

City of Rockville

Medical Cost Analysis - January 1, 2012 Effective Date



	Current Plan		Current Plan	
	CareFirst HMO Opt 12		CareFirst HMO OA Opt 6	
	In-Network		In-Network	
Deductible	None		None	
Individual Family	None		None	
Coinsurance	100%		\$100	
Out-of-Pocket Maximum				
Individual Family	\$2,000	\$6,000	\$2,000	\$6,000
Hospitalization	No Charge		No Charge	
Emergency Room	\$50 / Visit		\$50 / Visit	
Office Visit/Specialist Visit	\$30 / \$40 Copay		\$15 / \$25	
Well/ Child Exams	No Charge		No Charge	
Prescription Drugs				
Deductible	N / A		N / A	
Generic	\$10		\$10	
Preferred Brand	\$20		\$20	
Non Preferred Brand	\$35		\$35	
<b>Subscribers</b>	<b>HMO 12</b>	<b>HMO OA 6</b>	<b>Current 2011</b>	<b>Renewal 2012</b>
EE	105	25	\$429.96	\$429.96
EE+Sp	55	12	\$859.90	\$859.90
EE+ Child	17	7	\$859.90	\$859.90
EE + Children	0	0	\$859.90	\$859.90
EE+ Fam	108	23	\$1,289.86	\$1,289.86
<b>Total</b>	<b>285</b>	<b>67</b>	<b>\$246,363.48</b>	<b>\$246,363.48</b>
<b>Annual Premiums</b>			<b>\$2,956,361.76</b>	<b>\$2,956,361.76</b>
<b>Difference in Annual Premium \$\$</b>			\$0.00	\$0.00
<b>Difference in Annual Premium %</b>			0.0%	0.0%
<b>Total Annual Renewal/Proposed Premium</b>			\$3,723,018.00	

Total Premiums Assume Same Enrollment As CF HMO Opt 12

Alternate Plan Design	
CIGNA OA Plus (Low)	
In-Network	
Deductible	None
Individual Family	None
Coinsurance	100%
Out-of-Pocket Maximum	
Individual Family	\$2,000
Family	\$6,000
Hospitalization	No Charge
Emergency Room	\$0 / Visit
Office Visit/Specialist Visit	\$30 / \$40
Well/ Child Exams	No Charge
Prescription Drugs	
Deductible	N / A
Generic	\$10
Preferred Brand	\$20
Non Preferred Brand	\$35
<b>Quoted Rate</b>	
	\$429.96
	\$484.01
	\$859.90
	\$968.00
	\$859.90
	\$968.00
	\$859.90
	\$968.00
	\$1,451.99
	\$1,451.99
	\$246,363.48
	\$63,888.02
	\$2,956,361.76
	\$766,656.24
	\$0.00
	0.0%

Total Premiums Assume Same Enrollment As CF HMO OA Opt 6

Alternate Plan Design	
CIGNA OA Plus (High)	
In-Network	
Deductible	None
Individual Family	None
Coinsurance	100%
Out-of-Pocket Maximum	
Individual Family	\$2,000
Family	\$6,000
Hospitalization	No Charge
Emergency Room	\$50 / Visit
Office Visit/Specialist Visit	\$15 / \$25
Well/ Child Exams	No Charge
Prescription Drugs	
Deductible	N/A
Generic	\$10
Preferred Brand	\$20
Non Preferred Brand	\$35
<b>Quoted Rate</b>	
	\$484.01
	\$968.00
	\$968.00
	\$859.90
	\$968.00
	\$968.00
	\$1,451.99
	\$1,451.99
	\$63,888.02
	\$63,888.02
	\$766,656.24
	\$0.00
	0.0%

Alternate Plan Design	Current Plan	
CIGNA HRA- Includes Fund Util.	CIGNA POS	
In-Network	In-Network	Out-of-Network
\$1,200	None	\$300
\$3,600	None	\$600
100%	100%	70%
\$2,000	\$2,000	\$3,000
\$6,000	\$6,000	\$6,000
No Charge	No Charge	70%
\$50 / Visit	\$50 / Visit	\$50 / Visit
\$15 / \$25	\$15 / \$25	70%
No Charge	No Charge	70%
Rx Coinsurance Levels Integrated w/ Med	N / A	
30%	\$10	
40%	\$20	
50%	\$35	
<b>Quoted Rate</b>	<b>Quoted Rate</b>	
\$379.65	\$506.86	
\$759.31	\$1,013.71	
\$759.31	\$1,013.71	
\$759.39	\$1,013.71	
\$1,138.96	\$1,520.57	

Important Disclosures:

- Projected enrollment is based on CareFirst renewal
- CareFirst will take 1% off current rates if Kaiser population is added to CareFirst enrollment
- Fully Insured contract is participating- Surplus monies will be returned to the City of Rockville annually (See CIGNA Exhibit for 2011)
- CIGNA includes online Health Assessments with Biometric screenings
- CIGNA proposed rates include a \$20,000 Wellness Budget
- Rates assume KELLY is TPA for City of Rockville
- Please note that this is a brief synopsis of benefits- Refer to the actual benefit summary outlines
- Proposed rates may change due to final enrollment
- HRA rates include Fund Utilization- \$900 per individual and \$2700 per family

