

**PROJECTED IMPACT OF INCLUDING ALL 28 FCS INSTITUTIONS IN  
THE STATE GROUP HEALTH INSURANCE PROGRAM**

*Prepared for the:*

**State of Florida Legislature on behalf of the Office of Program Policy  
Analysis and Governmental Accountability (OPPAGA)**



**FOSTER & FOSTER**  
ACTUARIES AND CONSULTANTS

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## BACKGROUND

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The purpose of this report is to provide the results of an actuarial study that provides the following:

- An estimate of the gross and net cost to the State of Florida for including all 28 FCS institutions in the State Group Health Insurance Program
- A comparison of plan benefits provided currently by the 28 FCS institutions and the State Group Health Insurance Program
- Analysis assumes all 28 FCS institutions enroll in the State Group Health Insurance Program

A detailed description of the data sources, methodology, key assumptions, and summary of results have been included in this report. The analysis shown in this document has been done in accordance with generally accepted actuarial principles. However, due to the nature of the assumptions, calculation and time periods used for this analysis, any future analysis with different assumptions or actual results could be materially different than what is shown in this report. Lastly, Foster & Foster does not know of any conflicts of interest which would impact the ability to do this analysis.

### Overview

According to the Florida College System Fact Book, there were 40,613 employees in the Florida College System (FCS) as of fall 2020-21, including 20,631 full-time employees. Providing and maintaining adequate and affordable health insurance coverage for employees and their dependents has become a significant issue for FCS institutions over the past several years.

Sections 1004.725 and 112.08, F.S., allow FCS institutions to develop and implement a statewide cooperative system of risk management under one comprehensive plan. Most (23 of 28) FCS institutions belong to the Florida College System Risk Management Consortium, which among other services, manages the health and life insurance programs of member institutions. Broward College, Hillsborough Community College, Miami Dade College, Tallahassee Community College, and Valencia College do not participate in the consortium for health insurance.

The 23 FCS institutions receiving health insurance through the consortium choose which plans they will offer to their employees and the percentage of the premium that the institution will pay for individual coverage. The 23 FCS institutions pay a substantial portion (up to 100%) of the premium costs for individual coverage of employees who work an average of 37.5 hours per week or more; however, the amount of each institution's contribution subsidy varies. The 23 FCS institutions do not subsidize the cost of premiums for part-time employees or dependent coverage. Thus, the premium costs for employees who work an average of less than 37.5 hours per week and for dependent coverage is paid in full by the employees who choose these options. For the purpose of this analysis, Foster & Foster examined the full-time/part-time indicators where available and compared the 37.5-hour requirement for FCS institutions and the 26.8-hour requirement under the SUS plans. We determined the separation of part-time employees would not yield a material impact on the overall financial results.

## EXECUTIVE SUMMARY

Below is a summary of the results based on a low, best and high estimates for projected fiscal year beginning on July 1, 2022 and ending on June 30, 2023. Analysis assumes all 28 FCS institutions enroll in the State Group Health Insurance Program.

- Unlike the State University System (SUS), whose employees are covered by the State Group Health Insurance Program, state-appropriated funding to FCS institutions is not adjusted specifically to cover annual health care premiums or premium increases. We have included a breakdown of the funding arrangements for FCS in the appendix of this report.
- The **low estimate** scenario assumes a like to like migration pattern with no change in coverage tier and no new enrollment.
  - Program Net Cost estimate of \$2,450M
  - **FCS Net Cost: \$233M**
  - FCS Change Impact: \$88M increase or +61%
  - *DSGI + FCS Combined Change Impact: \$128M increase relative to status quo*
- The **best estimate** scenario assumes the incoming institutions elect plans/coverage tiers in the same distribution as the current SUS enrollees. In addition, there is an assumption that 10% of those who currently waive coverage under the FCS plans enroll in the State Group Health Insurance Program.
  - Program Net Cost estimate of \$2,530M
  - **FCS Net Cost: \$313M**
  - FCS Change Impact: \$168M increase or +116%
  - *DSGI + FCS Combined Change Impact: \$208M increase relative to status quo*
- The **high estimate** scenario is similar to the best estimate except 20% of those who currently waive coverage under the FCS options elect coverage.
  - Program Net Cost of \$2,533M
  - **FCS Net Cost: \$316M**
  - FCS Change Impact: \$171M increase or +118%
  - *DSGI + FCS Combined Change Impact: \$211M increase relative to status quo*

	Status Quo		Low Estimate			Best Estimate		High Estimate	
	Pre-Merger	Post-Merger	Change	Post-Merger	Change	Post-Merger	Change		
<b>Enrollment</b>									
DSGI: SUS	48,034	48,034	0.0%	48,034	0.0%	48,034	0.0%		
DSGI: Non-SUS	128,449	128,449	0.0%	128,449	0.0%	128,449	0.0%		
FCS	<u>19,394</u>	<u>19,394</u>	0.0%	<u>19,604</u>	1.1%	<u>19,811</u>	1.1%		
<b>Total</b>	195,877	195,877	0.0%	196,087	0.1%	196,294	0.1%		
<b>Gross Cost (\$Millions)</b>									
DSGI: SUS	\$856	\$870	\$14	\$870	\$14	\$870	\$14		
DSGI: Non-SUS	\$1,744	\$1,770	\$26	\$1,770	\$26	\$1,770	\$26		
FCS	<u>\$178</u>	<u>\$254</u>	<u>\$76</u>	<u>\$353</u>	<u>\$175</u>	<u>\$357</u>	<u>\$179</u>		
<b>Total</b>	\$2,778	\$2,894	\$116	\$2,993	\$215	\$2,997	\$219		
<b>Employee/Retiree Contributions (\$Millions)</b>									
DSGI: SUS	\$73	\$73	\$0	\$73	\$0	\$73	\$0		
DSGI: Non-SUS	\$350	\$351	\$1	\$351	\$1	\$351	\$1		
FCS	<u>\$33</u>	<u>\$21</u>	<u>-\$12</u>	<u>\$40</u>	<u>\$7</u>	<u>\$41</u>	<u>\$8</u>		
<b>Total</b>	\$456	\$445	-\$11	\$464	\$8	\$465	\$9		
<b>Net Cost (\$Millions)</b>									
DSGI: SUS	\$784	\$798	\$14	\$798	\$14	\$798	\$14		
DSGI: Non-SUS	\$1,393	\$1,419	\$26	\$1,419	\$26	\$1,419	\$26		
FCS	<u>\$145</u>	<u>\$233</u>	<u>\$88</u>	<u>\$313</u>	<u>\$168</u>	<u>\$316</u>	<u>\$171</u>		
<b>Total</b>	\$2,322	\$2,450	\$128	\$2,530	\$208	\$2,533	\$211		

Note: All State Group Health Insurance Program retirees are included in the DSGI: Non-SUS group

Based on our analysis of bringing the FCS institutions under the State Group Health Insurance Program the

following key observations were made:

- Overall Gross cost would be expected to increase between **\$116 - \$219 Million** over status quo cost in the first year.
  - The cost estimates shown in this report are calculated based on the FCS institutions' premiums and the State Group Health Insurance Program's premiums after adjusting for demographic/geographic changes to the State Group Health Insurance Program; this is necessary to account for the incoming FCS employees. Actual claim costs for the FCS population were not used in this study. Further analysis can be done to review claims as requested.
- Net cost would increase between **\$128 - \$211 Million** due to higher employer subsidy under the State Group Health Insurance Program compared to the incoming FCS institutions. This would be advantageous to FCS employees as they would receive more subsidy for their health care benefits.
  - The cost estimates shown in this report are calculated based on the FCS institutions' premiums and the State Group Health Insurance Program's premiums after adjusting for demographic/geographic changes to the State Group Health Insurance Program; this is necessary to account for the incoming FCS employees. Actual claim costs for the FCS population were not used in this study. Further analysis can be done to review claims as requested.
- The two significant risk factors affecting overall cost of bringing on the FCS institutions:
  - **1) Will they behave similar to current SUS enrollees?**  
Currently, SUS enrollees cover significantly more family members. 61% of SUS enrollees cover a dependent as opposed to 25% for the FCS institutions. The latter currently charges employees a higher contribution amount to cover dependents as compared to the State Group Health Insurance Program. The low family contributions under the State Group Health Insurance Program may entice those currently enrolled under FCS' individual only coverage to add dependents to the plan. Foster & Foster's best estimate assumes the FCS population elect coverage like the SUS enrollees, resulting in the net cost increasing over \$80 Million (*ie.*, \$233 Million to \$313 Million)
  - **2) How many of those who currently decline coverage will now enroll?**  
Increasing the waiver opt-in assumption from 10% to 20% under behave-like-SUS scenario results in an additional \$3 Million in net cost (*ie.*, \$313 Million to \$316 Million)
- Another risk factor which could impact the expected cost shown in this report is the family size of the FCS population. All scenarios modeled in this study assume no impact to the family size of the DSGI population if the FCS population join the plan.
- Most of the cost impact illustrated above would be attributed mainly to the incoming FCS institutions. Note the demographic/geographic risk factors for the FCS population is higher than the DSGI population on average.

## Future Considerations

Beyond the scope of this analysis, there may be other considerations to analyze before a final decision is made. Below are some of these key areas:

- Detailed claims analysis including high-cost claimant review
- Complete analysis of plan participant information, including covered lives analyses
- Opportunities for improved vendor pricing for DSGI due to additional covered lives
- Our current analysis assumes FCS institutions pay the same contributions as DSGI; further modeling can be done surrounding the employee contribution strategy of the FCS employees under the DSGI program (*i.e.*, reduction of subsidy with sliding scale over time)

## DATA SOURCES

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The offices of the various institutions have provided Foster & Foster with the census files, plan design, current administrative cost and premium/contribution data used to develop the results shown later in this report. While these data sources were reviewed for reasonableness/consistency, Foster & Foster did not audit them. As a result, Foster & Foster is not attesting to the accuracy of the data or that all data required for this analysis has been received. Actual claim costs for the FCS or DSGI populations were not provided to Foster & Foster in this study. Further analysis can be done to review claims as requested.

For some of the assumptions in the modeling shown in this report data was not received. As a result, Foster & Foster had to make some assumptions based on actuarial/professional judgement. These assumptions are discussed in the report.

Any revisions/updates to the data could have material impact on the final analysis shown in the report.

## OVERVIEW OF METHODOLOGY

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To complete the objective as defined in the Scope of Work, Foster & Foster performed actuarial analyses to evaluate the financial impact to both the State Group Health Insurance Program as well as the 28 FCS institutions if all 28 FCS institutions to join the State Group Health Insurance Program.

Our analysis started with a baseline analysis that looked at the current costs for both the 28 FCS institutions and the State Group Health Insurance Program. The numbers below correspond to those sections outlined in the Scope of work.

### 1) **Baseline Analysis for 28 FCS institutions:**

**Total Program Costs:** Our analysis relied upon currently established cost for each group based upon the benefit plan options currently in place. For the 23 schools who are part of the FCS consortium, the total cost for each active plan was based on the total cost for each enrollee on the active census provided by the institution. For the five non-FCS institutions, their premiums were used. These premiums/total costs were assumed to be effective January 1<sup>st</sup>, 2021. These premiums/total costs were trended to the projection period shown in the report using the trend rates shown in table “Trend Assumptions for Fiscal Years 2023 – 2032”. No further adjustments were made to these premiums/total costs beyond application of trend. These trended premiums/total costs were assumed to be a reasonable representation of the current medical/RX cost for each group. In addition to the medical/RX costs, some schools provided additional cost estimates of services above and beyond those to administer the plan such as administrative fees or stop loss premiums. These additional costs for providing benefits to employees and their families include but are not limited to salaries for benefits staff, costs of reporting/disclosure vendors and other administrative costs associated with providing benefits. These additional costs were added to the projected medical/RX cost for each school. Utilizing current enrollment data provided by the respective entities, we developed total annual costs for each of the 28 FCS institutions. No changes to plan design elections, coverage tier elections, or new enrollment were assumed over the period of the projection.

For early and Medicare retirees there were no cost provided on the census as there was for actives. As a result, the premiums from the appendix of the final contract were used. Foster & Foster attempted to interpret these premiums as best as possible, however for many of the coverage tiers the cost was not clear. If further analysis is needed on retiree cost, Foster & Foster would need clarification on the premiums for retirees.

**Employee/Retiree Program Costs:** Our analysis relied upon currently established employee and retiree contributions (if applicable) for benefit plan options currently in place for the five non-FCS schools. For the FCS schools the active employee contribution amount on the census provided by the institution was used. To project future active employee costs, Foster & Foster assumed the current 2021 employer subsidy percentages would apply to all future years. For FCS schools Foster & Foster assumed the retirees paid 100% of the cost of coverage currently and in all projection years. Applying this assumption to the Total Program Cost provided the annual cost paid by the employees/retirees. No changes to plan design elections, coverage tier elections, or new enrollment were assumed over the period of the projection.

**Net Plan Costs:** By calculating the difference in Employee/Retiree Program Costs from the Total Program Costs, we derived the net plan cost associated for each group. For retirees based on the assumption of 100%



retiree paid, the impact of the premium assumptions is immaterial to net cost shown in the report.

**Actuarial value of health plans offered:** Part of our analysis includes the calculation of each health plan's Actuarial Value (AV). This AV can be used to estimate the out-of-pocket cost differential between the current plans and State Group Health Insurance Program. Foster & Foster used the Claros Actuarial Analytics tool to estimate the actuarial value for each health plan. For purposes of the AV modeling no adjustments were made to the underlying claim distribution in the Claros Actuarial Analytics Tool.

## **2) Baseline Analysis for SUS institutions currently under the State Group Health Insurance Program:**

**Total Program Costs:** Our analysis relied upon currently established premium equivalent rates (premiums) for the State Group Health Insurance Program. It was assumed that these premiums apply to each of the twelve schools in the State University Systems (SUS) based upon the benefit plan options currently in place. These premiums were effective January 1, 2022 and were therefore trended to the projection period shown in the report using the trend rates shown in table "Trend Assumptions for Fiscal Years 2023 – 2032". No further adjustments were made to the premiums beyond application of trend. These trended premiums were assumed to be a reasonable representation of the current medical/RX cost for each school in the SUS group. Utilizing current enrollment data provided, we developed total annual costs for the SUS institutions. No changes to plan design elections, coverage tier elections, or new enrollment were assumed over the period of the projection.

Foster & Foster reviewed monthly enrollment data between August 2019 and July 2021 for the State Group Health Insurance Program. The data shows 19 of these 23 months was a decrease in monthly enrollment. In addition, over the last twelve months there has been an enrollment decrease of 1% compared to the previous twelve months. As a result, Foster & Foster felt comfortable assuming no change in enrollment throughout the projection period.

