - Contract Termination Fees set as 15% of paid claims. - 87.5% of earned pharmacy rebates will be returned to the group; illustrative only / not a credit against ASO Fee. - Network Access Fees for 2017: 2.52% of network savings will be applied to all PPO claims and 4.51% to all Traditional claims outside of Blue Plan service areas where fees are waived. Applicable savings is capped at \$2,000 per claim. - ASO Bank Account: Approximately 15 days before first of each month, group is billed monthly administrative and stop loss premium. - Group is responsible for IBNR upon cancellation.
<p>Meritain</p>	<ul style="list-style-type: none"> - Meritain ASO Fee includes Dental Network Fee of \$2.30 & assumes Medical and Dental package. Dual plan Option pricing not provided. - Proposal includes \$100,000 Wellness funds, \$200,000 fee holiday and Disease and Utilization Management programs to control costs and support member needs. - Final sale require final census, signed disclosure statement and monthly paid claims, large claims and enrollments for the 24 month period prior to effective date. - Firm rates require claims through 9/30/2016 and are subject to review of additional information on any claimants 50% in excess of the quoted specific stop loss limit and/or those with "trigger" diagnosis. [Laser may be required] - Proposal assumes current plan design, includes standard ID Card production & delivery, and one initial enrollment assistance meeting & annual open enrollment meeting. - Prescription Drug Card through Scrip World is an integral part of the program and requires inclusion. - 75% participation required.
<p>AvMed</p>	<ul style="list-style-type: none"> - ASO Fee includes termination Fees. - ASO Fee guaranteed for three (3) years (January 1, 2017 - December 31, 2019). - ASO Fee includes a Prescription Drug rebate credit of \$8.16 PEPM; Disease Management services available as a pass thru cost. - \$100,000 Wellness Fund and \$20,000 Web-Enrollment System Fund included with offer. - If the proposed Symetra Stop loss is not elected, AvMed reserves right to adjust ASO proposal. - Firm Stop Loss rates require Paid and large claim experience through 9/2016, a plan document review/approval, final census and details of anyone confirmed to hospital for 30 days or more in the most recent 12 months or is currently on an organ transplant list.

Carrier	Administration Services and Stop Loss Caveats
Cigna	<ul style="list-style-type: none"> - ASO fee guarantee "flat" unchanged for 3 years with a cap on years 4 and 5. - A 3-month ASO fee holiday [Estimated \$200,000] if Cigna stop loss is bundled with Cigna ASO Medical. - Health Improvement fund of \$100,000 each year for the life of the contract. - City of Hollywood is guaranteed 100% of all rebates with estimated annual rebate minimums set per year. - Proposal includes performance guarantees for Service, Implementation, and Trend which includes discount and the effectiveness of Cigna's clinical programs: estimated total of \$175,000 for the fee at risk for performance guarantees. - Network includes a Collaborative Accountable Care (CCC) initiative with Memorial Hospital. - Clinical and Wellness Programs included in the ASO fees include: Your Health First Chronic Care Management, Lifestyle Management and Gaps in Care. - Full time, onsite service representative included in the fees. - \$70,000 technology fund to offset cost of online benefits enrollment company included, per request. - Cigna will discount the aggregate attachment factor by 1% if dental is bundled with medical. [Additionally, dental ASO fee is lowered]
Aetna	<ul style="list-style-type: none"> - \$100,000 Wellness Fund, \$1.50 PEPM allowance for benefits administration system and fee holiday of \$100,000 in the first year. - ASO Fee guaranteed for three contract periods (January 1, 2017 - December 31, 2019) and if contract terminated prior to end of 36-month period, a transition fee totaling \$80,000 will be due within 31 days of the invoice. - ASO Fee proposed for 12 months with a 2.4% increase for Year 2 and an additional 1.6% increase for Year 3. - ASO Fee includes Utilization review, Network access Fee, Disease management, Pharmacy management, and termination Fees. - Pharmacy rebates applied both to the fee as a guaranteed credit as well as pass through that will apply to claims cost.: The proposed ASO fee has been reduced \$9.95 PEPM. Second year reduced by \$10.54 PEPM and third year will be reduced by \$11.41 PEPM. - Aetna reserves right to adjust rate if there is a 10% decrease in the number of enrolled employees. - ASO Fee includes dental network cost; proposal assumes package; Medical, pharmacy and dental. - Large claims through August required for firm rates and confirmation of no lasering. - Banking: Aetna assumes no more than three primary banking lines which are shared across all self-funded products, excluding FSA. Additional wire lines will result in adjustment to proposed pricing.

**This page is a high level summary of the key caveats taken from the respective proposals. Please refer to the proposals for a more detailed description.*

Carrier	CURRENT		ALTERNATIVE #1		ALTERNATIVE #2	
	Florida Blue		Cigna - Minimum Premium		Aetna	
	In-Network	Out of-Network	In-Network	Out of-Network	In-Network	Out of-Network
Network(s) Utilized	BlueOptions PPO		Open Access Plus		HNOption	
Calendar Year Deductible (CYD)						
Individual	\$0	\$500	\$0	\$500	\$0	\$500
Family	\$0	\$1,500	\$0	\$1,500	\$0	\$1,500
Out-of-Pocket Maximum	Includes CYD, Coinsurance, Copays; Excludes Rx		Includes CYD, Coinsurance, Copays; Excludes Rx		Includes CYD, Coinsurance, Copays; Includes Rx	
Individual	\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000
Family	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000
Member Coinsurance	0%	40%	0%	40%	0%	40%
Non-Hospital Services						
Primary Care Physician Office Visit	\$40	CYD + 40%	\$40	CYD + 40%	\$40	CYD + 40%
Specialist Physician Office Visit	\$40	CYD + 40%	\$40	CYD + 40%	\$40	CYD + 40%
Preventive Care	No Charge	40%	No Charge	40%	No Charge	40%
Diagnostic lab	No Charge	CYD + 40%	No Charge	CYD + 40%	No Charge	CYD + 40%
Diagnostic X-ray	\$50	CYD + 40%	No Charge	CYD + 40%	\$50	CYD + 40%
Advanced Imaging	\$50	CYD + 40%	\$50	CYD + 40%	\$50	CYD + 40%
Hospital Services						
Inpatient	Option 1 - \$250 Option 2 - \$500	\$750	\$250	\$750	\$250	CYD + \$750
Outpatient	Option 1 - \$100 Option 2 - \$200	\$300	\$100	\$300	No Charge	CYD + \$300
Physician Services at Hospital	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Emergency Room Visit	\$50	\$50	\$50	\$50	\$50	\$50
Urgent Care	\$40	CYD + 40%	\$40	CYD + 40%	\$40	CYD + 40%
Mental Health & Substance Abuse						
Inpatient	\$250	\$750	\$250	\$750	\$250	CYD + \$750
Outpatient Surgery	\$40	\$300	No Charge	CYD	\$40	CYD + 40%
Prescription Drugs						
Rx Deductible	\$50 per person		\$50 per person		\$50 per person	
Rx Out-of-Pocket Maximum	\$1,000 - Individual \$3,000 - Family		\$1,000 - Individual \$3,000 - Family		Combined w/ Medical MOOP	
Generic	20%	50%	20%	50%	20%	50%
Preferred Brand	20%	50%	20%	50%	20%	50%
Non-Preferred Brand	20%	50%	20%	50%	20%	50%
Specialty	Fall under tier 1-3	50%	Fall under tier 1-3	50%	Fall under tier 1-3	Not Covered
Mail Order (90 day supply)	\$20 / \$50 / \$80	50%	\$20 / \$50 / \$80	50%	\$20 / \$50 / \$80	Not Covered
Rates:						
Employee Only	1,306	<i>Total represents Maximum Claim Cost [Florida Blue - Not proposing Fully Insured]</i>		\$713.17		\$794.42
Employee + 1	510			\$1,408.30		\$1,588.84
Employee + Family	506			\$2,103.46		\$2,542.12
Monthly Premium	2,322	--		\$2,713,984		\$3,134,134
Annual Premium		\$37,545,852		\$32,567,805		\$37,609,604
\$ Increase / (Decrease)		--		-\$4,978,046		\$63,752
% Increase / (Decrease)		--		-13.3%		0.2%

