

VILLAGE OF BISCAYNE PARK

Demographics:	Miami-Dade County: SFL Region: FL State/Zip:	33161	Contacts: Agent: Agency: Account Mgr:	MARIANELA THOLA ---Independent Agency--- Melinda De La Vega	Other Factors: SIC Code: Association: Renewal Date:	9999 None None 06/01/2012
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RATE COMPARISON FOR SUBGROUP(S): 8411320999, 8411320001

	Current Rates	\$351.86	\$668.53	\$738.91	\$1,090.77	\$11,998.43	0%
Premier Choice 100-5000	\$415.38	\$789.22	\$789.22	\$872.30	\$1,287.68	\$14,164.46	18.1%
Premier Choice 80-5000	\$387.75	\$736.73	\$736.73	\$814.28	\$1,202.03	\$13,222.29	10.2%
Choice 80-5000	\$358.02	\$680.24	\$680.24	\$751.84	\$1,109.86	\$12,208.48	1.8%
Value 80-2500	\$346.32	\$658.01	\$658.01	\$727.27	\$1,073.59	\$11,809.51	-1.6%
CDH Plus 5000	\$334.64	\$635.82	\$635.82	\$702.74	\$1,037.38	\$11,411.22	-4.9%
CDH 5000	\$310.21	\$589.40	\$589.40	\$651.44	\$961.65	\$10,578.16	-11.8%

DETAIL INCLUDING RIDERS:

PRODUCT NAME	RX	MH/SA	Vision	Dental	Domestic Partner	FSA	HRA
Premier Choice 100-5000	\$20/\$45/\$70/20%	Included	Included	Included	No	None	None
Premier Choice 80-5000	\$20/\$45/\$70/20%	Included	Included	Included	No	None	None
Choice 80-5000	\$20/\$45/\$70/20%	Included	Included	Included	No	None	None
Value 80-2500	\$20/\$45/\$70/20%	Included	Included	Included	No	None	None
CDH Plus 5000	\$3/\$20; Tiers 2-4 \$45/\$85/\$250 after Ded	Included	Included	Included	No	None	None
CDH 5000	\$3/\$20; Tiers 2-4 \$45/\$85/\$250 after Ded	Included	Included	Included	No	None	None

VILLAGE OF BISCAYNE PARK

Demographics:	Contacts:	Other Factors:
County: Miami-Dade	Agent: MARIANELA THULA	SIC Code: 9999
Region: SFL	Agency: ---Independent Agency---	Association: None
State/Zip: FL	Account Mgr: Melinda De La Vega	Renewal Date: 06/01/2012
33161		

PRODUCT BENEFITS FOR SUBGROUP 8411320999, 8411320001

PRODUCT NAME	IN-NETWORK SERVICES						OUT-OF-NETWORK SERVICES						PREMIUM	
	OV	DED	COIN	HOSP	ER	OOP	DED	COIN	OOP	GROUP	% CHANGE			
Premier Choice 100-5000	\$25/\$50	\$5,000/ \$10,000	0% After Ded	0% After Ded	\$250 Copay	\$6,000/ \$12,000	\$7,500/ \$15,000	40% After Deductible	\$10,000/ \$20,000	\$14,164.46	18.1%			
Premier Choice 80-5000	\$25/\$50	\$5,000/ \$10,000	20% After Ded	20% After Ded	\$250 Copay	\$7,000/ \$14,000	\$7,500/ \$15,000	40% After Deductible	\$10,000/ \$20,000	\$13,222.29	10.2%			
Choice 80-5000	\$25 Copay	\$5,000/ \$10,000	20%	20% After Ded	20% After Ded	\$7,000/ \$14,000	\$7,500/ \$15,000	40% After Deductible	\$10,000/ \$20,000	\$12,208.48	1.8%			
Value 80-2500	\$25 Copay	\$2,500/ \$5,000	20%	20% After Ded	20% After Ded	\$4,500/ \$9,000	\$5,000/ \$10,000	40% After Deductible	\$8,000/ \$16,000	\$11,809.51	-1.6%			
CDH Plus 5000	\$35/\$75	\$5,000/ \$10,000	N/A	\$750 Copay After Ded	\$300 Copay	\$10,000/ \$20,000	\$10,000/ \$20,000	40% After Deductible	\$12,000/ \$24,000	\$11,411.22	-4.9%			
CDH 5000	\$35 Copay	\$5,000/ \$10,000	N/A	\$750 Copay After Ded	\$300 Copay After Ded	\$10,000/ \$20,000	\$10,000/ \$20,000	40% After Deductible	\$12,000/ \$24,000	\$10,578.16	-11.8%			