**Employee/Retiree Program Costs:** Our analysis relied upon currently established employee or retiree contributions for each group based upon the benefit plan options currently in place. To project future employee and employer costs, Foster & Foster assumed no change in employee contributions despite the increase in premiums due to trend. Foster & Foster's understanding is that the employee contributions for the State Group Health Insurance Program have been held flat for multiple years. As a result, the assumption was made that they would continue to be held flat during the projection period. This assumption results in an increase in the subsidy provided by the State Group Health Insurance Program throughout the period of the projection. No changes to plan design elections, coverage tier elections, or new enrollment were assumed over the period of the projection.

**Net Plan Costs:** By calculating the difference between the Employee/Retiree Program Costs and the Total Program Costs, we derived the net plan cost associated with each of the twelve SUS organizations.

**Actuarial value of health plans offered:** Part of our analysis includes the calculation of each health plan's Actuarial Value (AV). This AV can be used as an estimate of the out-of-pocket cost differential between the current plans and State Group Health Insurance Program. Foster & Foster used the Claros Actuarial Analytics tool to estimate the actuarial value for each health plan. For purposes of the AV modeling no adjustments were made to the underlying claim distribution in the Claros Actuarial Analytics Tool based on the populations being analyzed for this report.



### **3) Future Estimated Costs of including all 28 FCS institutions in the State Group Health Insurance Program:**

#### ***Total Program Costs:***

We calculated the future estimated costs associated with including all FCS active employees and retirees in the State Group Health Insurance Program. Our analysis includes five annual projections beginning with July 2022 as well as an aggregate 10-year projection as requested.

Our analysis started with the currently established premiums/contributions associated with the State Group Health Self-Insurance Trust Fund Report on the Financial Outlook, as adopted by the Self-Insurance Estimating Conference. These premiums were effective January 1, 2022 and were trended to the applicable periods based on the trend rates in Table “Trend Assumptions for Fiscal Years 2023 – 2032”.

These active/early retiree State Group Health Insurance Program’s premiums were assumed to represent a reasonable baseline for the estimate of the cost for the FCS population once they join the State Group Health Insurance Program. To further refine the estimate, the State Employer Health Fund premiums were adjusted for the impact of the incoming FCS schools on the demographic/geographic make-up of the active/early retirees risk pool of the State Group Health Insurance Program premiums. The change in demographic/geographic factors is expected to be about a 1.7% increase to the current active/early retiree risk pool of the State Group Health Insurance Program. The non-administrative portion of the State Group Health Insurance Program active/early retiree premiums, estimated to be 98% of the Standard and HDHP premium with seed removed, was adjusted by 1.7% upwards to account for the new active/early retiree risk pool.

The percentage of the premium which was due to administrative or shared savings fees was based on data in the State Group Health Self-Insurance Trust Fund Report on the Financial Outlook, as adopted by the Self-Insurance Estimating Conference August 9<sup>th</sup>, 2021. The administrative cost was added back to the adjusted non-administrative amount with no adjustment. This assumes no impact to the administrative cost due to the FCS institutions coming onto the State Group Health Insurance Program. The seed provided to HDHP enrollees was assumed to be part of the total premium. The seed was removed prior to the demographic/geographic adjustment and then added back in unadjusted. This assumes no change to seed during the period of the projection.

No additional impact to the State Group Health Insurance Program premiums were made besides those listed above. Foster & Foster understands there may be savings to the State Group Health Insurance Program due to additional leverage for PBM/network negotiations, lower administrative fees, etc. However, the inclusion of those considerations was beyond the scope of this analysis. This can be considered for future analysis.

Foster & Foster used Claros Actuarial Analytics tool and the provided census information to develop the demographic/geographic factors of the incoming FCS schools as well as the overall active/early retiree State Group Health Insurance Program population. Foster & Foster’s understanding is the State Group Health Insurance Program premiums apply to all participants and not just the twelve SUS institutions. As a result, the adjustment to the State Group Health Insurance Program premiums were based on the overall active/early retiree population in the State Group Health Insurance Program. No actual FCS claim data was used to develop the expected cost once FCS is part of the DSGI plan.

Early retirees were assumed to have the same premium cost as the actives and their experience contributes to

the premium charged for the Standard and HDHP plan. In addition, it was assumed all early retirees pay 100% of coverage.

Only State Group Health Insurance Program active/early retiree premiums were adjusted based on the new demographic/geographic characteristics once the FCS institutions come onto the plan. No adjustments to the current State Group Health Insurance Program Medicare eligible retiree premiums were made to account for FCS Medicare eligible retirees. The assumption for the FCS retirees is the cost under State Group Health Insurance Program will be the same as the current Medicare premiums for the State Group Health Insurance Program.

Foster & Foster reviewed monthly enrollment data between August 2019 and July 2021 for the State Group Health Insurance Program. The data shows 19 of these 23 months was a decrease in monthly enrollment. In addition, over the last twelve months there has been an enrollment decrease of 1% compared to the previous twelve months. As a result, Foster & Foster felt comfortable assuming no change in enrollment throughout the projection period except the impact of new enrollees into the plan from the incoming FCS institutions.

Due to the favorability of the contributions to many of the incoming FCS institutions, Foster & Foster wanted to make sure the financial projections shown in this report capture some of the risk of increased enrollment. The reason there may be increased enrollment from the incoming FCS institutions is that the State Group Health Insurance Program contributions are more favorable than currently offered by many of the incoming institutions. This is particularly the case for non-employee only coverage. Based on actuarial judgement, Foster & Foster are showing three scenarios, 0%, 10% and 20% increased enrollment. This is intended to show a range of possible impact. The actual impact could vary from one of these scenarios. No change in enrollment was assumed for the current State Group Health Insurance Program. This assumption was made as the employee contributions are assumed to be unchanged during the projection so a current enrollee would not be impacted.

The census data provided by the incoming FCS institutions had varying levels of details on those who waived coverage. As a result, actuarial judgement was used to assume each incoming institution had 90% enrollment. This means each school has 10% of eligible actives who waive coverage currently and may elect coverage once they have access to the State Group Health Insurance Program.

**Employee/Retiree Program Costs:** Our analysis relied upon currently established State Group Health Insurance Program employee or retiree contributions for each group based upon the benefit plan options currently in place. Unlike the total cost calculation, State Group Health Insurance Program contributions were not adjusted by demographic/geographic factors for the incoming FCS population. This decision was made as there is one contribution for all groups which means the incoming FCS group would not have separate contributions. To project future employee and employer costs, Foster & Foster assumed no change in employee contributions despite the increase in premiums due to trend or the demographic/geographic adjustment. Foster & Foster's understanding is that the employee contributions for the State Group Health Insurance Program have been held flat for multiple years. As a result, the assumption was made that they would continue to be held flat during the projection period. This assumption results in an increase in the subsidy provided by the State Group Health Insurance Program throughout the period of the projection.

**Net Plan Costs:** By calculating the difference between the Employee/Retiree Program Costs and the Total Program Costs, we derived the net plan cost associated with each organization.

We then compared the costs associated with adding the 28 FCS institutions to the costs without the 28 FCS institutions to measure the impact of merging them into the State Group Health Insurance Program.

For purposes of this analysis Foster & Foster assumed anyone currently enrolled through the FCS Institutions would be eligible for coverage under the State Group Health Insurance Program.

#### **4) Compare existing plans to the plans offered through the State Group Health Insurance Program**

This report includes an exhibit that compares the plan offerings for active/early retirees for each entity compared to the plan offerings under the State Group Health Insurance Program. Medicare plans are not included in the plan comparison charts. The “Comparison of Existing Plans Under FCS Program to Plans Under the State Group Insurance Program” details high level plan design provisions for each group.

#### **5) Calculation of the Retirement Liability associated with including all 28 FCS Institutions’ employees/retirees in the State Group Health Insurance Program**

As Foster & Foster is the current actuary for the State and calculates the retiree liability associated with State Group Health Insurance Program, we followed the same methodology that we use for those calculations and are detailed in the report that was dated February 4, 2021. We relied on this report as a starting point and adjusted those liabilities for the inclusion of all 28 FCS Institutions.

# ASSUMPTIONS

## Current Cost and Contributions of Health Benefits

See the methodology sections for a detailed summary of the assumptions used to develop current cost.

## Future Cost of Health Benefits

For purposes of this report, we relied upon the trend assumptions that were used as part of the assumptions associated with the State Group Health Self-Insurance Trust Fund Report on the Financial Outlook, as adopted by the Self-Insurance Estimating Conference. We have detailed these assumptions in the charts below. These trend rates were assumed to apply to the non-administrative portion of premiums. For the administrative fee and HSA funding trend, Foster & Foster assumed 0% trend since the administrative fees and HSA funding in the Financial Outlook remained flat in future years. The split between non-administrative and administrative fees for the premiums was 98% and 2% in year one due to the seed being explicitly removed from the premium development. For future years the split was assumed to be 97% non-administrative and 3% administrative to account for the seed being a part of the premiums being projected forward.

Contributions to the HSA for active employees in the State Group Health Insurance Program HDHP have been included in the cost of coverage for these plans. At present, these contributions are \$500 per year for single coverage employees and \$1,000 per year for family coverage employees. No increase in the contributions to the HSA was assumed in future years.

Contributions to the HSA for the FCS Institutions were assumed to be part of the premiums and therefore reflected in current cost. Hillsborough FSA funding for those in the HDHP plan was included in the current FCS cost. Similarly, Valencia Opt-Out credits were also included in the FCS Institutions current cost.

## Trend Assumptions for Fiscal Years 2023-2032

	2023	2024	2025	2026	2027	2028 - 2032
PPO Standard (Med/Rx)	7.93%	7.81%	7.86%	7.86%	7.86%	7.86%
PPO HDHP (Med/Rx)	7.93%	7.81%	7.86%	7.86%	7.86%	7.86%
HMO Standard (Med/Rx)	7.93%	7.95%	7.93%	7.93%	7.93%	7.93%
HMO HDHP (Med/Rx)	7.93%	7.95%	7.93%	7.93%	7.93%	7.93%

## Supplemental Benefits

Based on the data received by Foster & Foster, Broward, Miami-Dade County, Florida College System Risk Management Consortium schools and Valencia do not offer any supplemental health products such as Accident, Cancer, Critical Illness, and Hospital Indemnity. Tallahassee and Hillsborough do have these benefits at 100% employee pay all. The State Group Health Insurance Program group offers these benefits to employees so all schools would now have access to them if they did not before.

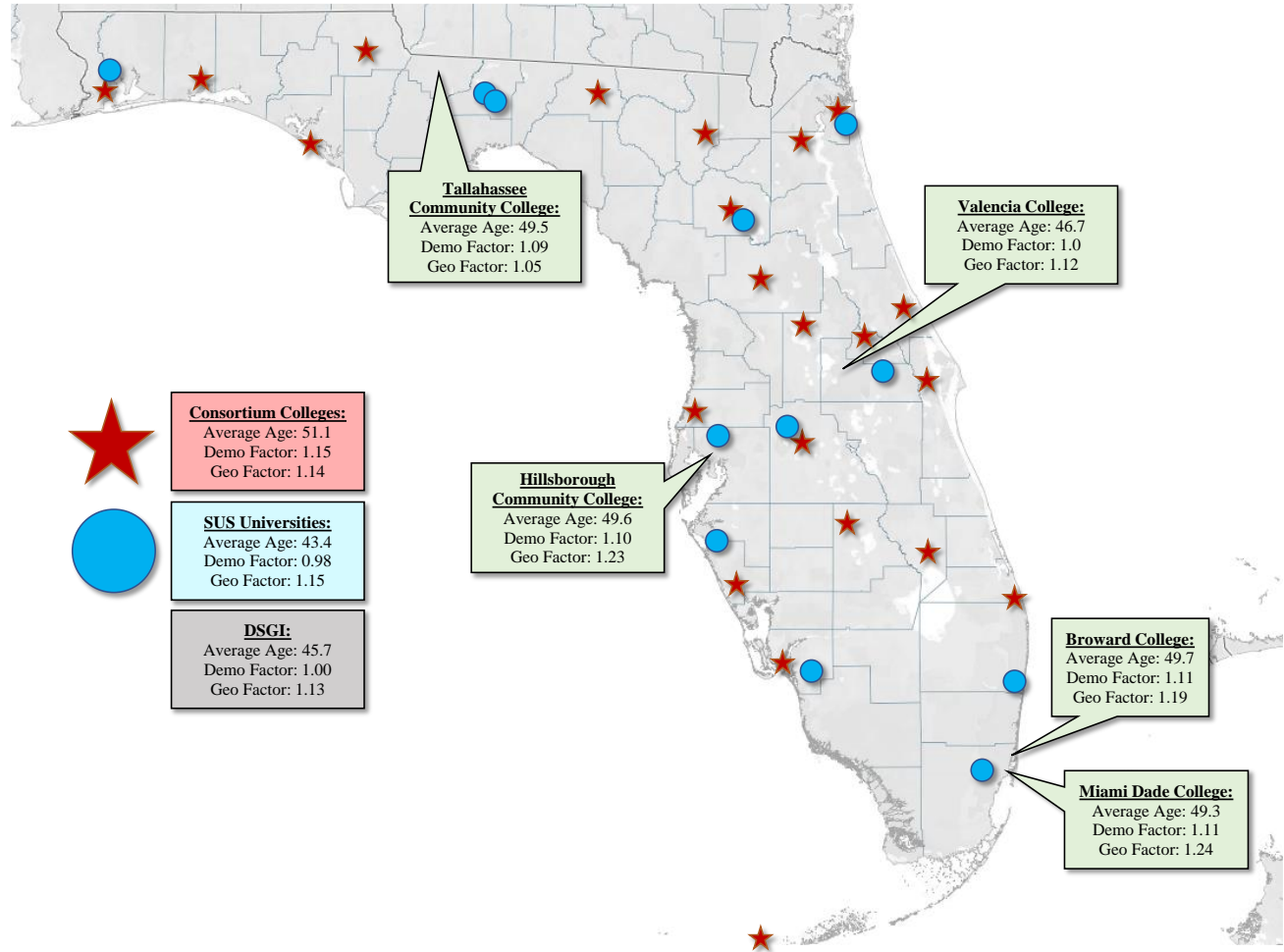
Since these are 100% employee pay all, the cost for these supplemental coverages have not been factored into the analysis as the net cost to State Group Health Insurance Program would not be impacted.

