



# City of Gainesville

RFP Evaluation  
Medical ASO, Reinsurance, Pharmacy

July 26, 2024





City of Gainesville  
 Medical ASO & Stop Loss RFP  
 Effective Date: January 1, 2025



		Current	Renewal - Option #1
Medical ASO		Florida Blue	Florida Blue
<b>Administrative Services Only</b>			
Medical Network		Florida - NetworkBlue All other states - BlueCard PPO	Florida - NetworkBlue All other states - BlueCard PPO
Annual Wellness Funds		None	\$75,000
Other Offered Funds/Credits		None	None
<b>Rate Guarantee</b>		<b>Expires 12/31/2024</b>	<b>Medical ASO: Expires 9/30/2026 (Year 3: 3% Increase), Rx: Expires 9/30/2027</b>
Employee	1,232	\$28.23	\$36.23
Employee + Dependent(s)	695	\$65.92	\$73.92
<b>COMPOSITE ASO RATE<sup>1</sup></b>		<b>\$41.82</b>	<b>\$49.82</b>
<b>ASO Annual Premium</b>	<b>1,927</b>	<b>\$967,125</b>	<b>\$1,152,117</b>
<b>\$ Increase/Decrease</b>		<b>N/A</b>	<b>\$184,992</b>
<b>% Increase/Decrease</b>		<b>N/A</b>	<b>19.1%</b>

Stop Loss Insurance		Florida Blue	Florida Blue	Florida Blue	Florida Blue
<b>Specific Stop Loss</b>					
ISL (Individual Specific Limit)		\$375,000	\$375,000	\$400,000	\$425,000
Aggregating Specific Deductible		\$100,000	\$100,000	\$100,000	\$100,000
Laser(s)		None	TBD	TBD	TBD
Benefits Covered		Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Contract Basis		108/12	120/12	120/12	120/12
Run-in Coverage for Prior Year?		N/A	Yes	Yes	Yes
Annual Maximum Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited
Composite PEPM <sup>1</sup>		\$30.21	\$32.33	\$29.16	\$26.32
<b>Specific Stop Loss Annual Premium</b>	<b>1,927</b>	<b>\$698,576</b>	<b>\$747,599</b>	<b>\$674,296</b>	<b>\$608,624</b>
<b>\$ Increase/Decrease</b>		<b>N/A</b>	<b>\$49,023</b>	<b>-\$24,280</b>	<b>-\$89,952</b>
<b>% Increase/Decrease</b>		<b>N/A</b>	<b>7.0%</b>	<b>-3.5%</b>	<b>-12.9%</b>
Firm Stop Loss Rates?		N/A	No	No	No
<b>TOTAL Fixed Costs (ASO &amp; Stop Loss)</b>		<b>\$1,665,701</b>	<b>\$1,899,716</b>	<b>\$1,826,413</b>	<b>\$1,760,741</b>
<b>\$ Increase/Decrease</b>		<b>N/A</b>	<b>\$234,015</b>	<b>\$160,712</b>	<b>\$95,040</b>
<b>% Increase/Decrease</b>		<b>N/A</b>	<b>14.0%</b>	<b>9.6%</b>	<b>5.7%</b>
<b>Admin Termination Fees (R/O)</b>		<b>10% of claims paid</b>	<b>Not Provided</b>		

<sup>1</sup>Some rates shown as a composite. Final premium will be based on final 1/1 enrollment.

City of Gainesville  
 Medical ASO & Stop Loss RFP  
 Effective Date: January 1, 2025



		Current	Option #2	Option #3	Option #4
<b>Medical ASO</b>		<b>Florida Blue</b>	<b>Aetna</b>	<b>Florida Blue</b>	<b>Cigna</b>
<b>Administrative Services Only</b>					
Medical Network		Florida - NetworkBlue All other states - BlueCard PPO	Aetna Choice POS II	Florida - NetworkBlue All other states - BlueCard PPO	Open Access Plus
Annual Wellness Funds		None	<b>\$150,000</b>	<b>\$75,000</b>	<b>\$150,000</b>
Other Offered Funds/Credits		None	<b>\$80,000</b> Tech. Fund, <b>\$300,000</b> Admin Fee Holiday	None	<b>\$100,000</b> Tech. Fund, <b>4 months</b> of admin fee credits (est. <b>\$246,000</b> )
<b>Rate Guarantee</b>		<b>Expires 12/31/2024</b>	<b>Expires 12/31/2027</b>	<b>Medical ASO: Expires 9/30/2026 (Year 3: 3% Increase), Rx: Expires 9/30/2027</b>	<b>Expires 12/31/2027</b>
Employee	1,232	\$28.23	\$41.83	\$36.23	\$32.00
Employee + Dependent(s)	695	\$65.92	\$41.83	\$73.92	\$32.00
<b>COMPOSITE ASO RATE<sup>1</sup></b>		<b>\$41.82</b>	<b>\$41.83</b>	<b>\$49.82</b>	<b>\$32.00</b>
<b>ASO Annual Premium</b>	<b>1,927</b>	<b>\$967,125</b>	<b>\$967,277</b>	<b>\$1,152,117</b>	<b>\$739,968</b>
<b>\$ Increase/Decrease</b>		<b>N/A</b>	<b>\$152</b>	<b>\$184,992</b>	<b>-\$227,157</b>
<b>% Increase/Decrease</b>		<b>N/A</b>	<b>0.0%</b>	<b>19.1%</b>	<b>-23.5%</b>

		Florida Blue	Aetna	ATS Underwriting	Cigna
<b>Stop Loss Insurance</b>					
<b>Specific Stop Loss</b>					
ISL (Individual Specific Limit)		\$375,000	\$375,000	\$375,000	\$375,000
Aggregating Specific Deductible		\$100,000	\$100,000	\$100,000	\$100,000
Laser(s)		None	<b>TBD</b>	<b>TBD</b>	None
Benefits Covered		Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Contract Basis		108/12	12/18	12/24	24/12
Run-in Coverage for Prior Year?		N/A	<b>No</b>	<b>No</b>	Yes
Annual Maximum Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited
Composite PEPM <sup>1</sup>		\$30.21	\$36.09	\$26.54	\$58.06
<b>Specific Stop Loss Annual Premium</b>	<b>1,927</b>	<b>\$698,576</b>	<b>\$834,545</b>	<b>\$613,722</b>	<b>\$1,342,579</b>
<b>\$ Increase/Decrease</b>		<b>N/A</b>	<b>\$135,969</b>	<b>-\$84,854</b>	<b>\$644,003</b>
<b>% Increase/Decrease</b>		<b>N/A</b>	<b>19.5%</b>	<b>-12.1%</b>	<b>92.2%</b>
Firm Stop Loss Rates?		N/A	<b>No</b>	<b>No</b>	<b>Yes</b>
<b>TOTAL Fixed Costs (ASO &amp; Stop Loss)</b>		<b>\$1,665,701</b>	<b>\$1,801,822</b>	<b>\$1,765,839</b>	<b>\$2,082,547</b>
<b>\$ Increase/Decrease</b>		<b>N/A</b>	<b>\$136,121</b>	<b>\$100,138</b>	<b>\$416,846</b>
<b>% Increase/Decrease</b>		<b>N/A</b>	<b>8.2%</b>	<b>6.0%</b>	<b>25.0%</b>
<b>Admin Termination Fees (R/O)</b>		<b>10% of claims paid</b>	<b>Included in Admin Fees</b>	<b>Not Provided</b>	<b>Included in Admin Fees</b>

<sup>1</sup>Some rates shown as a composite. Final premium will be based on final 1/1 enrollment.

City of Gainesville  
 Medical ASO & Stop Loss RFP  
 Effective Date: January 1, 2025



		Current	Option #5	Option #6	Option #7
<b>Medical ASO</b>		<b>Florida Blue</b>	<b>Florida Blue</b>	<b>UnitedHealthcare</b>	<b>Florida Blue</b>
<b>Administrative Services Only</b>					
Medical Network		Florida - NetworkBlue All other states - BlueCard PPO	Florida - NetworkBlue All other states - BlueCard PPO	Choice Plus	Florida - NetworkBlue All other states - BlueCard PPO
Annual Wellness Funds		None	\$75,000	\$150,000	\$75,000
Other Offered Funds/Credits		None	None	\$75,000 Admin Fund	None
<b>Rate Guarantee</b>		<b>Expires 12/31/2024</b>	<b>Medical ASO: Expires 9/30/2026 (Year 3: 3% Increase), Rx: Expires 9/30/2027</b>	<b>Expires 12/31/2027</b>	<b>Medical ASO: Expires 9/30/2026 (Year 3: 3% Increase), Rx: Expires 9/30/2027</b>
Employee	1,232	\$28.23	\$36.23	\$40.70	\$36.23
Employee + Dependent(s)	695	\$65.92	\$73.92	\$40.70	\$73.92
<b>COMPOSITE ASO RATE<sup>1</sup></b>		<b>\$41.82</b>	<b>\$49.82</b>	<b>\$40.70</b>	<b>\$49.82</b>
<b>ASO Annual Premium</b>	<b>1,927</b>	<b>\$967,125</b>	<b>\$1,152,117</b>	<b>\$941,147</b>	<b>\$1,152,117</b>
<b>\$ Increase/Decrease</b>		<b>N/A</b>	<b>\$184,992</b>	<b>-\$25,978</b>	<b>\$184,992</b>
<b>% Increase/Decrease</b>		<b>N/A</b>	<b>19.1%</b>	<b>-2.7%</b>	<b>19.1%</b>

