



HIGHLANDS COUNTY
BOARD OF COUNTY COMMISSIONERS
(HCBCC)
GENERAL SERVICES & PURCHASING

DATE: FEBRUARY 15, 2010

BID NO. ITB 10-024 ADDENDUM No. 1

PROJECT: INSURANCE AGENT OF RECORD FOR EMPLOYEE HEALTH BENEFITS
NIGP COMMODITY / SERVICES Code: 918-69

OWNER: HIGHLANDS COUNTY BCC
ATTN: PURCHASING DEPARTMENT
4320 GEORGE BLVD; SEBRING, FL 33875-5803

1. Please be advised that the (RFI) Request for Information Cut-Off Date is Thursday; March 4, 2010.

2. 2010 Census of Employees on Insurance

Board of County Commissioners	373
Supervisor of Elections	5
Clerk of Courts	82
Property Appraiser	31
Tax Collector	31
Economic Development	3
Retirees	<u>107</u>
TOTAL	632

3. Please find the following attachments;
a. Monthly Health Insurance Rates
b. Schedule of Benefits

4. Highlands County Sheriff's Office is not included at this time.

5. Section 5.0 Scope of Services; Eliminate (M. Agree to the compensation language in article 7.0).

If you have any questions or comments regarding this addendum, contact:

Mr. Gerald (Jed) Secory, Director of General Services / Purchasing Department
4320 George Boulevard; Sebring, Florida 33875-5803
Phone (863) 402-6523, Fax (863) 402-6735, or by Email: gsecory@hcbcc.org

Or Ms. Danielle K. Gilbert, Assistant Director, General Services / Purchasing Department
Phone (863) 402-6524, Fax (863) 402-6735, Email: dgilbert@hcbcc.org

ACKNOWLEDGE RECEIPT OF THIS ADDENDUM BY:

COMPLETING BELOW INFORMATION AND FAXING TO: (863)-402-6735.

COMPANY NAME (PRINT)

REPRESENTATIVE (PRINT)

SIGNATURE

HIGHLANDS COUNTY
Monthly Health Insurance Rates
Retiree Med Plus and Aetna RX Plan - Effective Jan. 1, 2010

RFP 10-024 INSURANCE AGENT OF RECORD FOR EMPLOYEE HEALTH BENEFITS
ADDENDUM No. 1

BCBS Employee 3360 Plan	
Emply. Only	\$0.00
EE/Spouse	\$183.54
EE/Children	\$146.98
EE/Family	\$268.28

BCBS Employee 3359 Plan	
Emply. Only	\$86.16
EE/Spouse	\$299.04
EE/Children	\$256.58
EE/Family	\$397.28

BCBS Employee 3564 Plan	
Emply. Only	\$100.40
EE/Spouse	\$318.10
EE/Children	\$274.74
EE/Family	\$418.60

BCBS Employee 3562 Plan	
Emply. Only	\$179.12
EE/Spouse	\$423.60
EE/Children	\$374.88
EE/Family	\$535.78

BCBS Retirees 3360 Plan	
Retiree Only	\$539.42
Ret/Spouse	\$722.96
Ret/Children	\$686.40
Ret/Family	\$807.70

BCBS Retirees 3359 Plan	
Retiree Only	\$625.58
Ret/Spouse	\$838.46
Ret/Children	\$796.00
Ret/Family	\$936.70

BCBS Retirees 3564 Plan	
Retiree Only	\$639.82
Ret/Spouse	\$857.52
Ret/Children	\$814.16
Ret/Family	\$958.02

BCBS Retirees 3562 Plan	
Retiree Only	\$718.54
Ret/Spouse	\$963.02
Ret/Children	\$914.30
Ret/Family	\$1,075.20

Monumental Life Rates	
Retired Employees Rates:	
Retiree Med Plus	
Age 65-67	\$170.00
Age 68-69	\$196.00
Age 70-74	\$227.00
Age 75-79	\$284.00
Age 80-Over	\$301.00

Aetna Medicare Part D	
Retired Employee Rates:	
Medicare Part D - RX Plan	
All ages	\$71.91

BlueMedicare Group PPO	
Retired Employee Rates:	
All ages	\$314.11

Retiree Life (All Ages)	
Limit \$5000	\$6.20

FCL Emply Extended Dental:	
Emply. Only	\$12.42
EE/Spouse	\$35.48
EE/Children	\$43.34
EE/Family	\$61.76

FCL Ret. Extended Dental:	
Retiree Only	\$26.09
Ret/Spouse	\$49.15
Ret/Children	\$57.01
Ret/Family	\$75.43

OptumHealth Vision:	
Emply. Only	\$6.08
EE/Spouse	\$12.08
EE/Children	\$12.65
EE/Family	\$18.93

***EAP expense does not apply to Division 5**

County Contribution (3360 Health Plan), (3359 Health Plan), (3564 Health Plan) & (3562 Health Plan)

