

**ADDENDUM #4  
TO  
REQUEST FOR PROPOSALS**

**June 15, 2012**

TO: ALL PLAN HOLDERS

FOR: RFP-021-2012  
Group Health Insurance

This addendum sets forth changes and/or additional information as referenced and is hereby made a part of and should be included with your submittal.

**Respondents must acknowledge receipt of all addenda with proposal on the form provided herein.**

**The purpose of addenda #4 is to provide answers to questions received.**

Can you please provide what your plan changes were for the 2010-2011 plan year (or at least the plan designs from that year)? **Attached.**

Membership reported for that same year by plan. **Attached.**

Large claims for that same period (2010-2011) as well. **This information is not available.**

Does the City currently utilize the services of an insurance broker/agent? **Yes**

If so, are there fees for such a broker/agent included in the current slate of premiums? **Yes**

If so, at what level (% of premium) are these fees? **Unknown**

Do you wish for proposed premiums to include the same fees? **No**

Addendum No. 1      Dated\_\_\_\_\_

Signature:\_\_\_\_\_

Addendum No. 2      Dated\_\_\_\_\_

Signature:\_\_\_\_\_

Addendum No. 3      Dated\_\_\_\_\_

Signature:\_\_\_\_\_

Addendum No. 4      Dated\_\_\_\_\_

Signature:\_\_\_\_\_

**THIS FORM MUST BE INCLUDED WITH PROPOSAL**

# City of Lake City

## Health Insurance Plan Options

COST SHARING Maximums shown are Per Benefit Period (BPM) unless noted	BlueChoice 317	BlueOptions Predictable Cost 1351
<b>Deductible (DED) (Per Person/Family Agg)</b>		
In-Network	\$500 / \$1,500	\$500 / \$1,500
Out-of-Network	Combined w/ In-Network	Combined w/ In-Network
<b>Coinsurance (Member Responsibility)</b>		
In-Network	20%	20%
Out-of-Network	40%	40%
<b>Out of Pocket Maximum (Per Person/Family Agg)</b>	Coinsurance Limit	Includes DED, Coins, Copays; Excludes Rx
In-Network	\$2,000 / \$6,000	\$3,000 / \$9,000
Out-of-Network	Combined w/ In-Network	Combined w/ In-Network
<b>Lifetime Maximum</b>	\$5,000,000	\$5,000,000
<b>PROFESSIONAL PROVIDER SERVICES</b>		
<b>Allergy Injections</b>		
In-Network Family Physician	\$5	\$10
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
<b>Office Services</b>		
In-Network Family Physician	\$20	\$20
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
<b>Provider Services at Other Locations (Including Hospital &amp; ER)</b>		
In-Network Family Physician	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
<b>Radiology, Pathology and Anesthesiology Provider Services at Hospital or Ambulatory Surgical Center</b>		
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
<b>PREVENTIVE CARE</b>		
<b>Adult Wellness Office Services</b>		
In-Network Family Physician	\$20	\$20
In-Network Specialist	20% (No DED)	20% (No DED)
Out-of-Network	40% (No DED)	40% (No DED)
<b>Colonoscopies</b>		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
<b>Independent Clinical Lab</b>		
In-Network	20% (No DED)	\$0
Out-of-Network	40% (No DED)	40% (No DED)
<b>Independent Diagnostic Testing Facility - Xrays and AIS (Includes Physician Services)</b>		
In-Network - Advanced Imaging Services (AIS)	DED + 20%	\$100
In-Network - Other Diagnostic Services	DED + 20%	\$100
Out-of-Network	DED + 40%	DED + 40%
<b>Mammograms (Routine and Dx)</b>		
In-Network	\$0	\$0
Out-of-Network	\$0	\$0
<b>Outpatient Hospital (per visit)</b>		
In-Network	DED + 20%	Option 1 - \$150 Option 2 - \$250
Out-of-Network	DED + 40%	\$350
<b>Provider Services at Outpatient Facility</b>		
In-Network Family Physician	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
<b>Well Child Office Visits</b>		
In-Network Family Physician	\$20	\$20
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
<b>EMERGENCY/URGENT/CONVENIENT CARE</b>		
<b>Ambulance Maximum (per Day)</b>	N/A	\$400 - Ground \$4,000 - Air & Water
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 20%
<b>Convenient Care Centers (CCC)</b>		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
<b>Emergency Room Facility Services (also see Professional Provider Services)</b>		