		Florida Blue	PartnerRe	UnitedHealthcare	Companion Life Insurance Company
<b>Stop Loss Insurance</b>					
<b>Specific Stop Loss</b>					
ISL (Individual Specific Limit)		\$375,000	\$375,000	\$375,000	\$375,000
Aggregating Specific Deductible		\$100,000	\$100,000	None	\$100,000
Laser(s)		None	TBD	TBD	TBD
Benefits Covered		Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Contract Basis		108/12	24/12	24/12	24/12
Run-in Coverage for Prior Year?		N/A	Yes	Yes	Yes
Annual Maximum Reimbursement		Unlimited	Unlimited	Unlimited	Unlimited
Composite PEPM <sup>1</sup>		\$30.21	\$37.50	\$57.06	\$32.97
<b>Specific Stop Loss Annual Premium</b>	<b>1,927</b>	<b>\$698,576</b>	<b>\$867,205</b>	<b>\$1,319,455</b>	<b>\$762,398</b>
<b>\$ Increase/Decrease</b>		<b>N/A</b>	<b>\$168,629</b>	<b>\$620,879</b>	<b>\$63,822</b>
<b>% Increase/Decrease</b>		<b>N/A</b>	<b>24.1%</b>	<b>88.9%</b>	<b>9.1%</b>
Firm Stop Loss Rates?		N/A	No	No	No
<b>TOTAL Fixed Costs (ASO &amp; Stop Loss)</b>		<b>\$1,665,701</b>	<b>\$2,019,322</b>	<b>\$2,260,602</b>	<b>\$1,914,515</b>
<b>\$ Increase/Decrease</b>		<b>N/A</b>	<b>\$353,621</b>	<b>\$594,901</b>	<b>\$248,814</b>
<b>% Increase/Decrease</b>		<b>N/A</b>	<b>21.2%</b>	<b>35.7%</b>	<b>14.9%</b>
<b>Admin Termination Fees (R/O)</b>		<b>10% of claims paid</b>	<b>Not Provided</b>	<b>Included in Admin Fees</b>	<b>Not Provided</b>

<sup>1</sup>Some rates shown as a composite. Final premium will be based on final 1/1 enrollment.

ASO Details and Highlights	Current	Renewal			
	Florida Blue	Florida Blue	Aetna	Cigna	UnitedHealthcare
ASO Rate Guarantee	- Expires 12/31/2024	- Medical: 3 Year Rate Guarantee - 3% Increase 1/1/2027 (\$29.08 EE/ \$67.90 FAM) - Pharmacy: 3 Year Rate Guarantee	- Medical & Pharmacy: 3 Year Rate Guarantee - \$300,000 Admin Fee Holiday in Year 1	- Medical: 3 Year Rate Guarantee - 2% escalator for 2028 and 2% escalator for 2029 - Transitional relief credit will be in the form of ASO Administration Fee credits. These are equal to 4 months credits for the first year (2025), 2 months credits for the second year (2026) and 1 month credit for the third year (2027). This fee relief credit is subject to the following conditions - 100% repayment of the credit if the ASO Agreement is terminated prior to 1/1/2026, and 50% repayment of the credit if the ASO Agreement is terminated prior to 1/1/2027.	- Medical & Pharmacy: 3 Year Rate Guarantee - ASO Rates for NHP Network (\$35.70) and Surest Network (\$57.12) were also provided.
Offered Funds	- None	- \$75,000 Annual Wellness Fund	- \$150,000 Annual Wellness Fund - \$80,000 Annual Technology Fund	- \$150,000 Annual Wellness Fund - \$100,000 Technology Fund	- \$150,000 Annual Wellness Fund - \$75,000 Annual Administrative Fund (General Purpose)
<b>Additional Services</b>					
Onsite Carrier Representative	Not Offered	Not Offered	Not Offered	Full-time onsite service representative or wellness coach included	Onsite Customer Service Representative included and billed through bank account at \$6.52 PEPM
Disease/Care Management Program Fee(s)	Included	Included	Aetna Compassionate Care - Included Aetna OneFlex - \$735 per engaged member per month	Included	Included
Maternity Program Fee	Included - Healthy Addition Prenatal Program	Included - Healthy Addition Prenatal Program	Aetna Enhanced Maternity Program - Included	Included	Maven Maternity Program - \$925 per case
Telemedicine Fee	Included - Teladoc	Included - Teladoc	Included - CVS Virtual Care	Included - MDLive	Included - Virtual Visits
Pharmacy Management Fee	Included	Included	Included	Included	Included (Personal Health Support Tier 2)
Wellness Program Fee	Included	Included	Included	Included	Included

	Florida Blue	Aetna	ATS Underwriting	Cigna
Run-In Claims	- Run-in claims included as part of this 120/12 ISL Offer.	N/A - 12/18 ISL Offer	N/A - 12/24 ISL Offer	- Run-in coverage included, assuming receipt of following information: 1). Monthly report of all individuals with claims in excess of 50% of the quoted ISL Level. 2). Detailed claim filing for any individual whose policy year claims exceed the ISL level.
Third-Party Stop Loss	- Interface fee of \$1.00 PEPM will apply for outside stop loss vendor.	- ASO Quote includes costs for 12 monthly reports to an external vendor. Additional reports available at an additional cost.	- Stop Loss quote assumes ASO is administered by Florida Blue. If this changes, the quoted rates and factors may be modified.	- Data reporting interface fee of \$3.00 PEPM will apply for outside stop loss vendor. - Stop loss quote assumes proposed plan of benefits and networks and is based on Cigna providing the administration of those underlying benefits.
Laser Claimants	- To be determined once claims through 9/30/2024 have been evaluated.	- To be determined once large claims through 120 days (through 8/31/2024) from the effective date have been evaluated.	- To be determined after receipt of the following: individuals at, above, or who have the potential to exceed 50% of the specific deductible, any applicable large case management reports, paid/pending/denied reports, precertification reports, trigger diagnosis, individuals with hospitalizations greater than 14 days, or individuals currently included on a transplant list.	- None
Retirees Included	- Pre-65 Retirees and Retirees age 65 and older included in ISL	- Pre-65 Retirees and Retirees age 65 and older included in ISL	- Retirees are covered under the stop loss policy.	- Retirees are covered under the stop loss policy.
Firm Stop Loss Proposal	- No, need updated claims through 9/30/2024 for firm stop loss offer.	- No, need updated claims through 120 (through 8/31/2024) days from the effective date for firm stop loss offer.	- No, firm proposal requires receipt of the following: individuals at, above, or who have the potential to exceed 50% of the specific deductible, any applicable large case management reports, paid/pending/denied reports, precertification reports, trigger diagnosis, individuals with hospitalizations greater than 14 days, or individuals currently included on a transplant list.	- Firm Proposal, expires 8/23/2024 - Quote assumes inclusion of Embarc Benefit Protection as a feature of the underlying medical plan.

	Florida Blue	PartnerRe	UnitedHealthcare	Companion Life Insurance Company
Run-In Claims	- Run-in claims included as part of this 120/12 ISL Offer.	- Run-in claims included as part of this 24/12 ISL Offer.	- As part of this 24/12 ISL offer UnitedHealthcare is not offering to administer the processing of the run-in claims. Under this arrangement, the prior claims administrator will continue to adjudicate claims with dates of service prior to the effective date of our Stop Loss Policy.	- Run-in claims included as part of this 24/12 ISL Offer.
Third-Party Stop Loss	- Interface fee of \$1.00 PEPM will apply for outside stop loss vendor.	- Stop Loss quote assumes ASO is administered by Florida Blue. If this changes, the quoted rates and factors may be modified.	-Interface fee of \$3.50 PEPM will apply for outside stop loss vendor.	- Stop Loss quote assumes ASO is administered by Florida Blue.
Laser Claimants	- To be determined once claims through 9/30/2024 have been evaluated.	- To be determined after receipt of the following: individuals at, above, or who have the potential to exceed 50% of the specific deductible, trigger diagnosis report, large case management reports, pended claims, transplant waiting list.	- To be determined once large claims within 120 days from the effective date have been evaluated	- To be determined after receipt of the following: updated paid claims, pended claims, denied claims, held and/or unfunded claim details, precertification information, updated shock loss history and enrollment information through the date disclosure is signed.
Retirees Included	- Pre-65 Retirees and Retirees age 65 and older included in ISL	- Need indication that retirees over age 65 are Medicare primary.	- ISL Includes Early Retirees. <b>Medicare Retirees are not included.</b>	- ISL includes Retirees. Medicare will be primary for retirees age 65 and older, regardless of whether or not the person has enrolled in all parts of Medicare when eligible.
Firm Stop Loss Proposal	- No, need updated claims through 9/30/2024 for firm stop loss offer.	- No, firm proposal requires receipt of the following: individuals at, above, or who have the potential to exceed 50% of the specific deductible, trigger diagnosis report, large case management reports, pended claims, transplant waiting list.	- No, contingent upon the review of claims (including large claims) updated within 120 days from the effective date for firm stop loss offer.	- To be determined after receipt of the following: updated paid claims, pended claims, denied claims, held and/or unfunded claim details, precertification information, updated shock loss history and enrollment information through the date disclosure is signed.