Medical Insurance RFP Evaluation - Dual Plan Option - Fully Insured

Effective Date: January 01, 2017

Carrier	CURRENT Florida Blue		New HMO	ALTERNATIVE #1 Cigna - Minimum Premium		ALTERNATIVE #2 Aetna			
	In-Network	Out of-Network	In-Network	In-Network	Out of-Network	In-Network	In-Network	Out of-Network	In-Network
Network(s) Utilized	BlueOptions PPO		--	Open Access Plus		OAP-In	Open Access Managed Choice		HNOnly
Plan Name	BlueOptions PPO 03766		New HMO	OAP Custom match PPO		New	POS Option 1		New
Calendar Year Deductible (CYD)									
Individual	\$0	\$500	\$500	\$0	\$500	\$500	\$0	\$500	\$500
Family	\$0	\$1,500	\$1,500	\$0	\$1,500	\$1,500	\$0	\$1,500	\$1,500
Out-of-Pocket Maximum	Includes CYD, Coinsurance, Copays; Excludes Rx		Incl. CYD, Coins, Copays; Excl. Rx	Includes CYD, Coinsurance, Copays; Excludes Rx		Incl. CYD, Coins, Copays; Excl. Rx	Includes CYD, Coinsurance, Copays; Includes Rx		Incl. CYD, Coins, Copays; Includes Rx
Individual	\$1,500	\$3,000	\$3,000	\$1,500	\$3,000	\$3,000	\$1,500	\$3,000	\$3,000
Family	\$3,000	\$6,000	\$9,000	\$3,000	\$6,000	\$9,000	\$3,000	\$6,000	\$9,000
Member Coinsurance	0%	40%	20%	0%	40%	20%	0%	40%	20%
Non-Hospital Services									
Primary Care Physician Office Visit	\$40	CYD + 40%	\$30	\$40	CYD + 40%	\$30	\$40	CYD + 40%	\$30
Specialist Physician Office Visit	\$40	CYD + 40%	\$40	\$40	CYD + 40%	\$40	\$40	CYD + 40%	\$40
Preventive Care	No Charge	40%	No Charge	No Charge	40%	No Charge	No Charge	40%	No Charge
Diagnostic lab	No Charge	CYD + 40%	No Charge	No Charge	CYD + 40%	No Charge	No Charge	CYD + 40%	No Charge
Diagnostic X-ray	\$50	CYD + 40%	\$50	No Charge	CYD + 40%	\$50	\$50	CYD + 40%	\$50
Advanced Imaging	\$50	CYD + 40%	\$50	\$50	CYD + 40%	\$50	\$50	CYD + 40%	\$50
Hospital Services									
Inpatient	Option 1 - \$250 Option 2 - \$500	\$750	Option 1 - \$500 Option 2 - \$750	\$250	\$750	\$500	\$250	CYD + \$750	\$500
Outpatient	Option 1 - \$100 Option 2 - \$200	\$300	\$250	\$100	\$300	\$250	No Charge	CYD + \$300	CYD + 20%
Physician Services at Hospital	No Charge	No Charge	\$40	No Charge	No Charge	CYD + 20%	No Charge	No Charge	\$40
Emergency Room Visit	\$50	\$50	\$200	\$50	\$50	\$200	\$50	\$50	\$200
Urgent Care	\$40	CYD + 40%	\$75	\$40	CYD + 40%	\$75	\$40	CYD + 40%	\$75
Mental Health & Substance Abuse									
Inpatient	\$250	\$750	Option 1 - \$500 Option 2 - \$750	\$250	\$750	\$500	\$250	CYD + \$750	\$500
Outpatient Surgery	\$40	\$300	\$30 or \$40	No Charge	CYD	\$40	\$40	CYD + \$300	\$30
Prescription Drugs									
Rx Deductible	\$50 per person		\$50 / \$150	\$50 per person		\$50 / \$150	\$50 per person		\$50 / \$150 Max
Rx Out-of-Pocket Maximum	\$1,000 - Individual \$3,000 - Family		\$1,500 - I \$4,500 - F	\$1,000 - Individual \$3,000 - Family		\$1,500 - I \$4,500 - F	Combined w/ Medical MOOP		Combined w/ Medical
Generic	20%	50%	20%	20%	50%	20%	20%	50%	20%
Preferred Brand	20%	50%	20%	20%	50%	20%	20%	50%	20%
Non-Preferred Brand	20%	50%	20%	20%	50%	20%	20%	50%	20%
Specialty	Fall under tier 1-3	50%	tier 1-3	Fall under tier 1-3	50%	tier 1-3	Fall under tier 1-3	Not Covered	Fall under tier 1-3
Mail Order (90 day supply)	\$20 / \$50 / \$80	50%	\$25 / \$75 / \$150	\$20 / \$50 / \$80	50%	\$25 / \$75 / \$150	\$20 / \$50 / \$80	Not Covered	\$25 / \$75 / \$150
Rates:									
Employee Only 1,306	Total represents Maximum Claim Cost (2016 Estimated funding)		No Fully Insured Proposal	\$713.17	\$621.92	\$794.42	\$684.93		
Employee + 1 510				\$1,408.30	\$1,225.79	\$1,588.84	\$1,369.85		
Employee + Family 506				\$2,103.46	\$1,829.71	\$2,542.12	\$2,191.74		
Monthly Premium 2,322	--	--	--	\$2,713,984	\$2,363,214	\$3,134,134	\$2,702,163		
Annual Premium	\$37,545,852	--	--	\$32,567,805	\$28,358,564	\$37,609,604	\$32,425,950		
\$ Increase / (Decrease)	--	--	--	-\$4,978,046	-\$9,187,288	\$63,752	-\$5,119,902		
% Increase / (Decrease)	--	--	--	-13.3%	-24.5%	0.2%	-13.6%		

100% shown in each plan;
Actual enrollment determines true total

100% shown in each plan;
Actual enrollment determines true total

Current - Single Plan Option

Florida Blue	
TOTAL CURRENT MAXIMUM CLAIMS & FIXED COSTS:	\$37,545,852

Single Plan Option (PPO)

CIGNA	#REF!	Administration Fees		Stop Loss Charge	Claims Liability	Terminal Liability	Funding	Increase per Tier
		Network Access Fee						
				<i>*\$350K Pooling Point</i>				
CIGNA OAP Custom Match Plan								
Employee Only	1,306	\$44.01	\$18.02	\$19.19	\$546.78	\$85.17	\$713.17	19.1%
Employee + 1	510	\$88.01	\$18.02	\$38.37	\$1,093.56	\$170.34	\$1,408.30	17.6%
Employee + Family	506	\$132.02	\$18.02	\$57.57	\$1,640.34	\$255.51	\$2,103.46	9.8%
Monthly Cost		\$169,164	\$41,842	\$73,761	\$2,101,822	\$327,393	\$2,713,984	
Annual Cost		\$2,029,971	\$502,109	\$885,135	\$25,221,868	\$3,928,722	\$32,567,805	
		Total Administration Cost			Total Claims Liability	Terminal Liability	Maximum Cost	
			\$3,417,216		\$25,221,868	\$3,928,722	\$32,567,805	

TOTAL ANNUAL PLAN MAXIMUM COST:	\$32,567,805
\$ COST INCREASE FROM CURRENT:	-\$4,978,046
% COST INCREASE FROM CURRENT:	-13.26%

Dual Plan Option (HMO & POS)

CIGNA	#REF!	Administration Fees		Stop Loss Charge	Claims Liability	Terminal Liability	Funding	Increase per Tier
		Network Access Fee						
				<i>*\$350K Pooling Point</i>				
CIGNA OAPIN Custom Match Plan								
Employee Only	1,306	\$38.07	\$18.02	\$19.19	\$472.97	\$73.67	\$621.92	-12.8%
Employee + 1	510	\$76.13	\$18.02	\$38.37	\$945.93	\$147.34	\$1,225.79	-13.0%
Employee + Family	506	\$114.20	\$18.02	\$57.57	\$1,418.90	\$221.02	\$1,829.71	-13.0%
Monthly Cost		\$146,331	\$41,842	\$73,761	\$1,818,087	\$283,193	\$2,363,214	
Annual Cost		\$1,755,971	\$502,109	\$885,135	\$21,817,038	\$3,398,310	\$28,358,564	
		Total Administration Cost			Total Claims Liability	Terminal Liability	Maximum Cost	
			\$3,143,215		\$21,817,038	\$3,398,310	\$28,358,564	