## Enrollment and Demographics

The below table shows a map of Florida with the location of the incoming schools, their average age, demographic factor and geographic factor. The following terms are used

- Broward, Hillsborough, Miami-Dade County, Tallahassee and Valencia: These are the five schools being considered as part of FCS which are currently not part of the Florida College System Risk Management Consortium.
- Consortium Institutions: This represents the schools which are currently part of the Florida College System Risk Management Consortium.
- SUS: These are the factors related to the 12 SUS institutions
- DSGI: This represents all those enrolled in the State Group Health Insurance Program.
- Only active/early retirees were used for the development of demographic and geographic factors

Based on a comparison of the demographics of the incoming group, the FCS employees/early retirees are older and tend to live in more geographically expensive areas than both the SUS population and the State Group Health Insurance Program population. As a result, this would increase the demographic/geographic risk of the current State Group Health Insurance Program population. Foster & Foster's modeling expects the impact to be an increase of 1.7% to the demographic/geographic factors of the State Group Health Insurance Program.



## Migration Assumptions

A key assumption for cost of the FCS Institutions population if they become part of the State Group Health Insurance Program is how they will enroll. Two migration assumptions were chosen:

### Like Plan to Like Plan Migration (Low Estimate)

Foster & Foster reviewed the current FCS institutions plan designs and the State Group Health Insurance Program designs to determine where they may migrate. The table below shows these assumptions. No change in employee coverage tier was made.

The table below details the current plan pre-merger and the corresponding plan post-merger. Note the employees are assumed to elect the same coverage tier post-merger as exist today (i.e., Employee Only migrate to Employee Only).

	<b>Pre-Merger</b>	<b>Post-Merger</b>
<b>Broward</b>	Cigna HDHP / HRA	HMO HDHP
	Cigna OAP	PPO Standard
	Cigna Indemnity	PPO Standard
<b>Hillsborough</b>	Humana Low HDHP	PPO HDHP
	Humana High HDHP	HMO HDHP
	Humana NPOS Copay	PPO Standard
<b>Miami Dade</b>	Aetna HRA	PPO HDHP
	Aetna POS	PPO Standard
<b>Tallahassee</b>	Capital Health	HMO Standard
	PPO BlueOptions 3559	PPO Standard
	PPO BlueOptions 5905	HMO HDHP
<b>Valencia</b>	UHC Choice Plus Gold	PPO Standard
	UHC Choice Plus Silver	PPO Standard
	UHC Choice Plus Silver HSA	HMO HDHP
	UHC Choice Bronze	HMO HDHP
<b>FCS</b>	FHCP HMO TS1 (w/Rider)	PPO Standard
	FHCP HMO TS2	PPO Standard
	HMO 51	PPO Standard
	HMO 55 w/HRA	HMO Standard
	HMO A 55	HMO Standard
	HMO B 58	PPO HDHP
	HMO BlueCare 58	PPO HDHP
	HMO BlueChoice 55	HMO Standard
	PPO 3900	PPO HDHP
	PPO 5772 (HRA)	PPO HDHP
	PPO A 3766	PPO Standard
	PPO B 3769	PPO Standard
	PPO BlueOptions 3559	PPO Standard
	PPO BlueOptions 3562	PPO Standard
	PPO BlueOptions 3766	PPO Standard
	PPO BlueOptions 5190	PPO HDHP
	PPO BlueOptions 5191	PPO HDHP
Preferred PPO 3769	PPO Standard	



**Behave like SUS Members – (Best Estimate / High Estimate)**

The second scenario assumed that the FCS Institution enrollees would elect the State Group Health Insurance Program and coverage tiers in the same proportion as current SUS enrollment based on the July 1, 2021 census. The “FCS Enrollment by Tier” table below shows that 75% of FCS enrollees elect individual coverage. On the contrary, the SUS enrollees under the State Group Health Insurance Program currently are covering dependents (e.g. children and spouses) at a much higher rate. This is possibly driven by low family contribution rates in the State Group Health Insurance Program.

Since these new FCS incoming employees would have access to different plans and contributions, we would expect them to behave similar to how the SUS employees behave today. We can see a material difference exists between the SUS enrollment by tier and the FCS enrollment by tier.

FCS Enrollment by Tier			SUS Enrollment by Tier		
Enrollment %	Individual	Family	Enrollment %	Individual	Family
HMO	14%	5%	PPO Standard	19%	28%
PPO	39%	11%	PPO HDHP	2%	2%
HDHP	22%	8%	HMO Standard	17%	31%
<b>Total</b>	<b>75%</b>	<b>25%</b>	HMO HDHP	1%	0%
			<b>Total</b>	<b>39%</b>	<b>61%</b>

DSGI has provided us with family size / covered lives information; however, we were unable to obtain covered lives information for the FCS institutions. As a result, none of the scenarios included any adjustment for family size variance between the two groups. For the FCS population, the number of covered lives is a variable that will impact the cost projection. The actual cost of having the FCS population join the State Group Health Insurance Program may be higher than the amount estimated in this report if FCS employees, on average, enroll more dependents than anticipated. Increasing the member to employee ratio will impact the per employee cost development. We can also see that under the FCS, there exists a higher enrollment distribution in the HDHP, this will also pose a risk factor as these employees merge and potentially select more expensive coverage options.

DSGI: Family Size			
	Non-SUS	SUS	Combined
PPO Standard	1.9	2.2	<b>2.0</b>
PPO HDHP	1.8	2.0	<b>1.9</b>
HMO Standard	2.2	2.4	<b>2.3</b>
HMO HDHP	1.7	1.8	<b>1.7</b>
<b>Total</b>	<b>2.1</b>	<b>2.3</b>	<b>2.1</b>

*Note: The above table was provided by DSGI with information as of October 2021.*

## CURRENT COST OF PROVIDING HEALTH INSURANCE TO THE FLORIDA COLLEGE SYSTEM (FCS)

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Based on the data we were provided, as well as the methodology/assumptions defined in this report, we developed the following projection of costs for July 1, 2022 – June 30, 2023, for providing health insurance to active FCS Institution employees/retirees. The charts following below include:

- Total cost to FCS institutions including premiums and administration costs
  - Additional operating costs are included below
  - Hillsborough cost for HDHP FSA contribution is included below
  - Valencia Opt-Out cost is included below
- Active total cost and contributions based on the census files provided
- Pre-65 and Post-65 retirees assumed to pay 100% of cost. Total retiree cost based on premiums provided in the appendix of the final contract

### Projections for Fiscal Year 2023

	<b>FCS</b>
<b>Status Quo - FY 22</b>	
Enrollment	19,394
Gross Cost	\$177,872,000
Employee Contributions	<u>\$33,264,000</u>
Net Cost	\$144,608,000

## CURRENT COST OF PROVIDING HEALTH INSURANCE TO THE STATE UNIVERSITY SYSTEM (SUS)

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Based on the data we were provided, as well as the methodology/assumptions defined in this report, we developed the following projection of costs for July 1, 2022 – June 30, 2023, for providing health insurance to active SUS employees and retirees through the State Group Health Insurance Program. The charts following below include:

- Total state cost for SUS including premiums and administration costs
- Pre-65 and Post-65 retirees assumed to pay 100% of cost.

### Projections for Fiscal Years 2023

	<b>SUS</b>
<b>Status Quo - FY 22</b>	
Enrollment	48,034
Gross Cost	\$856,162,000
Employee Contributions	<u>\$72,546,000</u>
Net Cost	\$783,616,000

## ANNUAL PROJECTIONS FOR JULY 1, 2022 – JUNE 30, 2027 (LIKE PLAN TO LIKE PLAN, 0% WAIVERS MIGRATING)

Based on the data we were provided, as well as the assumptions defined in this report, we developed the following annual projections for the first five years beginning on July 1, 2022, of including FCS employees and retirees in the State Group Health Insurance Program. This projection focuses on Fiscal Years 2023 through 2027. The charts following below include:

- Total state cost including premiums and administration costs
- Like to Like migration scenario
- Employee contributions remain flat throughout the projection periods post-merger
- The number of employees who waive coverage is assumed to be 10% of total eligibles; in this scenario Foster & Foster assumes these employees will continue opting out of medical coverage post-merger

### Projections for Fiscal Years 2023 – 2027

#### Status Quo:

\$Millions	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
Enrollment	19,394	19,394	19,394	19,394	19,394
Gross Cost	\$177.9 M	\$191.6 M	\$206.9 M	\$223.3 M	\$241.0 M
Employee Contributions	<u>(\$33.3 M)</u>	<u>(\$33.3 M)</u>	<u>(\$33.3 M)</u>	<u>(\$33.3 M)</u>	<u>(\$33.3 M)</u>
Net Cost	\$144.6 M	\$158.3 M	\$173.7 M	\$190.0 M	\$207.7 M

#### Like to Like Migration Scenario with 0% Waived Enrollment Migrating: Low Estimate

\$Millions	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
Enrollment	19,394	19,394	19,394	19,394	19,394
Gross Cost	\$253.7 M	\$273.3 M	\$295.2 M	\$318.5 M	\$343.7 M
Employee Contributions	<u>(\$21.1 M)</u>	<u>(\$21.1 M)</u>	<u>(\$21.1 M)</u>	<u>(\$21.1 M)</u>	<u>(\$21.1 M)</u>
Net Cost	\$232.6 M	\$252.2 M	\$274.1 M	\$297.4 M	\$322.6 M

## TEN-YEAR PROJECTION FOR JULY 1, 2022 – JUNE 30, 2032 (LIKE PLAN TO LIKE PLAN, 0% WAIVERS MIGRATING)

Based on the data we were provided, as well as the assumptions defined in this report, we developed the following ten-year projection beginning on July 1, 2022, and ending on June 30, 2032 of including FCS employees and retirees in the State Group Health Insurance Program. This projection focuses on Fiscal Years 2023 through 2027. The charts following below include:

- Total state cost including premiums and administration costs
- Like to Like migration scenario
- Employee contributions remain flat throughout the projection periods post-merger
- The number of employees who waive coverage is assumed to be 10% of total eligibles; in this scenario Foster & Foster assumes these employees will continue opting out of medical coverage post-merger

### Projection for Fiscal Years 2023 – 2032

#### Status Quo:

\$Millions	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2022-2032
Enrollment	19,394	19,394	19,394	19,394	19,394	193,940
Gross Cost	\$177.9 M	\$191.6 M	\$206.9 M	\$223.3 M	\$241.0 M	\$2,564.6 M
Employee Contributions	(\$33.3 M)	(\$33.3 M)	(\$33.3 M)	(\$33.3 M)	(\$33.3 M)	(\$332.6 M)
Net Cost	\$144.6 M	\$158.3 M	\$173.7 M	\$190.0 M	\$207.7 M	\$2,232.0 M

#### Like to Like Migration Scenario with 0% Waived Enrollment Migrating: Low Estimate

\$Millions	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2022-2032
Enrollment	19,394	19,394	19,394	19,394	19,394	193,940
Gross Cost	\$253.7 M	\$273.3 M	\$295.2 M	\$318.5 M	\$343.7 M	\$3,658.4 M
Employee Contributions	(\$21.1 M)	(\$21.1 M)	(\$21.1 M)	(\$21.1 M)	(\$21.1 M)	(\$210.9 M)
Net Cost	\$232.6 M	\$252.2 M	\$274.1 M	\$297.4 M	\$322.6 M	\$3,447.4 M

## ANNUAL PROJECTIONS FOR JULY 1, 2022 – JUNE 30, 2027 (BEHAVE LIKE SUS, 10% & 20% WAIVERS MIGRATING)

Based on the data we were provided, as well as the assumptions defined in this report, we developed the following annual projections for the first five years beginning on July 1, 2022, of including FCS employees and retirees in the State Group Health Insurance Program. This projection focuses on Fiscal Years 2023 through 2027. The charts following below include:

- Total state cost including premiums and administration costs
- Behave like SUS migration scenario
- Employee contributions remain flat throughout the projection periods post-merger
- The number of employees who waive coverage is one of the risk factors for bringing on the FCS institutions; Foster & Foster modeled two scenarios in which either 10% or 20% of waivers will elect medical coverage post-merger

### Projections for Fiscal Years 2023 – 2027

#### Status Quo:

\$Millions	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
Enrollment	19,394	19,394	19,394	19,394	19,394
Gross Cost	\$177.9 M	\$191.6 M	\$206.9 M	\$223.3 M	\$241.0 M
Employee Contributions	(\$33.3 M)	(\$33.3 M)	(\$33.3 M)	(\$33.3 M)	(\$33.3 M)
Net Cost	\$144.6 M	\$158.3 M	\$173.7 M	\$190.0 M	\$207.7 M

#### Behave Like SUS Migration Scenario with 10% Waived Enrollment Migrating – Best Estimate:

\$Millions	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
Enrollment	19,603	19,603	19,603	19,603	19,603
Gross Cost	\$353.4 M	\$380.6 M	\$411.1 M	\$443.6 M	\$478.8 M
Employee Contributions	(\$40.5 M)	(\$40.5 M)	(\$40.5 M)	(\$40.5 M)	(\$40.5 M)
Net Cost	\$313.0 M	\$340.2 M	\$370.7 M	\$403.1 M	\$438.3 M

#### Behave Like SUS Migration Scenario with 20% Waived Enrollment Migrating – High Estimate:

\$Millions	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
Enrollment	19,811	19,811	19,811	19,811	19,811
Gross Cost	\$357.2 M	\$384.7 M	\$415.5 M	\$448.3 M	\$483.9 M
Employee Contributions	(\$40.8 M)	(\$40.8 M)	(\$40.8 M)	(\$40.8 M)	(\$40.8 M)
Net Cost	\$316.4 M	\$343.9 M	\$374.7 M	\$407.5 M	\$443.1 M

## TEN-YEAR PROJECTION FOR JULY 1, 2022 – JUNE 30, 2032 (BEHAVE LIKE SUS, 10% & 20% WAIVERS MIGRATING)

Based on the data we were provided, as well as the assumptions defined in this report, we developed the following ten-year projection beginning on July 1, 2022, and ending on June 30, 2032 of including FCS employees and retirees in the State Group Health Insurance Program. This projection focuses on Fiscal Years 2023 through 2027. The charts following below include:

- Total state cost including premiums and administration costs
- Behave like SUS migration scenario
- Employee contributions remain flat throughout the projection periods post-merger
- The number of employees who waive coverage is one of the risk factors for bringing on the FCS institutions; Foster & Foster modeled two scenarios in which either 10% or 20% of waivers will elect medical coverage post-merger

### Projection for Fiscal Years 2023 – 2032

#### Status Quo:

\$Millions	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2022-2032
Enrollment	19,394	19,394	19,394	19,394	19,394	193,940
Gross Cost	\$177.9 M	\$191.6 M	\$206.9 M	\$223.3 M	\$241.0 M	\$2,564.6 M
Employee Contributions	(\$33.3 M)	(\$33.3 M)	(\$33.3 M)	(\$33.3 M)	(\$33.3 M)	(\$332.6 M)
Net Cost	\$144.6 M	\$158.3 M	\$173.7 M	\$190.0 M	\$207.7 M	\$2,232.0 M

#### Behave Like SUS Migration Scenario with 10% Waived Enrollment Migrating – Best Estimate:

\$Millions	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2022-2032
Enrollment	19,603	19,603	19,603	19,603	19,603	196,030
Gross Cost	\$353.4 M	\$380.6 M	\$411.1 M	\$443.6 M	\$478.8 M	\$5,095.6 M
Employee Contributions	(\$40.5 M)	(\$40.5 M)	(\$40.5 M)	(\$40.5 M)	(\$40.5 M)	(\$404.5 M)
Net Cost	\$313.0 M	\$340.2 M	\$370.7 M	\$403.1 M	\$438.3 M	\$4,691.1 M

#### Behave Like SUS Migration Scenario with 20% Waived Enrollment Migrating – High Estimate:

\$Millions	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2022-2032
Enrollment	19,811	19,811	19,811	19,811	19,811	198,110
Gross Cost	\$357.2 M	\$384.7 M	\$415.5 M	\$448.3 M	\$483.9 M	\$5,149.5 M
Employee Contributions	(\$40.8 M)	(\$40.8 M)	(\$40.8 M)	(\$40.8 M)	(\$40.8 M)	(\$407.7 M)
Net Cost	\$316.4 M	\$343.9 M	\$374.7 M	\$407.5 M	\$443.1 M	\$4,741.9 M



## COMPARISON OF EXISTING PLANS UNDER FCS PROGRAM TO PLANS UNDER THE STATE GROUP INSURANCE PROGRAM

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Below you will find a comparison of existing insurance plans offered to active employees and retirees by the 23 FSC institutions that are members of the Florida College System Risk Management Consortium and the 5 institutions that are not members (Broward College, Hillsborough Community College, Miami Dade College, Tallahassee Community College, and Valencia College) to those available to active employees and retirees through the State Group Health Insurance Program.