**City of Gainesville**  
**Medical Benefits Evaluation - Self Funded**  
**Effective Date: January 1, 2025**



SCHEDULE OF BENEFITS	Current		Renewal - Option #1		Option #2	
	Florida Blue BlueOptions 03359 Plan		Florida Blue BlueOptions 03359 Plan		Aetna Aetna Choice POS II	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Single	\$600		\$600		\$600	\$600
Family	\$1,800		\$1,800		\$1,800	\$1,800
Pharmacy Deductible	\$300	\$300	\$300	\$300	\$300	\$300
<b>Out of Pocket Maximum</b>	<i>Includes Copays, Coinsurance and Rx</i>		<i>Includes Copays, Coinsurance and Rx</i>		<i>Includes Copays, Coinsurance and Rx</i>	
Single	\$4,500	\$5,000	\$4,500	\$5,000	\$4,500	\$5,000
Family	\$7,500	\$10,000	\$7,500	\$10,000	\$7,500	\$10,000
Coinsurance	20%	40%	20%	40%	20%	40%
<b>Non-Hospital Services</b>						
Primary Care Office Visit	\$15	40% after CYD	\$15	40% after CYD	\$15	40% after CYD
Specialist Office Visit	20% after CYD	40% after CYD	20% after CYD	40% after CYD	20% after CYD	40% after CYD
Virtual Care (PCP/Specialist)	\$15 / 20% after CYD	Not Covered	\$15 / 20% after CYD	Not Covered	\$15 / 20% after CYD	40% after CYD
Preventive Care	No Charge	40%	No Charge	40%	No Charge	40% after CYD
Diagnostic Testing	ICL: No Charge / IDTC: \$50	40% after CYD	ICL: No Charge / IDTC: \$50	40% after CYD	ICL: No Charge / IDTC: \$50	40% after CYD
Advanced Imaging	\$125	40% after CYD	\$125	40% after CYD	\$125	40% after CYD
Urgent Care	\$30	\$30	\$30	\$30	\$30	\$30
<b>Hospital Services</b>						
Inpatient	\$750	40% after CYD	\$750	40% after CYD	\$750	40% after CYD
Outpatient	ASC: \$100 / Hosp: \$150	40% after CYD	ASC: \$100 / Hosp: \$150	40% after CYD	ASC: \$100 / Hosp: \$150 (O/P Surgery at Hosp.), 20% after CYD (O/P Hosp.)	40% after CYD
Emergency Room	\$250	\$250	\$250	\$250	\$250	\$250
Physician/Surgeon Fees	20% after CYD	ASC: 40% after CYD / Hosp: 20% after INN-CYD	20% after CYD	ASC: 40% after CYD / Hosp: 20% after INN-CYD	Physician fees will be covered at the same cost share as the facility	40% after CYD
<b>Mental Health/Substance Abuse</b>						
Inpatient	\$750	40% after CYD	\$750	40% after CYD	\$750	40% after CYD
Outpatient Office Visit	\$15	40% after CYD	\$15	40% after CYD	\$15	40% after CYD
Outpatient Other	\$150	40% after CYD	\$150	40% after CYD	No Charge	40% after CYD
<b>Prescription Drugs</b>						
Tier 1 - Generic	\$10	40%	\$10	40%	\$10	40%
Tier 2 - Preferred Brand	\$300 Rx Ded + \$50	\$300 Rx Ded + 40%	\$300 Rx Ded + \$50	\$300 Rx Ded + 40%	\$300 Rx Ded + \$50	\$300 Rx Ded + 40%
Tier 3 - Non-preferred Brand	\$300 Rx Ded + \$80	\$300 Rx Ded + 40%	\$300 Rx Ded + \$80	\$300 Rx Ded + 40%	\$300 Rx Ded + \$80	\$300 Rx Ded + 40%
Specialty	\$160	\$300 Rx Ded + 40%	\$160	\$300 Rx Ded + 40%	\$160	\$300 Rx Ded + 40%
Mail Order (90 day supply)	\$20 / \$300 Rx Ded + \$100 / \$300 Rx Ded + \$160	Not Covered	\$20 / \$300 Rx Ded + \$100 / \$300 Rx Ded + \$160	Not Covered	\$20 / \$300 Rx Ded + \$100 / \$300 Rx Ded + \$160	Not Covered
<b>Monthly Rates</b>	<b>Current Premium Equivalents</b>		<b>Proposed Theoretical Rates</b>		<b>Proposed Theoretical Rates</b>	
Employee Only	1,232	\$796.05		\$820.68		\$800.53
Employee + Spouse	221	\$1,577.04		\$1,871.16		\$2,230.44
Employee + Child(ren)	119	\$1,137.30		\$1,641.37		\$1,407.10
Employee + Family	355	\$2,027.07		\$2,626.19		\$2,387.89
<b>Total</b>	<b>1,927</b>					

**City of Gainesville**  
**Medical Benefits Evaluation - Self Funded**  
**Effective Date: January 1, 2025**



SCHEDULE OF BENEFITS	Current		Option #3		Option #4	
	Florida Blue BlueOptions 03359 Plan		Cigna Open Access Plus Plan		UnitedHealthcare Choice Plus Plan	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Single	\$600		\$600		\$600	
Family	\$1,800		\$1,800		\$1,800	
Pharmacy Deductible	\$300	\$300	\$300	\$300	\$300	\$300
<b>Out of Pocket Maximum</b>	<i>Includes Copays, Coinsurance and Rx</i>		<i>Includes Copays, Coinsurance and Rx</i>		<i>Includes Copays, Coinsurance and Rx</i>	
Single	\$4,500	\$5,000	\$4,500	\$5,000	\$4,500	\$5,000
Family	\$7,500	\$10,000	\$7,500	\$10,000	\$7,500	\$10,000
Coinsurance	20%	40%	20%	40%	20%	40%
<b>Non-Hospital Services</b>						
Primary Care Office Visit	\$15	40% after CYD	\$15	40% after CYD	\$15	40% after CYD
Specialist Office Visit	20% after CYD	40% after CYD	20% after CYD	40% after CYD	20% after CYD	40% after CYD
Virtual Care (PCP/Specialist)	\$15 / 20% after CYD	Not Covered	\$15 / 20% after CYD	40% after CYD	\$15 / 20% after CYD	40% after CYD
Preventive Care	No Charge	40%	No Charge	40% after CYD	No Charge	40%
Diagnostic Testing	ICL: No Charge / IDTC: \$50	40% after CYD	ICL: No Charge / IDTC: <b>No Charge</b>	40% after CYD	ICL: No Charge / IDTC: \$50	40% after CYD
Advanced Imaging	\$125	40% after CYD	\$125	40% after CYD	\$125	40% after CYD
Urgent Care	\$30	\$30	\$30	40% after CYD	\$30	\$30
<b>Hospital Services</b>						
Inpatient	\$750	40% after CYD	\$750	40% after CYD	\$750	40% after CYD
Outpatient	ASC: \$100 / Hosp: \$150	40% after CYD	ASC: \$100 / Hosp: \$150	40% after CYD	ASC: \$100 / Hosp: \$150	40% after CYD
Emergency Room	\$250	\$250	\$250	\$250	\$250	\$250
Physician/Surgeon Fees	20% after CYD	ASC: 40% after CYD / Hosp: 20% after INN-CYD	20% after CYD	40% after CYD	20% after CYD	ASC: 40% after CYD / Hosp: 20% after INN-CYD
<b>Mental Health/Substance Abuse</b>						
Inpatient	\$750	40% after CYD	\$750	40% after CYD	\$750	40% after CYD
Outpatient Office Visit	\$15	40% after CYD	<b>No Charge</b>	40% after CYD	\$15	40% after CYD
Outpatient Other	\$150	40% after CYD	<b>No Charge</b>	40% after CYD	\$150	40% after CYD
<b>Prescription Drugs</b>						
Tier 1 - Generic	\$10	40%	\$10	40% after CYD	\$10	40%
Tier 2 - Preferred Brand	\$300 Rx Ded + \$50	\$300 Rx Ded + 40%	\$300 Rx Ded + \$50	\$300 Rx Ded + 40%	\$300 Rx Ded + \$50	\$300 Rx Ded + 40%
Tier 3 - Non-preferred Brand	\$300 Rx Ded + \$80	\$300 Rx Ded + 40%	\$300 Rx Ded + \$80	\$300 Rx Ded + 40%	\$300 Rx Ded + \$80	\$300 Rx Ded + 40%
Specialty	\$160	\$300 Rx Ded + 40%	\$160	\$300 Rx Ded + 40%	\$160	\$300 Rx Ded + 40%
Mail Order (90 day supply)	\$20 / \$300 Rx Ded + \$100 / \$300 Rx Ded + \$160	Not Covered	\$20 / \$300 Rx Ded + \$100 / \$300 Rx Ded + \$160	Not Covered	<b>Not Covered</b>	Not Covered
<b>Monthly Rates</b>	<b>Current Premium Equivalents</b>		<b>Proposed Theoretical Rates</b>		<b>Proposed Theoretical Rates</b>	
Employee Only	<b>1,232</b>	\$796.05	\$900.75		\$888.55	
Employee + Spouse	<b>221</b>	\$1,577.04	\$1,783.49		\$1,760.30	
Employee + Child(ren)	<b>119</b>	\$1,137.30	\$1,288.08		\$1,269.46	
Employee + Family	<b>355</b>	\$2,027.07	\$2,296.92		\$2,262.62	
<b>Total</b>	<b>1,927</b>					

