

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

	Current		Renewal - Option #1		Renewal - Option #2	
	Florida Blue		Florida Blue		Florida Blue	
SCHEDULE OF BENEFITS	BlueOptions 03359 Plan		BlueOptions 03359 Plan		BlueOptions 03359 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
Out of Pocket Maximum	<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%
Non-Hospital Services						
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	\$45	40% after CYD
Convenient Care Center	\$15	40% after CYD	\$15	40% after CYD	\$15	40% after CYD
Virtual Care (PCP/Specialist)	\$15 / 20% after CYD	Not Covered	\$15 / 20% after CYD	Not Covered	\$15 / 20% after CYD	Not Covered
Preventive Care	No Charge	40%	No Charge	40%	No Charge	40%
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
Hospital Services						
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	ASC: 40% after CYD / Hosp: 20% after INN-CYD	20% after CYD	ASC: 40% after CYD / Hosp: 20% after INN-CYD
Mental Health/Substance Abuse						
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	\$150	40% after CYD
Prescription Drugs						
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
Monthly Rates	Current Premium Equivalents		Premium Equivalents (No Change)		Proposed Theoretical Rates*	
Employee Only	1,232	\$796.05		\$796.05		\$820.73
Employee + Spouse	221	\$1,577.04		\$1,577.04		\$1,625.93
Employee + Child(ren)	119	\$1,137.30		\$1,137.30		\$1,172.56
Employee + Family	355	\$2,027.07		\$2,027.07		\$2,089.91
Monthly Cost	1,927	\$2,184,208		\$2,184,208		\$2,251,918
Annual Cost		\$26,210,496		\$26,210,496		\$27,023,021
\$ Increase / Decrease		N/A		\$0		\$812,525
% Increase / Decrease		N/A		0.0%		3.1%

*Estimated premium changes provided by Florida Blue.

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SCHEDULE OF BENEFITS	Current		Renewal - Option #3		Renewal - Option #4	
	Florida Blue		Florida Blue		Florida Blue	
	BlueOptions 03359 Plan		BlueOptions 03359 Plan		BlueOptions 05774 Plan	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Single	\$600		\$600		\$3,000	\$6,000
Family	\$1,800		\$1,800		\$9,000	\$18,000
Pharmacy Deductible	\$300	\$300	\$300	\$300	\$300	\$300
Out of Pocket Maximum	<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	\$6,350	\$15,000
Family	\$7,500	\$10,000	\$7,500	\$10,000	\$12,700	\$30,000
Coinsurance	20%	40%	20%	40%	20%	50%
Non-Hospital Services						
Primary Care Office Visit	\$15	40% after CYD	\$15	40% after CYD	\$40	50% after CYD
Specialist Office Visit	20% after CYD	40% after CYD	\$60	40% after CYD	\$100	50% after CYD
Convenient Care Center	\$15	40% after CYD	\$15	40% after CYD	\$40	50% after CYD
Virtual Care (PCP/Specialist)	\$15 / 20% after CYD	Not Covered	\$15 / 20% after CYD	Not Covered	\$0 / \$100	Not Covered
Preventive Care	No Charge	40%	No Charge	40%	No Charge	50%
Diagnostic Testing	ICL: No Charge / IDTC: \$50	40% after CYD	ICL: No Charge / IDTC: \$50	40% after CYD	ICL: No Charge / IDTC: \$50	50% after CYD
Advanced Imaging	\$125	40% after CYD	\$125	40% after CYD	\$400	50% after CYD
Urgent Care	\$30	\$30	\$30	\$30	\$100	CYD + \$100
Hospital Services						
Inpatient	\$750	40% after CYD	\$750	40% after CYD	\$500 PAD + 20% after CYD	\$500 PAD + 50% after CYD
Outpatient	ASC: \$100 / Hosp: \$150	40% after CYD	ASC: \$100 / Hosp: \$150	40% after CYD	ASC: \$350 / Hosp: 20% after CYD	50% after CYD
Emergency Room	\$250	\$250	\$250	\$250	\$400	\$400
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	20% after CYD	20% after INN-CYD
Mental Health/Substance Abuse						
Inpatient	\$750	40% after CYD	\$750	40% after CYD	No Charge	50%
Outpatient Office Visit	\$15	40% after CYD	\$15	40% after CYD	No Charge	50%
Outpatient Other	\$150	40% after CYD	\$150	40% after CYD	No Charge	50%
Prescription Drugs						
Tier 1 - Generic	\$10	40%	\$10	40%	\$10	50%
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 + 50%
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 + 50%
Specialty	\$160	\$300 Rx Ded + 40%	\$160	\$300 Rx Ded + 40%	\$160	\$300 Rx Ded + 50%
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	\$30 / \$300 Rx Ded + \$50 / \$300 Rx Ded + \$80	Not Covered
Monthly Rates	Current Premium Equivalents		Proposed Theoretical Rates*		Proposed Theoretical Rates*	
Employee Only	1,232	\$796.05		\$811.57		\$721.22
Employee + Spouse	221	\$1,577.04		\$1,607.79		\$1,428.80
Employee + Child(ren)	119	\$1,137.30		\$1,159.48		\$1,030.39
Employee + Family	355	\$2,027.07		\$2,066.60		\$1,836.53
Monthly Cost	1,927	\$2,184,208		\$2,226,800		\$1,978,892
Annual Cost		\$26,210,496		\$26,721,601		\$23,746,709
\$ Increase / Decrease		N/A		\$511,105		-\$2,463,787
% Increase / Decrease		N/A		2.0%		-9.4%