Part of our analysis for each of the institutions was to calculate the Actuarial Value (AV) for each health plan that is offered to the employees. This AV can be used as an estimate the out-of-pocket cost differential between the current plans and the State Group Health Insurance Program plans. Foster & Foster used the Claros Actuarial Analytics tool to develop the actuarial values. For purposes of the modeling no adjustments were made to the underlying claim distribution in the Claros Actuarial Analytics Tool based on the populations being analyzed for this report.

For plans with company provided funding in the Health Savings Account, the funding is not included as part of the AV.

Please note the actuarial values are an estimate of expected company and employee cost, calculated by the Claros Actuarial Assistant tool. Actual company and employee cost share will vary by member and group.

	SGHIP	SGHIP	SGHIP	SGHIP
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>
<b>Cost Sharing - Member's Responsibility</b>				
<b>Deductible (Per Person / Family)</b>				
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A
<b>Coinsurance (Member pays)</b>				
In-Network	20%	20%	0%	20%
Out-of-Network	40%	40%	N/A	N/A
<b>Out of Pocket Maximum (Per Person / Family)</b>				
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A
<b>Office Visit - Physician</b>				
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A

	SGHIP	SGHIP	SGHIP	SGHIP	Chipola College
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 3562 (03766)
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>
<b>Cost Sharing - Member's Responsibility</b>					
<b>Ded (Per Person / Family)</b>					
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$600 / \$1,800
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	Combined with INN
<b>Coinsurance (Member pays)</b>					
In-Network	20%	20%	0%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	30%
<b>Out of Pocket Maximum (Per Person / Family)</b>					
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,000 / \$12,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	Combined with INN
<b>Office Visit - Physician</b>					
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$35 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins
<b>Office Visit - Specialist</b>					
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$50 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins
<b>Inpatient Hospital Facility</b>					
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$900 copay
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	\$2,500 copay
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	\$150 + 20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$35 copay
<b>Rx Retail</b>					
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay
<b>Rx Mail Order</b>					
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay

	SGHIP	SGHIP	SGHIP	SGHIP	College of Central Florida	College of Central Florida	College of Central Florida
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 03769	H.S.A. Blue Options 05190	H.S.A. Blue Options 05191
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>81%</b>	<b>72%</b>	<b>72%</b>
<b>Cost Sharing - Member's Responsibility</b>							
<b>Ded (Per Person / Family)</b>							
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$800 / \$2,400	\$1,750 Per Person	\$3,500 / \$3,500
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	Combined with INN	\$5,000 Per Person	\$10,000 / \$10,000
<b>Coinsurance (Member pays)</b>							
In-Network	20%	20%	0%	20%	20%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	40%	40%	40%
<b>Out of Pocket Maximum (Per Person / Family)</b>							
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$7,000 / \$14,000	\$4,500 Per Person	\$6,850 / \$9,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	Combined with INN	\$9,000 Per Person	\$18,000 / \$18,000
<b>Office Visit - Physician</b>							
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Office Visit - Specialist</b>							
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$60 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Inpatient Hospital Facility</b>							
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$1,250 copay	Ded + 20%	Ded + 20%
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	Ded + 40% coins	Ded + 40%	Ded + 40%
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	Ded + 20% coins	Ded + 20% coins	Ded + 20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$65 copay	Ded + 20% coins	Ded + 20% coins
<b>Rx Retail</b>							
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	Ded	Ded
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	Ded	Ded
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	Ded	Ded
<b>Rx Mail Order</b>							
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	Ded	Ded
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	Ded	Ded
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	Ded	Ded

	SGHIP	SGHIP	SGHIP	SGHIP	College of the Florida Keys	College of the Florida Keys	College of the Florida Keys	College of the Florida Keys
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 3562 (03766)	PPO - Blue Options 03769	H.S.A. Blue Options 05190	H.S.A. Blue Options 05191
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>	<b>81%</b>	<b>72%</b>	<b>72%</b>
<b>Cost Sharing - Member's Responsibility</b>								
<b>Ded (Per Person / Family)</b>								
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$600 / \$1,800	\$800 / \$2,400	\$1,750 Per Person	\$3,500 / \$3,500
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	Combined with INN	Combined with INN	\$5,000 Per Person	\$10,000 / \$10,000
<b>Coinsurance (Member pays)</b>								
In-Network	20%	20%	0%	20%	20%	20%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	30%	40%	40%	40%
<b>Out of Pocket Maximum (Per Person / Family)</b>								
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$4,500 Per Person	\$6,850 / \$9,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	Combined with INN	Combined with INN	\$9,000 Per Person	\$18,000 / \$18,000
<b>Office Visit - Physician</b>								
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$35 copay	\$40 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Office Visit - Specialist</b>								
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$50 copay	\$60 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Inpatient Hospital Facility</b>								
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$900 copay	\$1,250 copay	Ded + 20%	Ded + 20%
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	\$2,500 copay	Ded + 40% coins	Ded + 40%	Ded + 40%
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	\$150 + 20% coins	Ded + 20% coins	Ded + 20% coins	Ded + 20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$35 copay	\$65 copay	Ded + 20% coins	Ded + 20% coins
<b>Rx Retail</b>								
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	Ded	Ded
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	\$45 copay	Ded	Ded
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	\$65 copay	Ded	Ded
<b>Rx Mail Order</b>								
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	Ded	Ded
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	\$90 copay	Ded	Ded
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	\$130 copay	Ded	Ded

	SGHIP	SGHIP	SGHIP	SGHIP	Daytona State	Daytona State	Daytona State
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 03559	PPO - Blue Options 03769	H.S.A. Blue Options 05190
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>83%</b>	<b>81%</b>	<b>72%</b>
<b>Cost Sharing - Member's Responsibility</b>							
<b>Ded (Per Person / Family)</b>							
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$700 / \$2,100	\$800 / \$2,400	\$1,750 Per Person
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	Combined with INN	Combined with INN	\$5,000 Per Person
<b>Coinsurance (Member pays)</b>							
In-Network	20%	20%	0%	20%	20%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	30%	40%	40%
<b>Out of Pocket Maximum (Per Person / Family)</b>							
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$7,000 / \$14,000	\$7,000 / \$14,000	\$4,500 Per Person
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	Combined with INN	Combined with INN	\$9,000 Per Person
<b>Office Visit - Physician</b>							
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$40 copay	\$40 copay	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 40% coins
<b>Office Visit - Specialist</b>							
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$60 copay	\$60 copay	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 40% coins
<b>Inpatient Hospital Facility</b>							
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$900 copay	\$1,250 copay	Ded + 20%
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	\$2,500 copay	Ded + 40% coins	Ded + 40%
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	\$150 copay + 20% coins	Ded + 20% coins	Ded + 20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$60 copay	\$65 copay	Ded + 20% coins
<b>Rx Retail</b>							
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	Ded
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$60 copay	\$45 copay	Ded
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$100 copay	\$65 copay	Ded
<b>Rx Mail Order</b>							
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	Ded
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$120 copay	\$90 copay	Ded
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$200 copay	\$130 copay	Ded

	SGHIP	SGHIP	SGHIP	SGHIP	Daytona State	Daytona State	Daytona State
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	H.S.A. Blue Options 05191	FHCP TS1	FHCP TS2
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>72%</b>	<b>88%</b>	<b>84%</b>
<b>Cost Sharing - Member's Responsibility</b>							
<b>Ded (Per Person / Family)</b>							
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$3,500 / \$3,500	\$500 / \$1,500	\$1,000 / \$2,000
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	\$10,000 / \$10,000	N/A	N/A
<b>Coinsurance (Member pays)</b>							
In-Network	20%	20%	0%	20%	20%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	40%	N/A	N/A
<b>Out of Pocket Maximum (Per Person / Family)</b>							
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,850 / \$9,000	\$3,500 / \$10,500	\$5,000 / \$10,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	\$18,000 / \$18,000	N/A	N/A
<b>Office Visit - Physician</b>							
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	Ded + 20% coins	\$20 copay	\$30 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 40% coins	N/A	N/A
<b>Office Visit - Specialist</b>							
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	Ded + 20% coins	\$35 copay	\$50 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 40% coins	N/A	N/A
<b>Inpatient Hospital Facility</b>							
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	Ded + 20%	Ded + 20%	Ded + 20%
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	Ded + 40%	N/A	N/A
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	Ded + 20% coins	Ded + 20%	Ded + 20%
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	Ded + 20% coins	Ded + 20%	Ded + 20%
<b>Rx Retail</b>							
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	Ded	\$3 copay	\$3 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	Ded	\$30 copay	\$30 copay
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	Ded	\$55 copay	\$55 copay
<b>Rx Mail Order</b>							
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	Ded	\$6 copay	\$6 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	Ded	\$87 copay	\$87 copay
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	Ded	\$162 copay	\$162 copay



	SGHIP	SGHIP	SGHIP	SGHIP	Eastern Florida State	Eastern Florida State	Eastern Florida State	Eastern Florida State
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	HMO - BlueCare 58	PPO - Blue Options 03769	H.S.A. Blue Options 05190	H.S.A. Blue Options 05191
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>	<b>81%</b>	<b>72%</b>	<b>72%</b>
<b>Cost Sharing - Member's Responsibility</b>								
<b>Ded (Per Person / Family)</b>								
In-Network	\$250 / \$500	\$1,400 / \$2,800	0%	\$1,400 / \$2,800	0%	\$800 / \$2,400	\$1,750 Per Person	\$3,500 / \$3,500
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	N/A	Combined with INN	\$5,000 Per Person	\$10,000 / \$10,000
<b>Coinsurance (Member pays)</b>								
In-Network	20%	20%	0%	20%	20%	20%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	N/A	40%	40%	40%
<b>Out of Pocket Maximum (Per Person / Family)</b>								
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$4,500 Per Person	\$6,850 / \$9,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	N/A	Combined with INN	\$9,000 Per Person	\$18,000 / \$18,000
<b>Office Visit - Physician</b>								
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$40 copay	\$40 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Office Visit - Specialist</b>								
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$60 copay	\$60 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Inpatient Hospital Facility</b>								
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$350 per day up to \$1,750	\$1,250 copay	Ded + 20%	Ded + 20%
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	N/A	Ded + 40% coins	Ded + 40%	Ded + 40%
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	20% coins	Ded + 20% coins	Ded + 20% coins	Ded + 20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$80 copay	\$65 copay	Ded + 20% coins	Ded + 20% coins
<b>Rx Retail</b>								
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	Ded	Ded
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	\$45 copay	Ded	Ded
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	\$65 copay	Ded	Ded
<b>Rx Mail Order</b>								
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	Ded	Ded
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	\$90 copay	Ded	Ded
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	\$130 copay	Ded	Ded

	SGHIP	SGHIP	SGHIP	SGHIP	Florida Gateway	Florida Gateway	Florida Gateway	Florida Gateway
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 03559	PPO - Blue Options 03769	PPO - Blue Options 03900	HMO - BlueCare 58
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>83%</b>	<b>81%</b>	<b>71%</b>	<b>85%</b>
<b>Cost Sharing - Member's Responsibility</b>								
<b>Ded (Per Person / Family)</b>								
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$700 / \$2,100	\$800 / \$2,400	\$1,750 / NA	\$0
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	Combined with INN	Combined with INN	\$5,250 / NA	N/A
<b>Coinsurance (Member pays)</b>								
In-Network	20%	20%	0%	20%	20%	20%	50%	20%
Out-of-Network	40%	40%	N/A	N/A	30%	40%	50%	N/A
<b>Out of Pocket Maximum (Per Person / Family)</b>								
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$7,000 / \$14,000	\$7,000 / \$14,000	\$6,600 / \$13,200	\$6,000 / \$12,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	Combined with INN	Combined with INN	\$20,000 / \$20,000	N/A
<b>Office Visit - Physician</b>								
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$40 copay	\$40 copay	\$45 copay	\$40 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 50% coins	N/A
<b>Office Visit - Specialist</b>								
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$60 copay	\$60 copay	\$65 copay	\$60 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 50% coins	N/A
<b>Inpatient Hospital Facility</b>								
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$900 copay	\$1,250 copay	\$1,750 copay	\$350 per day up to \$1,750
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	\$2,500 copay	Ded + 40% coins	Ded + 50% coins	N/A
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	\$150 copay + 20% coins	Ded + 20% coins	Ded + 50% coins	20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$60 copay	\$65 copay	Ded + 50% coins	\$80 copay
<b>Rx Retail</b>								
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	\$10 copay	\$15 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$60 copay	\$45 copay	Not Covered	\$45 copay
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$100 copay	\$65 copay	Not Covered	\$65 copay
<b>Rx Mail Order</b>								
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	\$25 copay	\$30 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$120 copay	\$90 copay	Not Covered	\$90 copay
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$200 copay	\$130 copay	Not Covered	\$130 copay