**City of Gainesville**  
**Medical Benefits Evaluation - Fully Insured**  
**Effective Date: January 1, 2025**



SCHEDULE OF BENEFITS	Current (Self-Funded)		Option #1*		Option #2*	
	Florida Blue		Florida Blue		Aetna	
	BlueOptions 03359 Plan		BlueOptions 03359 Plan		OAMC 600 80/20 Plan	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Single		\$600		\$600	\$600	\$600
Family		\$1,800		\$1,800	\$1,800	\$1,800
Pharmacy Deductible	\$300	\$300	\$300	\$300	\$300	\$300
<b>Out of Pocket Maximum</b>	<i>Includes Copays, Coinsurance and Rx</i>		<i>Includes Copays, Coinsurance and Rx</i>		<i>Includes Copays, Coinsurance and Rx</i>	
Single	\$4,500	\$5,000	\$4,500	\$5,000	\$4,500	\$5,000
Family	\$7,500	\$10,000	\$7,500	\$10,000	\$7,500	\$10,000
Coinsurance	20%	40%	20%	40%	20%	40%
<b>Non-Hospital Services</b>						
Primary Care Office Visit	\$15	40% after CYD	\$15	40% after CYD	\$15	40% after CYD
Specialist Office Visit	20% after CYD	40% after CYD	20% after CYD	40% after CYD	20% after CYD	40% after CYD
Virtual Care (PCP/Specialist)	\$15 / 20% after CYD	Not Covered	\$15 / 20% after CYD	Not Covered	\$15 / 20% after CYD	40% after CYD
Preventive Care	No Charge	40%	No Charge	40%	No Charge	40% after CYD
Diagnostic Testing	ICL: No Charge / IDTC: \$50	40% after CYD	ICL: No Charge / IDTC: \$50	40% after CYD	ICL: No Charge / IDTC: \$50	40% after CYD
Advanced Imaging	\$125	40% after CYD	\$125	40% after CYD	\$125	40% after CYD
Urgent Care	\$30	\$30	\$30	\$30	\$30	\$30
<b>Hospital Services</b>						
Inpatient	\$750	40% after CYD	\$750	40% after CYD	\$750	40% after CYD
Outpatient	ASC: \$100 / Hosp: \$150	40% after CYD	ASC: \$100 / Hosp: \$150	40% after CYD	ASC: \$100 / Hosp: \$150 (O/P Surgery at Hosp.), 20% after CYD (O/P Hosp.)	40% after CYD
Emergency Room	\$250	\$250	\$250	\$250	\$250	\$250
Physician/Surgeon Fees	20% after CYD	ASC: 40% after CYD / Hosp: 20% after INN-CYD	20% after CYD	ASC: 40% after CYD / Hosp: 20% after INN-CYD	Physician fees will be covered at the same cost share as the facility	40% after CYD
<b>Mental Health/Substance Abuse</b>						
Inpatient	\$750	40% after CYD	\$750	40% after CYD	\$750	40% after CYD
Outpatient Office Visit	\$15	40% after CYD	\$15	40% after CYD	\$15	40% after CYD
Outpatient Other	\$150	40% after CYD	\$150	40% after CYD	No Charge	40% after CYD
<b>Prescription Drugs</b>						
Tier 1 - Generic	\$10	40%	\$10	40%	\$10	40%
Tier 2 - Preferred Brand	\$300 Rx Ded + \$50	\$300 Rx Ded + 40%	\$300 Rx Ded + \$50	\$300 Rx Ded + 40%	\$300 Rx Ded + \$50	\$300 Rx Ded + 40%
Tier 3 - Non-preferred Brand	\$300 Rx Ded + \$80	\$300 Rx Ded + 40%	\$300 Rx Ded + \$80	\$300 Rx Ded + 40%	\$300 Rx Ded + \$80	\$300 Rx Ded + 40%
Specialty	\$160	\$300 Rx Ded + 40%	\$160	\$300 Rx Ded + 40%	\$160	\$300 Rx Ded + 40%
Mail Order (90 day supply)	\$20 / \$300 Rx Ded + \$100 / \$300 Rx Ded + \$160	Not Covered	\$20 / \$300 Rx Ded + \$100 / \$300 Rx Ded + \$160	Not Covered	\$20 / \$300 Rx Ded + \$100 / \$300 Rx Ded + \$160	Not Covered
<b>Monthly Rates</b>	<b>Current Premium Equivalents</b>		<b>Fully Insured Premium</b>		<b>Fully Insured Premium</b>	
Employee Only	1,232	\$796.05		\$852.38		\$976.85
Employee + Spouse	221	\$1,577.04		\$1,943.42		\$1,935.21
Employee + Child(ren)	119	\$1,137.30		\$1,704.75		\$1,395.60
Employee + Family	355	\$2,027.07		\$2,727.60		\$2,487.45
Monthly Premium	1,927	\$2,184,208		\$2,650,791		\$2,680,282
Annual Premium		\$26,210,496		\$31,809,495		\$32,163,381
\$ Increase / Decrease		N/A		\$5,598,999		\$5,952,885
% Increase / Decrease		N/A		21.4%		22.7%

\*If the City decides to move to a fully insured arrangement, the current Stop Loss agreement will need to be amended for 2024 to include runoff protection.

		Current	Renewal - Option #1	Option #2	Option #3
<b>Pharmacy - Discounts, Fees, and Rebate Sharing</b>		<b>Florida Blue</b>	<b>Florida Blue</b>	<b>Aetna</b>	<b>Cigna</b>
<b>Pharmacy Network Information</b>					
Network Size (Number of Network Pharmacies)		55,000	55,000	66,000	63,000
Major Retail Pharmacies Excluded from Network		CVS & CVS Affiliates**	CVS & CVS Affiliates**	None	None
<b>Admin Fees</b>	<b>Description</b>				
Administrative Fee	PEPM	\$0.00	\$8.00	\$2.00	\$0.00
Prior Authorizations	Per review	\$0.00	\$0.00	\$0.00	\$0.00
Direct Member Reimbursement	Per claim	\$0.00	\$0.00	Not Provided	Not Provided
<b>Retail Discounts and Fees (30 day)</b>					
Retail Brand Discount*	AWP	18.00%	21.50%	21.60%	20.10%
Retail Generic Discount*	AWP	76.30%	86.25%	88.76%	86.20%
Retail Dispensing Fee Brand	Per script	\$0.97	\$0.20	\$0.70	\$0.50
Retail Dispensing Fee Generic	Per script	\$0.93	\$0.20	\$0.70	\$0.50
<b>Retail Discounts and Fees (90 day)</b>					
Retail Brand Discount*	AWP	18.00%	24.50%	23.10%	24.00%
Retail Generic Discount*	AWP	76.30%	89.00%	88.76%	87.50%
Retail Dispensing Fee Brand	Per script	\$0.97	\$0.00	\$0.55	\$0.00
Retail Dispensing Fee Generic	Per script	\$0.93	\$0.00	\$0.55	\$0.00
<b>Mail Order Discounts and Fees</b>					
Home Delivery Brand Discount*	AWP	19.10%	24.50%	20.00%	24.00%
Home Delivery Generic Discount*	AWP	85.40%	89.00%	91.50%	89.00%
Home Delivery Dispensing Fee (including specialty)	Per script	\$0.00	\$0.00	\$0.00	\$0.00
<b>Specialty Discounts</b>					
Specialty Retail Brand Discount - Preferred	AWP	21.00%	22.00%	22.25%	22.00%
Specialty Retail Brand Discount - Other	AWP	24.60%	22.00%	22.25%	15.50%
<b>Total Estimated Rebates*</b>		<b>\$2,817,986</b>	<b>\$4,150,000</b>	<b>\$3,529,000</b>	<b>\$3,393,090</b>
<b>Estimated \$ Increase/(Decrease) to Rebates</b>		<b>N/A</b>	<b>\$1,332,014</b>	<b>\$711,014</b>	<b>\$575,104</b>
<b>Estimated % Change to Rebates</b>		<b>N/A</b>	<b>47.3%</b>	<b>25.2%</b>	<b>20.4%</b>

Year One Rebates & Terms Listed.

\*Estimated Rebates & Discounts based on each carrier's rebate sharing methodology.

\*\*CVS & CVS affiliates excluded from Florida Blue's Pharmacy Network for 2024 and 2025.

		Current	Option #4	Option #5	Option #6
Pharmacy - Discounts, Fees, and Rebate Sharing		Florida Blue	Crumdale Partners (Express Scripts)	PharmAvail (IPM)	UnitedHealthcare
<b>Pharmacy Network Information</b>					
Network Size (Number of Network Pharmacies)		55,000	65,000	67,000	67,000
Major Retail Pharmacies Excluded from Network		CVS & CVS Affiliates**	Kroger's	None	None
<b>Admin Fees</b>	<b>Description</b>				
Administrative Fee	PEPM	\$0.00	\$10.30/Rx	\$2.50 per claim	\$5.00
Prior Authorizations	Per review	\$0.00	Varies by Drug	\$50.00	\$50.00
Direct Member Reimbursement	Per claim	\$0.00	\$3.00	\$2.50	\$2.50
<b>Retail Discounts and Fees (30 day)</b>					
Retail Brand Discount*	AWP	18.00%	20.20%	23.00%	19.00%
Retail Generic Discount*	AWP	76.30%	84.65%	88.00%	84.10%
Retail Dispensing Fee Brand	Per script	\$0.97	\$0.40	\$0.75	\$0.60
Retail Dispensing Fee Generic	Per script	\$0.93	\$0.40	\$0.75	\$0.60
<b>Retail Discounts and Fees (90 day)</b>					
Retail Brand Discount*	AWP	18.00%	22.00%	23.50%	22.50%
Retail Generic Discount*	AWP	76.30%	86.90%	88.00%	84.10%
Retail Dispensing Fee Brand	Per script	\$0.97	\$0.20	\$0.00	\$0.30
Retail Dispensing Fee Generic	Per script	\$0.93	\$0.20	\$0.00	\$0.30
<b>Mail Order Discounts and Fees</b>					
Home Delivery Brand Discount*	AWP	19.10%	22.35%	23.50%	25.00%
Home Delivery Generic Discount*	AWP	85.40%	91.35%	88.00%	86.10%
Home Delivery Dispensing Fee (including specialty)	Per script	\$0.00	\$0.00	\$0.00	\$0.00
<b>Specialty Discounts</b>					
Specialty Retail Brand Discount - Preferred	AWP	21.00%	20.75%	24.00%	20.00%
Specialty Retail Brand Discount - Other	AWP	24.60%	20.75%	24.00%	20.00%
<b>Total Estimated Rebates*</b>		<b>\$2,817,986</b>	<b>\$4,264,930</b>	<b>\$3,449,645</b>	<b>\$3,700,000</b>
<b>Estimated \$ Increase/(Decrease) to Rebates</b>		<b>N/A</b>	<b>\$1,446,944</b>	<b>\$631,659</b>	<b>\$882,014</b>
<b>Estimated % Change to Rebates</b>		<b>N/A</b>	<b>51.3%</b>	<b>22.4%</b>	<b>31.3%</b>

Year One Rebates & Terms Listed.