TOTAL ANNUAL PLAN MAXIMUM COST:	\$28,358,564
\$ COST INCREASE FROM CURRENT:	-\$9,187,288
% COST INCREASE FROM CURRENT:	-24.47%

* HCR Fees not included with totals shown

Carrier	Fully-Insured Medical Caveats
Florida Blue	- Florida Blue did not provide a fully insured Medical proposal.
Aetna	<ul style="list-style-type: none"> * Offer includes \$100,000 Wellness Funds, \$1.50 PEPM allowance for benefits administration system, a premium holiday in amount of \$200,000 or amount equal to one month of premium, whichever is less, in the first year. * Proposed rates include Aetna In Touch Care (AITC), a comprehensive approach to disease and case management. * Rates assume employer pays at least 75% of the employee cost or 50% of the employee and dependent cost. * Rates are Firm, but can adjust if there is 5% change to census demographics, 10% change to overall count, enrollment or to Member/Subscriber Ratio. * Rates proposed based on pooling point of \$325,000 * Enrollment requires Census, Current Rates/Fees and plan designs as well as claims reporting, on Rolling 12 basis with data through July 2016 [150 days prior to effective date]. * First renewal will be delivered 90 days prior. * If terminated prior to the end of the 12-month period, January - December 2017, a transition fee totaling \$80,000 will apply. * Proposal is assuming Aetna Dental is elected alongside Medical. * Aetna Value Plus Open Formulary used for this proposal. * Family Out-of-Pocket Maximum is cumulative; no single individual within the family will be subject to more than the individual Out-of-Pocket Maximum.
Cigna	<ul style="list-style-type: none"> * Offer includes \$100,000 Health Improvement Fund annual for life of contract, \$70,000 allowance for benefits administration system, and an onsite service representative. * If Dental is sold with medical, the Cigna Minimum Premium "Total Rates" will lower by 0.6%. * Rates assume employer pays at least 75% of the employee cost or 50% of the employee and dependent cost. * Rates can adjust if there if enrollment changes by 15%. * Rates proposed based on pooling point of \$350,000. * Shared Returns/Minimum Premium Funding arrangement is considered Fully Insured, however, HCR Fees are not included in the plan costs. * New Base plan also has a Minimum premium break-out that is not shown in this review due to fact that there is no current for comparison. * Wellness programs and services included at no charge: Health assessment, My Health Tab, Apps and ACTivites, Health Information Line and Audio Library, myCigna, Healthy Rewards(R) Discount Program, Cigna's Health Promotion and Awareness Program, Client Wellness Website - The Well, Onsite Biometric Screenings, Healthy Babies Maternity Education, Wellness Reminders, Lifestyle Management Programs, Well-being Solutions.

**This page is a high level summary of the key caveats taken from the respective proposals. Please refer to the proposals for a more detailed description.*

City of Hollywood
 Medical RFP Evaluation - Network Discounts
 Effective Date: January 1, 2017

	Florida Blue [Actual Network Savings*]	
	Broward / Dade / Palm Beach - combined	
Service	PPO	
Inpatient Hospital	74.5%	
Outpatient Hospital	69.1%	
Physicians	62.4%	

*Based on claims incurred 5/1/15 - 4/30/16 and paid 5/1/15 - 7/31/16

	Aetna - Choice POS II		
	Broward / Dade / Palm Beach - combined		
Service	HMO	PPO	
Inpatient Hospital	68.3%	68.9%	
Outpatient Hospital	71.5%	72.7%	
Physicians	60.2%	60.2%	

	AvMed - PHCS	
	Broward / Dade / Palm Beach - combined	
Service	HMO	
Inpatient Hospital	65.0%	
Outpatient Hospital	65.8%	
Physicians	58.5%	

	Cigna - Open Access Plus	
	Broward / Dade / Palm Beach - combined	
Service	POS	
Inpatient Hospital	66.7%	
Outpatient Hospital	72.2%	
Physicians	58.9%	

*Cigna's network savings does not include the recent collaborative care agreement with Memorial Hospital.

City of Hollywood
 Medical Geo Access Summary
 Effective Date: January 1, 2017



	Florida Blue BlueOptions PPO	Florida Blue BlueCare HMO	Aetna Choice POS II	Open Access Aetna Select	Aetna Open Access Managed Choice POS	Aetna OA Health Network Only
Employees with desired access Based on EE Count	2,418	2,244	2,334	2,334	2,334	2,329

Self-Insured proposal

Fully-Insured proposal

Employees with Access to at Least 2 Providers within 10 Miles	Primary Care Physicians						
	# Total Number of Participating Unique provider locations	91,817	4,533	92,995	92,407	86,668	57,449
	% Percentage of employees with desired access	94.3%	95.5%	99.0%	99.0%	99.0%	100.0%
	* Average distance in miles for employees with desired access to two (2) providers.	1.1	1.1	0.8	0.8	0.8	0.8
	Specialists						
	# Total Number of Participating Unique provider locations	112,731	8,005	253,429	252,325	236,723	156,673
	% Percentage of employees with desired access	98.0%	98.9%	99.9%	99.9%	99.9%	100.0%
	* Average distance in miles for employees with desired access to two (2) providers.	1.4	1.2	0.6	0.6	0.6	0.6

Employees with Access to at Least 1 Hospital within 10 Miles	Hospitals						
	# Total Number of Participating Unique Providers	5,937	194	7,703	7,596	6,881	4,456
	% Percentage of employees with desired access	94.2%	95.7%	99.9%	99.9%	99.9%	100.0%
	*** Average distance in miles for employees with desired access to one (1) hospital.	3.1	3.0	2.7	2.7	2.7	2.7

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	Florida Blue BlueOptions PPO	Florida Blue BlueCare HMO	Non-AvMed Service Area [PHCS]	AvMed Service Area	Cigna Open Access Plus	Cigna Open Access Plus IN
Employees with desired access Based on EE Count	2,418	2,244	559	5,080	2,345	2,345

Employees with Access to at Least 2 Providers within 10 Miles	Primary Care Physicians						
	# Total Number of Participating Unique provider locations	91,817	4,533	72,235	4,510	106,571	106,571
	% Percentage of employees with desired access	94.3%	95.5%	78.4%	97.8%	97.6%	97.6%
	* Average distance in miles for employees with desired access to two (2) providers.	1.1	1.1	3.5	1.1	0.8	0.8
	Specialists						
	# Total Number of Participating Unique provider locations	112,731	8,005	190,271	6,506	243,526	243,526
	% Percentage of employees with desired access	98.0%	98.9%	95.7%	99.4%	98.2%	98.2%
	* Average distance in miles for employees with desired access to two (2) providers.	1.4	1.2	2.7	1.1	1.3	1.3

Employees with Access to at Least 1 Hospital within 10 Miles	Hospitals						
	# Total Number of Participating Unique Providers	5,937	194	4,325	196	6,935	6,935
	% Percentage of employees with desired access	94.2%	95.7%	72.1%	98.4%	97.5%	97.5%
	*** Average distance in miles for employees with desired access to one (1) hospital.	3.1	3.0	9.6	2.8	2.1	2.1