	SGHIP	SGHIP	SGHIP	SGHIP	Florida Southwestern	Florida Southwestern	Florida Southwestern	Florida Southwestern
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	HMO - BlueCare 58	PPO - Blue Options 03769	H.S.A. Blue Options 05190	H.S.A. Blue Options 05191
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>	<b>81%</b>	<b>72%</b>	<b>72%</b>
<b>Cost Sharing - Member's Responsibility</b>								
<b>Ded (Per Person / Family)</b>								
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$0	\$800 / \$2,400	\$1,750 Per Person	\$3,500 / \$3,500
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	N/A	Combined with INN	\$5,000 Per Person	\$10,000 / \$10,000
<b>Coinsurance (Member pays)</b>								
In-Network	20%	20%	0%	20%	20%	20%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	N/A	40%	40%	40%
<b>Out of Pocket Maximum (Per Person / Family)</b>								
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$4,500 Per Person	\$6,850 / \$9,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	N/A	Combined with INN	\$9,000 Per Person	\$18,000 / \$18,000
<b>Office Visit - Physician</b>								
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$40 copay	\$40 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Office Visit - Specialist</b>								
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$60 copay	\$60 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Inpatient Hospital Facility</b>								
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$350 per day up to \$1,750	\$1,250 copay	Ded + 20%	Ded + 20%
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	N/A	Ded + 40% coins	Ded + 40%	Ded + 40%
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	20% coins	Ded + 20% coins	Ded + 20% coins	Ded + 20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$80 copay	\$65 copay	Ded + 20% coins	Ded + 20% coins
<b>Rx Retail</b>								
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	Ded	Ded
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	\$45 copay	Ded	Ded
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	\$65 copay	Ded	Ded
<b>Rx Mail Order</b>								
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	Ded	Ded
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	\$90 copay	Ded	Ded
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	\$130 copay	Ded	Ded

	SGHIP	SGHIP	SGHIP	SGHIP	FSC - Jacksonville	FSC - Jacksonville	FSC - Jacksonville	FSC - Jacksonville
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	HMO - BlueCare 51	PPO - Blue Options 03769	H.S.A. Blue Options 05190	H.S.A. Blue Options 05191
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>83%</b>	<b>81%</b>	<b>72%</b>	<b>72%</b>
<b>Cost Sharing - Member's Responsibility</b>								
<b>Ded (Per Person / Family)</b>								
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$0	\$800 / \$2,400	\$1,750 Per Person	\$3,500 / \$3,500
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	N/A	Combined with INN	\$5,000 Per Person	\$10,000 / \$10,000
<b>Coinsurance (Member pays)</b>								
In-Network	20%	20%	0%	20%	N/A	20%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	N/A	40%	40%	40%
<b>Out of Pocket Maximum (Per Person / Family)</b>								
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$4,500 Per Person	\$6,850 / \$9,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	N/A	Combined with INN	\$9,000 Per Person	\$18,000 / \$18,000
<b>Office Visit - Physician</b>								
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$40 copay	\$40 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Office Visit - Specialist</b>								
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$60 copay	\$60 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Inpatient Hospital Facility</b>								
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$250 copay up to \$1,250	\$1,250 copay	Ded + 20%	Ded + 20%
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission + 40% coins	N/A	N/A	N/A	Ded + 40% coins	Ded + 40%	Ded + 40%
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	\$150 copay	Ded + 20% coins	Ded + 20% coins	Ded + 20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$80 copay	\$65 copay	Ded + 20% coins	Ded + 20% coins
<b>Rx Retail</b>								
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	Ded	Ded
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$60 copay	\$45 copay	Ded	Ded
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$100 copay	\$65 copay	Ded	Ded
<b>Rx Mail Order</b>								
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	Ded	Ded
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$120 copay	\$90 copay	Ded	Ded
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$200 copay	\$130 copay	Ded	Ded

	SGHIP	SGHIP	SGHIP	SGHIP	Gulf Coast State	Gulf Coast State	Gulf Coast State	Gulf Coast State
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 3562 (03766)	PPO - Blue Options 03769	H.S.A. Blue Options 05190	H.S.A. Blue Options 05191
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>	<b>81%</b>	<b>72%</b>	<b>72%</b>
<b>Cost Sharing - Member's Responsibility</b>								
<b>Ded (Per Person / Family)</b>								
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$600 / \$1,800	\$800 / \$2,400	\$1,750 Per Person	\$3,500 / \$3,500
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	Combined with INN	Combined with INN	\$5,000 Per Person	\$10,000 / \$10,000
<b>Coinsurance (Member pays)</b>								
In-Network	20%	20%	0%	20%	20%	20%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	30%	40%	40%	40%
<b>Out of Pocket Maximum (Per Person / Family)</b>								
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$4,500 Per Person	\$6,850 / \$9,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	Combined with INN	Combined with INN	\$9,000 Per Person	\$18,000 / \$18,000
<b>Office Visit - Physician</b>								
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$35 copay	\$40 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Office Visit - Specialist</b>								
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$50 copay	\$60 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Inpatient Hospital Facility</b>								
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$900 copay	\$1,250 copay	Ded + 20%	Ded + 20%
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	\$2,500 copay	Ded + 40% coins	Ded + 40%	Ded + 40%
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	\$150 + 20% coins	Ded + 20% coins	Ded + 20% coins	Ded + 20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$35 copay	\$65 copay	Ded + 20% coins	Ded + 20% coins
<b>Rx Retail</b>								
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	Ded	Ded
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	\$45 copay	Ded	Ded
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	\$65 copay	Ded	Ded
<b>Rx Mail Order</b>								
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	Ded	Ded
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	\$90 copay	Ded	Ded
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	\$130 copay	Ded	Ded

	SGHIP	SGHIP	SGHIP	SGHIP	Indian River State	Indian River State	Indian River State	Indian River State	Indian River State
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 3562 (03766)	PPO - Blue Options 03769	H.S.A. Blue Options 05190	H.S.A. Blue Options 05191	PPO - Blue Options 03900
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>	<b>81%</b>	<b>72%</b>	<b>72%</b>	<b>71%</b>
<b>Cost Sharing - Member's Responsibility</b>									
<b>Ded (Per Person / Family)</b>									
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$600 / \$1,800	\$800 / \$2,400	\$1,750 Per Person	\$3,500 / \$3,500	\$1,750 / NA
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	Combined with INN	Combined with INN	\$5,000 Per Person	\$10,000 / \$10,000	\$5,250 / NA
<b>Coinsurance (Member pays)</b>									
In-Network	20%	20%	0%	20%	20%	20%	20%	20%	50%
Out-of-Network	40%	40%	N/A	N/A	30%	40%	40%	40%	50%
<b>Out of Pocket Maximum (Per Person / Family)</b>									
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$4,500 Per Person	\$6,850 / \$9,000	\$6,600 / \$13,200
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	Combined with INN	Combined with INN	\$9,000 Per Person	\$18,000 / \$18,000	\$20,000 / \$20,000
<b>Office Visit - Physician</b>									
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$35 copay	\$40 copay	Ded + 20% coins	Ded + 20% coins	\$45 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins	Ded + 50% coins
<b>Office Visit - Specialist</b>									
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$50 copay	\$60 copay	Ded + 20% coins	Ded + 20% coins	\$65 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins	Ded + 50% coins
<b>Inpatient Hospital Facility</b>									
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$900 copay	\$1,250 copay	Ded + 20%	Ded + 20%	\$1,750 copay
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	\$2,500 copay	Ded + 40% coins	Ded + 40%	Ded + 40%	Ded + 50% coins
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	\$150 + 20% coins	Ded + 20% coins	Ded + 20% coins	Ded + 20% coins	Ded + 50% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$35 copay	\$65 copay	Ded + 20% coins	Ded + 20% coins	Ded + 50% coins
<b>Rx Retail</b>									
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	Ded	Ded	\$10 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	\$45 copay	Ded	Ded	Not Covered
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	\$65 copay	Ded	Ded	Not Covered
<b>Rx Mail Order</b>									
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	Ded	Ded	\$25 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	\$90 copay	Ded	Ded	Not Covered
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	\$130 copay	Ded	Ded	Not Covered

	SGHIP	SGHIP	SGHIP	SGHIP	Lake-Sumter State	Lake-Sumter State	Lake-Sumter State	Lake-Sumter State	Lake-Sumter State
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 3562 (03766)	PPO - Blue Options 03769	H.S.A. Blue Options 05190	H.S.A. Blue Options 05191	PPO - Blue Options 05772
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>	<b>81%</b>	<b>72%</b>	<b>72%</b>	<b>78%</b>
<b>Cost Sharing - Member's Responsibility</b>									
<b>Ded (Per Person / Family)</b>									
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$600 / \$1,800	\$800 / \$2,400	\$1,750 Per Person	\$3,500 / \$3,500	\$1,400 / \$4,200
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	Combined with INN	Combined with INN	\$5,000 Per Person	\$10,000 / \$10,000	Combined with INN
<b>Coinsurance (Member pays)</b>									
In-Network	20%	20%	0%	20%	20%	20%	20%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	30%	40%	40%	40%	40%
<b>Out of Pocket Maximum (Per Person / Family)</b>									
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$4,500 Per Person	\$6,850 / \$9,000	\$6,500 / \$13,500
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	Combined with INN	Combined with INN	\$9,000 Per Person	\$18,000 / \$18,000	Combined with INN
<b>Office Visit - Physician</b>									
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$35 copay	\$40 copay	Ded + 20% coins	Ded + 20% coins	\$50 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Office Visit - Specialist</b>									
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$50 copay	\$60 copay	Ded + 20% coins	Ded + 20% coins	\$80 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Inpatient Hospital Facility</b>									
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$900 copay	\$1,250 copay	Ded + 20%	Ded + 20%	Ded + 20%
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	\$2,500 copay	Ded + 40% coins	Ded + 40%	Ded + 40%	Ded + 40% coins
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	\$150 + 20% coins	Ded + 20% coins	Ded + 20% coins	Ded + 20% coins	Ded + 20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$35 copay	\$65 copay	Ded + 20% coins	Ded + 20% coins	\$80 copay
<b>Rx Retail</b>									
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	Ded	Ded	\$15 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	\$45 copay	Ded	Ded	\$45 copay
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	\$65 copay	Ded	Ded	\$65 copay
<b>Rx Mail Order</b>									
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	Ded	Ded	\$30 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	\$90 copay	Ded	Ded	\$90 copay
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	\$130 copay	Ded	Ded	\$130 copay



	SGHIP	SGHIP	SGHIP	SGHIP	North Florida
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 3562 (03766)
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>
<b>Cost Sharing - Member's Responsibility</b>					
<b>Ded (Per Person / Family)</b>					
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$600 / \$1,800
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	Combined with INN
<b>Coinsurance (Member pays)</b>					
In-Network	20%	20%	0%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	30%
<b>Out of Pocket Maximum (Per Person / Family)</b>					
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,000 / \$12,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	Combined with INN
<b>Office Visit - Physician</b>					
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$35 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins
<b>Office Visit - Specialist</b>					
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$50 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins
<b>Inpatient Hospital Facility</b>					
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$900 copay
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	\$2,500 copay
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	\$150 + 20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$35 copay
<b>Rx Retail</b>					
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay
<b>Rx Mail Order</b>					
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay

	SGHIP	SGHIP	SGHIP	SGHIP	Northwest Florida State	Northwest Florida State	Northwest Florida State	Northwest Florida State
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	HMO - BlueCare 58	PPO - Blue Options 03769	H.S.A. Blue Options 05190	H.S.A. Blue Options 05191
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>	<b>81%</b>	<b>72%</b>	<b>72%</b>
<b>Cost Sharing - Member's Responsibility</b>								
<b>Ded (Per Person / Family)</b>								
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$0	\$800 / \$2,400	\$1,750 Per Person	\$3,500 / \$3,500
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	N/A	Combined with INN	\$5,000 Per Person	\$10,000 / \$10,000
<b>Coinsurance (Member pays)</b>								
In-Network	20%	20%	0%	20%	20%	20%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	N/A	40%	40%	40%
<b>Out of Pocket Maximum (Per Person / Family)</b>								
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$4,500 Per Person	\$6,850 / \$9,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	N/A	Combined with INN	\$9,000 Per Person	\$18,000 / \$18,000
<b>Office Visit - Physician</b>								
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$40 copay	\$40 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Office Visit - Specialist</b>								
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$60 copay	\$60 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Inpatient Hospital Facility</b>								
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$350 per day up to \$1,750	\$1,250 copay	Ded + 20%	Ded + 20%
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	N/A	Ded + 40% coins	Ded + 40%	Ded + 40%
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	20% coins	Ded + 20% coins	Ded + 20% coins	Ded + 20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$80 copay	\$65 copay	Ded + 20% coins	Ded + 20% coins
<b>Rx Retail</b>								
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	Ded	Ded
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	\$45 copay	Ded	Ded
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	\$65 copay	Ded	Ded
<b>Rx Mail Order</b>								
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	Ded	Ded
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	\$90 copay	Ded	Ded
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	\$130 copay	Ded	Ded

	SGHIP	SGHIP	SGHIP	SGHIP	Palm Beach State College	Palm Beach State College
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	HMO - BlueCare 58	PPO - Blue Options 03769
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>	<b>81%</b>
<b>Cost Sharing - Member's Responsibility</b>						
<b>Ded (Per Person / Family)</b>						
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$0	\$800 / \$2,400
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	N/A	Combined with INN
<b>Coinsurance (Member pays)</b>						
In-Network	20%	20%	0%	20%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	N/A	40%
<b>Out of Pocket Maximum (Per Person / Family)</b>						
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,000 / \$14,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	N/A	Combined with INN
<b>Office Visit - Physician</b>						
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$40 copay	\$40 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 40% coins
<b>Office Visit - Specialist</b>						
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$60 copay	\$60 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 40% coins
<b>Inpatient Hospital Facility</b>						
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$350 per day up to \$1,750	\$1,250 copay
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	N/A	Ded + 40% coins
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	20% coins	Ded + 20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$80 copay	\$65 copay
<b>Rx Retail</b>						
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	\$45 copay
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	\$65 copay
<b>Rx Mail Order</b>						
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	\$90 copay
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	\$130 copay