Coventry Health Care of Florida
VILLAGE OF BISCAYNE PARK

Demographics: County: Miami-Dade Region: SFL State/Zip: FL 33161	Contacts: Agent: MARIANELA THULA Agency: ---Independent Agency--- Account Mgr: Melinda De La Vega	Other Factors: SIC Code: 9999 Association: None Renewal Date: 06/01/2012
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DETAIL INCLUDING RIDERS FOR SUBGROUP 8411320999, 8411320001

<input checked="" type="checkbox"/>	PRODUCT NAME	RX	MH/SA	Vision	Dental	Domestic Partner	FSA	HRA	GROUP	PREMIUM % CHANGE
<input type="checkbox"/>	Premier Choice 100-5000	\$20/\$45/\$70/20%	Included	Included	Included	No	None	None	\$14,164.46	18.1%
PROPOSED RENEWING PRODUCT:										
<input type="checkbox"/>	ALTERNATE(S):									
<input type="checkbox"/>	Premier Choice 80-5000	\$20/\$45/\$70/20%	Included	Included	Included	No	None	None	\$13,222.29	10.2%
<input type="checkbox"/>	Choice 80-5000	\$20/\$45/\$70/20%	Included	Included	Included	No	None	None	\$12,208.48	1.8%
<input type="checkbox"/>	Value 80-2500	\$20/\$45/\$70/20%	Included	Included	Included	No	None	None	\$11,809.51	-1.6%
<input type="checkbox"/>	CDH Plus 5000	\$3/\$20; Tiers 2-4 \$45/\$85/\$250 after Ded	Included	Included	Included	No	None	None	\$11,411.22	-4.9%
<input type="checkbox"/>	CDH 5000	\$3/\$20; Tiers 2-4 \$45/\$85/\$250 after Ded	Included	Included	Included	No	None	None	\$10,578.16	-11.8%

NOTE: Check the box associated with the product you are selecting for renewal. Please send the signed copy of this page to your Account Manager.

Rate Accepted by: _____ Title: _____ Date: _____

Detailed rate tables and benefit summaries are attached for the proposed renewal plan and the first three alternative options. Please contact your Account Manager if you would like this information on any of the additional alternatives listed.



VILLAGE OF BISCAIYNE PARK

06/01/2012

RENEWAL PROPOSAL CONTINGENCIES

1. This quote assumes Coventry Health and Life Insurance or Coventry Health Care of Florida is the sole medical carrier.
2. Employer must be located in Coventry's service area.
3. The percentage of out-of-area subscribers cannot exceed 30% of the total number of enrolled subscribers and there is a minimum of ten enrolled subscribers for out-of-area plans to be available.
4. Employees must live or work in the service areas for HMO plans.
5. For contributory plans, minimum participation of 75% of the total eligible employees less valid waivers (for example, spousal waivers) and a minimum of 50% of the total eligible employees is required. For non-contributory plans, 100% participation of eligible employees is required. Subject to state regulation.
6. Employer contribution is equal to or exceeds 50% of the employee only premium.
7. Eligibility rules and employer contribution percentages remain consistent during the contract period.
8. Employer must elect one waiting period for all applicants applying for coverage during the benefit year.
9. Plan changes will not be accepted after the effective date.
10. Eligible employees are those employees who are working a minimum of twenty-five (25) per week and who have satisfied any waiting period as required by the employer.
11. Retirees are not eligible for coverage.
12. Coventry Consumer Choice products are available separately and are not included in this quote.
13. For employers not required to carry Worker's Compensation coverage, the rates are adjusted unless proof of Worker's Compensation coverage is provided.
14. Dual option is available for groups with at least 4 enrolled employees. Triple option is available for groups with at least 10 enrolled employees. A minimum of 2 employees must be enrolled in each product offered. If an Open Access feature is selected on any one plan, all plans selected must also be Open Access.
15. These rates are approved for sale by Underwriting and are guaranteed for a 12 month period from the renewal date of coverage provided the above conditions are met. Additionally, these rates are based on the assumption that the group size is less than 50 employees (this includes all employees, such as part-time, seasonal, etc.) and therefore not subject to federal Mental Health Parity law (as may be amended) and regulations promulgated thereunder. Coventry retains the right to adjust these benefits and rates as necessary to comply with changes in any federal or state law, statute or regulation, including but not limited to the federal Patient Protection and Affordable Care Act, as amended, or the federal Mental Health Parity law.
16. Failure to satisfy or comply with any of the criteria listed above may result in termination of the contract.
17. These rates assume no deductible, coinsurance or copays will be paid by the group or other third party except as an approved HSA or HRA account contribution. We reserve the right to adjust rates, or terminate the contract if such employer or supplemental coverage funding is in place.

