

Dependent Health Plan Coverage Survey

1. What is the name of your school district?	2. What dollar amount PER MONTH does your district contribute towards the cost of DEPENDENT / FAMILY coverage?	3. If you answered #2 above with an amount greater than zero dollars what PERCENT of the TOTAL COST of DEPENDENT COVERAGE ONLY does the district contribute?	4. If you answered #2 with an amount greater than zero dollars is there a sliding scale for the employee share of the cost? YES _____ NO _____	5. If you answered YES to #4 above please provide details, attach chart or possible link.
Bay	\$0.00		NO	
Brevard	\$0.00			
Broward	\$0.00		e.g. Spouse only = \$200.00 / month OR Spouse + Children = \$400.00	
Charlotte	\$804.92 (Employee / Family	PPO 1000 Plan (58%), HSA 1500 Plan (60%), HSA 3000 Plan (71%)	YES - e.g. Spouse only = \$200.00 / month OR Spouse + Children = \$400.00	See chart below:

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2014 Medical Benefits Summary

Benefits	PPO 1000 (Benefit Plan 002)	HSA 1500 Single (BP 003) & Family (BP 005)		HSA 3000 Single (BP 004) & Family (BP 006)
	In-Network	In-Network	Out-of-Network	In-Network
Deductible				
Single	\$1,000	\$1,500	\$3,000	\$3,000
Family	\$3,000	\$3,000	\$6,000	\$6,000
Coinsurance	80% / 20%	90% / 10%	70% / 30%	80% / 20%
Out-of-Pocket Limit				
Single	\$3,000	\$2,500	\$6,000	\$4,000
Family	\$6,000	\$5,000	\$12,000	\$8,000
Lifetime Maximum	Unlimited	Unlimited		Unlimited
Physician Services				
PCP Office Visits	\$25 Copay	10% after CYD	30% after CYD	20% after CYD
Specialist Visits	\$40 Copay	10% after CYD	30% after CYD	20% after CYD
Injections received in Physician Office	\$10 Copay	10% after CYD	30% after CYD	20% after CYD
Preventive Care				
Routine Physical Exam	\$0, deductible & copay waived	\$0, deductible waived	30%, deductible waived	\$0, deductible waived
Adult Immunizations	\$0, deductible & copay waived	\$0, deductible waived	\$150 Copay	\$0, deductible waived
Well Woman/GYN Exam	\$0, deductible & copay waived	\$0, deductible waived	30%, deductible waived	\$0, deductible waived
Mammograms	\$0, deductible & copay waived	\$0, deductible waived	30%, deductible waived	\$0, deductible waived
Well Child Care	\$0, deductible & copay waived	\$0, deductible waived	30%, deductible waived	\$0, deductible waived
Pediatric Immunizations	\$0, deductible & copay waived	\$0, deductible waived	30%, deductible waived	\$0, deductible waived
Hospital Services				
Inpatient	20% after CYD	10% after CYD	30% after CYD	20% after CYD
Outpatient Surgery	20% after CYD	10% after CYD	30% after CYD	20% after CYD
Emergency Services				
Emergency Room	\$200 Copay	10% after CYD	10% after CYD	20% after CYD
Urgent Care Center	\$55 Copay	10% after CYD	30% after CYD	20% after CYD
Ambulance				
Ground Travel	20% after CYD	10% after CYD	10% after CYD	20% after CYD
Air and Water Travel				
Diagnostic X-Ray / Lab				
Physician Office	\$50 Copay	10% after CYD	30% after CYD	20% after CYD
Hospital or Free Standing Facility	20% after CYD	10% after CYD	30% after CYD	20% after CYD
Mental Health				
Inpatient	20% after CYD	10% after CYD	30% after CYD	20% after CYD
Outpatient	\$25 PCP Copay / \$40	10% after CYD	30% after CYD	20% after CYD