	SGHIP	SGHIP	SGHIP	SGHIP	Pasco-Hernando State	Pasco-Hernando State	Pasco-Hernando State	Pasco-Hernando State	Pasco-Hernando State
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	HMO - BlueCare 58	PPO - Blue Options 03769	H.S.A. Blue Options 05190	H.S.A. Blue Options 05191	PPO - Blue Options 03900
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>	<b>81%</b>	<b>72%</b>	<b>72%</b>	<b>71%</b>
<b>Cost Sharing - Member's Responsibility</b>									
<b>Ded (Per Person / Family)</b>									
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$0	\$800 / \$2,400	\$1,750 Per Person	\$3,500 / \$3,500	\$1,750 / NA
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	N/A	Combined with INN	\$5,000 Per Person	\$10,000 / \$10,000	\$5,250 / NA
<b>Coinsurance (Member pays)</b>									
In-Network	20%	20%	0%	20%	20%	20%	20%	20%	50%
Out-of-Network	40%	40%	N/A	N/A	N/A	40%	40%	40%	50%
<b>Out of Pocket Maximum (Per Person / Family)</b>									
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$4,500 Per Person	\$6,850 / \$9,000	\$6,600 / \$13,200
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	N/A	Combined with INN	\$9,000 Per Person	\$18,000 / \$18,000	\$20,000 / \$20,000
<b>Office Visit - Physician</b>									
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$40 copay	\$40 copay	Ded + 20% coins	Ded + 20% coins	\$45 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins	Ded + 50% coins
<b>Office Visit - Specialist</b>									
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$60 copay	\$60 copay	Ded + 20% coins	Ded + 20% coins	\$65 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins	Ded + 50% coins
<b>Inpatient Hospital Facility</b>									
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$350 per day up to \$1,750	\$1,250 copay	Ded + 20%	Ded + 20%	\$1,750 copay
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	N/A	Ded + 40% coins	Ded + 40%	Ded + 40%	Ded + 50% coins
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	20% coins	Ded + 20% coins	Ded + 20% coins	Ded + 20% coins	Ded + 50% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$80 copay	\$65 copay	Ded + 20% coins	Ded + 20% coins	Ded + 50% coins
<b>Rx Retail</b>									
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	Ded	Ded	\$10 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	\$45 copay	Ded	Ded	Not Covered
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	\$65 copay	Ded	Ded	Not Covered
<b>Rx Mail Order</b>									
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	Ded	Ded	\$25 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	\$90 copay	Ded	Ded	Not Covered
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	\$130 copay	Ded	Ded	Not Covered

	SGHIP	SGHIP	SGHIP	SGHIP	Pensacola State	Pensacola State	Pensacola State
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 3562 (03766)	PPO - Blue Options 03900	H.S.A. Blue Options 05190
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>	<b>71%</b>	<b>72%</b>
<b>Cost Sharing - Member's Responsibility</b>							
<b>Ded (Per Person / Family)</b>							
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$600 / \$1,800	\$1,750 / NA	\$1,750 Per Person
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	Combined with INN	\$5,250 / NA	\$5,000 Per Person
<b>Coinsurance (Member pays)</b>							
In-Network	20%	20%	0%	20%	20%	50%	20%
Out-of-Network	40%	40%	N/A	N/A	30%	50%	40%
<b>Out of Pocket Maximum (Per Person / Family)</b>							
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,000 / \$12,000	\$6,600 / \$13,200	\$4,500 Per Person
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	Combined with INN	\$20,000 / \$20,000	\$9,000 Per Person
<b>Office Visit - Physician</b>							
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$35 copay	\$45 copay	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 50% coins	Ded + 40% coins
<b>Office Visit - Specialist</b>							
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$50 copay	\$65 copay	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 50% coins	Ded + 40% coins
<b>Inpatient Hospital Facility</b>							
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$900 copay	\$1,750 copay	Ded + 20%
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	\$2,500 copay	Ded + 50% coins	Ded + 40%
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	\$150 + 20% coins	Ded + 50% coins	Ded + 20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$35 copay	Ded + 50% coins	Ded + 20% coins
<b>Rx Retail</b>							
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$10 copay	Ded
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	Not Covered	Ded
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	Not Covered	Ded
<b>Rx Mail Order</b>							
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$25 copay	Ded
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	Not Covered	Ded
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	Not Covered	Ded

	SGHIP	SGHIP	SGHIP	SGHIP	Pensacola State	Pensacola State	Pensacola State
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	H.S.A. Blue Options 05191	HMO - BlueCare 10 (55)	HMO - BlueCare 58
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>72%</b>	<b>92%</b>	<b>85%</b>
<b>Cost Sharing - Member's Responsibility</b>							
<b>Ded (Per Person / Family)</b>							
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$3,500 / \$3,500	\$0	\$0
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	\$10,000 / \$10,000	N/A	N/A
<b>Coinsurance (Member pays)</b>							
In-Network	20%	20%	0%	20%	20%	N/A	20%
Out-of-Network	40%	40%	N/A	N/A	40%	N/A	N/A
<b>Out of Pocket Maximum (Per Person / Family)</b>							
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,850 / \$9,000	\$5,000 / \$10,000	\$6,000 / \$12,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	\$18,000 / \$18,000	N/A	N/A
<b>Office Visit - Physician</b>							
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	Ded + 20% coins	\$35 copay	\$40 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 40% coins	N/A	N/A
<b>Office Visit - Specialist</b>							
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	Ded + 20% coins	\$50 copay	\$60 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 40% coins	N/A	N/A
<b>Inpatient Hospital Facility</b>							
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	Ded + 20%	\$220 per day up to \$1,100	\$350 per day up to \$1,750
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	Ded + 40%	N/A	N/A
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	Ded + 20% coins	\$100 copay	20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	Ded + 20% coins	\$35 copay	\$80 copay
<b>Rx Retail</b>							
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	Ded	\$15 copay	\$15 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	Ded	\$45 copay	\$45 copay
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	Ded	\$65 copay	\$65 copay
<b>Rx Mail Order</b>							
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	Ded	\$30 copay	\$30 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	Ded	\$90 copay	\$90 copay
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	Ded	\$130 copay	\$130 copay

	SGHIP	SGHIP	SGHIP	SGHIP	Polk State	Polk State	Polk State	Polk State
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 3562 (03766)	PPO - Blue Options 03769	HMO - BlueCare 10 (55)	HMO - BlueCare 58
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>	<b>81%</b>	<b>92%</b>	<b>85%</b>
<b>Cost Sharing - Member's Responsibility</b>								
<b>Ded (Per Person / Family)</b>								
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$600 / \$1,800	\$800 / \$2,400	\$0	\$0
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	Combined with INN	Combined with INN	N/A	N/A
<b>Coinsurance (Member pays)</b>								
In-Network	20%	20%	0%	20%	20%	20%	N/A	20%
Out-of-Network	40%	40%	N/A	N/A	30%	40%	N/A	N/A
<b>Out of Pocket Maximum (Per Person / Family)</b>								
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$5,000 / \$10,000	\$6,000 / \$12,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	Combined with INN	Combined with INN	N/A	N/A
<b>Office Visit - Physician</b>								
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$35 copay	\$40 copay	\$35 copay	\$40 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	N/A	N/A
<b>Office Visit - Specialist</b>								
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$50 copay	\$60 copay	\$50 copay	\$60 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	N/A	N/A
<b>Inpatient Hospital Facility</b>								
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$900 copay	\$1,250 copay	\$220 per day up to \$1,100	\$350 per day up to \$1,750
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	\$2,500 copay	Ded + 40% coins	N/A	N/A
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	\$150 + 20% coins	Ded + 20% coins	\$100 copay	20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$35 copay	\$65 copay	\$35 copay	\$80 copay
<b>Rx Retail</b>								
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	\$45 copay	\$45 copay	\$45 copay
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	\$65 copay	\$65 copay	\$65 copay
<b>Rx Mail Order</b>								
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	\$90 copay	\$90 copay	\$90 copay
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	\$130 copay	\$130 copay	\$130 copay

	SGHIP	SGHIP	SGHIP	SGHIP	St. Johns River State	St. Johns River State	St. Johns River State	St. Johns River State
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 03769	HMO - BlueCare 58	H.S.A. Blue Options 05190	H.S.A. Blue Options 05191
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>81%</b>	<b>85%</b>	<b>72%</b>	<b>72%</b>
<b>Cost Sharing - Member's Responsibility</b>								
<b>Ded (Per Person / Family)</b>								
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$800 / \$2,400	\$0	\$1,750 Per Person	\$3,500 / \$3,500
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	Combined with INN	N/A	\$5,000 Per Person	\$10,000 / \$10,000
<b>Coinsurance (Member pays)</b>								
In-Network	20%	20%	0%	20%	20%	20%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	40%	N/A	40%	40%
<b>Out of Pocket Maximum (Per Person / Family)</b>								
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$7,000 / \$14,000	\$6,000 / \$12,000	\$4,500 Per Person	\$6,850 / \$9,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	Combined with INN	N/A	\$9,000 Per Person	\$18,000 / \$18,000
<b>Office Visit - Physician</b>								
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$40 copay	\$40 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 40% coins	N/A	Ded + 40% coins	Ded + 40% coins
<b>Office Visit - Specialist</b>								
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$60 copay	\$60 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 40% coins	N/A	Ded + 40% coins	Ded + 40% coins
<b>Inpatient Hospital Facility</b>								
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$1,250 copay	\$350 per day up to \$1,750	Ded + 20%	Ded + 20%
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	Ded + 40% coins	N/A	Ded + 40%	Ded + 40%
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	Ded + 20% coins	20% coins	Ded + 20% coins	Ded + 20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$65 copay	\$80 copay	Ded + 20% coins	Ded + 20% coins
<b>Rx Retail</b>								
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	Ded	Ded
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	\$45 copay	Ded	Ded
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	\$65 copay	Ded	Ded
<b>Rx Mail Order</b>								
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	Ded	Ded
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	\$90 copay	Ded	Ded
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	\$130 copay	Ded	Ded



	SGHIP	SGHIP	SGHIP	SGHIP	St. Petersburg	St. Petersburg	St. Petersburg	St. Petersburg
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 03769	HMO - BlueCare 58	H.S.A. Blue Options 05190	H.S.A. Blue Options 05191
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>81%</b>	<b>85%</b>	<b>72%</b>	<b>72%</b>
<b>Cost Sharing - Member's Responsibility</b>								
<b>Ded (Per Person / Family)</b>								
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$800 / \$2,400	\$0	\$1,750 Per Person	\$3,500 / \$3,500
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	Combined with INN	N/A	\$5,000 Per Person	\$10,000 / \$10,000
<b>Coinsurance (Member pays)</b>								
In-Network	20%	20%	0%	20%	20%	20%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	40%	N/A	40%	40%
<b>Out of Pocket Maximum (Per Person / Family)</b>								
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$7,000 / \$14,000	\$6,000 / \$12,000	\$4,500 Per Person	\$6,850 / \$9,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	Combined with INN	N/A	\$9,000 Per Person	\$18,000 / \$18,000
<b>Office Visit - Physician</b>								
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$40 copay	\$40 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 40% coins	N/A	Ded + 40% coins	Ded + 40% coins
<b>Office Visit - Specialist</b>								
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$60 copay	\$60 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 40% coins	N/A	Ded + 40% coins	Ded + 40% coins
<b>Inpatient Hospital Facility</b>								
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$1,250 copay	\$350 per day up to \$1,750	Ded + 20%	Ded + 20%
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	Ded + 40% coins	N/A	Ded + 40%	Ded + 40%
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	Ded + 20% coins	20% coins	Ded + 20% coins	Ded + 20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$65 copay	\$80 copay	Ded + 20% coins	Ded + 20% coins
<b>Rx Retail</b>								
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	Ded	Ded
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	\$45 copay	Ded	Ded
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	\$65 copay	Ded	Ded
<b>Rx Mail Order</b>								
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	Ded	Ded
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	\$90 copay	Ded	Ded
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	\$130 copay	Ded	Ded

	SGHIP	SGHIP	SGHIP	SGHIP	Santa Fe	Santa Fe	Santa Fe	Santa Fe	Santa Fe
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 3562 (03766)	PPO - Blue Options 03769	H.S.A. Blue Options 05190	H.S.A. Blue Options 05191	HMO - BlueCare 10 (55)
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>	<b>81%</b>	<b>72%</b>	<b>72%</b>	<b>92%</b>
<b>Cost Sharing - Member's Responsibility</b>									
<b>Ded (Per Person / Family)</b>									
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$600 / \$1,800	\$800 / \$2,400	\$1,750 Per Person	\$3,500 / \$3,500	\$0
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	Combined with INN	Combined with INN	\$5,000 Per Person	\$10,000 / \$10,000	N/A
<b>Coinsurance (Member pays)</b>									
In-Network	20%	20%	0%	20%	20%	20%	20%	20%	N/A
Out-of-Network	40%	40%	N/A	N/A	30%	40%	40%	40%	N/A
<b>Out of Pocket Maximum (Per Person / Family)</b>									
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$4,500 Per Person	\$6,850 / \$9,000	\$5,000 / \$10,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	Combined with INN	Combined with INN	\$9,000 Per Person	\$18,000 / \$18,000	N/A
<b>Office Visit - Physician</b>									
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$35 copay	\$40 copay	Ded + 20% coins	Ded + 20% coins	\$35 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins	N/A
<b>Office Visit - Specialist</b>									
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$50 copay	\$60 copay	Ded + 20% coins	Ded + 20% coins	\$50 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins	N/A
<b>Inpatient Hospital Facility</b>									
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$900 copay	\$1,250 copay	Ded + 20%	Ded + 20%	\$220 per day up to \$1,100
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	\$2,500 copay	Ded + 40% coins	Ded + 40%	Ded + 40%	N/A
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	\$150 + 20% coins	Ded + 20% coins	Ded + 20% coins	Ded + 20% coins	\$100 copay
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$35 copay	\$65 copay	Ded + 20% coins	Ded + 20% coins	\$35 copay
<b>Rx Retail</b>									
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	Ded	Ded	\$15 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	\$45 copay	Ded	Ded	\$45 copay
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	\$65 copay	Ded	Ded	\$65 copay
<b>Rx Mail Order</b>									
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	Ded	Ded	\$30 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	\$90 copay	Ded	Ded	\$90 copay
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	\$130 copay	Ded	Ded	\$130 copay