\*Estimated Rebates & Discounts based on each carrier's rebate sharing methodology.

\*\*CVS & CVS affiliates excluded from Florida Blue's Pharmacy Network for 2024 and 2025.

	Renewal - Option #1	Option #2	Option #3	Option #4	Option #5	Option #6
	Florida Blue	Aetna	Cigna	Crumdale Partners (Express Scripts)	PharmAvail (IPM)	UnitedHealthcare
Offered Funds	N/A	- \$7.00 PMPY Implementation Fund in Year 1 (Estimated at \$23,500), \$3.00 PMPY General Allowance Years 2-3 (Estimated at \$10,100 Per Year)	- \$20,000 First Year Pharmacy Implementation Fund - \$35,000 Annual Pharmacy Management Fund	- \$7.00 PMPY Implementation Fund (Estimated at \$23,500)	- \$30,000 Implementation Credit	N/A
Pharmacy Benefit Manager	- Florida Blue/Prime - Accredo and Caremark - Specialty Rx services  - If Rx carveout with 3rd party PBM, additional set up fees which can range from \$30,000 - \$200,000 may apply.	- CVS/Caremark - Quoted pricing assumes Aetna administering medical and pharmacy - If Rx carveout with 3rd party PBM, additional set up fees (\$5,000), integration fees for care management program (\$6,000) and monthly PEPM (\$0.60) will apply; Admin Fee Credit will not apply	- Express Scripts - Accredo - Specialty Rx Services - Quote assumes integration with Cigna medical and standard reporting. - If Rx carveout with 3rd party PBM, additional fee of \$10.00 PEPM would apply if PBM is not ESI. If PBM is ESI, additional fee would be \$5.00 PEPM.	- Express Scripts	- IPM - Quote assumes adoption of Enhanced Care Management Program at \$0.56 PMPM.	- Quote includes managed pharmacy. If pharmacy is carved out to another vendor, the quoted ASO fees are subject to change.
Rx Rebates	- 100% Passthrough - Distributed within 150 days of end of quarter	- 100% Passthrough - Distributed Quarterly: March, June, September, December	- 100% Passthrough - Cigna pays quarterly rebates within 90 days of calendar quarter-end	- 100% Passthrough - Rebates paid quarterly within approximately 90 days from the end of the quarter	- 100% Passthrough - Rebates paid quarterly within 120 days	- 100% Passthrough - Rx rebates paid quarterly within 180 days of quarter end
Pharmacy Formulary	- BCBSF Open 3 Tier Formulary	- Aetna Standard Formulary, 3-Tier - Advanced Control Specialty Formulary	- National Preferred Formulary (NPF) - Legacy Prescription Drug List	- National Preferred Formulary (NPF) / Basic Formulary	- Focus (Closed Formulary)	- Traditional Prescription Drug List

# Disruption Analysis

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**City of Gainesville**  
**Provider Disruption Analysis - Medical & Pharmacy**



**Sorted by Paid Claims - Top 100 Providers**

**Experience Period: May 2023 to April 2024**

*Sorted By:*

No.	Provider Name	Provider Type	City	State	Zip	# of Claims	Plan Paid Claims	Florida Blue	Aetna Self Funded	Aetna Fully Insured	Cigna	UHC Choice +
1	SHANDS AND UNIVERSITY OF FLORIDA HEALTH CARE NTWK	ACUTE CARE HOSPITAL	GAINESVILLE	FL	32610	2,467	\$3,884,779	YES	YES	YES	YES	YES
2	HCA FLORIDA NORTH FLORIDA HOSPITAL	ACUTE CARE HOSPITAL	GAINESVILLE	FL	32614	694	\$3,390,198	YES	YES	YES	YES	YES
3	ACCREDITO HEALTH GROUP INC	PHARMACY	MULTIPLE	RX	MULTI	319	\$2,390,003	YES	YES	YES	YES	YES
4	WALGREENS	PHARMACY	MULTIPLE	RX	MULTI	18,050	\$1,827,498	YES	YES	YES	YES	YES
5	PUBLIX PHARMACY	PHARMACY	MULTIPLE	RX	MULTI	12,906	\$1,310,864	YES	YES	YES	YES	YES
6	CAREMARK FLORIDA SPECIALTY PHARMACY DBA CVS/SPECIALTY	PHARMACY	MULTIPLE	RX	MULTI	42	\$577,696	YES	YES	YES	YES	NO
7	CAREMARK LLC	INJECTABLE DRUG SUPPLIER	TAMPA	FL	33614	52	\$518,035	YES	YES	YES	YES	YES
8	US DEPARTMENT OF VETERANS AFFAIRS	V.A. HOSPITAL	GAINESVILLE	FL	32608	229	\$468,864	YES	YES	YES	YES	YES
9	RX TO GO	PHARMACY	MULTIPLE	RX	MULTI	71	\$428,052	YES	YES	YES	YES	NO
10	KROGER SPECIALTY PHARMACY LA	PHARMACY	MULTIPLE	RX	MULTI	62	\$368,321	YES	YES	YES	NO	YES
11	CAREMARK ILLINOIS SPECIALTY PHARMACY LLC DBA	PHARMACY	MULTIPLE	RX	MULTI	49	\$342,743	YES	YES	YES	YES	NO
12	HCA FLORIDA OCALA HOSPITAL	ACUTE CARE HOSPITAL	OCALA	FL	34471	27	\$289,272	YES	YES	YES	YES	YES
13	EMERGENCY PHYSICIANS MEDICAL CENTER	URGENT CARE CENTER	GAINESVILLE	FL	32608	882	\$286,936	YES	YES	YES	YES	YES
14	WALMART PHARMACY	PHARMACY	MULTIPLE	RX	MULTI	2,235	\$257,228	YES	YES	YES	YES	YES
15	HCA FLORIDA ORANGE PARK HOSPITAL	ACUTE CARE HOSPITAL	ORANGE PARK	FL	32073	8	\$251,117	YES	YES	YES	YES	YES
16	DICKERSON, LAURA C	PHYSICIAN - M.D.	GAINESVILLE	FL	32605	372	\$190,673	YES	YES	YES	YES	YES
17	ADVENTHEALTH WESLEY CHAPEL	ACUTE CARE HOSPITAL	WESLEY CHAPEL	FL	33544	7	\$183,008	YES	YES	YES	YES	YES
18	SMITH NORTHVIEW HOSPITAL		VALDOSTA	GA	31603	21	\$180,079	YES	YES	YES	YES	YES
19	BAPTIST MEDICAL CENTER	ACUTE CARE HOSPITAL	JACKSONVILLE	FL	32207	39	\$174,785	YES	YES	YES	YES	YES
20	EVOLVENT SPECIALTY SERVICES	MEDICAL SUPPLY COMPANY WITH ORTHOTIST AND AMBULATORY SURGICAL CENTER	LAKELAND	FL	33803	19	\$167,284	NO	YES	YES	NO	YES
21	NORTH FLORIDA ENDOSCOPY CTR	AMBULATORY SURGICAL CENTER	GAINESVILLE	FL	32605	144	\$166,551	YES	YES	YES	YES	YES
22	ADVENTHEALTH OCALA	ACUTE CARE HOSPITAL	OCALA	FL	34471	21	\$140,646	YES	YES	YES	YES	YES
23	COMMUNITY A WALGREENS PHARMACY	PHARMACY	MULTIPLE	RX	MULTI	147	\$127,650	YES	YES	YES	YES	NO
24	AMAZON PHARMACY	PHARMACY	MULTIPLE	RX	MULTI	976	\$124,740	YES	YES	YES	YES	NO
25	NORTH FLORIDA SURGICAL PAVILION	AMBULATORY SURGICAL CENTER	GAINESVILLE	FL	32605	31	\$123,822	YES	YES	YES	YES	YES
26	ST MARYS MEDICAL CENTER	ACUTE CARE HOSPITAL	WEST PALM BEACH	FL	33407	3	\$118,500	YES	YES	YES	YES	YES
27	SELECT SPECIALTY HOSPITAL-GAINESVILLE	LONG TERM ACUTE CARE FACILITY	GAINESVILLE	FL	32610	2	\$110,588	YES	YES	YES	YES	YES
28	ORTHOPAEDIC SURGERY CENTER	AMBULATORY SURGICAL CENTER	GAINESVILLE	FL	32607	51	\$109,315	YES	YES	YES	YES	YES
29	MAYO CLINIC FLORIDA HOSPITAL	ACUTE CARE HOSPITAL	JACKSONVILLE	FL	32224	33	\$100,120	YES	YES	YES	YES	YES
30	HCA FLORIDA LAKE CITY HOSPITAL	ACUTE CARE HOSPITAL	LAKE CITY	FL	32055	22	\$97,666	YES	YES	YES	YES	YES
31	PATEL, VIJAY M	PHYSICIAN - M.D.	GAINESVILLE	FL	32605	466	\$96,393	YES	YES	YES	YES	YES
32	INVISION NORTH FLORIDA OUTPATIENT IMAGING CENTER	INDEPENDENT DIAGNOSTIC TESTING	GAINESVILLE	FL	32605	248	\$86,666	YES	YES	YES	YES	YES
33	CARING PHARMACY	PHARMACY	MULTIPLE	RX	MULTI	558	\$77,137	YES	YES	YES	YES	NO
34	SHANDS VISTA , SHANDS AT VISTA	BEHAVIORAL HEALTH UNIT	GAINESVILLE	FL	32606	6	\$74,709	YES	YES	YES	YES	YES
35	HCA FLORIDA MEMORIAL HOSPITAL	ACUTE CARE HOSPITAL	JACKSONVILLE	FL	32216	2	\$74,470	YES	YES	YES	YES	YES