<b>COST SHARING</b>	<b>BlueChoice</b>	<b>BlueOptions</b>
Maximums shown are Per Benefit Period (BPM) unless noted	317	Predictable Cost 1351
In-Network	DED + 20%	\$100 + 20%
Out-of-Network	DED + 40%	\$100 + 40%
<b>Urgent Care Centers (UCC)</b>		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
<b>FACILITY SERVICES - HOSP/SURG/ICL/IDTF</b>		
Unless otherwise noted, physician services are in addition to facility services. See Professional Provider Services.		
<b>Ambulatory Surgical Center</b>		
In-Network	DED + 20%	\$100
Out-of-Network	DED + 40%	DED + 40%
<b>Independent Clinical Lab</b>		
In-Network	20% (No DED)	\$0
Out-of-Network	40% (No DED)	DED + 40%
<b>Independent Diagnostic Testing Facility - Xrays and AIS (Includes Physician Services)</b>		
In-Network - Advanced Imaging Services (AIS)	DED + 20%	\$100
In-Network - Other Diagnostic Services	DED + 20%	\$100
Out-of-Network	DED + 40%	DED + 40%
<b>Inpatient Hospital (per admit)</b>		
In-Network	DED + 20%	Option 1 - \$500 Option 2 - \$1,000
Out-of-Network	\$300 PAD + DED + 40%	\$1,750
<b>Inpatient Rehab Maximum</b>		21 Days
<b>Outpatient Hospital (per visit)</b>		
In-Network	DED + 20%	Option 1 - \$150 Option 2 - \$250
Out-of-Network	DED + 40%	\$350
<b>Therapy at Outpatient Hospital</b>		
In-Network	DED + 20%	Option 1 - \$150 Option 2 - \$250
Out-of-Network	DED + 40%	\$350
<b>MENTAL HEALTH AND SUBSTANCE ABUSE</b>		
<b>Inpatient Hospitalization</b>		
In-Network	DED + 20%	Option 1 - \$500 Option 2 - \$1,000
Out-of-Network	DED + 40%	\$1,750
<b>Outpatient Hospitalization (per visit)</b>		
In-Network	DED + 20%	Option 1 - \$150 Option 2 - \$250
Out-of-Network	DED + 40%	\$350
<b>Provider Services at Hospital and ER</b>		
In-Network Family Physician or Specialist	DED + 20%	DED + 20%
Out-of-Network Provider	DED + 40%	DED + 20%
<b>Physician Office Visit</b>		
In-Network Family Physician or Specialist	\$20 FP / DED + 20% SP	\$20 FP / DED + 20% SP
Out-of-Network Provider	DED + 40%	DED + 40%
<b>Emergency Room Facility Services (per visit)</b>		
In-Network	DED + 20%	\$100 + 20%
Out-of-Network	DED + 40%	\$100 + 40%
<b>Provider Services at Locations other than Hospital and ER</b>		
In-Network Family Physician	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%
Out-of-Network Provider	DED + 40%	DED + 40%
<b>OTHER SPECIAL SERVICES AND LOCATIONS</b>		
<b>Home Health Care BPM</b>		
In-Network	\$2,500	\$2,500
Out-of-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
<b>Hospice LTM</b>		
In-Network	\$7,500	\$7,500
Out-of-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%
<b>Pharmacy</b>		
Retail	\$10 / \$25 / \$40	\$10 / \$25 / \$40
Mail-Order (90 day supply)	\$20 / \$50 / \$80	\$20 / \$50 / \$80

## Premium Information

	Full Monthly Premium	City's Monthly Contribution	Employee's Monthly Contribution	Pay Deductions Per Pay Period
<b>BlueChoice 317</b>				
Employee Only	\$536.05	\$484.59	\$51.46	\$25.73
Family	\$1,294.87	\$939.21	\$355.66	\$177.83
<b>BlueOptions 1351</b>				
Employee Only	\$521.10	\$482.98	\$38.12	\$19.06
Family	\$1,258.77	\$965.75	\$293.02	\$146.51