RENEWAL DISCLAIMERS

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Premier Choice 100-5000		
	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE (Per Calendar Year)		
Individual	\$5,000	\$7,500
Family	\$10,000	\$15,000
COINSURANCE	0% After Deductible	40% After Deductible
OUT-OF-POCKET MAXIMUM (Per Calendar Year)		
Individual	\$6,000	\$10,000
Family	\$12,000	\$20,000
PHYSICIAN SERVICES		
Office Visits	\$25 Copayment	40% After Deductible
Specialty Visits	\$50 Copayment	40% After Deductible
INPATIENT HOSPITAL		
Inpatient Hospital Facility Services	0% After Deductible	40% After Deductible
OUTPATIENT MEDICAL SERVICES		
Diagnostic Services (not including advanced imaging services)	Included in office visit	Not Covered
Outpatient Surgery at an Ambulatory Surgical Center	\$250 Copayment	40% After Deductible
SKILLED NURSING FACILITY CARE	0% After Deductible	40% After Deductible
Limitation: 30 days per calendar year		
HOME HEALTH CARE	0% After Deductible	40% After Deductible
Limitation: 60 visits per calendar year		
HOSPICE CARE	0% After Deductible	40% After Deductible
Limitation: 210 days maximum lifetime benefit		
PRESCRIPTION DRUGS*	Tier 1 \$20 Tier 2 \$45 Tier 3 \$70 Tier 4 20%	Covered at participating pharmacies
MENTAL HEALTH, ALCOHOL & SUBSTANCE ABUSE SERVICES		
Mental Health Care		
Inpatient Treatment	0% After Deductible	Not Covered
Outpatient Treatment	\$50 Copayment	Not Covered
Alcohol and Substance Abuse Care		
Inpatient Detoxification	0% After Deductible	Not Covered
Inpatient Rehabilitation Treatment	0% After Deductible	Not Covered
Outpatient Rehabilitation Treatment	\$50 Copayment	Not Covered
EMERGENCY ROOM CARE		
Hospital Emergency Room (waived if admitted)	\$250 Copayment	\$250 Copayment
Urgent Care Facility	\$50 Copayment	40% After Deductible
LIFETIME BENEFIT	Unlimited	Unlimited
*Prescription Drug Copayments do not contribute towards the Out-of-Pocket Maximum Expense Limit.		
<p>PCP referrals are not required to obtain Covered Services; however certain Covered Services require Prior Authorization. If you do not obtain authorization for services which require a Prior Authorization, the benefit otherwise payable to Coventry is reduced by 20%. This additional out-of-pocket amount will not be used to satisfy Deductible, Coinsurance or Out-of-Pocket Maximum requirements. Please refer to the Certificate of Coverage for further details on Prior Authorization requirements.</p> <p>All out-of-network services are subject to the out-of-network Annual Deductible and applicable Coinsurance. After a claim has been paid, including physician charges, the amount Coventry paid, Deductibles and Coinsurance, the Member shall be responsible for the balance of charges for services performed by a Non-Participating Physician.</p> <p>This schedule is provided for information only; it does not contain complete details of the Plan, which are available only in the Certificate of Coverage, and it does not constitute an Agreement.</p> <p>This plan has exclusions and limitations and terms under which the plan may be continued in force or discontinued. For cost and complete details of coverage, contact Coventry or your agent.</p>		