	SGHIP	SGHIP	SGHIP	SGHIP	Seminole State	Seminole State	Seminole State	Seminole State	Seminole State
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 3562 (03766)	HMO - BlueCare 10 (55)	H.S.A. Blue Options 05190	H.S.A. Blue Options 05191	HMO - BlueCare 58
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>	<b>92%</b>	<b>72%</b>	<b>72%</b>	<b>85%</b>
<b>Cost Sharing - Member's Responsibility</b>									
<b>Ded (Per Person / Family)</b>									
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$600 / \$1,800	\$0	\$1,750 Per Person	\$3,500 / \$3,500	\$0
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	Combined with INN	N/A	\$5,000 Per Person	\$10,000 / \$10,000	N/A
<b>Coinsurance (Member pays)</b>									
In-Network	20%	20%	0%	20%	20%	N/A	20%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	30%	N/A	40%	40%	N/A
<b>Out of Pocket Maximum (Per Person / Family)</b>									
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,000 / \$12,000	\$5,000 / \$10,000	\$4,500 Per Person	\$6,850 / \$9,000	\$6,000 / \$12,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	Combined with INN	N/A	\$9,000 Per Person	\$18,000 / \$18,000	N/A
<b>Office Visit - Physician</b>									
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$35 copay	\$35 copay	Ded + 20% coins	Ded + 20% coins	\$40 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	N/A	Ded + 40% coins	Ded + 40% coins	N/A
<b>Office Visit - Specialist</b>									
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$50 copay	\$50 copay	Ded + 20% coins	Ded + 20% coins	\$60 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	N/A	Ded + 40% coins	Ded + 40% coins	N/A
<b>Inpatient Hospital Facility</b>									
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$900 copay	\$220 per day up to \$1,100	Ded + 20%	Ded + 20%	\$350 per day up to \$1,750
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	\$2,500 copay	N/A	Ded + 40%	Ded + 40%	N/A
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	\$150 + 20% coins	\$100 copay	Ded + 20% coins	Ded + 20% coins	20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$35 copay	\$35 copay	Ded + 20% coins	Ded + 20% coins	\$80 copay
<b>Rx Retail</b>									
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	Ded	Ded	\$15 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	\$45 copay	Ded	Ded	\$45 copay
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	\$65 copay	Ded	Ded	\$65 copay
<b>Rx Mail Order</b>									
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	Ded	Ded	\$30 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	\$90 copay	Ded	Ded	\$90 copay
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	\$130 copay	Ded	Ded	\$130 copay

	SGHIP	SGHIP	SGHIP	SGHIP	South Florida State	South Florida State	South Florida State	South Florida State	South Florida State
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 3562 (03766)	PPO - Blue Options 03769	H.S.A. Blue Options 05190	H.S.A. Blue Options 05191	PPO - Blue Options 03900
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>	<b>81%</b>	<b>72%</b>	<b>72%</b>	<b>71%</b>
<b>Cost Sharing - Member's Responsibility</b>									
<b>Ded (Per Person / Family)</b>									
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$600 / \$1,800	\$800 / \$2,400	\$1,750 Per Person	\$3,500 / \$3,500	\$1,750 / NA
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	Combined with INN	Combined with INN	\$5,000 Per Person	\$10,000 / \$10,000	\$5,250 / NA
<b>Coinsurance (Member pays)</b>									
In-Network	20%	20%	0%	20%	20%	20%	20%	20%	50%
Out-of-Network	40%	40%	N/A	N/A	30%	40%	40%	40%	50%
<b>Out of Pocket Maximum (Per Person / Family)</b>									
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$4,500 Per Person	\$6,850 / \$9,000	\$6,600 / \$13,200
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	Combined with INN	Combined with INN	\$9,000 Per Person	\$18,000 / \$18,000	\$20,000 / \$20,000
<b>Office Visit - Physician</b>									
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$35 copay	\$40 copay	Ded + 20% coins	Ded + 20% coins	\$45 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins	Ded + 50% coins
<b>Office Visit - Specialist</b>									
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$50 copay	\$60 copay	Ded + 20% coins	Ded + 20% coins	\$65 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins	Ded + 50% coins
<b>Inpatient Hospital Facility</b>									
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$900 copay	\$1,250 copay	Ded + 20%	Ded + 20%	\$1,750 copay
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	\$2,500 copay	Ded + 40% coins	Ded + 40%	Ded + 40%	Ded + 50% coins
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	\$150 + 20% coins	Ded + 20% coins	Ded + 20% coins	Ded + 20% coins	Ded + 50% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$35 copay	\$65 copay	Ded + 20% coins	Ded + 20% coins	Ded + 50% coins
<b>Rx Retail</b>									
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	Ded	Ded	\$10 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	\$45 copay	Ded	Ded	Not Covered
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	\$65 copay	Ded	Ded	Not Covered
<b>Rx Mail Order</b>									
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	Ded	Ded	\$25 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	\$90 copay	Ded	Ded	Not Covered
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	\$130 copay	Ded	Ded	Not Covered

	SGHIP	SGHIP	SGHIP	SGHIP	State College of FL	State College of FL	State College of FL	State College of FL
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 3562 (03766)	PPO - Blue Options 03769	H.S.A. Blue Options 05190	H.S.A. Blue Options 05191
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>	<b>81%</b>	<b>72%</b>	<b>72%</b>
<b>Cost Sharing - Member's Responsibility</b>								
<b>Ded (Per Person / Family)</b>								
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$600 / \$1,800	\$800 / \$2,400	\$1,750 Per Person	\$3,500 / \$3,500
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	Combined with INN	Combined with INN	\$5,000 Per Person	\$10,000 / \$10,000
<b>Coinsurance (Member pays)</b>								
In-Network	20%	20%	0%	20%	20%	20%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	30%	40%	40%	40%
<b>Out of Pocket Maximum (Per Person / Family)</b>								
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$4,500 Per Person	\$6,850 / \$9,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	Combined with INN	Combined with INN	\$9,000 Per Person	\$18,000 / \$18,000
<b>Office Visit - Physician</b>								
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$35 copay	\$40 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Office Visit - Specialist</b>								
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$50 copay	\$60 copay	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 30% coins	Ded + 40% coins	Ded + 40% coins	Ded + 40% coins
<b>Inpatient Hospital Facility</b>								
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$900 copay	\$1,250 copay	Ded + 20%	Ded + 20%
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	\$2,500 copay	Ded + 40% coins	Ded + 40%	Ded + 40%
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	\$150 + 20% coins	Ded + 20% coins	Ded + 20% coins	Ded + 20% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$35 copay	\$65 copay	Ded + 20% coins	Ded + 20% coins
<b>Rx Retail</b>								
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	Ded	Ded
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$45 copay	\$45 copay	Ded	Ded
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$65 copay	\$65 copay	Ded	Ded
<b>Rx Mail Order</b>								
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$30 copay	Ded	Ded
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	\$90 copay	Ded	Ded
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$130 copay	\$130 copay	Ded	Ded

	SGHIP	SGHIP	SGHIP	SGHIP	State College of FL	State College of FL	State College of FL
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	PPO - Blue Options 03900	PPO - Blue Options 05772	HMO - BlueCare 10 (55)
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>71%</b>	<b>78%</b>	<b>92%</b>
<b>Cost Sharing - Member's Responsibility</b>							
<b>Ded (Per Person / Family)</b>							
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$1,750 / NA	\$1,400 / \$4,200	\$0
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	\$5,250 / NA	Combined with INN	N/A
<b>Coinsurance (Member pays)</b>							
In-Network	20%	20%	0%	20%	50%	20%	N/A
Out-of-Network	40%	40%	N/A	N/A	50%	40%	N/A
<b>Out of Pocket Maximum (Per Person / Family)</b>							
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,600 / \$13,200	\$6,500 / \$13,500	\$5,000 / \$10,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	\$20,000 / \$20,000	Combined with INN	N/A
<b>Office Visit - Physician</b>							
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$45 copay	\$50 copay	\$35 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 50% coins	Ded + 40% coins	N/A
<b>Office Visit - Specialist</b>							
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$65 copay	\$80 copay	\$50 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 50% coins	Ded + 40% coins	N/A
<b>Inpatient Hospital Facility</b>							
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$1,750 copay	Ded + 20%	\$220 per day up to \$1,100
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	Ded + 50% coins	Ded + 40% coins	N/A
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	Ded + 50% coins	Ded + 20% coins	\$100 copay
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	Ded + 50% coins	\$80 copay	\$35 copay
<b>Rx Retail</b>							
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$10 copay	\$15 copay	\$15 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	Not Covered	\$45 copay	\$45 copay
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	Not Covered	\$65 copay	\$65 copay
<b>Rx Mail Order</b>							
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$25 copay	\$30 copay	\$30 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	Not Covered	\$90 copay	\$90 copay
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	Not Covered	\$130 copay	\$130 copay

	SGHIP	SGHIP	SGHIP	SGHIP	Hillsborough	Hillsborough	Hillsborough
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	Humana Low HDHP	Humana High HDHP	Humana NPOS Copay
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>80%</b>	<b>85%</b>	<b>83%</b>
<b>Cost Sharing - Member's Responsibility</b>							
<b>Ded (Per Person / Family)</b>							
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$1,500 / \$3,000	\$2,000 / \$4,000	\$1,000 / \$2,000
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000
<b>Coinsurance (Member pays)</b>							
In-Network	20%	20%	0%	20%	20%	0%	20%
Out-of-Network	40%	40%	N/A	N/A	50%	50%	50%
<b>Out of Pocket Maximum (Per Person / Family)</b>							
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$3,000 / \$6,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	\$6,000 / \$12,000	\$6,000 / \$12,000	\$9,000 / \$18,000
<b>Office Visit - Physician</b>							
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	Ded + 20% coins	Ded + \$0 copay	\$30 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 50% coins	Ded + 50% coins	Ded + 50% coins
<b>Office Visit - Specialist</b>							
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	Ded + 20% coins	Ded + \$0 copay	\$45 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	Ded + 50% coins	Ded + 50% coins	Ded + 50% coins
<b>Inpatient Hospital Facility</b>							
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	Ded + 20% coins	Ded + \$0 copay	Ded + 20% coins
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	Ded + 50% coins	Ded + 50% coins	Ded + 50% coins
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	Ded + 20% coins	Ded + \$0 copay	\$250 copay
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	Ded + 20% coins	Ded + \$0 copay	\$35 copay
<b>Rx Retail</b>							
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	Ded + 30% coins	Ded + \$0 copay (INN)	\$15 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	Ded + 40% coins	Ded + \$0 copay (INN)	\$30 copay
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	Ded + 50% coins	Ded + \$0 copay (INN)	\$50 copay
<b>Rx Mail Order</b>							
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	Ded + 30% coins	Ded + \$0 copay (INN)	\$45 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	Ded + 40% coins	Ded + \$0 copay (INN)	\$90 copay
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	Ded + 50% coins	Ded + \$0 copay (INN)	\$150 copay

	SGHIP	SGHIP	SGHIP	SGHIP	Broward	Broward	Broward
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	Cigna HDHP (HRA)	Cigna OAP	Cigna Indemnity (PPO)
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>85%</b>	<b>86%</b>	<b>85%</b>
<b>Cost Sharing - Member's Responsibility</b>					HRA: \$750 / \$1,500		
<b>Ded (Per Person / Family)</b>							
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$1,250 / \$3,750	\$300 / \$600	\$300 / \$600
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	N/A	\$1,000 / \$2,000	\$1,000 / \$2,000
<b>Coinsurance (Member pays)</b>							
In-Network	20%	20%	0%	20%	20%	20%	20%
Out-of-Network	40%	40%	N/A	N/A	N/A	40%	40%
<b>Out of Pocket Maximum (Per Person / Family)</b>							
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$2,500 / \$5,000	\$3,500 / \$7,000	\$5,000 / \$10,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	N/A	\$7,000 / \$14,000	\$10,000 / \$20,000
<b>Office Visit - Physician</b>							
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$25 copay	\$30 copay	\$40 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 40% coins	Ded + 40% coins
<b>Office Visit - Specialist</b>							
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$45 copay	\$40 copay	\$50 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 40% coins	Ded + 40% coins
<b>Inpatient Hospital Facility</b>							
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	Ded + 20% coins	Ded + 20% coins	Ded + 20% coins
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	N/A	Ded + 40% coins	Ded + 40% coins
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	Ded + 20% coins	\$200 copay	\$200 copay
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	Ded + 20% coins	\$75 copay	\$75 copay
<b>Rx Retail</b>							
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	\$15 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$40 copay	\$40 copay	\$40 copay
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$70 copay	\$70 copay	\$70 copay
<b>Rx Mail Order</b>							
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$45 copay	\$45 copay	\$45 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$120 copay	\$120 copay	\$120 copay
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$210 copay	\$210 copay	\$210 copay



	SGHIP	SGHIP	SGHIP	SGHIP	Miami Dade	Miami Dade
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	Aetna HRA	Aetna POS
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>86%</b>	<b>85%</b>
<b>Cost Sharing - Member's Responsibility</b>					HRA: \$750 / \$1,500	
<b>Ded (Per Person / Family)</b>						
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$1,500 / \$4,000	\$750 / \$1,500
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	N/A	\$1,000 / \$2,000
<b>Coinsurance (Member pays)</b>						
In-Network	20%	20%	0%	20%	N/A	30%
Out-of-Network	40%	40%	N/A	N/A	N/A	40%
<b>Out of Pocket Maximum (Per Person / Family)</b>						
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$5,000
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	N/A	\$5,000 / \$10,000
<b>Office Visit - Physician</b>						
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$25 copay	\$30 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 40% coins
<b>Office Visit - Specialist</b>						
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$60 copay	\$50 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 40% coins
<b>Inpatient Hospital Facility</b>						
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$300 copay	Ded + 30% coins
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	N/A	Ded + 40% coins
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	\$350 copay	\$350 copay
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$75 copay	\$75 copay
<b>Rx Retail</b>						
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$20 copay	\$20 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$60 copay	\$60 copay
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$85 copay	\$85 copay
<b>Rx Mail Order</b>						
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$40 copay	\$40 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$120 copay	\$120 copay
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$170 copay	\$170 copay

	SGHIP	SGHIP	SGHIP	SGHIP	Tallahassee	Tallahassee	Tallahassee
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	Capital Health Plan	Blue Options PPO 03559	Blue Options PPO 05905
<b>ACTUARIAL VALUE</b>	<b>84%</b>	<b>75%</b>	<b>95%</b>	<b>80%</b>	<b>94%</b>	<b>83%</b>	<b>69%</b>
<b>Cost Sharing - Member's Responsibility</b>							
<b>Ded (Per Person / Family)</b>							
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$0	\$600 / \$1,800	\$7,000 / \$14,000
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	N/A	Combined with In-Network	\$14,000 / \$28,000
<b>Coinsurance (Member pays)</b>							
In-Network	20%	20%	0%	20%	N/A	20%	30%
Out-of-Network	40%	40%	N/A	N/A	N/A	30%	50%
<b>Out of Pocket Maximum (Per Person / Family)</b>							
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	Med: \$2,000 / \$4,500 Rx: \$4,600 / \$8,700	\$6,000 / \$12,000	\$7,350 / \$14,700
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	N/A	Combined with In-Network	\$15,500 / \$30,000
<b>Office Visit - Physician</b>							
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	\$15 copay	\$30 copay	\$50 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 30% coins	Ded + 50% coins
<b>Office Visit - Specialist</b>							
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	\$40 copay	\$50 copay	\$75 copay
Out-of-Network	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 30% coins	Ded + 50% coins
<b>Inpatient Hospital Facility</b>							
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	\$250 copay	\$750 copay	Ded + 30% coins
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	N/A	\$2,500 copay	Ded + 50% coins
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	\$300 copay	\$100 copay + 20% coins	Ded + 30% coins
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	\$25 copay	\$50 copay	Ded + 30% coins
<b>Rx Retail</b>							
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$15 copay	\$10 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	\$30 copay	\$60 copay	\$60 copay
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	\$50 copay	\$100 copay	\$100 copay
<b>Rx Mail Order</b>							
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$45 copay	\$30 copay	\$20 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	\$90 copay	\$120 copay	\$120 copay
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	\$150 copay	\$200 copay	\$200 copay