City of Hollywood

Detailed Medical Disruption Analysis - by Paid \$ Amount

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	Provider Name	Provider Zip Code	Member count	Claim count	Plan \$ Paid Amount	Florida Blue BlueOptions PPO	Florida Blue BlueCare HMO	Aetna Choice POS II (SI)	Open Access Aetna Select (SI)	Aetna Open Access MC POS (FI)	Aetna Health Network Only (FI)	AvMed Service Area	Non-AvMed Service Area [PHCS]	Cigna Open Access Plus
1	MEMORIAL REGIONAL HOSPITAL	33021	852	1372	\$3,068,741.95	YES	YES	YES	YES	YES	YES	YES	N/A	YES
2	MEMORIAL HOSPITAL WEST	33028	258	389	\$1,003,549.50	YES	YES	YES	YES	YES	YES	YES	N/A	YES
3	NICKLAUS CHILDREN'S HOSPITAL	33155	14	21	\$605,150.88	YES	YES	YES	YES	YES	YES	YES	N/A	YES
4	U. OF M. HOSPITALS & CLINICS - NCCH	33136	46	151	\$595,082.72	YES	YES	YES	YES	YES	YES	YES	N/A	YES
5	MEMORIAL HOSPITAL MIRAMAR	33029	124	238	\$582,090.11	YES	YES	YES	YES	YES	YES	YES	N/A	YES
6	SOUTHEASTERN REG MED CTR	60693	2	20	\$387,373.67	YES	NO	NO	NO	NO	NO	YES	YES	YES
7	MEMORIAL HOSPITAL PEMBROKE	33021	173	269	\$356,848.86	YES	YES	YES	YES	YES	YES	YES	N/A	YES
8	BROWARD HEALTH MEDICAL CENTER	33316	52	57	\$306,710.59	YES	YES	YES	YES	YES	YES	YES	N/A	YES
9	CAREMARK LLC	33614	45	111	\$277,949.32	YES	YES	YES	YES	YES	YES	YES	N/A	Excluded
10	HOLY CROSS HOSPITAL	33308	54	143	\$242,856.40	YES	YES	YES	YES	YES	YES	YES	N/A	YES
11	MARINERS HOSPITAL	33070	15	38	\$200,944.20	YES	NO	YES	YES	YES	YES	YES	YES	YES
12	JACKSON MEMORIAL HOSPITAL	33136	10	25	\$193,494.47	YES	YES	YES	YES	YES	YES	YES	N/A	YES
13	H LEE MOFFITT CANCER CENTER	33612	6	26	\$168,243.33	YES	YES	YES	YES	YES	YES	YES	N/A	YES
14	NICKLAUS CHILDREN'S HOSPITAL URGEN CARE CENTER	33025	11	19	\$157,006.93	YES	YES	YES	YES	YES	YES	YES	N/A	*YES*
15	VETERANS ADMINISTRATION MEDICAL CENTER	33125	30	147	\$151,975.46	YES	YES	YES	YES	YES	YES	YES	N/A	NO
16	WESTSIDE REGIONAL MEDICAL CENTER	33324	45	52	\$130,852.97	YES	YES	YES	YES	YES	YES	YES	N/A	YES
17	DOCTORS HOSPITAL	33146	5	4	\$125,324.96	YES	YES	YES	YES	YES	YES	YES	N/A	YES
18	LAWNWOOD REGIONAL MEDICAL CENTER & HEART INST.	34950	3	2	\$119,988.47	YES	YES	YES	YES	YES	YES	YES	YES	YES
19	AVENTURA HOSP AND MED CTR	33180	19	19	\$118,428.08	YES	YES	YES	YES	YES	YES	YES	N/A	YES
20	CLEVELAND CLINIC FLORIDA HEALTH SYSTEM NONPROFIT	33331	75	98	\$118,051.60	YES	YES	YES	YES	YES	YES	YES	N/A	YES
21	SOUTH MIAMI HOSPITAL	33143	70	100	\$112,062.89	YES	YES	YES	YES	YES	YES	YES	N/A	YES
22	ANNE BATES LEACH EYE HOSPITAL	33136	29	73	\$110,178.03	YES	YES	YES	YES	YES	YES	YES	N/A	Excluded
23	JACKSON NORTH MEDICAL CENTER	33169	5	7	\$84,970.41	YES	YES	YES	YES	YES	YES	YES	N/A	YES
24	UNIVERSITY OF MIAMI HOSPITAL	33136	16	16	\$70,729.51	YES	YES	YES	YES	YES	YES	YES	N/A	YES
25	BOCA RATON REGIONAL HOSPITAL INC	33486	33	44	\$69,474.24	YES	YES	YES	YES	YES	YES	YES	N/A	YES
26	ST MARYS MEDICAL CENTER	25702	1	14	\$65,926.43	YES	NO	YES	YES	YES	YES	NO	YES	YES
27	PALMS WEST HOSPITAL	33470	14	19	\$64,957.23	YES	YES	YES	YES	YES	YES	YES	N/A	YES
28	MANDEL, LEE M	33324	29	377	\$63,805.19	YES	YES	YES	YES	YES	YES	YES	N/A	YES
29	ORLANDO REGIONAL MEDICAL CENTER	32806	7	14	\$63,533.35	YES	YES	YES	YES	YES	YES	YES	N/A	YES
30	BROWARD HEALTH CORAL SPRINGS	33065	29	34	\$60,170.10	YES	YES	YES	YES	YES	YES	YES	N/A	YES
31	COHEN, YALE M	33326	65	337	\$57,686.83	YES	YES	YES	YES	YES	YES	YES	N/A	YES
32	THE WESTERN PENNSYLVANIA HOSPIT	15224	3	13	\$57,122.82	YES	NO	YES	YES	YES	YES	NO	YES	YES
33	WEST BOCA MEDICAL CENTER	33428	22	27	\$55,798.94	YES	YES	YES	YES	YES	YES	YES	N/A	YES
34	SOUTH BROWARD ENDOSCOPY LLC	33026	84	80	\$55,558.50	YES	YES	YES	YES	YES	YES	YES	N/A	YES
35	ROSENFELD, CALVIN	33021	13	317	\$55,035.10	YES	YES	YES	YES	YES	YES	YES	N/A	YES
36	PHX CHILDRENS HOSPITAL	90074	3	17	\$54,564.42	YES	NO	NO	NO	NO	NO	YES	YES	YES
37	MEMORIAL REGIONAL HOSPITAL REHAB UNIT	33021	4	4	\$54,184.40	YES	YES	YES	YES	YES	YES	YES	N/A	NO
38	KINDRED HOSPITAL SOUTH FLORIDA FT LAUDERDALE	33301	2	3	\$53,677.00	YES	YES	YES	YES	YES	YES	YES	N/A	NO
39	NIEDERMAN, THOMAS M	33426	2	140	\$52,593.92	YES	YES	YES	YES	YES	YES	YES	N/A	YES
40	FLORIDA HOSPITAL MEDICAL CENTER	32803	14	30	\$49,578.81	YES	YES	YES	YES	YES	YES	YES	N/A	YES
41	MANATEE MEMORIAL HOSPITAL	34208	1	1	\$47,559.54	YES	YES	YES	YES	YES	YES	YES	N/A	YES
42	FLORIDA HOSPITAL HEARTLAND MEDICAL CTR	33872	11	29	\$47,444.73	YES	YES	YES	YES	YES	YES	YES	YES	YES
43	MOUNT SINAI MEDICAL CENTER	33140	19	20	\$47,370.09	YES	YES	YES	YES	YES	YES	YES	N/A	YES
44	HARRIS, JAMES N	33414	2	46	\$46,722.64	YES	YES	YES	YES	YES	YES	YES	N/A	YES
45	WATAUGA MEDICAL CENTER INC	28607	6	5	\$45,099.21	YES	NO	YES	YES	YES	YES	NO	YES	YES
46	PRIME THERAPEUTICS SPECIALTY PHARMACY LLC	32819	5	8	\$44,941.54	YES	YES	NO	NO	NO	NO	NO	N/A	Excluded
47	BROWARD SPECIALTY SURGICAL CENTER	33024	26	18	\$42,037.75	YES	YES	YES	YES	YES	YES	YES	N/A	YES
48	JUPITER MEDICAL CENTER	33458	18	20	\$41,958.86	YES	YES	YES	YES	YES	YES	YES	N/A	YES
49	PLANTATION GENERAL HOSPITAL	33317	25	29	\$41,608.15	YES	YES	YES	YES	YES	YES	YES	N/A	YES