Premier Choice 80-5000	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE (Per Calendar Year)		
Individual	\$5,000	\$7,500
Family	\$10,000	\$15,000
COINSURANCE	20% After Deductible	40% After Deductible
OUT-OF-POCKET MAXIMUM (Per Calendar Year)		
Individual	\$7,000	\$10,000
Family	\$14,000	\$20,000
PHYSICIAN SERVICES		
Office Visits	\$25 Copayment	40% After Deductible
Specialty Visits	\$50 Copayment	40% After Deductible
INPATIENT HOSPITAL		
Inpatient Hospital Facility Services	20% After Deductible	40% After Deductible
OUTPATIENT MEDICAL SERVICES		
Diagnostic Services (not including advanced imaging services)	Included in office visit	40% After Deductible
Outpatient Surgery at an Ambulatory Surgical Center	\$250 Copayment	40% After Deductible
SKILLED NURSING FACILITY CARE	20% After Deductible	40% After Deductible
Limitation: 30 days per calendar year		
HOME HEALTH CARE	20% After Deductible	40% After Deductible
Limitation: 60 visits per calendar year		
HOSPICE CARE	20% After Deductible	40% After Deductible
Limitation: 210 days maximum lifetime benefit		
PRESCRIPTION DRUGS*	Tier 1 \$20 Tier 2 \$45 Tier 3 \$70 Tier 4 20%	Covered at participating pharmacies
MENTAL HEALTH, ALCOHOL & SUBSTANCE ABUSE SERVICES		
Mental Health Care		
Inpatient Treatment	20% After Deductible	40% After Deductible
Outpatient Treatment	\$50 Copayment	40% After Deductible
Alcohol and Substance Abuse Care		
Inpatient Detoxification	20% After Deductible	40% After Deductible
Inpatient Rehabilitation Treatment	20% After Deductible	40% After Deductible
Outpatient Rehabilitation Treatment	\$50 Copayment	40% After Deductible
EMERGENCY ROOM CARE		
Hospital Emergency Room (waived if admitted)	\$250 Copayment	\$250 Copayment
Urgent Care Facility	\$50 Copayment	40% After Deductible
LIFETIME BENEFIT	Unlimited	Unlimited

***Prescription Drug Copayments do not contribute towards the Out-of-Pocket Maximum Expense Limit.**

PCP referrals are not required to obtain Covered Services; however certain Covered Services require Prior Authorization. If you do not obtain authorization for services which require a Prior Authorization, the benefit otherwise payable to Coventry is reduced by 20%. This additional out-of-pocket amount will not be used to satisfy Deductible, Coinsurance or Out-of-Pocket Maximum requirements. Please refer to the Certificate of Coverage for further details on Prior Authorization requirements.

All out-of-network services are subject to the out-of-network Annual Deductible and applicable Coinsurance. After a claim has been paid, including physician charges, the amount Coventry paid, Deductibles and Coinsurance, the Member shall be responsible for the balance of charges for services performed by a Non-Participating Physician.

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Choice 80-5000	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE (Per Calendar Year)		
Individual	\$5,000	\$7,500
Family	\$10,000	\$15,000
COINSURANCE	20% After Deductible	40% After Deductible
OUT-OF-POCKET MAXIMUM (Per Calendar Year)		
Individual	\$7,000	\$10,000
Family	\$14,000	\$20,000
PHYSICIAN SERVICES		
Office Visits	\$25 Copayment	40% After Deductible
Specialty Visits	\$50 Copayment	40% After Deductible
INPATIENT HOSPITAL		
Inpatient Hospital Facility Services	20% After Deductible	40% After Deductible
OUTPATIENT MEDICAL SERVICES		
Lab & Diagnostic Services (in a physician's office)	Included In Office Visit	40% After Deductible
Outpatient Surgery at an Ambulatory Surgical Center	20% After Deductible	40% After Deductible
SKILLED NURSING FACILITY CARE	20% After Deductible	40% After Deductible
Limitation: 30 days per calendar year		
HOME HEALTH CARE	20% After Deductible	40% After Deductible
Limitation: 60 visits per calendar year		
HOSPICE CARE	20% After Deductible	40% After Deductible
Limitation: 210 days maximum lifetime benefit		
PRESCRIPTION DRUGS	Tier 1 \$20 Tier 2 \$45 Tier 3 \$70 Tier 4 20%	Covered at participating pharmacies
MENTAL HEALTH, ALCOHOL & SUBSTANCE ABUSE SERVICES		
Mental Health Care		
Inpatient Treatment	20% After Deductible	40% After Deductible
Outpatient Treatment	\$50 Copayment	40% After Deductible
Alcohol and Substance Abuse Care		
Inpatient Detoxification	20% After Deductible	40% After Deductible
Inpatient Rehabilitation Treatment	20% After Deductible	40% After Deductible
Outpatient Rehabilitation Treatment	\$50 Copayment	40% After Deductible
EMERGENCY ROOM CARE		
Hospital Emergency Room (waived if admitted)	20% After Deductible	20% After Deductible
Urgent Care Facility	\$50 Copayment	40% After Deductible
LIFETIME BENEFIT	Unlimited	Unlimited