DOB	Gender	Zip Code	Type	Coverage
9/27/1954	F	32024	Option	Single
8/31/1959	F	32024	Choice	Single
4/24/1953	M	32025	Choice	Single
11/7/1948	F	32055	Option	Single
6/13/1943	F	32025	Choice	Single
4/27/1965	M	32025	Choice	Family
8/24/1984	M	32024	Option	Single
5/4/1985	M	32025	Choice	Single
11/24/1959	M	32055	Choice	Single
11/23/1955	M	32055	Option	Family
9/24/1965	M	32055	Choice	Family
8/31/1961	M	32056	Option	Single
7/2/1956	M	32025	Option	Single
11/1/1970	M	32024	Option	Family
5/15/1979	F	32055	Option	Single
9/5/1959	M	32055	Choice	Single
8/29/1960	M	32064	Option	Family
1/16/1975	M	32055	Option	Family
5/24/1977	F	32056	Option	Single
8/21/1986	M	32024	Option	Single
2/6/1953	F	32025	Option	Single
10/24/1952	M	32025	Option	Single
5/6/1956	F	32096	Choice	Single
9/11/1964	M	32055	Option	Family
7/13/1968	M	32038	Option	Family
8/22/1953	F	32038	Option	Single
9/6/1974	M	32055	Option	Family
11/24/1969	F	32024	Choice	Family
1/26/1948	M	32055	Choice	Family
12/20/1953	F	32008	Choice	Single
7/10/1957	M	32056	Option	Single
2/22/1954	M	32024	Option	Single
1/20/1959	M	32056	Choice	Family
8/21/1955	M	32038	Choice	Single
1/11/1983	M	32055	Choice	Single
1/29/1963	M	32038	Option	Single
8/18/1965	M	32024	Choice	Family
4/27/1964	F	32025	Option	Single
8/9/1962	M	32038	Choice	Family
5/22/1989	M	32064	Option	Single
11/4/1964	F	32024	Option	Single
11/18/1984	M	32024	Option	Single
2/15/1920	M	32055	Choice	Family
1/26/1987	F	32024	Option	Single
6/21/1972	F	32056	Option	Single
10/14/1961	M	32024	Choice	Single
4/26/1988	M	32024	Option	Single
10/14/1961	M	32024	Option	Single

5/4/1948	M	32024 Option	Single
10/2/1981	M	32055 Option	Family
12/15/1959	M	32055 Option	Single
4/22/1982	F	32025 Choice	Single
4/29/1977	F	32024 Option	Single
1/30/1986	F	32025 Option	Single
2/8/1955	M	32025 Choice	Single
10/12/1964	M	32024 Choice	Family
3/21/1945	F	32025 Option	Single
8/14/1959	M	32008 Choice	Family
2/9/1955	F	32024 Option	Single
4/18/1972	M	32024 Option	Single
6/22/1971	M	32096 Option	Single
4/9/1959	M	32055 Choice	Single
6/14/1975	M	32055 Choice	Single
8/25/1950	F	32055 Option	Family
6/24/1950	M	32024 Option	Single
9/10/1956	F	32025 Option	Single
7/26/1957	F	32025 Choice	Single
5/20/1962	M	32056 Choice	Single
3/9/1976	M	32060 Option	Single
11/16/1984	F	32055 Option	Family
8/14/1972	M	32056 Choice	Single
3/31/1969	M	32025 Choice	Single
11/25/1963	M	32025 Option	Single
8/16/1979	M	32024 Choice	Single
4/12/1975	F	32055 Option	Single
1/4/1970	M	32025 Option	Family
12/4/1981	M	32055 Option	Family
11/15/1968	M	32024 Choice	Family
7/19/1976	M	32055 Option	Single
5/3/1968	M	32024 Option	Family
7/22/1977	F	32024 Option	Single
2/8/1962	M	32055 Option	Family
12/17/1980	F	32601 Option	Family
5/12/1941	M	32025 Choice	Single
2/15/1961	M	32062 Choice	Single
10/3/1960	F	32055 Choice	Family
12/10/1971	M	32603 Option	Family
7/14/1964	F	32056 Option	Single
7/31/1943	F	32056 Choice	Single
11/10/1955	M	32056 Option	Family
2/18/1986	M	32025 Option	Family
9/21/1972	M	32024 Choice	Family
1/31/1954	M	32025 Choice	Single
4/16/1961	M	32056 Choice	Single
10/27/1985	M	32025 Option	Single
6/10/1949	M	32055 Option	Family
12/23/1970	M	32038 Option	Family