City of Hollywood

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50	WEST KENDALL BAPTIST HOSPITAL	33196	4	6	\$38,118.00	YES	YES	YES	YES	YES	YES	YES	N/A	YES
51	BETHESDA HOSPITAL INC	33435	13	28	\$38,101.53	YES	YES	NO	NO	NO	NO	YES	N/A	YES
52	MUNROE REGIONAL MEDICAL CENTER	34471	16	27	\$37,956.48	YES	YES	YES	YES	YES	YES	YES	N/A	YES
53	PET IMAGING INSTITUTE OF SOUTH FLORIDA	33021	16	45	\$36,080.82	YES	YES	YES	YES	YES	YES	YES	N/A	YES
54	FAWCETT MEMORIAL HOSPITAL	33952	4	4	\$35,722.46	YES	YES	YES	YES	YES	YES	YES	YES	YES
55	FLORIDA HOSPITAL FISH MEMORIAL	32763	3	3	\$35,530.48	YES	YES	YES	YES	YES	YES	YES	YES	YES
56	OCALA REGIONAL MEDICAL CENTER	34471	8	17	\$34,706.98	YES	YES	YES	YES	YES	YES	YES	N/A	YES
57	CORAM SPECIALTY INFUSION SVCS APRIA	33634	2	39	\$34,627.60	YES	YES	YES	YES	YES	YES	YES	N/A	Excluded
58	HAN, HOKE T	33024	4	85	\$34,301.13	YES	YES	YES	YES	YES	YES	YES	N/A	YES
59	NORTH FLORIDA REGIONAL MEDICAL CENTER	32605	5	6	\$33,501.70	YES	YES	YES	YES	YES	YES	YES	N/A	YES
60	ROTH, STEPHEN L	33021	82	684	\$33,327.98	YES	YES	YES	YES	YES	YES	YES	N/A	YES
61	BAPTIST HOSPITAL OF MIAMI INC	33176	13	21	\$33,220.60	YES	YES	YES	YES	YES	YES	YES	N/A	YES
62	BROWARD HEALTH IMPERIAL POINT	33308	19	25	\$31,960.85	YES	YES	YES	YES	YES	YES	YES	N/A	YES
63	SOUTH FLORIDA DIALYSIS	33020	3	27	\$31,913.86	YES	YES	YES	YES	YES	YES	YES	N/A	YES
64	CORAL GABLES HOSPITAL, INC.	33134	1	1	\$30,728.10	YES	YES	YES	YES	YES	YES	YES	N/A	YES
65	MIDWESTERN REGIONAL MED CENTER	60674	1	1	\$30,207.37	YES	NO	NO	NO	NO	NO	YES	YES	YES
66	RAULERSON HOSPITAL	34972	3	3	\$30,189.68	YES	YES	YES	YES	YES	YES	YES	YES	YES
67	WESTON OUTPATIENT SURGICAL CENTER	33326	19	15	\$30,064.03	YES	YES	YES	YES	YES	YES	YES	N/A	YES
68	MEMORIAL HOSPITAL	37404	5	5	\$29,802.68	YES	NO	YES	YES	YES	NO	NO	YES	YES
69	PROVIDENCE HOSPITAL	28275	1	1	\$29,331.58	YES	NO	YES	YES	YES	YES	NO	YES	YES
70	DHALLA, MANDEEP S	33308	8	64	\$28,693.01	YES	NO	YES	YES	YES	YES	YES	N/A	YES
71	JIMENEZ, CLAUDIA	33173	2	512	\$28,660.00	YES	YES	YES	YES	YES	YES	YES	N/A	YES
72	MINIMED DISTRIBUTION CORP	91325	5	58	\$27,962.03	YES	YES	YES	YES	YES	YES	YES	YES	Excluded
73	IMPLANTABLE PROVIDER GROUP INC	33803	13	13	\$27,934.97	YES	YES	YES	YES	YES	YES	NO	N/A	NO
74	NOT ON FILE	99999	1	1	\$27,347.59	NO	NO	Excluded	Excluded	Excluded	Excluded	N/A	N/A	Non-Par
75	MINARS, TODD J	33133	85	289	\$27,193.67	YES	YES	YES	YES	YES	YES	YES	N/A	YES
76	HALIFAX MEDICAL CENTER	32114	10	10	\$27,061.17	YES	YES	YES	YES	YES	YES	YES	YES	YES
77	UNIVERSITY OF TEXAS MD ANDERSON	77210	1	8	\$26,898.01	YES	NO	YES	YES	YES	YES	NO	YES	YES
78	PROMISE HOSPITAL OF MIAMI	33016	1	1	\$26,702.02	YES	YES	NO	NO	NO	NO	YES	N/A	YES
79	CALERO, ALEXA	33458	4	40	\$26,652.33	YES	YES	YES	YES	YES	YES	YES	N/A	YES
80	PHYSICIANS IMAGING CENTER OF FLORIDA LLC	33021	106	161	\$26,419.91	YES	YES	YES	YES	YES	YES	YES	N/A	YES
81	ABILITY MEDICAL SUPPLY INC	33064	2	12	\$25,818.19	YES	YES	YES	YES	YES	YES	YES	N/A	Excluded
82	FLORIDA HOSPITAL WATERMAN	32778	4	35	\$25,293.62	YES	YES	YES	YES	YES	YES	YES	YES	YES
83	SPALDING, HELEN M	33029	28	58	\$24,875.40	YES	YES	YES	YES	YES	YES	YES	N/A	YES
84	DEX COM INC	92121	10	35	\$24,587.43	YES	YES	YES	YES	YES	YES	YES	YES	YES
85	VELARDE, DORELY J	33012	2	425	\$24,414.00	YES	YES	YES	NO	YES	YES	NO	N/A	NO
86	MAYO CLINIC FLORIDA HOSPITAL	32224	5	6	\$24,388.79	YES	NO	YES	YES	YES	NO	YES	N/A	YES
87	OUTPATIENT SURGICAL SERVICES LTD	33324	14	14	\$23,698.08	YES	YES	YES	YES	YES	YES	YES	N/A	YES
88	ST ANTHONY SUMMIT MEDICAL	80291	2	4	\$23,438.23	YES	NO	YES	YES	YES	YES	NO	YES	YES
89	GENEDX	20877	5	24	\$22,282.23	NO	NO	YES	YES	YES	YES	NO	YES	YES
90	MASEL, JONATHAN L	33021	66	210	\$21,782.83	YES	YES	YES	YES	YES	YES	YES	N/A	YES
91	CARISSIMI, THERESA A	33024	56	612	\$21,603.58	YES	YES	YES	NO	YES	NO	NO	N/A	NO
92	CORAM SPECIALTY INFUSION SVCS APRIA	33025	4	62	\$21,578.63	YES	YES	YES	YES	YES	YES	YES	N/A	Excluded
93	US BIOSERVICES CORPORATION	75034	2	4	\$21,471.60	NO	NO	YES	YES	YES	YES	NO	YES	Non-Par
94	HOLLYWOOD DIAGNOSTICS CENTER	33021	122	225	\$21,227.52	YES	YES	YES	YES	YES	YES	YES	N/A	YES
95	METROPLEX PATHOLOGY ASSOCIATES	75284	49	120	\$20,857.51	YES	NO	YES	YES	YES	YES	YES	YES	YES
96	CHEN, CHRISTOPHER T	33125	2	11	\$20,383.35	YES	YES	YES	YES	YES	YES	YES	N/A	YES
97	NORTH SHORE MEDICAL CENTER FMC CAMPUS	33313	13	15	\$19,985.94	YES	YES	YES	YES	YES	YES	YES	N/A	YES
98	LEESBURG REGIONAL MEDICAL CENTER	34748	9	13	\$19,663.30	YES	YES	YES	YES	YES	YES	NO	YES	YES