City of Gainesville  
**Provider Disruption Analysis - Medical & Pharmacy**



**Sorted by Paid Claims - Top 100 Providers**

**Experience Period: May 2023 to April 2024**

Sorted By:

No.	Provider Name	Provider Type	City	State	Zip	# of Claims	Plan Paid Claims	Florida Blue	Aetna Self Funded	Aetna Fully Insured	Cigna	UHC Choice +
36	PROCARE PHARMACY DIRECT LLC	INJECTABLE DRUG SUPPLIER	MONROEVILLE	PA	15146	9	\$72,465	YES	YES	YES	YES	YES
37	BIOLOGICS	PHARMACY	MULTIPLE	RX	MULTI	14	\$72,112	YES	YES	YES	YES	YES
38	KROGER SPECIALTY PHARMACY FL	PHARMACY	MULTIPLE	RX	MULTI	11	\$69,344	YES	YES	YES	NO	YES
39	HITCHCOCK'S PHARMACY	PHARMACY	MULTIPLE	RX	MULTI	1,134	\$63,758	YES	YES	YES	YES	NO
40	NANCE, AMY	PHYSICIAN - M.D.	SANTA ROSA BEACH	FL	32459	362	\$54,301	YES	YES	YES	YES	YES
41	TAMPA GENERAL HOSPITAL	ACUTE CARE HOSPITAL	TAMPA	FL	33606	3	\$53,695	YES	YES	YES	YES	YES
42	SHANDS RECOVERY, LLC.	SUBSTANCE ABUSE FACILITY	GAINESVILLE	FL	32608	11	\$51,826	YES	YES	YES	NO	YES
43	CORAM ALTERNATE SITE SERVICES, INC	PHARMACY WITH INFUSION THERAPY	JACKSONVILLE	FL	32256	773	\$51,373	YES	YES	YES	YES	NO
44	DOCTORS IMAGING GROUP LLC	INDEPENDENT DIAGNOSTIC TESTING	GAINESVILLE	FL	32605	516	\$50,083	YES	YES	YES	YES	YES
45	INTEGRA RX	PHARMACY	MULTIPLE	RX	MULTI	42	\$49,720	YES	YES	YES	YES	NO
46	BARNES HEALTHCARE OF FLORIDA LLC	PHARMACY WITH INFUSION THERAPY	GAINESVILLE	FL	32606	685	\$49,719	YES	YES	YES	NO	NO
47	ALLIANCERX WALGREENS PHARMACY	PHARMACY	MULTIPLE	RX	MULTI	1	\$49,590	YES	YES	YES	YES	NO
48	AHF PHARMACY	PHARMACY	MULTIPLE	RX	MULTI	13	\$48,361	YES	YES	YES	YES	NO
49	WINN DIXIE	PHARMACY	MULTIPLE	RX	MULTI	515	\$48,146	YES	YES	YES	YES	YES
50	CURANT HEALTH FLORIDA LLC	PHARMACY	MULTIPLE	RX	MULTI	13	\$47,904	YES	YES	YES	YES	NO
51	SAM'S PHARMACY	PHARMACY	MULTIPLE	RX	MULTI	151	\$47,871	YES	YES	YES	YES	YES
52	DOSHI, KETAN D	PHYSICIAN - M.D.	LADY LAKE	FL	32159	6	\$45,353	YES	YES	YES	YES	YES
53	BERGER, MAURY B	PHYSICIAN - M.D.	LADY LAKE	FL	32159	9	\$44,483	YES	YES	YES	YES	YES
54	BROOKS REHABILITATION HOSPITAL	REHABILITATION HOSPITAL	JACKSONVILLE	FL	32216	4	\$43,517	YES	YES	YES	YES	YES
55	FLORIDA CLINICAL PRACTICE ASSOCIATION INC	CLINICAL LABORATORY	GAINESVILLE	FL	32610	1,145	\$42,974	YES	YES	YES	YES	YES
56	MADISON STREET PHARMACY	PHARMACY	MULTIPLE	RX	MULTI	312	\$42,472	YES	YES	YES	YES	NO
57	SUNSHINE DRUGS	PHARMACY	MULTIPLE	RX	MULTI	190	\$42,159	YES	YES	YES	YES	NO
58	WINTER HAVEN HOSPITAL, INC.	ACUTE CARE HOSPITAL	WINTER HAVE	FL	33881	1	\$41,878	YES	YES	YES	YES	YES
59	SARASOTA MEMORIAL HOSPITAL	ACUTE CARE HOSPITAL	SARASOTA	FL	34239	1	\$41,234	YES	YES	YES	YES	YES
60	SOUTH LAKE HOSPITAL INC	ACUTE CARE HOSPITAL	CLERMONT	FL	34711	1	\$39,562	YES	YES	YES	YES	YES
61	EXACT SCIENCES LABORATORIES LLC	CLINICAL LABORATORY	MADISON	WI	53713	75	\$39,295	YES	YES	YES	YES	YES
62	KYONG, VIOLET	BEHAVIORAL ANALYST	GAINESVILLE	FL	32606	166	\$39,183	YES	YES	YES	YES	YES
63	HCA FLORIDA CITRUS HOSPITAL	ACUTE CARE HOSPITAL	INVERNESS	FL	34452	4	\$38,818	YES	YES	YES	YES	YES
64	THE CARDIAC AND VASCULAR INSTITUTE AMBULATORY SURG	AMBULATORY SURGICAL CENTER	GAINESVILLE	FL	32605	8	\$38,043	YES	YES	YES	YES	YES
65	ST VINCENTS MEDICAL CENTER CLAY COUNTY	ACUTE CARE HOSPITAL	MIDDLEBURG	FL	32068	14	\$38,023	YES	YES	YES	YES	YES
66	MH MISSION HOSPITAL LLLP		ASHEVILLE	NC	28803	2	\$37,847	YES	YES	YES	YES	YES
67	ACCREDITO HEALTH GROUP INC.	PHARMACY	MULTIPLE	RX	MULTI	7	\$36,939	YES	YES	YES	YES	YES
68	HASANEIN, HASSAN	PHYSICIAN - M.D.	LAKELAND	FL	33805	42	\$36,182	YES	YES	YES	YES	YES
69	MAMMOGRAPHY AND ULTRASOUND IMAGING CE	INDEPENDENT DIAGNOSTIC TESTING	GAINESVILLE	FL	32607	292	\$33,745	YES	YES	YES	YES	YES
70	BAYA PHARMACY EAST	PHARMACY	MULTIPLE	RX	MULTI	149	\$32,649	YES	YES	YES	YES	NO

