

City of Margate
Medical Insurance Renewal Evaluation
Effective Date: January 1, 2017

CURRENT

RENEWAL

	Low Plan			High Plan	POS Plan		Low Plan			High Plan	POS Plan		
	CIGNA OAPIN Low			CIGNA OAPIN High	CIGNA Open Access Plus		CIGNA Local Plus - Low			CIGNA Local Plus - High	CIGNA Open Access Plus		
	In-Network			In-Network	In-Network	Out-of-Network	In-Network			In-Network	In-Network	Out-of-Network	
Calendar Year Deductible (CYD)													
Single	\$1,000			\$0	\$300	\$500	\$1,000			\$0	\$300	\$500	
Family	\$2,000			\$0	\$600	\$1,000	\$2,000			\$0	\$600	\$1,000	
Out of Pocket Maximum	Includes All Costs			Includes All Costs	Includes All Costs		Includes All Costs			Includes All Costs	Includes All Costs		
Single	\$5,000			\$2,000	\$1,500	\$2,000	\$5,000			\$2,000	\$1,500	\$2,000	
Family	\$10,000			\$4,000	\$3,000	\$4,000	\$10,000			\$4,000	\$3,000	\$4,000	
Coinsurance (Member Responsibility)	20%			0%	10%	30%	20%			0%	10%	30%	
Non Hospital Services													
Primary Care Physician	\$15			\$15	CYD + 10%	CYD + 30%	\$15			\$15	CYD + 10%	CYD + 30%	
Specialist	\$15			\$15	CYD + 10%	CYD + 30%	\$25			\$25	CYD + 10%	CYD + 30%	
Pre-Natal	\$15			\$15	CYD + 10%	CYD + 30%	\$15			\$15	CYD + 10%	CYD + 30%	
Preventive Services	No Charge			No Charge	No Charge	CYD + 30%	No Charge			No Charge	No Charge	CYD + 30%	
Laboratory Services	No Charge			No Charge	CYD + 10%	CYD + 30%	No Charge			No Charge	CYD + 10%	CYD + 30%	
Advanced Imaging - CT, PET, MRI	CYD + 20% + \$15/scan			\$15 per scan	CYD + 10%	CYD + 30%	CYD + 20% + \$15/scan			\$15 per scan	CYD + 10%	CYD + 30%	
Spinal Manipulation Therapy	\$15 (30 visits/yr)			\$15 (30 visits/yr)	CYD + 10%	CYD + 30%	\$25 (30 visits/yr)			\$25 (30 visits/yr)	CYD + 10%	CYD + 30%	
Urgent Care Center	\$50			\$25	CYD + 10%	CYD + 10%	\$50			\$25	CYD + 10%	CYD + 10%	
Hospital Services													
Inpatient	CYD + 20%			\$250 per admit	CYD + 10%	CYD + 30%	CYD + 20%			\$250 per admit	CYD + 10%	CYD + 30%	
Outpatient	CYD + 20%			\$50	CYD + 10%	CYD + 30%	CYD + 20%			\$50	CYD + 10%	CYD + 30%	
Physician Services	CYD + 20%			No Charge	CYD + 10%	CYD + 30%	CYD + 20%			No Charge	CYD + 10%	CYD + 30%	
Emergency Room	\$100			\$100	CYD + 10%	CYD + 10%	\$150			\$150	CYD + 10%	CYD + 10%	
Mental Health/Substance Abuse Services													
Inpatient	CYD + 20%			\$250 per admit	CYD + 10%	CYD + 30%	CYD + 20%			\$250 per admit	CYD + 10%	CYD + 30%	
Outpatient	\$15			\$15	CYD + 10%	CYD + 30%	\$15			\$15	CYD + 10%	CYD + 30%	
Prescription Drug Benefit													
Preventive Generic Drugs	\$0			\$0	\$0	30%	\$0			\$0	\$0	30%	
Generic Drugs	\$0			\$0	\$0		\$0			\$0	\$0		
Formulary Drugs	\$30			\$30	\$30		\$30			\$30	\$30		
Non-Formulary Drugs	\$90			\$90	\$90		\$90			\$90	\$90		
Mail Order - 90 day supply	2.5 x Retail Copay			2.5 x Retail Copay	2.5 x Retail Copay		2.5 x Retail Copay			2.5 x Retail Copay	2.5 x Retail Copay		
Rates	Low	High	POS										
Employee	15	115	10	\$512.79	\$609.92	\$592.26		\$594.25	\$709.09	\$726.80			
Employee + Family	9	291	43	\$1,389.64	\$1,652.87	\$1,605.02		\$1,617.70	\$1,928.94	\$1,980.14			
Total Cost	\$242,383.32			\$6,613,511.64	\$899,261.52		\$281,676.60			\$7,714,402.68	\$1,108,968.24		
\$ Increase	N/A			N/A	N/A		\$39,293.28			\$1,100,891.04	\$209,706.72		
% Increase	N/A			N/A	N/A		16.21%			16.65%	23.32%		
Triple Plan Cost	\$7,755,156.48					\$9,105,047.52							
Total \$ Increase	N/A					\$1,349,891.04							
% Increase	N/A					17.41%							