City of Hollywood

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99	MEMORIAL SAME DAY SURGERY CENTER (EAST)	33021	15	18	\$19,334.63	YES	YES	YES	YES	YES	YES	YES	N/A	YES
100	CONTRUCCI, ROBERT B	33024	32	101	\$19,010.04	YES	YES	YES	YES	YES	YES	YES	N/A	YES
101	MARK AND KAMBOUR PATHOLOGY ASSOCS	33619	163	278	\$18,862.78	YES	NO	YES	YES	YES	YES	NO	N/A	YES
102	STEINER, DAVID E	33021	46	287	\$18,367.40	YES	YES	YES	YES	YES	YES	YES	N/A	YES
103	ROSA VAZQUEZ, CESAR	33029	8	90	\$18,365.75	YES	YES	YES	YES	YES	YES	YES	N/A	YES
104	SOBEL, STUART A	33021	89	362	\$17,945.20	YES	NO	YES	YES	YES	YES	YES	N/A	YES
105	BAPTIST ENDOSCOPY CENTER AT CORAL SPRINGS	33065	5	5	\$17,938.40	YES	YES	YES	YES	YES	YES	YES	N/A	YES
106	RAYMOND, MARILYN	33414	1	40	\$17,822.45	YES	YES	YES	YES	YES	YES	YES	N/A	YES
107	RISKIN, WAYNE	33027	19	72	\$17,346.92	YES	NO	YES	YES	YES	YES	YES	N/A	YES
108	NORTHWEST MEDICAL CENTER	33063	6	6	\$17,281.95	YES	YES	YES	YES	YES	YES	YES	N/A	YES
109	YAMPA VALLEY MEDICAL CENT	80487	1	1	\$17,078.81	YES	NO	YES	YES	YES	NO	NO	YES	NO
110	HOICHE, JUBRAN A	33021	30	320	\$16,851.60	YES	YES	YES	NO	YES	NO	YES	N/A	YES
111	AMIR, ROTEM	33021	116	360	\$16,585.54	YES	YES	YES	YES	YES	YES	YES	N/A	YES
112	BARRON, HOWARD J	33021	28	252	\$16,398.15	YES	YES	YES	YES	YES	YES	YES	N/A	YES
113	FERNANDEZ VICIOSO, EDUARDO B	33025	1	44	\$16,189.20	YES	YES	YES	YES	YES	YES	YES	N/A	YES
114	INDIAN RIVER MEMORIAL HOSPITAL	32960	10	22	\$16,176.20	YES	NO	YES	YES	YES	YES	YES	YES	YES
115	PHYSICIANS OUTPATIENT SURGERY CENTER LLC	33334	2	3	\$16,108.10	YES	YES	YES	YES	YES	YES	YES	N/A	YES
116	HIRSCHBERG, KAREN R	33021	22	33	\$15,857.89	YES	YES	YES	YES	YES	YES	YES	N/A	YES
117	JUNCOSA, EMILIO J	33026	39	72	\$15,568.94	YES	YES	YES	YES	YES	YES	YES	N/A	YES
118	MEMORIAL SAME DAY SURGERY CENTER WEST	33028	10	12	\$15,289.46	YES	YES	YES	YES	YES	YES	YES	N/A	YES
119	S BROWARD ARTIFICIAL KIDNEY CENTER	33021	3	23	\$15,161.84	YES	YES	YES	YES	YES	YES	YES	N/A	YES
120	MURPHY MEDICAL CENTER INC	28906	1	3	\$15,123.23	YES	NO	YES	YES	YES	YES	NO	YES	YES
121	THE HEART HOSPITAL AT DEA	47731	1	1	\$15,049.25	YES	NO	YES	YES	YES	NO	NO	NO	NO
122	FLORIDA HOSPITAL FLAGLER	32164	9	26	\$15,003.28	YES	YES	YES	YES	YES	YES	YES	YES	YES
123	CHIN-LENN, MARK D	33021	106	373	\$14,948.26	YES	YES	YES	YES	YES	YES	YES	N/A	YES
124	PRINCE WILLIAM HOSPITAL	20110	1	1	\$14,676.22	YES	NO	NO	NO	NO	NO	NO	YES	YES
125	JOHNSON CITY MEDICAL CENTER HOS	37604	1	3	\$14,371.54	YES	NO	YES	YES	YES	NO	NO	YES	YES
126	SOUTH BROWARD HOSPITAL DISTRICT	33021	2	71	\$14,359.68	YES	YES	YES	YES	YES	YES	YES	N/A	YES
127	HAMMERMAN, MARC	33021	40	178	\$14,251.22	YES	NO	YES	YES	YES	YES	YES	N/A	YES
128	GAVIDIA, GESELL	33173	2	374	\$14,233.70	YES	YES	YES	YES	YES	YES	YES	N/A	YES
129	ACCREDITO HEALTH GRP	60693	1	22	\$14,172.18	YES	YES	YES	NO	YES	NO	YES	YES	Excluded
130	OUT OF STATE PROFESSIONAL	99999	6	38	\$14,135.59	NO	NO	Excluded	Excluded	Excluded	Excluded	N/A	N/A	Non-Par
131	BROWARD HEALTH NORTH	33064	3	3	\$13,896.62	YES	YES	YES	YES	YES	YES	YES	N/A	YES
132	SHUFFLEBARGER, HARRY L	33155	1	8	\$13,800.81	YES	YES	YES	YES	YES	YES	YES	N/A	YES
133	MEDICAL DECISION SERVICES LLC	33312	1	13	\$13,758.16	YES	YES	YES	YES	YES	YES	YES	N/A	YES
134	MINARS, NORMAN	33133	85	205	\$13,614.58	YES	YES	YES	YES	YES	YES	YES	N/A	YES
135	SOFMAN, MICHAEL S	33021	112	323	\$13,555.00	YES	NO	YES	YES	YES	YES	YES	N/A	YES
136	HOLLYWOOD FIRE RESCUE DEPT	33021	43	80	\$13,532.69	NO	NO	YES	YES	YES	YES	YES	N/A	YES
137	UMLAS ODZER, SHARI LYNN	33323	55	140	\$13,480.55	YES	YES	YES	YES	YES	YES	YES	N/A	YES
138	COHEN DERMATOPATHOLOGY PC	02241	58	131	\$13,382.86	YES	NO	YES	YES	YES	YES	YES	YES	YES
139	INSULET CORPORATION	01821	4	10	\$13,306.59	YES	YES	YES	YES	YES	YES	YES	YES	Excluded
140	HEALTHSOUTH SUNRISE REHAB HOSPITAL	33351	4	4	\$13,180.92	YES	YES	YES	YES	YES	YES	YES	N/A	YES
141	NORTHPOINT SURGERY AND LASER CENTER	33407	4	4	\$13,137.43	YES	YES	YES	YES	YES	YES	YES	N/A	YES
142	BOONE HOSPITAL CENTER	63195	1	3	\$13,031.63	YES	NO	YES	YES	NO	YES	YES	YES	YES
143	SUKENIK, MARK A	33029	40	166	\$13,005.58	YES	YES	YES	YES	YES	YES	YES	N/A	YES
144	MARACIC, LINDY A	33432	4	4	\$12,965.52	YES	YES	YES	YES	YES	YES	YES	N/A	YES
145	HAZELDEN FLORIDA	34102	1	1	\$12,910.00	YES	YES	YES	YES	YES	YES	NO	NO	YES
146	DESIMONE, ALFRED A	33326	29	219	\$12,814.30	YES	YES	YES	YES	YES	YES	YES	N/A	YES
147	LEVY, RALPH M	33028	20	82	\$12,793.05	YES	YES	YES	YES	YES	YES	YES	N/A	YES