Benefits	PPO 1000 (Benefit Plan 002)	HSA 1500 Single (BP 003) & Family (BP 005)		HSA 3000 Single (BP 004) & Family (BP 006)
	In-Network	In-Network	Out-of-Network	In-Network
Miscellaneous Services				
Home Health Care	20% after CYD	10% after CYD	30% after CYD	20% after CYD
Hospice	20% after CYD	10% after CYD	30% after CYD	20% after CYD
Skilled Nursing	20% after CYD 60 days PCY max	10% after CYD 60 days PCY max	30% after CYD 60 days PCY max	20% after CYD 60 days PCY max
Durable Medical Equipment	20% after CYD	10% after CYD	30% after CYD	20% after CYD
Prescription Drugs				
Retail				
Tier 1	\$10 Copay	\$15 Copay after CYD		\$20 Copay after CYD
Tier 2	\$25 Copay	\$30 Copay after CYD		\$35 Copay after CYD
Tier 3	\$50 Copay	\$50 Copay after CYD		\$50 Copay after CYD
Day Supply	Up to a 31-day Supply	Up to a 31-day Supply		Up to a 31-day Supply
Mail Order				
Tier 1	\$20 Copay	\$30 Copay after CYD		\$40 Copay after CYD
Tier 2	\$50 Copay	\$60 Copay after CYD		\$70 Copay after CYD
Tier 3	\$100 Copay	\$100 Copay after CYD		\$100 Copay after CYD
Day Supply	Up to 90-day Supply	Up to 90-day Supply		Up to 90-day Supply
Retail 90 Rx				
Tier 1	\$30 Copay	\$45 Copay after CYD		\$60 Copay after CYD
Tier 2	\$75 Copay	\$90 Copay after CYD		\$105 Copay after CYD
Tier 3	\$150 Copay	\$150 Copay after CYD		\$150 Copay after CYD
Day Supply	Up to a 3-month Supply (at least 84 days)	Up to a 3-month Supply (at least 84 days)		Up to a 3-month Supply (at least 84 days)

PREMIUMS & BOARD SHARE PER PAY (24 PAY PERIODS) WORKING 35 - 40 HRS. PER WEEK

	HSA 1500	HSA 3000	PPO 1000	Board Share
EMPLOYEE	\$296.27	\$250.56	\$307.36	\$292.98

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Copayment	Specialist Copay	10% after CYD	30% after CYD	20% after CYD
Substance Abuse				
Inpatient	20% after CYD	10% after CYD	30% after CYD	20% after CYD
Outpatient	\$25 PCP Copay - \$40 Specialist Copay	10% after CYD	30% after CYD	20% after CYD
Outpatient Therapy				
Physical, Occupational, Speech Therapy	\$10 Copay Treatment must be completed in 60 days.	10% after CYD	30% after CYD	20% after CYD
Spinal Manipulation	\$40 Copay	10% after CYD	30% after CYD	20% after CYD
Vision Benefit				
Exam	\$40 Copay	\$0, deductible waived	30% after CYD	\$0, deductible waived

Category	Year 1	Year 2	Year 3	Year 4
EMPLOYEE/SPOUSE	\$616.25	\$521.15	\$638.01	\$374.90
EMPLOYEE/FAMILY	\$666.61	\$563.75	\$691.35	\$402.46
EMPLOYEE/CHILDREN	\$527.37	\$445.98	\$546.11	\$376.86

Citrus	\$355.00	60 - 70%	NO - e.g. Spouse only = \$200.00 / month OR Spouse + Children = \$400.00
Flagler	\$0.00		NO - e.g. Spouse only = \$200.00 / month OR Spouse + Children = \$400.00
Gadsden	\$349.19 - 75% single rate	75% of the single rate is applied	NO - e.g. Spouse only = \$200.00 / month OR Spouse + Children = \$400.00
Gilchrist	\$0.00		e.g. Spouse only = \$200.00 / month OR Spouse + Children = \$400.00
Hillsborough	Varies by plan and level of coverage.	Varies by plan and level of coverage: between 41% and 55%.	NO e.g. Spouse only = \$200/month OR Spouse + Children = \$400
Holmes	\$0.00		NO - e.g. Spouse only = \$200.00 / month OR Spouse + Children = \$400.00
Madison	\$0.00		NO - e.g. Spouse only = \$200.00 / month OR Spouse + Children = \$400.00
Marion	\$0.00		e.g. Spouse only = \$200.00 / month OR Spouse + Children = \$400.00

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Martin	The district contributions \$602.32 per month to employee coverage. If the monthly premium for single coverage is less than \$602.32, then the remaining amount is applied to the family coverage. We have (4) plans total, and of the (4) plans (2) plans are less than \$602.32. Our high deductible plan is \$571.42 per month, so the employee would receive \$30.90 toward family coverage if elected. We also have a HMO plan with a monthly premium of \$597.30, so the employee would receive \$5.02 per month toward family coverage if elected.	High deductible plan 2.7% and HMO plan .4% is contributed by the district to family medical.	NO e.g. Spouse only = \$200/month OR Spouse + Children = \$400 MCSD only officers 2 tiers of coverage Single OR Employee + Family	
Miami-Dade	See chart below:	See chart below:	YES - e.g. Spouse only = \$200.00 / month OR Spouse + Children = \$400.00	See Chart below:

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MIAMI-DADE COUNTY PUBLIC SCHOOLS
Healthcare Monthly Premiums, Contributions and Subsidies
Effective 1/1/2014

EMPLOYEE SALARY BANDS	OAP 20			Local Plus		
	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS	MONTHLY PREMIUM	BOARD PAYS	EMPLOYEE PAYS
Salary Bands 1 (Under \$26K)						
Employee Only	\$632	\$622	\$10	\$636	\$636	\$0
EE + OP	\$1,526	\$1,351	\$175	\$1,536	\$1,375	\$161
EE + CH	\$1,261	\$1,135	\$126	\$1,269	\$1,154	\$115
Family	\$2,420	\$2,086	\$334	\$2,435	\$2,129	\$306
Salary Bands 2 (Over \$26K to \$40K)						
Employee Only	\$632	\$612	\$20	\$636	\$636	\$0
EE + OP	\$1,526	\$1,254	\$272	\$1,536	\$1,297	\$239
EE + CH	\$1,261	\$1,056	\$205	\$1,269	\$1,089	\$180
Family	\$2,420	\$1,927	\$493	\$2,435	\$2,002	\$433
Salary Bands 3 (Over \$40K to \$66K)						
Employee Only	\$632	\$602	\$30	\$636	\$636	\$0
EE + OP	\$1,526	\$1,083	\$443	\$1,536	\$1,161	\$375
EE + CH	\$1,261	\$915	\$346	\$1,269	\$976	\$293
Family	\$2,420	\$1,696	\$724	\$2,435	\$1,823	\$612
Salary Bands 4 (Over \$66K to \$86K)						
Employee Only	\$632	\$592	\$40	\$636	\$636	\$0
EE + OP	\$1,526	\$994	\$532	\$1,536	\$1,103	\$433
EE + CH	\$1,261	\$843	\$418	\$1,269	\$928	\$341
Family	\$2,420	\$1,557	\$863	\$2,435	\$1,732	\$703
Salary Bands 6 (Over \$86K)						
Employee Only	\$632	\$562	\$70	\$636	\$636	\$0
EE + OP	\$1,526	\$900	\$626	\$1,536	\$1,044	\$492
EE + CH	\$1,261	\$756	\$495	\$1,269	\$880	\$389
Family	\$2,420	\$1,412	\$1,008	\$2,435	\$1,643	\$792

Coverage Tier	1/1/14-12/31/14	
	OAP20	LocalPlus
Adult Dependent	\$537	\$541

Nassau

\$0.00

5

e.g. Spouse only = \$200.00 / month OR
 Spouse + Children = \$400.00

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Okaloosa	\$630.08	0%	NO - e.g. Spouse only = \$200.00 / month OR Spouse + Children = \$400.00	
Osceola	\$.00, however, the Board contribution for the employee has heavily offset all dependent tiers		NO e.g. Spouse only = \$200/month OR Spouse + Children = \$400	
Palm Beach	\$1,080.00	62 to 66.6%	YES - e.g. Spouse only = \$200.00 / month OR Spouse + Children = \$400.00	See Chart below:
Pasco	\$0.00		NO - e.g. Spouse only = \$200.00 / month OR Spouse + Children = \$400.00	
Volusia	\$0.00		e.g. Spouse only = \$200.00 / month OR Spouse + Children = \$400.00	
Wakulla	\$715.81		e.g. Spouse only = \$200.00 / month OR Spouse + Children = \$400.00	
		MONTHLY	MONTHLY	MONTHLY
	PLAN	PREMIUMS	BOARD	EMPLOYEE
	UNITED		PAYMENTS	PAYMENTS
	High Option HMO			
	Employee Only	\$565.00	\$475.00	\$90.00
	Employee +Child(ren)	\$1,030.00	\$760.00	\$270.00
	Employee + Spouse	\$1,100.00	\$780.00	\$320.00
	Employee + Family	\$1,540.00	\$1,080.00	\$460.00
	Low Option HMO			
	Employee Only	\$480.00	\$430.00	\$50.00

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	Employee +Child(ren)	\$866.00	\$730.00	\$136.00
	Employee + Spouse	\$941.00	\$763.00	\$178.00
	Employee + Family	\$1,233.00	\$931.00	\$302.00