**City of Gainesville**  
**Provider Disruption Analysis - Medical & Pharmacy**



**Sorted by Paid Claims - Top 100 Providers**

**Experience Period: May 2023 to April 2024**

*Sorted By:*

No.	Provider Name	Provider Type	City	State	Zip	# of Claims	Plan Paid Claims	Florida Blue	Aetna Self Funded	Aetna Fully Insured	Cigna	UHC Choice +
71	UF HEALTH REHAB HOSPITAL	REHABILITATION HOSPITAL	GAINESVILLE	FL	32608	2	\$31,275	YES	YES	YES	YES	YES
72	TFP WELLNESS SYSTEMS	PHARMACY	MULTIPLE	RX	MULTI	27	\$30,881	YES	YES	YES	YES	NO
73	BUDANIA, JYOTI	PHYSICIAN - M.D.	GAINESVILLE	FL	32653	382	\$29,311	YES	YES	YES	YES	YES
74	ST JOSEPHS MEDICAL CENTER		LOS ANGELES	CA	90074	3	\$29,208	YES	YES	YES	YES	YES
75	MAGNOLIA RIDGE REHABILITATION CENTER	SKILLED NURSING FACILITY	GAINESVILLE	FL	32606	16	\$29,127	NO	NO	NO	YES	NO
76	BEACH HOUSE CENTER FOR RECOVERY	RESIDENTIAL TREATMENT FACILITY	JUNO BEACH	FL	33408	4	\$27,056	YES	NO	NO	NO	YES
77	GROOMS, MARY C	PHYSICIAN - M.D.	GAINESVILLE	FL	32605	331	\$26,972	YES	YES	YES	YES	YES
78	SOLEO HEALTH INC	PHARMACY WITH INFUSION THERAPY	ALTAMONTE S	FL	32701	31	\$26,958	YES	YES	YES	YES	YES
79	HALIFAX MEDICAL CENTER	ACUTE CARE HOSPITAL	DAYTONA BEA	FL	32114	3	\$26,769	YES	YES	YES	YES	YES
80	UF HEALTH PHARMACYMEDICAL PLAZA	PHARMACY	MULTIPLE	RX	MULTI	115	\$26,698	YES	YES	YES	YES	NO
81	SARANTOS, KATHERYN E	PHYSICIAN - M.D.	GAINESVILLE	FL	32653	348	\$26,397	YES	YES	YES	YES	YES
82	MED TRANS CORPORATION	AMBULANCE SERVICE	SAINT AUGUST	FL	32086	2	\$26,083	YES	YES	YES	YES	YES
83	ADOLPHSON, DOUGLAS	PHYSICIAN - M.D.	GAINESVILLE	FL	32608	62	\$25,729	YES	YES	YES	YES	YES
84	MORTON PLANT NORTHBAY HOSPITAL	ACUTE CARE HOSPITAL	NEW PORT RIC	FL	34652	2	\$24,514	YES	YES	YES	YES	YES
85	PARROTT, MICHAEL B	PHYSICIAN - M.D.	OCALA	FL	34481	136	\$24,041	YES	YES	YES	YES	YES
86	ODOCHA, INNOCENT N	PHYSICIAN - M.D.	GAINESVILLE	FL	32601	372	\$23,572	YES	YES	YES	YES	YES
87	HAUPTMAN, GARRETT A	PHYSICIAN - M.D.	JACKSONVILLE	FL	32258	193	\$23,392	YES	YES	YES	YES	YES
88	MAYO PHARMACY	PHARMACY	MULTIPLE	RX	MULTI	113	\$23,384	YES	YES	YES	YES	NO
89	WYATT, MICHAEL D	PHYSICIAN - M.D.	GAINESVILLE	FL	32610	276	\$23,222	YES	YES	YES	YES	YES
90	DIONEDA, NOLI B	REGISTERED PHYSICAL THERAPIST	JACKSONVILLE	FL	32224	167	\$22,877	YES	YES	YES	YES	YES
91	MASSIAS, MICHELLE D	PHYSICIAN - M.D.	GAINESVILLE	FL	32653	289	\$22,368	YES	YES	YES	YES	YES
92	ALACHUA COUNTY FIRE RESCUE	AMBULANCE SERVICE	GAINESVILLE	FL	32601	213	\$22,313	NO	YES	YES	YES	YES
93	CHEN, JINGHUA	PHYSICIAN - M.D.	BAY PINES	FL	33744	37	\$22,256	YES	YES	YES	YES	YES
94	SNINSKY, CHARLES A	PHYSICIAN - M.D.	GAINESVILLE	FL	32605	93	\$21,790	YES	YES	YES	YES	YES
95	BROOKS REHAB CENTER	REHABILITATION FACILITY	JACKSONVILLE	FL	32216	30	\$21,432	YES	YES	YES	YES	YES
96	PLAZA HEALTH AND REHAB	SKILLED NURSING FACILITY	GAINESVILLE	FL	32608	5	\$20,927	YES	NO	NO	NO	NO
97	PERKINS, CHARLES L	PHYSICIAN - M.D.	LAKE CITY	FL	32025	41	\$20,330	YES	YES	YES	YES	YES
98	HOOGHUIS, LAWRENCE A	PHYSICIAN - M.D.	GAINESVILLE	FL	32608	13	\$20,214	YES	YES	YES	YES	YES
99	MAS, OLGA M	PHYSICIAN - M.D.	GAINESVILLE	FL	32653	285	\$19,601	YES	YES	YES	YES	YES
100	BEAR CREEK NURSING CENTER INC.	SKILLED NURSING FACILITY	HUDSON	FL	34667	5	\$19,529	YES	YES	YES	YES	NO
<b>Top 100 Provider Analysis</b>						<b>In-Network Providers</b>	97	97	97	93	78	
						<b>Out-of-Network Providers</b>	3	3	3	7	22	
						<b>Total Providers</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	
						<b>% of In-Network Providers</b>	<b>97.0%</b>	<b>97.0%</b>	<b>97.0%</b>	<b>93.0%</b>	<b>78.0%</b>	

<b>Complete Analysis</b>						<b>In-Network Providers</b>	5,171	5,379	5,375	5,296	4,982
						<b>Out-of-Network Providers</b>	338	130	134	213	527
						<b>Total Providers</b>	<b>5,509</b>	<b>5,509</b>	<b>5,509</b>	<b>5,509</b>	<b>5,509</b>
						<b>% of In-Network Providers</b>	<b>93.9%</b>	<b>97.6%</b>	<b>97.6%</b>	<b>96.1%</b>	<b>90.4%</b>

THIS REPORT CONTAINS CONFIDENTIAL AND PROPRIETARY INFORMATION

Medical Repricing		Florida Blue		Aetna		Cigna		UnitedHealthcare	
	Billed	Allowed	Discount	Allowed	Discount	Allowed	Discount	Allowed	Discount
Inpatient	[REDACTED]	[REDACTED]	[REDACTED]						
Outpatient	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Professional/Other	[REDACTED]	[REDACTED]	[REDACTED]						
Out of Network/ Excluded			-	[REDACTED]	-	[REDACTED]	-		-
Cigna Estimated Capitation*			-		-	[REDACTED]	-		-
<b>Total</b>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

THIS REPORT CONTAINS CONFIDENTIAL AND PROPRIETARY INFORMATION

		Alachua County	Marion County	Levy County	Columbia County	Gilchrist County	Putnam County	Clay County	Union County	Bradford County
Doctors	[Redacted]	[Redacted]								
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Outpatient Hospital	[Redacted]	[Redacted]								
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Inpatient Hospital	[Redacted]	[Redacted]								
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Urgent Care Centers	[Redacted]	[Redacted]								
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
Emergency Room	[Redacted]	[Redacted]								
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

<sup>1</sup>Florida Blue provided overall discounts by place of service and did not break out discounts by county.

<sup>2</sup>Cigna's discount provided under the urgent care centers and emergency room categories represents an overall outpatient discount.

# Performance Guarantees & References

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**City of Gainesville**  
**Performance Guarantee Evaluation - Florida Blue Self Funded**  
**Effective Date: January 1, 2025**



<i>Service Performance Guarantees</i>		
<b>Service</b>	<b>Criteria</b>	<b>% at Risk (ASO Fee)</b>
Call Abandonment Rate	≤5% ≥5.1%	0.0% 1.25%
Average Phone Queue Time	≤30 seconds ≥31 seconds	0.0% 1.25%
Blockage Rate: percentage of calls blocked during business hours	≤8% ≥8.1%	0.0% 1.25%
Enrollment Timeliness: percentage of ID cards mailed by effective date	≥99% ≤98.9%	0.0% 1.25%
Claims Processing Timeliness: percentage of claims processed within 30 days of receipt	≥97% ≤96.9%	0.0% 1.25%
Claims Processing Accuracy	≥97% ≤96.9%	0.0% 1.25%
Claims Dollar Accuracy	≥98% ≤97.9%	0.0% 1.25%
Inquiry Timeliness	<90%	1.25%
<b>TOTAL AT RISK</b>		<b>10.0%</b>

*FOOTNOTE:  
Additional Caveats Apply, please see proposal for more details.*

**City of Gainesville**  
**Performance Guarantee Evaluation - Florida Blue Fully Insured**  
**Effective Date: January 1, 2025**



<i>Service Performance Guarantees</i>		
<b>Service</b>	<b>Criteria</b>	<b>Amount at Risk</b>
Call Abandonment Rate	≤5% ≥5.1%	\$0 \$12,500
Average Phone Queue Time	≤30 seconds ≥31 seconds	\$0 \$12,500
Blockage Rate: percentage of calls blocked during business hours	≤8% ≥8.1%	\$0 \$12,500
Enrollment Timeliness: percentage of ID cards mailed by effective date	≥99% ≤98.9%	\$0 \$12,500
Claims Processing Timeliness: percentage of claims processed within 30 days of receipt	≥97% ≤96.9%	\$0 \$12,500
Claims Processing Accuracy	≥97% ≤96.9%	\$0 \$12,500
Claims Dollar Accuracy	≥98% ≤97.9%	\$0 \$12,500
Inquiry Timeliness	<90%	\$12,500
<b>TOTAL AT RISK</b>		<b>\$100,000</b>

*FOOTNOTE:  
Additional Caveats Apply, please see proposal for more details.*

**City of Gainesville**  
**Performance Guarantee Evaluation - Aetna Self Funded**  
**Effective Date: January 1, 2025**



<i>Implementation &amp; Service Performance Guarantees</i>		
<b>Service</b>	<b>Criteria</b>	<b>% at Risk</b>
Implementation - Overall	Average score on evaluations of 3.0	3.0%
Implementation - ID Cards	97% within 15 business days of receiving file	1.5%
Account Management - Overall	Average score on evaluations of 3.0	3.0%
Claims Administration - Turnaround Time	14 calendar days for 90.0% of processed claims	2.5%
Claims Administration - Financial Accuracy	99.0%	2.5%
Claims Administration - Total Claim Accuracy	95.0%	2.5%
Member Services - Customer Effort Score (CES)	95.0%	2.5%
Member Services - Customer Satisfaction (CSAT)	95.0%	2.5%
<b>TOTAL AT RISK</b>		<b>20.0%</b>

<i>Medical Discount Guarantees</i>		
<b>Service</b>	<b>Criteria (Discount %)</b>	<b>% at Risk (ASO Fee)</b>
Overall In-Network Discount	69.30%	40.0%
Illustrative Inpatient Hospital Discount	75.71%	
Illustrative Outpatient Hospital Discount	72.29%	
Illustrative Physician/Other Discount	60.05%	
Illustrative Composite Target Discount	69.30%	
<b>TOTAL AT RISK</b>		<b>40.0%</b>

*FOOTNOTE:*  
*Additional Caveats Apply, please see proposal for more details.*



City of Gainesville  
 Performance Guarantee Evaluation - Aetna Fully Insured  
 Effective Date: January 1, 2025



<i>Implementation &amp; Service Performance Guarantees</i>		
<b>Service</b>	<b>Criteria</b>	<b>Amount at Risk</b>
Implementation - Overall	Average score on evaluations of 3.0	\$79,909
Implementation - ID Cards	97% within 15 business days of receiving file	\$79,909
Account Management - Overall	Average score on evaluations of 3.0	\$79,909
Member Satisfaction	Positive response rate of 80% or higher on Satisfaction Survey	\$79,909
<b>TOTAL AT RISK</b>		<b>\$319,636</b>