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SCHEDULE OF BENEFITS	Current		Renewal - Option #5	
	Florida Blue BlueOptions 03359 Plan		Florida Blue BlueOptions 05905 Plan	
Calendar Year Deductible (CYD)	In-Network	Out-of-Network	In-Network	Out-of-Network
Single	\$600		\$7,000	\$14,000
Family	\$1,800		\$14,000	\$28,000
Pharmacy Deductible	\$300	\$300	\$300	\$300
Out of Pocket Maximum	<i>Includes Copays, Coinsurance and Rx</i>		<i>Includes Copays, Coinsurance and Rx</i>	
Single	\$4,500	\$5,000	\$7,350	\$15,500
Family	\$7,500	\$10,000	\$14,700	\$30,000
Coinsurance	20%	40%	30%	50%
Non-Hospital Services				
Primary Care Office Visit	\$15	40% after CYD	\$50	50% after CYD
Specialist Office Visit	20% after CYD	40% after CYD	\$75	50% after CYD
Convenient Care Center	\$15	40% after CYD	\$50	50% after CYD
Virtual Care (PCP/Specialist)	\$15 / 20% after CYD	Not Covered	\$0 / \$75	Not Covered
Preventive Care	No Charge	40%	No Charge	50%
Diagnostic Testing	ICL: No Charge / IDTC: \$50	40% after CYD	ICL: No Charge / IDTC: 30% after CYD	50% after CYD
Advanced Imaging	\$125	40% after CYD	30% after CYD	50% after CYD
Urgent Care	\$30	\$30	30% after CYD	30% after CYD
Hospital Services				
Inpatient	\$750	40% after CYD	30% after CYD	50% after CYD
Outpatient	ASC: \$100 / Hosp: \$150	40% after CYD	30% after CYD	50% after CYD
Emergency Room	\$250	\$250	30% after CYD	30% after INN-CYD
Physician/Surgeon Fees	20% after CYD	ASC: 40% after CYD / Hosp: 20% after INN-CYD	30% after CYD	30% after INN-CYD
Mental Health/Substance Abuse				
Inpatient	\$750	40% after CYD	No Charge	50%
Outpatient Office Visit	\$15	40% after CYD	No Charge	50%
Outpatient Other	\$150	40% after CYD	No Charge	50%
Prescription Drugs				
Tier 1 - Generic	\$10	40%	\$10	50%
Tier 2 - Preferred Brand	\$300 Rx Ded + \$50	\$300 Rx Ded + 40%	\$300 Rx Ded + \$50	\$300 Rx Ded + 50%
Tier 3 - Non-preferred Brand	\$300 Rx Ded + \$80	\$300 Rx Ded + 40%	\$300 Rx Ded + \$80	\$300 Rx Ded + 50%
Specialty	\$160	\$300 Rx Ded + 40%	\$160	\$300 Rx Ded + 50%
Mail Order (90 day supply)	\$20 / \$300 Rx Ded + \$100 / \$300 Rx Ded + \$160	Not Covered	\$30 / \$300 Rx Ded + \$50 / \$300 Rx Ded + \$80	Not Covered
Monthly Rates	Current Premium Equivalents		Proposed Theoretical Rates*	
Employee Only	1,232	\$796.05	\$644.00	
Employee + Spouse	221	\$1,577.04	\$1,275.83	
Employee + Child(ren)	119	\$1,137.30	\$920.08	
Employee + Family	355	\$2,027.07	\$1,639.90	
Monthly Cost	1,927	\$2,184,208	\$1,767,024	
Annual Cost		\$26,210,496	\$21,204,291	
\$ Increase / Decrease		N/A	-\$5,006,205	
% Increase / Decrease		N/A	-19.1%	

*Estimated premium changes provided by Florida Blue.