	SGHIP	SGHIP	SGHIP	SGHIP	Valencia	Valencia	Valencia	Valencia	Valencia
PLAN NAME	PPO Standard	PPO HDHP	HMO Standard	HMO HDHP	UHC Choice Bronze	UHC Choice Plus Silver	UHC Choice Plus HSA EE Only	UHC Choice Plus HSA DEP	UHC Choice Plus Gold
<b>ACTUARIAL VALUE</b>	84%	75%	95%	80%	69%	80%	79%	74%	84%
<b>Cost Sharing - Member's Responsibility</b>									
<b>Ded (Per Person / Family)</b>									
In-Network	\$250 / \$500	\$1,400 / \$2,800	\$0	\$1,400 / \$2,800	\$3,500 / \$7,000	\$1,000 / \$3,000	\$2,000	\$2,800 / \$4,000	\$500 / \$1,500
Out-of-Network	\$750 / \$1,500	\$2,500 / \$5,000	N/A	N/A	N/A	\$2,000 / \$6,000	\$4,000	\$5,600 / \$8,000	\$1,000 / \$3,000
<b>Coinsurance (Member pays)</b>									
In-Network	20%	20%	0%	20%	30%	25%	30%	30%	20%
Out-of-Network	40%	40%	N/A	N/A	N/A	45%	50%	50%	40%
<b>Out of Pocket Maximum (Per Person / Family)</b>									
In-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	\$8,550 / \$17,100	\$3,000 / \$6,000	\$6,350 / \$12,700	\$5,975 / \$11,950	\$5,775	\$5,775 / \$11,550	\$5,775 / \$11,550
Out-of-Network	\$8,550 / \$17,100	\$4,400 / \$8,800	N/A	N/A	N/A	\$11,950 / \$23,900	\$11,550	\$11,550 / \$23,100	\$11,550 / \$23,100
<b>Office Visit - Physician</b>									
In-Network	\$15 copay	Ded + 20% coins	\$20 copay	Ded + 20% coins	Ded + 30% coins	\$20 copay	Ded + 30% coins	Ded + 30% coins	\$15 copay
	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 45% coins	Ded + 50% coins	Ded + 50% coins	Ded + 40% coins
Out-of-Network									
<b>Office Visit - Specialist</b>									
In-Network	\$25 copay	Ded + 20% coins	\$40 copay	Ded + 20% coins	Ded + 30% coins	\$65 copay	Ded + 30% coins	Ded + 30% coins	\$50 copay
	40% coins & amount above allowance	Ded + 40% coins & amount above allowance	N/A	N/A	N/A	Ded + 45% coins	Ded + 50% coins	Ded + 50% coins	Ded + 40% coins
Out-of-Network									
<b>Inpatient Hospital Facility</b>									
In-Network	20% coins & \$250 Ded	Ded + 20% coins	\$250 copay	Ded + 20% coins	30% coins	Ded + 25% coins	Ded + 30% coins	Ded + 30% coins	Ded + 20% coins
Out-of-Network	40% coins & \$500 Ded	Ded + \$1,000 per admission+ 40% coins	N/A	N/A	N/A	Ded + 45% coins	Ded + 50% coins	Ded + 50% coins	Ded + 40% coins
<b>Emergency Room</b>	No Charge	Ded + 20% coins	\$100 copay	Ded + 20% coins	30% coins	\$350 copay	30% coins	30% coins	\$250 copay
<b>Urgent Care</b>	\$25 copay	Ded + 20% coins	\$25 copay	Ded + 20% coins	30% coins	\$50 copay	30% coins	30% coins	\$35 copay
<b>Rx Retail</b>									
Generic	\$7 copay	Ded + 30% coins	\$7 copay	Ded + 30% coins	\$15 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Brand	\$30 copay	Ded + 30% coins	\$30 copay	Ded + 30% coins	40% coins	\$50 copay	\$35 copay	\$35 copay	\$40 copay
Non-Preferred	\$50 copay	Ded + 50% coins	\$50 copay	Ded + 50% coins	50% coins	\$75 copay	\$50 copay	\$50 copay	\$60 copay
<b>Rx Mail Order</b>									
Generic	\$14 copay	Ded + 30% coins	\$14 copay	Ded + 30% coins	\$30 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Brand	\$60 copay	Ded + 30% coins	\$60 copay	Ded + 30% coins	40% coins	\$100 copay	\$70 copay	\$70 copay	\$80 copay
Non-Preferred	\$100 copay	Ded + 50% coins	\$100 copay	Ded + 50% coins	50% coins	\$150 copay	\$100 copay	\$100 copay	\$120 copay

## IMPACT TO RETIREMENT LIABILITIES OF ADDING FCS INSTITUTIONS TO THE STATE GROUP INSURANCE PROGRAM

Below you will find the impact on the retirement liability associated with including all 28 FCS Institutions' employees in the State Group Health Insurance Program.

### Total OPEB Liability (TOL) as of June 30, 2021 (in thousands)

DSGI - Current	\$	10,549,765
Consortium Colleges		535,097
Broward College		59,170
Hillsborough Community College		40,676
Miami Dade College		126,824
Tallahassee Community College		49,544
Valencia College		77,395
Total	\$	11,438,471
Increase in TOL - Dollar Amount	\$	888,706
Increase in TOL - Percent		8.42%

### Census Data

Census data was provided by each of the 28 individual institutions. The census data used represents the population as of June 30, 2021. Data provided as of other dates was adjusted to reflect this. For purposes of the valuation, all records not entitled to a future benefit as of June 30, 2021, such as those hired after June 30, 2021, were excluded. All retirees currently in receipt of a retiree medical benefit were included in the valuation, as were all active employees who may one day elect coverage under the plan, regardless of whether or not they have elected coverage as of the measurement date.

In cases where certain fields are missing information, we have assumed the following:

- Where an OPS indicator is missing, we have assumed participants are not in OPS and are eligible to receive retiree health benefits.
- Where Florida Retirement System (FRS) retirement codes are missing, we have assumed participants belong to the Regular Class of FRS participants.
- Records indicated as dependent records were regarded as such and not explicitly included in the valuation of benefits. Dependents are valued implicitly through the medical coverage codes of corresponding member (subscriber/employee) records.

We believe all assumptions are appropriate and produce conservative estimates. Please see below for a summary of the census by group used for the development of the retirement liabilities.

**Total Membership by Group Measured as of June 30, 2021**

	<b>Active</b>	<b>DROP</b>	<b>Retirees and Beneficiaries</b>	<b>Covered Spouses of Retirees</b>
<b>DSGI</b>	151,492	7,424	35,580	10,580
<b>Consortium Colleges</b>				
College of Central Florida	469	-	47	7
Chipola College	144	-	29	4
Daytona State College	783	-	39	9
Eastern Florida State College	799	-	17	2
Florida Gateway College	180	-	24	1
College of the Florida Keys	82	-	1	-
Florida State College of Jacksonville	1,350	-	43	10
Florida Southwestern State College	634	-	28	6
Gulf Coast State College	337	-	27	3
Indian River State College	762	-	60	23
Lake-Sumter State College	241	-	6	2
North Florida College	108	-	5	1
Northwest Florida State College	289	-	10	2
Palm Beach State College	1,113	-	41	4
Pasco-Hernando State College	460	-	32	8
Pensacola State College	536	-	23	2
Polk State College	472	-	21	3
Santa Fe College	723	-	43	9
State College of Florida, Manatee Sarasota	457	-	51	5
Seminole State College of Florida	1,479	-	28	5
South Florida State College	254	-	7	2
St. Johns River State College	347	-	19	6
St. Petersburg College	1,215	-	21	7
<b>Total Consortium Colleges</b>	<b>13,234</b>	<b>-</b>	<b>622</b>	<b>121</b>
<b>Broward College</b>	<b>1,390</b>	<b>58</b>	<b>46</b>	<b>8</b>
<b>Hillsborough Community College</b>	<b>941</b>	<b>45</b>	<b>13</b>	<b>-</b>
<b>Miami Dade College</b>	<b>2,592</b>	<b>146</b>	<b>126</b>	<b>22</b>
<b>Tallahassee Community College</b>	<b>977</b>	<b>-</b>	<b>164</b>	<b>39</b>
<b>Valencia College</b>	<b>1,734</b>	<b>31</b>	<b>106</b>	<b>22</b>
<b>Total Participants</b>	<b>172,360</b>	<b>7,704</b>	<b>36,657</b>	<b>10,792</b>

### **Assumptions/Methodology Specific to the Retiree Liability Calculations**

Assumptions are those used in the actuarial valuation of the State of Florida, Department of State Group Insurance (DSGI) OPEB plan conducted as of June 30, 2020 and adjusted using disclosed assumptions to reflect a measurement date of June 30, 2021. Most notably:

- The Discount Rate is 2.18%. The discount rate is based on the 20-year S&P Municipal Bond Rate Index as of the measurement date, as required under GASB 75.
- Mortality, retirement, termination disability and salary increase rates are based on those used in the July 1, 2019 actuarial valuation of the Florida Retirement System (FRS).
- 43% of active employees who become eligible for retiree health benefits are assumed to elect coverage in retirement. Of those who elect coverage, 72% are assumed to elect PPO coverage. The remaining 28% are assumed to elect HMO coverage.
- Annual health claims costs are developed based on information provided by the Department of State Group Insurance (the DSGI). Costs were developed for purposes of the June 30, 2020 valuation of the Plan and adjusted to the June 30, 2021 measurement date with applicable medical trend rates.

For all other assumptions and methods, please refer to Sections 5 and 7 the State of Florida, Department of State Group Insurance actuarial valuation report issued October 1, 2021.

## APPENDIX – FCS INSTITUTIONS BREAKOUT

	FCS Total				
<b>Status Quo - FY 22</b>					
Enrollment	19,394				
Annual Gross Cost	\$177,872,000				
Annual Employee Contributions	<u>\$33,264,000</u>				
Annual Net Cost	\$144,608,000				
	Chipola College	College of Central Florida	College of Florida Keys	Daytona State	Eastern Florida State
<b>Status Quo - FY 22</b>					
Enrollment	208	371	76	706	634
Annual Gross Cost	\$1,592,000	\$1,892,000	\$492,000	\$4,294,000	\$3,610,000
Annual Employee Contributions	<u>\$585,000</u>	<u>\$458,000</u>	<u>\$91,000</u>	<u>\$998,000</u>	<u>\$593,000</u>
Annual Net Cost	\$1,007,000	\$1,434,000	\$401,000	\$3,296,000	\$3,017,000
	Florida Gateway	Florida Southwestern	FSC Jacksonville	Gulf Coast State	Indian River State
<b>Status Quo - FY 22</b>					
Enrollment	166	595	1,238	296	713
Annual Gross Cost	\$970,000	\$3,190,000	\$7,811,000	\$2,255,000	\$4,354,000
Annual Employee Contributions	<u>\$88,000</u>	<u>\$918,000</u>	<u>\$1,800,000</u>	<u>\$699,000</u>	<u>\$847,000</u>
Annual Net Cost	\$882,000	\$2,272,000	\$6,011,000	\$1,556,000	\$3,507,000
	Lake-Sumter State	North Florida	NW Florida State	Palm Beach State	Pasco-Hernando State
<b>Status Quo - FY 22</b>					
Enrollment	233	100	236	1,422	418
Annual Gross Cost	\$1,587,000	\$1,069,000	\$2,785,000	\$5,694,000	\$2,310,000
Annual Employee Contributions	<u>\$218,000</u>	<u>\$146,000</u>	<u>\$462,000</u>	<u>\$1,484,000</u>	<u>\$239,000</u>
Annual Net Cost	\$1,369,000	\$923,000	\$2,323,000	\$4,210,000	\$2,071,000
	Pensacola State	Polk State	St Johns River State	Santa Fe	Seminole State
<b>Status Quo - FY 22</b>					
Enrollment	487	471	328	708	676
Annual Gross Cost	\$3,032,000	\$6,337,000	\$3,479,000	\$4,327,000	\$8,241,000
Annual Employee Contributions	<u>\$552,000</u>	<u>\$1,055,000</u>	<u>\$794,000</u>	<u>\$852,000</u>	<u>\$2,037,000</u>
Annual Net Cost	\$2,480,000	\$5,282,000	\$2,685,000	\$3,475,000	\$6,204,000
	South Florida State	St Petersburg	State College of FL	Broward	Hillsborough
<b>Status Quo - FY 22</b>					
Enrollment	233	1,046	422	1,454	988
Annual Gross Cost	\$2,901,000	\$10,078,000	\$2,583,000	\$18,569,000	\$12,976,000
Annual Employee Contributions	<u>\$433,000</u>	<u>\$2,050,000</u>	<u>\$349,000</u>	<u>\$3,297,000</u>	<u>\$1,692,000</u>
Annual Net Cost	\$2,468,000	\$8,028,000	\$2,234,000	\$15,272,000	\$11,284,000
	Miami Dade	Tallahassee	Valencia		
<b>Status Quo - FY 22</b>					
Enrollment	2,662	753	1,754		
Annual Gross Cost	\$35,971,000	\$6,968,000	\$18,506,000		
Annual Employee Contributions	<u>\$5,582,000</u>	<u>\$1,840,000</u>	<u>\$3,104,000</u>		
Annual Net Cost	\$30,389,000	\$5,128,000	\$15,402,000		

## ADDITIONAL DETAILS

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### **Current Funding Arrangements for FCS**

- Florida College System Consortium (23 institutions): Self-funded with BCBS Florida
- Broward: Self-funded with Cigna
- Hillsborough: Self-funded with Humana
- Miami Dade: Fully-insured with Aetna
- Tallahassee: Fully-insured with Capital Health, Self-funded with BCBS Florida
- Valencia: Self-funded with UHC



## GLOSSARY OF TERMS

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- ASO – Administrative Services Organization
- AV – Actuarial Value
  - The percentage of total average costs for covered benefits that a plan will cover.
- HRA – Health Reimbursement Account
  - An employer-funded plan that reimburses employees for qualified medical expenses.
- HSA – Health Savings Account
  - A tax-advantaged savings account that is created for individuals who get their insurance coverage through high deductible health plans.
- PPO – Preferred Provider Organization
- HMO – Health Maintenance Organization
- HDHP – High Deductible Health Plan
- POS – Point of Service
- NPOS – National Point of Service
- FCS – Florida College System
- DSGI – Division of State Group Insurance
- SGHIP – State Group Health Insurance Plan
- Ded - Deductible
- Coins – Coinsurance