*FOOTNOTE:  
 Additional Caveats Apply, please see proposal for more details.*

<i>Implementation &amp; Service Performance Guarantees</i>		
Service	Criteria	Amount at Risk
ID Cards	98% of the ID cards will be mailed by the agreed upon Commitment Date in the Implementation Calendar. Results measured at Account Level. Excludes Digital ID Card delivery.	\$5,000
Claim Readiness	Implementation Claim Readiness. Benefit Profile and eligibility information loaded on claims processing system as of the Commitment Date set forth in the approved Implementation Calendar. Results measured at Account Level.	\$5,000
Call Readiness	Implementation Call Readiness. Service Center(s) ready to respond to customer inquiries as of the Commitment Date set forth in the approved Implementation Calendar. Results measured at Account Level.	\$5,000
Implementation Satisfaction	Implementation Satisfaction. Score of no less than three (3) on the question: Overall, how satisfied were you with your most recent installation experience with Cigna? in the Cigna HealthCare Implementation Survey. Results measured at Account Level.	\$5,000
Claim Time-to-Process	Medical Time to Process. Measured for the Term of the Agreement, results will meet or exceed: 92% of Claims Processed within 14 calendar days. Results measured at Account Level.	\$5,000
Claim Time-to-Process	Medical Time to Process. Measured for the Term of the Agreement, results will meet or exceed: 98% of Claims Processed within 30 calendar days. Results measured at Account Level.	\$5,000
Financial Accuracy	Measured for the Term of the Agreement, results will meet or exceed: 99% of total audited claim dollars are correctly paid. Results measured at Claim Platform Level.	\$5,000
Processing Accuracy	Measured for the term of the Agreement, results will meet or exceed: 95% of total audited claims correctly Processed. Results measured at Claim Platform Level.	\$5,000
Processing Accuracy	Measured for the term of the Agreement, results will meet or exceed: 97% of total audited claims without a coding error excluding any claim with a payment error. Results measured at Claim Platform Level.	\$5,000
Payment Accuracy	Medical Payment Accuracy. Measured for the Term of the Agreement, results will meet or exceed: 97% of total audited claims are correctly paid. Results measured at Claim Platform Level.	\$5,000
Average Speed of Answer	Medical ASA. Measured for the Term of the Agreement, results will not exceed: 30 seconds to answer a Call. Results measured at Special Account Queue Level.	\$5,000
Call Abandonment Rate	Measured for the Term of the Agreement, results will not exceed: 2% of Calls received terminated. Results measured at Special Account Queue Level.	\$5,000
First Call Resolution	Measured for the Term of the Agreement, results will meet or exceed: 90% of Calls resolved on first Inquiry, 45 day look back/forward. Results measured at Account Level.	\$5,000
CSA Quality	Measured for the Term of the Agreement, results will mee or exceed: 95% quality standard. Results measured at Book of Business Level.	\$5,000
Automated Maintenance Eligibility Processing	Measured for the Term of the Agreement, results will meet or exceed: 99% files processed in 2 Business Days after the receipt of clean eligibility. Results measured at Account Level.	\$5,000
Account Management	Composite Score (all categories) of 3.0 or better on the Account Management Report Card based on four (4) quarterly scorecards. Results measured at Account Level.	\$5,000
<b>TOTAL AT RISK</b>		<b>\$80,000</b>

Medical Discount Guarantees		
Service	Criteria (Discount %)	Amount at Risk
All Sites	63.50%	Cigna is guaranteeing the individual Service Area Discounts with an illustrative weighted average of 63.5% with a 2.0% corridor and a maximum of \$8.00 per employee per month at risk (estimated \$184,800 at risk in 2025).
FL, OCALA/GAINESVILLE	59.90%	
FL, JACKSONVILLE OUTER	65.20%	
FL, VOLUSIA	69.90%	
FL, JACKSONVILLE	56.10%	
FL, TAMPA	70.50%	
FL, TALLAHASSEE	66.00%	
FL, PENSACOLA	67.10%	
All Other Sites	60.80%	
<b>TOTAL AT RISK</b>		

*FOOTNOTE:  
 Additional Caveats Apply, please see proposal for more details.*

**City of Gainesville**  
**Performance Guarantee Evaluation - PharmAvail**  
**Effective Date: January 1, 2025**



<b>Implementation - Operational Performance Guarantees</b>		
<b>Service</b>	<b>Criteria</b>	<b>Amount at Risk</b>
Clean Implementation	No systems errors, ID card delays, and group's online access to all tools prior to Clients Effective Date	-
Implementation Timeline	Implementation team will be assigned and introduced to group at least 6 months in advance of Clients Effective Date	-
Implementation Team	Implementation team members will not change and will be responsible for the accurate installation of all administrative, clinical and financial parameters for group's program	-
Implementation Satisfaction Scorecard	Assigned Account Executive will work with group prior to the start of implementation to agree on terms of a satisfaction scorecard to be issued to group after Client Effective Date for completion	-
<b>TOTAL AT RISK</b>		<b>\$30,000*</b>

*\*One-time credit \$30,000 for all implementation guarantees in above table combined.*

<b>Ongoing - Operational Performance Guarantees (Standard)</b>		
<b>Service</b>	<b>Criteria</b>	<b>Amount at Risk</b>
Protected Health Information	IPM guarantees no incidents in violation of HIPAA Security Rules which results in a transmission of electronic PHI for the group's covered members	-
Plan Administration	Implementation of all plan design changes will be 100% accurate	-
Pricing Change Accuracy	Implementation of all pricing changes will be 100% accurate	-
Financial accuracy (electronic and paper claims)	Percentage of claim payments made without error relative to the total dollars paid will be at least 99%	-
Mail Service Non- Financial Accuracy	The Mail Order Pharmacy will guarantee dispensing accuracy of at least 99.995% (correct participant name, correct participant address, correct drug, correct dosage form, and correct strength)	-
System Downtime	At least 99.5% access to its systems by all the retail pharmacies in IPM's network 24 hours a day, 7 days a week, 365 days a year	-
Invoicing Errors	All invoicing errors will be credits back to group by next billing cycle or IPM will pay interest	-
Claims Eligibility Data	Eligibility loads not to exceed 24- hours after receipt	-
Eligibility Data Error Reporting	Eligibility file error reporting on all eligibility file updates will be provided to Client within 2 business days	-
Eligibility Error Rate Audits	Error rate identified through quarterly audits will not exceed, on an average basis, 2%	-
Retail Pharmacy Audit	IPM will perform an on-site audit of 3% or more of retail Network pharmacies which dispense greater than 500 claims a year	-
Retail Pharmacy Turnover	Less than 5% of retail Network Pharmacies will leave the retail network	-
Claims Detail File	All claims detail files sent to external vendors will be provided within 8 days of request or scheduled delivery date	-
<b>TOTAL AT RISK</b>		<b>\$20,000**</b>

*\*\*An annual ongoing operational performance guarantee of \$20,000 measured annually. Client will inform IPM of its percentage allocation (total of 100%) to the applicable guarantees; provided that no more than 20% may be allocated to a single standard.*

**FOOTNOTE:**

*Additional Caveats Apply. Standard Performance Guarantees shown. Additional categories were provided for Ongoing Performance Guarantees, please see proposal for more details.*

**City of Gainesville**  
**Performance Guarantee Evaluation - UnitedHealthcare**  
**Effective Date: January 1, 2025**



<i>Implementation &amp; Service Performance Guarantees</i>		
<b>Service</b>	<b>Criteria</b>	<b>Amount at Risk</b>
ID Cards	99% mailed within 10 business days after final member eligibility is received, system loaded and passes a quality assurance check.	\$8,300
Electronic Claim Ready Date	Electronic Claim Ready by the effective date or within 18 business days after account structure is entered into the system, final member eligibility is received, and benefit plan design is finalized.	\$8,300
Medical Eligibility Initial Implementation File	Load all medical eligibility to eligibility system within 3 business days of receipt. This is applicable to Initial Implementation file only, does not apply to paper eligibility (i.e. Spreadsheet Solutions/xTool).	\$8,300
Time to Process: percent of claims paid in 10 business days	Gradient: 94.00 % in ten business days to 94.00% within 15 or more business days	\$1,660 - \$8,300
Dollar Accuracy: Percentage of claims dollars processed accurately	Gradient: 99.00% to below 97.00%	\$1,660 - \$8,300
Procedural Accuracy: percent of claims processed without non-financial error	Gradient: 97.00% to below 95.00%	\$1,660 - \$8,300
Average Speed to Answer	Gradient: 30 seconds or less to greater than 38 seconds	\$1,660 - \$8,300
Abandonment Rate	Gradient: 1.80% to greater than 3.80%	\$1,660 - \$8,300
Call Quality Score	Gradient: 93.00% to below 85.00%	\$1,660 - \$8,300
Claimant & Key Customer Overall Satisfaction	80% satisfaction score based on % responding: Completely Satisfied, Very Satisfied and Somewhat Satisfied	\$4,150
Overall UHC Satisfaction: Employer health care decision makers	Based on the response to the question, "Overall, how satisfied are you with UnitedHealthcare?" If the response is a score of 5-10 on the 0-10 scale where 0 means very dissatisfied and 10 means very satisfied, the guarantee has been met.	\$4,150
<b>TOTAL AT RISK</b>		<b>\$83,000</b>

*FOOTNOTE:*  
*Additional Caveats Apply, please see proposal for more details.*

**THIS REPORT CONTAINS CONFIDENTIAL AND PROPRIETARY INFORMATION**

	Municipal References
Request	Provide three (3) references from Florida municipal entities with at least 2,500 employees.
Medical/Rx Carriers	
Aetna	[REDACTED]
Cigna	[REDACTED]
UnitedHealthcare	[REDACTED]



