

City of Miami Springs

2017-18 Health, Dental, and Vision Insurance Plans

Summary of Benefits

	NEIGHBORHOOD HEALTH PARTNERSHIP (NHP)			UNITED HEALTHCARE
HEALTH PLANS	Low HMO	High HMO/ Police HMO	POS	CHOICE*
PLAN NAME/NUMBER	Plan FOSG	Plan F0RX	Plan F0ZD	Plan AQOM
ANNUAL DEDUCTIBLE				
<i>In-network</i>	\$750/\$1,500	\$0	\$750/\$1,500	\$750/\$1,500
<i>Out-of-Network</i>	N/A	N/A	\$1,500/\$3,000	\$1,500/\$3,000
OUT OF POCKET LIMIT				
<i>In-network</i>	\$2,250/\$5,500	\$1,500/\$3,000	\$2,750/\$5,500	\$2,750/\$5,500
<i>Out-of-Network</i>	N/A	N/A	\$5,500/\$11,000	\$5,500/\$11,000
LIFETIME MAXIMUM				
<i>In-network</i>	Unlimited	Unlimited	Unlimited	Unlimited
<i>Out-of-Network</i>	N/A	N/A	Unlimited	Unlimited
OFFICE VISIT				
<i>In-network PCP</i>	\$25 copay	\$15 copay	\$20 copay	\$20 copay
<i>In-network Specialists</i>	\$50 copay	\$15 copay	\$20 copay	\$40 copay
<i>Open Access</i>	Yes	Yes	Yes	Yes
<i>Out-of-Network</i>	N/A	N/A	40% after deductible	40% after deductible
PRESCRIPTION DRUGS				
<i>Formulary</i>	Yes	Yes	Yes	Yes
<i>Level 1</i>	\$10	\$10	\$10	\$10
<i>Level 2</i>	\$35	\$35	\$35	\$35
<i>Level 3</i>	\$60	\$50	\$60	\$60
<i>Level 4</i>	\$10/100/200	\$10/125/250	\$10/100/200	Subject to cost share
<i>Mail Order</i>	2.5 x copay for 90	2.0 x copay for 90 day	2.5 x copay for 90 day	2.5 x copay for 90 day
EMERGENCY ROOM	\$100 Copay	\$50 Copay	\$100 Copay	\$100 Copay
URGENT CARE				
<i>In-network</i>	\$50 Copay	\$25 Copay	\$50 Copay	\$75 Copay
<i>Out-of-Network</i>	N/A	N/A	40% after	40% after deductible
HOSPITAL INPATIENT				
<i>In-network</i>	0% after deductible	\$500 Copay/admit	20% after deductible	20% after deductible
<i>Out-of-Network</i>	N/A	N/A	40% after deductible	40% after deductible
HOSPITAL DEDUCTIBLE				
<i>In-network</i>	None	None	N/A	None
<i>Out-of-Network</i>	N/A	N/A	N/A	N/A
OUTPATIENT SURGERY				
<i>In-network</i>	0% after deductible	0% after deductible	20% after deductible	20% after deductible
<i>Out-of-Network</i>	N/A	N/A	40% after deductible	40% after deductible

HEALTH PLANS	Low HMO	High HMO/ Police HMO	POS	CHOICE*
MENTAL HEALTH				
Inpatient				
<i>In-network</i>	0% after deductible	\$500 Copay/admit	20% after deductible	20% after deductible
<i>Out-of-Network</i>	N/A	N/A	40% after deductible	40% after deductible
Outpatient				
<i>In-network</i>	\$50 Copay	\$15 Copay	\$20 Copay	\$40 Copay
<i>Out-of-Network</i>	N/A	N/A	40% after deductible	40% after deductible
DRUG & ALCOHOL ABUSE				
Inpatient				
<i>In-network</i>	0% after deductible	\$500 Copay/admit	20% after deductible	20% after deductible
<i>Out-of-Network</i>	N/A	N/A	40% after deductible	40% after deductible
Outpatient				
<i>In-network</i>	\$50 Copay	\$15 Copay	\$20 Copay	\$40 Copay
<i>Out-of-Network</i>	N/A	N/A	40% after deductible	40% after deductible

*The Choice Plan is for retirees/employees who require out of network coverage.

DENTAL PLANS	Cigna DMHO - KASV9	Cigna Dental PPO
NETWORK	In-Network Only	In-Network and Out-of-Network
DEDUCTIBLE	None	\$50 per individual/ \$150 per family
CO-INSURANCE	100%	In/Out: 100%/80%/50%
DENTIST	\$5 Copay	In/Out: Deductible & Co-insurance
SPECIALIST	Copay applies	In/Out: Deductible & Co-insurance
CLEANINGS	1 every 6 months	1 every 6 months
PREVENTATIVE	Most procedures covered 100%; Some procedures have copays	In/Out: Covered 100%; No Deductible
BASIC COVERAGE	Some procedures covered 100%; Most procedures have copays	In/Out: Covered 80% After Deductible
MAJOR COVERAGE	Copay applies	In/Out: Covered 50% After Deductible
PERIODONTIC & ENDODONTIC	Copay applies	Major Coverage Oral Surgery Simple: Basic
ORTHODONTIC COVERAGE	Copay applies/Limits apply	None
ANNUAL MAXIMUM	None	\$1,000
DEPENDENT CHILD/ STUDENT AGE	Up to age 26	Up to age 26

HUMANA COMP-BENEFITS VISIONCARE PLAN	
COPAYMENTS	Exam: \$10; Materials: \$15; Participating Doctors
VISION EXAM	Once Every 12 Months; Copay applies
LENSES	Once Every 12 Months; Single, Bifocal, Trifocal, & Lenticular- Copay Applies
FRAME	Once Every 24 Months; \$40 wholesale
CONTACT LENSES ELECTIVE	Fitting, follow-up & lenses \$105
CONTACT LENSES MEDICALLY NECESSARY	Copay Applies