PCP referrals are not required to obtain Covered Services; however certain Covered Services require Prior Authorization. If you do not obtain authorization for services which require a Prior Authorization, the benefit otherwise payable to Coventry is reduced by 0%. This additional out-of-pocket amount will not be used to satisfy Deductible, Coinsurance or Out-of-Pocket Maximum requirements. Please refer to the Certificate of Coverage for further details on Prior Authorization requirements.

All out-of-network services are subject to the out-of-network Annual Deductible and applicable Coinsurance. After a claim has been paid, including physician charges, the amount Coventry paid, Deductibles and Coinsurance, the Member shall be responsible for the balance of charges for services performed by a Non-Participating Physician.

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Value 80-2500	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE (Per Calendar Year)		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
COINSURANCE	20% After Deductible	40% After Deductible
OUT-OF-POCKET MAXIMUM (Per Calendar Year)		
Individual	\$4,500	\$8,000
Family	\$9,000	\$16,000
PHYSICIAN SERVICES		
Office Visits	\$25 Copayment	40% After Deductible
Specialty Visits	20% After Deductible	40% After Deductible
INPATIENT HOSPITAL		
Inpatient Hospital Facility Services	20% After Deductible	40% After Deductible
OUTPATIENT MEDICAL SERVICES		
Lab & Diagnostic Services (in a physician's office)	Included in office visit	40% After Deductible
Outpatient Surgery at an Ambulatory Surgical Center	20% After Deductible	40% After Deductible
SKILLED NURSING FACILITY CARE	20% After Deductible	40% After Deductible
Limitation: 30 days per calendar year		
HOME HEALTH CARE	20% After Deductible	40% After Deductible
Limitation: 60 visits per calendar year		
HOSPICE CARE	20% After Deductible	40% After Deductible
Limitation: 210 days maximum lifetime benefit		
PRESCRIPTION DRUGS	Tier 1 \$20 Tier 2 \$45 Tier 3 \$70 Tier 4 20%	Covered at participating pharmacies
MENTAL HEALTH, ALCOHOL & SUBSTANCE ABUSE SERVICES		
Mental Health Care		
Inpatient Treatment	20% After Deductible	40% After Deductible
Outpatient Treatment	20% After Deductible	40% After Deductible
Alcohol and Substance Abuse Care		
Inpatient Detoxification	20% After Deductible	40% After Deductible
Inpatient Rehabilitation Treatment	20% After Deductible	40% After Deductible
Outpatient Rehabilitation Treatment	20% After Deductible	40% After Deductible
EMERGENCY ROOM CARE		
Hospital Emergency Room (waived if admitted)	20% After Deductible	20% After Deductible
Urgent Care Facility	20% After Deductible	40% After Deductible
LIFETIME BENEFIT	Unlimited	Unlimited

PCP referrals are not required to obtain Covered Services; however certain Covered Services require Prior Authorization. If you do not obtain authorization for services which require a Prior Authorization, the benefit otherwise payable to Coventry is reduced by 0%. This additional out-of-pocket amount will not be used to satisfy Deductible, Coinsurance or Out-of-Pocket Maximum requirements. Please refer to the Certificate of Coverage for further details on Prior Authorization requirements.

All out-of-network services are subject to the out-of-network Annual Deductible and applicable Coinsurance. After a claim has been paid, including physician charges, the amount Coventry paid, Deductibles and Coinsurance, the Member shall be responsible for the balance of charges for services performed by a Non-Participating Physician.