City of Hollywood

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	Provider Name	Provider Zip Code	Member count	Claim count	Plan \$ Paid Amount	Florida Blue BlueOptions PPO	Florida Blue BlueCare HMO	Aetna Choice POS II (SI)	Open Access Aetna Select (SI)	Aetna Open Access MC POS (FI)	Aetna Health Network Only (FI)	AvMed Service Area	Non-AvMed Service Area [PHCS]	Cigna Open Access Plus
148	AMERICAN HOME PATIENT	99999	22	207	\$12,623.04	YES	YES	YES	YES	YES	YES	NO	N/A	Excluded
149	TAYLOR, KENNETH W	33316	39	309	\$12,617.03	YES	NO	YES	YES	YES	YES	YES	N/A	YES
150	PRESBYTERIAN MEDICAL CARE CORP	28260	3	3	\$12,437.46	YES	NO	YES	NO	YES	NO	NO	NO	YES
151	FLORIDA HOSPITAL MEMORIAL MEDICAL CENTER	32117	6	11	\$12,189.51	YES	YES	YES	YES	YES	YES	YES	YES	YES
152	THE UNION MEMORIAL HOSPITAL	02241	1	1	\$11,996.89	YES	NO	YES	YES	YES	YES	YES	YES	YES
153	PLANTATION GENERAL HOSPITAL - PSYCH DPU	33317	1	1	\$11,986.40	YES	YES	YES	YES	YES	YES	YES	N/A	NO
154	STEINER, JOSHUA Z	33021	96	228	\$11,963.56	YES	YES	YES	YES	YES	YES	YES	N/A	YES
155	WALKER CNTY HOSP CORP	77210	1	1	\$11,879.88	YES	NO	NO	NO	NO	NO	NO	NO	YES
156	LEVY, MITCHELL B	33437	46	1522	\$11,865.62	NO	YES	YES	NO	YES	NO	NO	N/A	YES
157	WAGNER, EDWARD S	33133	13	37	\$11,827.58	YES	YES	YES	YES	YES	YES	YES	N/A	YES
158	BIMSTON, DAVID N	33021	8	14	\$11,677.88	YES	YES	YES	YES	YES	YES	YES	N/A	YES
159	FRAU REYNA, DAISY M	33323	67	129	\$11,657.14	YES	YES	YES	YES	YES	YES	YES	N/A	YES
160	ST JOSEPHS HOSPITAL	33607	2	2	\$11,584.65	YES	YES	YES	YES	YES	YES	YES	N/A	YES
161	DLP TWIN COUNTY REGIONAL HEALTH	24333	4	16	\$11,547.10	YES	NO	YES	YES	YES	YES	NO	YES	YES
162	DEL CID, MARIO R	33414	5	45	\$11,474.01	YES	NO	NO	NO	NO	NO	YES	N/A	YES
163	MCKESSON PATIENT CARE SOLUTIONS INC	32547	16	34	\$11,469.40	YES	YES	YES	YES	YES	YES	NO	YES	Excluded
164	NORTH MIAMI BEACH SURGICAL CENTER	33162	6	5	\$11,464.77	YES	YES	YES	YES	YES	YES	YES	N/A	YES
165	EISENBERG, PETER J	33323	72	150	\$11,450.39	YES	YES	YES	YES	YES	YES	YES	N/A	YES
166	BLAINE, GERMAINE M	32955	1	16	\$11,377.16	YES	YES	NO	NO	NO	NO	NO	YES	YES
167	WEISS, SIMON	33029	20	58	\$11,374.63	YES	YES	YES	YES	YES	YES	YES	N/A	YES
168	GOOD SAMARITAN HOSPITAL	10901	1	1	\$11,341.38	YES	NO	YES	YES	YES	YES	NO	YES	YES
169	ANAGNOSTE, SCOTT R	33308	12	118	\$11,312.95	YES	NO	YES	YES	YES	YES	YES	N/A	YES
170	ROSEN, ERIC S	33021	20	70	\$11,195.43	YES	YES	YES	YES	YES	YES	YES	N/A	YES
171	MYRIAD GENETIC LABORATORIES INC	84108	4	8	\$11,149.33	YES	YES	YES	YES	YES	YES	YES	YES	YES
172	WILKOV, HOWARD R	33323	52	126	\$11,104.93	YES	YES	YES	YES	YES	YES	YES	N/A	YES
173	HANDMAN, HEIDI P	33323	6	21	\$11,099.31	YES	YES	YES	YES	YES	YES	YES	N/A	YES
174	ROPER HOSPITAL	28275	1	1	\$11,034.14	YES	NO	YES	YES	YES	YES	NO	YES	YES
175	SOUTH BROWARD HOSPITAL DISTRICT	33021	6	6	\$11,021.00	YES	YES	YES	YES	YES	YES	YES	N/A	YES
176	STAFFORD, MARSHALL T	33323	6	8	\$11,001.35	YES	YES	YES	YES	YES	YES	YES	N/A	YES
177	COGAN, JOHN	33028	10	40	\$10,831.92	YES	YES	YES	YES	YES	YES	YES	N/A	YES
178	ALEXANDER, BARBARA S	33021	32	240	\$10,766.82	YES	YES	YES	YES	YES	YES	YES	N/A	YES
179	MARTIN MEDICAL CENTER	34994	13	18	\$10,744.15	YES	YES	YES	YES	YES	YES	YES	YES	YES
180	SELECT PHYSICAL THERAPY	32806	38	235	\$10,648.76	YES	YES	YES	YES	YES	YES	YES	N/A	YES
181	WELLSTAR KENNESTONE HOSPITAL	30384	2	5	\$10,633.01	YES	NO	YES	YES	YES	YES	YES	YES	YES
182	SANTORO, JENNIFER S	33323	4	4	\$10,579.74	YES	YES	YES	YES	YES	YES	YES	N/A	YES
183	AJI, WALIF	33021	28	90	\$10,569.05	YES	YES	YES	YES	YES	YES	YES	N/A	YES
184	NOT ON FILE	99999	1	3	\$10,423.00	YES	NO	Excluded	Excluded	Excluded	Excluded	N/A	N/A	Excluded
185	THE SURGERY CENTER OF JENSEN BEACH	34957	1	2	\$10,389.68	YES	YES	YES	YES	YES	YES	YES	YES	YES
186	KCI USA INC	33619	2	9	\$10,384.57	YES	YES	YES	YES	YES	YES	YES	N/A	Excluded
187	PEMBROKE PINES MRI	33026	45	70	\$10,313.49	YES	YES	YES	YES	YES	YES	YES	N/A	YES
188	HOLMES REGIONAL MEDICAL CENTER	32901	3	3	\$10,263.64	YES	YES	YES	YES	YES	YES	YES	YES	YES
189	LASER SPINE SURGICAL CENTER	33607	3	5	\$10,243.76	NO	NO	YES	YES	YES	YES	NO	N/A	Non-Par
190	WILLIAMS, TRACY	33437	4	174	\$10,240.00	YES	YES	YES	YES	YES	YES	NO	N/A	YES
191	NORTH CAROLINA BAPTIST HOSPITAL	28275	2	2	\$10,214.28	YES	NO	YES	YES	YES	YES	NO	NO	YES
192	AMERICAN AMBULANCE SERVICE	33009	32	82	\$10,193.67	NO	NO	YES	YES	YES	YES	YES	N/A	YES
193	SHAMIR, KFIR	33021	16	131	\$10,152.55	YES	YES	YES	YES	YES	YES	YES	N/A	YES
194	LIBERTY MEDICAL SUPPLY INC	24153	2	15	\$10,120.10	YES	YES	YES	YES	YES	YES	NO	YES	Excluded
195	ROTECH OXYGEN AND MEDICAL EQUIPMENT INC	33314	14	157	\$10,030.94	YES	YES	YES	YES	YES	YES	NO	N/A	Excluded
196	STEINLAUF, STEVEN D	33021	6	163	\$10,011.26	YES	YES	YES	YES	YES	YES	YES	N/A	YES