7/10/1962	M	32096 Option	Single
1/8/1984	M	32055 Option	Single
2/4/1976	M	32055 Choice	Family
10/2/1968	M	32055 Option	Family
5/31/1944	F	32025 Choice	Single
4/27/1961	F	32025 Option	Single
2/4/1955	F	32024 Option	Family
1/8/1958	M	32025 Choice	Family
6/27/1954	M	32025 Choice	Single
10/25/1952	M	32024 Choice	Single
1/28/1957	F	32024 Choice	Family
5/11/1946	M	32025 Choice	Single
8/1/1951	M	32024 Choice	Family
1/28/1960	F	32055 Choice	Single
5/29/1953	M	32024 Choice	Single
10/24/1964	M	32062 Option	Single
5/5/1983	M	32025 Option	Single
7/2/1952	M	32055 Choice	Single
1/6/1963	M	32056 Choice	Single
1/6/1968	F	32025 Choice	Family
10/29/1964	M	32025 Option	Single
2/17/1959	M	32038 Option	Family
4/19/1979	M	32024 Option	Family
5/16/1968	M	32643 Option	Single
10/26/1964	M	32055 Choice	Single
12/24/1973	F	32025 Option	Family
7/10/1974	M	32025 Option	Family
11/25/1972	F	32025 Option	Single
9/13/1973	M	32024 Choice	Single
10/24/1961	M	32024 Option	Single
12/11/1963	M	32055 Choice	Family
4/24/1965	F	32024 Option	Single
2/2/1952	F	32025 Option	Single
4/28/1968	M	32025 Option	Family
4/17/1988	M	32024 Option	Single
6/7/1961	F	32062 Choice	Single
5/9/1953	F	32055 Option	Family
3/5/1983	M	32063 Choice	Single
5/27/1947	M	32054 Option	Family
7/2/1948	F	32056 Choice	Single
12/22/1980	M	32024 Option	Family
5/28/1984	M	32025 Option	Single
3/30/1961	M	32024 Option	Single
1/3/1963	M	32038 Option	Family
12/10/1980	F	32024 Option	Family
9/11/1968	M	32060 Option	Family
6/22/1953	M	32054 Choice	Single
8/28/1961	M	32055 Choice	Family
6/21/1971	M	32055 Choice	Single

9/27/1970	F	32055 Choice	Single
12/14/1979	M	32024 Choice	Single
10/21/1956	M	32055 Choice	Single
11/15/1961	F	32056 Option	Single
1/5/1959	M	32060 Option	Family
9/25/1966	M	32096 Choice	Family
6/27/1956	M	32055 Option	Family
10/14/1981	M	32055 Option	Family
3/24/1966	M	32038 Option	Family
10/12/1948	M	32055 Option	Single
1/19/1982	M	32025 Option	Single
8/11/1944	M	32024 Choice	Single
8/9/1978	M	32025 Option	Single
7/20/1987	M	32025 Option	Single
11/20/1971	M	32025 Option	Family
10/10/1971	M	32055 Choice	Family
12/28/1971	M	32055 Option	Family
9/30/1971	F	32055 Choice	Family
5/6/1955	M	32055 Choice	Single
3/14/1967	M	32025 Choice	Single
9/22/1957	M	32024 Option	Single
8/21/1981	M	32055 Option	Single
7/30/1950	M	32038 Option	Single
5/23/1957	M	32024 Choice	Family
6/29/1952	M	32025 Option	Family
12/9/1979	M	32025 Option	Family
2/3/1959	M	32096 Choice	Family
11/20/1967	M	32038 Option	Single
4/22/1974	M	32024 Choice	Family
4/16/1966	M	32655 Option	Single
1/27/1956	M	32056 Choice	Single
10/27/1959	M	32024 Option	Single
7/3/1959	F	32056 Choice	Family
12/1/1976	M	32025 Option	Single
5/3/1965	M	32025 Choice	Single
4/13/1951	M	32056 Choice	Single
5/7/1959	F	32055 Option	Single
9/9/1966	M	32056 Option	Single
1/8/1967	M	32025 Choice	Single
2/1/1957	M	32055 Option	Family
8/23/1975	M	32055 Option	Family
4/23/1958	F	32055 Option	Single
10/10/1965	M	32025 Choice	Family
5/28/1965	M	32096 Option	Family
6/26/1943	M	32025 Option	Family
10/25/1951	M	32056 Choice	Family
6/30/1953	M	32055 Option	Single
8/29/1979	M	32024 Choice	Single
4/7/1957	M	32055 Choice	Family



5/30/1954	M	32024 Choice	Single
9/17/1942	M	32055 Choice	Family
8/2/1948	M	32055 Choice	Single
8/14/1927	M	32055 Choice	Single
1/11/1952	M	32094 Option	Family
11/25/1966	M	32024 Option	Single
2/14/1953	M	32056 Option	Single
7/24/1947	M	32024 Option	Family
11/28/1949	F	32025 Option	Single