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CDH Plus 5000		
	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE (Per Calendar Year)		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
COINSURANCE	Not Applicable	40% After Deductible
OUT-OF-POCKET MAXIMUM (Per Calendar Year)		
Individual	\$10,000	\$12,000
Family	\$20,000	\$24,000
PHYSICIAN SERVICES		
Office Visits	\$35 Copayment	40% After Deductible
Specialty Visits	\$75 Copayment	40% After Deductible
INPATIENT HOSPITAL		
Inpatient Hospital Facility Services	\$750 Copayment After Deductible	40% After Deductible
OUTPATIENT MEDICAL SERVICES		
Diagnostic Services (not including advanced imaging services)	\$250 Copayment After Deductible	40% After Deductible
Outpatient Surgery at an Ambulatory Surgical Center	\$250 Copayment After Deductible	40% After Deductible
SKILLED NURSING FACILITY CARE	\$75 Copayment After Deductible	40% After Deductible
Limitation: 30 days per calendar year		
HOME HEALTH CARE	\$75 Copayment After Deductible	40% After Deductible
Limitation: 60 visits per calendar year		
HOSPICE CARE	\$75 Copayment After Deductible	40% After Deductible
Limitation: 210 days maximum lifetime benefit		
PRESCRIPTION DRUGS	\$3/\$20; \$45/\$85/\$250 after Deductible	Not Covered
MENTAL HEALTH, ALCOHOL & SUBSTANCE ABUSE SERVICES		
Mental Health Care		
Inpatient Treatment	\$750 Copayment After Deductible	40% After Deductible
Outpatient Treatment	\$75 Copayment After Deductible	40% After Deductible
Alcohol and Substance Abuse Care		
Inpatient Detoxification	\$750 Copayment After Deductible	40% After Deductible
Inpatient Rehabilitation Treatment	\$750 Copayment After Deductible	40% After Deductible
Outpatient Rehabilitation Treatment	\$75 Copayment After Deductible	40% After Deductible
EMERGENCY ROOM CARE		
Hospital Emergency Room (waived if admitted)	\$300 Copayment	\$300 Copayment
Urgent Care Facility	\$75 Copayment	\$75 Copayment
LIFETIME BENEFIT	Unlimited	Unlimited
<p>PCP referrals are not required to obtain Covered Services; however certain Covered Services require Prior Authorization. If you do not obtain authorization for services which require a Prior Authorization, the benefit otherwise payable to Coventry is reduced by 20%. This additional out-of-pocket amount will not be used to satisfy Deductible, Coinsurance or Out-of-Pocket Maximum requirements. Please refer to the Certificate of Coverage for further details on Prior Authorization requirements.</p> <p>All out-of-network services are subject to the out-of-network Annual Deductible and applicable Coinsurance. After a claim has been paid, including physician charges, the amount Coventry paid, Deductibles and Coinsurance, the Member shall be responsible for the balance of charges for services performed by a Non-Participating Physician.</p> <p>This schedule is provided for information only; it does not contain complete details of the Plan, which are available only in the Certificate of Coverage, and it does not constitute an Agreement.</p> <p>This plan has exclusions and limitations and terms under which the plan may be continued in force or discontinued. For cost and complete details of coverage, contact Coventry or your agent.</p>		