City of Hollywood

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197	HALLANDALE OUTPATIENT SURGICAL CENTER LTD	33009	5	8	\$9,928.31	YES	YES	YES	YES	YES	YES	YES	N/A	YES
198	RODRIGUEZ, LUIS A	33021	6	14	\$9,918.76	YES	YES	YES	YES	YES	YES	YES	N/A	YES
199	PAZ FUMAGALLI, RICARDO	32216	1	2	\$9,899.30	YES	YES	YES	YES	YES	YES	YES	N/A	YES
200	HUNTINGTON INTERNAL MEDICINE GR	25705	9	42	\$9,893.06	YES	NO	YES	YES	YES	YES	YES*	YES	YES
201	LANDAU, EVAN	33025	1	3	\$9,874.29	YES	YES	YES	YES	YES	YES	YES	N/A	YES
202	MEMORIAL HOSPITAL	33021	1	3	\$9,866.15	YES	YES	YES	YES	YES	YES	YES	N/A	YES
203	PALMETTO GENERAL HOSPITAL	33016	8	8	\$9,776.66	YES	YES	YES	YES	YES	YES	YES	N/A	YES
204	BABBO, ANGELA	33125	2	35	\$9,640.53	YES	YES	YES	YES	YES	YES	YES	N/A	YES
205	SANTIAGO CASAS, YESENIA	33027	19	107	\$9,587.36	YES	NO	NO	NO	NO	NO	YES	N/A	YES
206	ARTHUR FINNIESTON INC	33156	1	5	\$9,579.19	YES	YES	YES	YES	YES	YES	YES	N/A	YES
207	LUM, PAMELA J	33323	5	4	\$9,574.39	YES	YES	YES	YES	YES	YES	YES	N/A	YES
208	APRIA HEALTHCARE INC	99999	16	135	\$9,565.65	YES	YES	YES	YES	YES	YES	NO	N/A	Excluded
209	HILLCREST NURSING AND REHABILITATION CENTER	33021	1	3	\$9,485.00	NO	NO	YES	NO	YES	NO	NO	N/A	Non-Par
210	BERT FISH MEDICAL CENTER	32168	5	8	\$9,471.75	YES	YES	YES	YES	YES	YES	YES	YES	YES
211	FIRSTAT NURSING SERVICES/SANTIAGO INC	33309	8	28	\$9,440.34	YES	YES	YES	YES	YES	YES	NO	N/A	Excluded
212	LEVINSON, LARRY	33021	31	277	\$9,434.20	YES	YES	YES	YES	YES	YES	YES	N/A	YES
213	SMITH, DOUGLAS F	33014	7	12	\$9,424.23	YES	YES	YES	YES	YES	YES	YES	N/A	YES
214	GUNNLAUGSSON, INGRID M	33323	5	5	\$9,390.93	YES	YES	YES	YES	YES	YES	YES	N/A	NO
215	GALT MCBEAN, DANELLE L	33432	4	6	\$9,372.66	YES	YES	YES	YES	YES	YES	YES	N/A	YES
216	ATLANTIC SHORES HOSPITAL, LLC	33308	2	3	\$9,330.00	YES	YES	YES	YES	YES	YES	NO	N/A	YES
217	ZEOLI, KATHRYN C	33024	29	88	\$9,323.78	YES	NO	YES	YES	YES	YES	YES	N/A	YES
218	BRADY, DANIEL	33432	2	2	\$9,287.45	YES	YES	YES	YES	YES	YES	YES	N/A	YES
219	KATZ, JEFFREY A	33323	50	76	\$9,248.60	YES	YES	YES	YES	YES	YES	YES	N/A	YES
220	ARCELIN, GOSTAL	33133	5	19	\$9,232.78	YES	YES	YES	YES	YES	YES	YES	N/A	YES
221	BATISTA, JESSICA H	33323	41	103	\$9,171.92	YES	YES	YES	YES	YES	YES	YES	N/A	YES
222	BLOM, JOHANNES V	33021	22	215	\$9,163.34	YES	YES	YES	YES	YES	YES	YES	N/A	YES
223	PARBHU, RAKESH C	33323	55	111	\$9,156.15	YES	YES	YES	YES	YES	YES	YES	N/A	YES
224	DELRAY MEDICAL CENTER	33484	6	7	\$9,149.06	YES	YES	YES	YES	YES	YES	YES	N/A	YES
225	DAVIS, LOWELL S	33029	17	56	\$9,096.57	YES	YES	YES	YES	YES	YES	YES	N/A	YES
226	ST MARYS MEDICAL CENTER	33407	4	5	\$9,095.22	YES	YES	YES	YES	YES	YES	YES	N/A	YES
227	FISHER, PAUL D	33143	99	109	\$9,034.00	YES	YES	YES	YES	YES	YES	YES	N/A	YES
228	SOFFER, ARIEL D	33401	7	39	\$9,009.19	YES	YES	YES	YES	YES	YES	YES	N/A	YES
229	HUNTINGTON INTERNAL MEDICINE GR	25705	1	30	\$8,974.96	YES	NO	YES	YES	YES	YES	NO	YES	YES
230	THE SHERIFF OF BROWARD COUNTY FLORIDA	33312	13	29	\$8,880.98	NO	NO	YES	YES	YES	YES	YES	N/A	Non-Par
231	SANCTUARY SURGICAL CENTER	33487	1	6	\$8,776.66	NO	NO	YES	NO	YES	NO	YES	N/A	Non-Par
232	GUZMAN, JOSE A	33028	16	74	\$8,751.17	YES	YES	YES	YES	YES	YES	YES	N/A	YES
233	GARZON, MARTHA L	33133	16	30	\$8,748.27	YES	YES	YES	YES	YES	YES	YES	N/A	YES
234	LERMAN, SAM	33312	33	228	\$8,738.09	YES	YES	YES	NO	YES	NO	YES	N/A	YES
235	DIAGNOSTIC MEDICAL IMAGING LLC	33016	43	73	\$8,701.78	YES	YES	YES	YES	YES	YES	YES	N/A	YES
236	TANGIR, JACOB	33027	4	12	\$8,669.55	YES	YES	YES	YES	YES	YES	YES	N/A	YES
237	PEMBROKE PINES FIRE DEPT	33024	20	39	\$8,607.94	NO	NO	YES	YES	YES	YES	YES	N/A	YES
238	POM MRI AND IMAGING CENTER OF PLANTATION	33313	38	48	\$8,585.43	YES	YES	YES	YES	YES	YES	YES	N/A	YES
239	WEISS, EDUARDO T	33009	47	107	\$8,557.13	YES	NO	YES	YES	YES	YES	YES	N/A	YES
240	MAGNUS, JACINTA C	33026	49	267	\$8,524.12	YES	YES	YES	YES	YES	YES	YES	N/A	YES
241	ANGEL, JANA E	33323	3	3	\$8,506.39	YES	YES	YES	YES	YES	YES	YES	N/A	YES
242	SAIGAL, KUNAL	32803	1	45	\$8,473.30	YES	YES	YES	YES	YES	YES	YES	N/A	YES
243	SEBASTIAN RIVER MEDICAL CENTER	32958	3	8	\$8,458.25	YES	YES	YES	YES	YES	YES	YES	YES	YES
244	LOWER KEYS MEDICAL CENTER	33040	3	1	\$8,451.49	YES	YES	YES	YES	YES	YES	YES	YES	YES
245	WEST SHORE MEDICAL CENTER	49660	1	1	\$8,424.23	YES	NO	YES	YES	YES	NO	NO	YES	YES

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246	CHARLES AIESI CONSULTING	33309	76	101	\$8,388.44	YES	NO	YES	YES	YES	YES	NO	N/A	NO
247	STONE, CHARLES B	33021	83	253	\$8,380.37	YES	YES	YES	YES	YES	YES	YES	N/A	YES
248	SURGERY CENTER OF WESTON LLC	33326	5	6	\$8,349.91	YES	YES	YES	YES	YES	YES	YES	N/A	YES
249	BOLANOS, EDWARD	33323	3	4	\$8,264.98	YES	YES	YES	YES	YES	YES	YES	N/A	NO
* Spreadsheet only shows 250 out of 11,029 records.														
Total In-Network Matches:						10,325	7,528	9,654	9,214	9,641	8,900	7,833	2,380	9,072

* Please note that if the carrier could not verify Provider Name, Address, etc that this record was excluded from their analysis.

August 11, 2016

City of Hollywood 2017 Timeline for Renewals

<u>Insurance Coverage</u>	<u>Insurance Carrier</u>	<u>Renewal Date</u>
Stop Loss (included in RFP)	Florida Blue / HM	January 1, 2017
Medical ASO (included in RFP)	Florida Blue	January 1, 2017
Dental ASO (included in RFP)	Florida Blue / FCL	January 1, 2017
Vision Insurance	VSP	January 1, 2017
Flex Spending Accounts (included in RFP)	TASC	January 1, 2017
COBRA	Benefits Workshop	April 1, 2019
EAP – Work/Life Assistance	CCA	January 1, 2017
Basic Life with AD&D	Symetra	April 1, 2018
Voluntary Life with AD&D	Symetra	April 1, 2018
Long Term Disability	Mutual of Omaha	May 1, 2018
Worksite Products	Aflac & Colonial	January 1, 2017

<u>Proposed Schedule of Activities</u>	
<u>Date</u>	<u>Action</u>
08/08/2016	Pre-Renewal Strategy Meeting
08/15/2016	Gehring Group Provide Draft RFP to City
08/17/2016	City Deadline to Review/Edit RFP
08/19/2016	RFP Released by Gehring Group
09/09/2016	Deadline to Submit Proposals to Gehring Group
09/12/2016 – 09/23/2016	RFP Responses Evaluated by Gehring Group
09/26/2016 @10:30am	Gehring Group Present Evaluation to City Staff
09/30/2016	Best and Final Offers Due
10/05/2016	Gehring Group Present Best and Final Offers to City Staff
10/06/2016	Agenda Item Draft Due to City
10/19/2016	Commission Meeting to Approve Benefits Recommendations
10/20/2016 – 11/08/2016	Creation of Highlight Booklet & Open Enrollment Preparation
11/09/2016 – 11/23/2016	Open Enrollment Meetings
January 1, 2017	Plan Effective Date

**Dates outlined herein are subject to change based on the goals of the client and insurance carrier cooperation.*