Health, Basic Dental, life, \$10/\$25/\$40 or \$10/\$30/\$50 RX and EAP[™] Employee Only Effective January 1, 2010

Individual	Age thru 64	(Life Limit \$15,000)	\$539.42	\$13.67	\$3.00	\$1.50	\$557.59
Individual	Age thru 69	(Life Limit \$ 9,750)	\$539.42	\$13.67	\$1.95	\$1.50	\$556.54
Individual	Age thru 70 Over	(Life Limit \$ 6,500)	\$539.42	\$13.67	\$1.20	\$1.50	\$555.79

**HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS
SCHEDULE OF BENEFITS**

Effective 01/01/2010

	BlueOptions Plan 3562	BlueOptions Plan 3564	BlueOptions Plan 3359	BlueOptions Plan 3360
Office Services				
In-Network Family Physician / PCP:	\$15 Copay	\$25 Copay	\$35 Copay	\$45 Copay
In-Network Specialist:	\$35 Copay	\$50 Copay	CYD + Coinsurance	CYD + Coinsurance
Out-of-Network Providers:	CYD + Coinsurance	CYD + Coinsurance	CYD + Coinsurance	CYD + Coinsurance
In-Network e-Office Visit Family Physician:	\$10 Copayment	\$10 Copayment	\$10 Copayment	\$10 Copayment
In-Network e-Office Visit Specialist:	\$10 Copayment	\$10 Copayment	\$10 Copayment	\$10 Copayment
Out-of-Network e-Office Visit:	CYD + Coinsurance	CYD + Coinsurance	CYD + Coinsurance	CYD + Coinsurance
In-Network Family Physician Advanced Imaging Services:	\$125 Copayment	\$125 Copaymernt	\$125 Copayment	CYD + Coinsurance
In-Network Specialist Advanced Imaging Services:	\$125 Copayment	\$125 Copaymernt	\$125 Copayment	CYD + Coinsurance
Out-of-Network Providers Advanced Imaging Services:	CYD + Coinsurance	CYD + Coinsurance	CYD + Coinsurance	CYD + Coinsurance
Allergy Injection In-Network:	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Preventive Health				
Mammograms:	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Well Child:	Copay or Coinsurance	Copay or Coinsurance	Copay or Coinsurance	Copay or Coinsurance
Adult Wellness:	Copay No Maximum In-Ntwk; Coins \$150 CY MAX Out-of-Ntwk	Copay No Maximum In-Ntwk; Coins \$150 CY MAX Out-of-Ntwk	Copay No Maximum In-Ntwk; Coins \$150 CY MAX Out-of-Ntwk	Copay No Maximum In-Ntwk; Coins \$150 CY MAX Out-of-Ntwk
Routine Colonoscopy (Age 50+ then frequency sch. applies):	\$0 In and Out-of-Ntwk	\$0 In and Out-of-Ntwk	\$0 In and Out-of-Ntwk	\$0 In and Out-of-Ntwk
Hospital Services				
Inpatient In-Network:	\$600/\$1,000 Copay	CYD + Coinsurance (All Options)	\$750/\$1,000 Copay	CYD + Coinsurance (All options)
Inpatient Out-of-Network:	CYD + Coinsurance	CYD + Coinsurance	CYD + Coinsurance	CYD + Coinsurance
Outpatient In-Network - Therapy Services:	\$45/\$60 Copay	\$45/\$60 Copay	\$45/\$60 Copay	\$45/\$60 Copay
Outpatient In-Network - All other Services:	\$250/\$350 Copay	CYD + Coinsurance (All Options)	\$150/\$250 Copay	CYD + Coinsurance (All options)
Outpatient Out-of-Network: Therapy Services / All other Services:	CYD + Coinsurance	CYD + Coinsurance	CYD + Coinsurance	CYD + Coinsurance
Urgent Care Centers In-Network:	\$40 Copayment	\$55 Copayment	CYD + Coinsurance	CYD + Coinsurance
Urgent Care Centers Out-of-Network:	CYD + Coinsurance	CYD + Coinsurance	CYD + Coinsurance	CYD + Coinsurance
Emergency Room - In-Network:	\$100 Copay	\$150 Copay	CYD + Coinsurance	CYD + Coinsurance
Emergency Room - Out-of-Network:	\$200 Copay	\$300 Copay	CYD + Coinsurance	CYD + Coinsurance
Provider Services at Hospital and ER:	\$0 In and Out-of-Ntwk	CYD In and Out-of-Ntwk	CYD + Coins In-Ntwk; CYD + In-Ntwk Coins Out-of-Ntwk	CYD + Coins In-Ntwk; CYD + In-Ntwk Coins Out-of-Ntwk
Deductible				
In-Network (per person/family):	\$500 / \$1,500	\$1,000 / \$3,000	\$1,500 / \$3,000	\$2,000 / \$4,000
Out-of-Network (per person/family):	Combined w/In-Ntwk	Combined w/In-Ntwk	\$3,000 / \$6,000	\$4,000 / \$8,000
Coinsurance				
In-Network:	20%	20%	30%	30%
Out-of-Network:	50%	40%	40%	40%
Out-of-Pocket Maximum				
In-Network:	\$2,500 / \$5,000	\$3,000 / \$6,000	\$3,500 / \$7,000	\$4,000 / \$8,000
Out-of-Network:	\$5,000 / \$10,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$8,000 / \$16,000

**HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS
SCHEDULE OF BENEFITS**

Effective 01/01/2010

	Predictable Cost Plan 3562	Predictable Cost Plan 3564	Predictable Cost Plan 3359	Lower Cost Plan 3360
Benefit Maximums				
Lifetime Maximum:	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Substance Dependency	No Maximum	No Maximum	No Maximum	No Maximum
Mental Health:	No Maximum	No Maximum	No Maximum	No Maximum
Hospice:	No Maximum	No Maximum	No Maximum	No Maximum
Home Health Care:	\$2,500 CYM	\$2,500 CYM	\$2,500 CYM	\$2,500 CYM
Skilled Nursing Facility:	60 Days CYM	60 Days CYM	60 Days CYM	60 Days CYM
Outpatient Therapy and Spinal Manipulations:	\$2,500 CYM	\$2,500 CYM	\$2,500 CYM	\$2,500 CYM
Other				
Independent Clinical Labs:	\$0 In-Ntwk; CYD + Coins Out-of-Ntwk	\$0 In-Ntwk; CYD + Coins Out-of-Ntwk	\$0 In-Ntwk; CYD + Coins Out-of-Ntwk	\$0 In-Ntwk; CYD + Coins Out-of-Ntwk
Independent Diagnostic Testing Facility:	\$50 (x-ray) \$125 (AIS) Copay In-Ntwk; CYD + Coins Out-of-Ntwk	\$50 (x-ray) \$125 (AIS) Copay In-Ntwk; CYD+ Coins Out-of-Ntwk	\$50 (x-ray) \$125 (AIS) Copay In-Ntwk; CYD + Coins Out-of-Ntwk	CYD + Coinsurance (x-ray & AIS) In and Out-of-Ntwk
Contraceptive Injections:	Copay In-Ntwk; CYD + Coins Out-of- Ntwk	Copay In-Ntwk; CYD + Coins Out-of- Ntwk	Copay or CYD + Coins In-Ntwk; CYD + Coins Out-of-Ntwk	Copay or CYD + Coins In-Ntwk; CYD + Coins Out-of-Ntwk
Prosthetics & Orthotics:	CYD + Coinsurance In and Out-of-Ntwk	CYD + Coinsurance In and Out-of-Ntwk	CYD + Coinsurance In and Out-of-Ntwk	CYD + Coinsurance In and Out-of-Ntwk
Durable Medical Equipment:	CYD + Coinsurance In and Out-of-Ntwk	CYD + Coinsurance In and Out-of-Ntwk	CYD + Coinsurance In and Out-of-Ntwk	CYD + Coinsurance In and Out-of-Ntwk
Ambulance Services:	CYD + In-Ntwk Coins up to \$5,000 Per Day Combined Ground & Air/Water Max	CYD + In-Ntwk Coins up to \$5,000 Per Day Combined Ground & Air/Water Max	CYD + In-Ntwk Coins up to \$5,000 Per Day Combined Ground & Air/Water Max	CYD + In-Ntwk Coins up to \$5,000 Per Day Combined Ground & Air/Water Max
Ambulatory Surgical Center:	\$100 Copay In-Ntwk; CYD + Coins Out- of-Ntwk	\$100 Copay In-Ntwk; CYD+ Coins Out- of-Ntwk	CYD + Coinsurance In and Out-of-Ntwk	CYD + Coinsurance In and Out-of-Ntwk
Radiology, Pathology & Anesthesiology Provider Services (Ambulatory Surgical Center):	\$35 In and Out-of-Ntwk	CYD In and Out-of-Ntwk	CYD + Coins In-Ntwk; CYD + In-Ntwk Coins Out-of-Ntwk	CYD + Coins In-Ntwk; CYD + In-Ntwk Coins Out-of-Ntwk
Provider Services at Locations Other than Office, Hospital and ER:	\$15 FP/\$35 Specialist Copay In-Ntwk; CYD + Coins Out-of-Ntwk	\$50 Copay In and Out-of-Ntwk	CYD + Coins In and Out-of-Ntwk	CYD + Coins In and Out-of-Ntwk
Pharmacy:	\$10/\$25/\$40	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50

CYD = Calendar Year Deductible
CYM = Calendar Year Maximum
LTM = Lifetime Maximum
PAD = Per Admission Deductible

This summary provides a brief description of your plan benefits. Please refer to your Certificate of Coverage for complete details on plans provisions, exclusions and limitations.