CDH 5000		
	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE (Per Calendar Year)		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
COINSURANCE	Not Applicable	40% After Deductible
OUT-OF-POCKET MAXIMUM (Per Calendar Year)		
Individual	\$10,000	\$12,000
Family	\$20,000	\$24,000
PHYSICIAN SERVICES		
Office Visits	\$35 Copayment	40% After Deductible
Specialty Visits	\$75 Copayment	40% After Deductible
INPATIENT HOSPITAL		
Inpatient Hospital Facility Services	\$750 Copayment After Deductible	40% After Deductible
OUTPATIENT MEDICAL SERVICES		
Diagnostic Services (not including advanced imaging services)	\$250 Copayment After Deductible	40% After Deductible
Outpatient Surgery (includes physician and facility services)	\$250 Copayment After Deductible	40% After Deductible
SKILLED NURSING FACILITY CARE	\$75 Copayment After Deductible	40% After Deductible
Limitation: 30 days per calendar year		
HOME HEALTH CARE	\$75 Copayment After Deductible	40% After Deductible
Limitation: 60 visits per calendar year		
HOSPICE CARE	\$75 Copayment After Deductible	40% After Deductible
Limitation: 210 days maximum lifetime benefit		
PRESCRIPTION DRUGS*	\$3/\$20; \$45/\$85/\$250 after Deductible	Not Covered
MENTAL HEALTH, ALCOHOL & SUBSTANCE ABUSE SERVICES		
Mental Health Care		
Inpatient Treatment	\$750 Copayment After Deductible	40% After Deductible
Outpatient Treatment	\$75 Copayment After Deductible	40% After Deductible
Alcohol and Substance Abuse Care		
Inpatient Detoxification	\$750 Copayment After Deductible	40% After Deductible
Inpatient Rehabilitation Treatment	\$750 Copayment After Deductible	40% After Deductible
Outpatient Rehabilitation Treatment	\$75 Copayment After Deductible	40% After Deductible
EMERGENCY ROOM CARE		
Hospital Emergency Room (waived if admitted)	\$300 Copayment After Deductible	\$300 Copayment After Deductible
Urgent Care Facility	\$75 Copayment	\$75 Copayment
LIFETIME MAXIMUM INDIVIDUAL BENEFIT	Unlimited	
<p>*If a brand name medication is requested when a generic is available, you must pay 100% of the difference in price between the generic and brand name medication, plus the applicable brand copayment.</p> <p>Certain Covered Services require Prior Authorization. If you do not obtain authorization for services which require a Prior Authorization, the benefit otherwise payable to Coventry is reduced by 20%. This additional out-of-pocket amount will not be used to satisfy Deductible, Coinsurance or Out-of-Pocket Maximum requirements. Please refer to the Certificate of Insurance for further details on Prior Authorization requirements.</p> <p>All Out-of-Network services are subject to the Out-of-Network Deductible and applicable Coinsurance. In addition to the applicable Deductible and Coinsurance, Members who receive services from Non-Participating Providers shall be responsible for the difference between the Non-Participating Provider's bill and the Out-of-Network Rate.</p>		

Demographics:		Contacts:		Other Factors:	
County:	Miami-Dade	Agent:	MARIANELA THULA	SIC Code:	9999
Region:	SFL	Agency:	---Independent Agency---	Association:	None
State/Zip:	FL 33161	Account Mgr:	Melinda De La Vega	Renewal Date:	06/01/2012

Consumer Directed Health Plans



COVENTRY CONSUMER CHOICE™

Many employers have turned to consumer-directed health plans (CDHP) in order to manage their health care costs. Through integration with our medical plans, Coventry Consumer Choice (C3) provides simplified plan administration for employers and members.

Cost Effective

- **Premium Savings.** C3 offers many account types and funding arrangements with no added cost for employers.
- **No administrative costs.** C3 offers many account types and funding arrangements with no added cost for employers.
- **Decision Support Tools.** Contact us for your customized CDHP cost-savings analysis.

Choice

HRA. Health reimbursement arrangements are employer-funded and can be used to pay for eligible health care expenses.

FSA. Flexible spending accounts have long been the tool of choice for employers who want to help their members learn to plan ahead for health care expenditures. They also give tax advantages to employers and members.

HSA. Health savings accounts are an attractive alternative to traditional benefit plans since they have many benefits including tax and investment advantages.

Convenience

Our employer and member support makes the difference:

- **Seamless and integrated** claims processing minimizes the need for claim forms.
- **Smart Payment** reimburses the correct party, whether it is the provider or the member.
- **Coventry consumer coaches** assist employers and members with complex questions.
- **Flexible** banking options.

1 therein, and to obtain enrollment in said health insurance plan prior to June 1, 2012. The health
2 insurance proposal, in substantial form, is attached and incorporated by reference into this
3 resolution as exhibit 1.
4

5 **Section 3.** The Insurance provider and policy selected is Coventry Premier Choice
6 80-5000 Plan and the American Fidelity Assurance Company Gap Plan, which increases the
7 Village's annual premium by 10.2%.
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9 **Section 4.** This Resolution shall become effective upon adoption.
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11 PASSED AND ADOPTED this 10th day of May, 2012.
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18 Noah Jacobs, Mayor
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**The foregoing resolution upon being
put to a vote, the vote was as follows:**

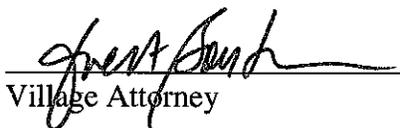
Mayor Jacobs: Yes
Vice Mayor Watts: Yes
Commissioner Anderson: Yes
Commission Cooper: Yes
Commissioner Ross: Yes

24 Attest:

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28 Maria C. Camara, Village Clerk
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30 Approved as to form:

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35 Village Attorney
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