

**Broward County Government - 2011 RLI Plan Design Options Detail**

<b>Current 2010 Plan Design with Healthcare Reform Mandates - Reference RX-9</b>				
<b>Plan Description</b>	<b>CDH Low Option Open Access</b>	<b>CDH High Option Open Access</b>	<b>CDH with Out-of-Network Open Access</b>	
	<b>In Network</b>	<b>In Network</b>	<b>In Network</b>	<b>Out-of-Network</b>
Annual Deductible (Individual / Family)	\$2,100 / \$4,200	\$1,100 / \$2,200	\$1,100 / \$2,200	\$1,500 / \$3,000
Coinsurance Maximum (Individual / Family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000	
Primary Care Physician (PCP) office visits	\$20 Copay	\$20 Copay	\$20 Copay	30% after deductible
Specialist Office Visits and Consultations	\$35 Copay	\$35 Copay	\$35 Copay	30% after deductible
Emergency Room (waived if admitted)	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Allergy Injections	\$20 Copay	\$20 Copay	\$20 Copay	30% after deductible
Mental Health, Alcohol & Substance Abuse	No Copay	No Copay	No Copay	30% after deductible
Inpatient Hospital/Physician Services Coinsurance	20% after deductible	20% after deductible	20% after deductible	30% after deductible plus \$500 copay per admission

### RLI Proposed Plan Design - Reference RX-10

Plan Description	CDH Low Option Open Access	CDH High Option Open Access	CDH with Out-of-Network Open Access	
	In Network	In Network	In Network	Out-of-Network
Annual Deductible (Individual / Family)	\$2,100 / \$4,200	\$1,300 / \$2,600	\$1,300 / \$2,600	\$2,100 / \$4,200
Coinsurance Maximum (Individual / Family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000	
Primary Care Physician (PCP) office visits	30% after deductible	\$30 Copay	\$30 Copay	30% after deductible
Specialist Office Visits and Consultations	30% after deductible	\$60 Copay	\$60 Copay	30% after deductible
Emergency Room (waived if admitted)	30% after deductible	\$250 Copay	\$250 Copay	\$250 Copay
Allergy Injections	30% after deductible	\$25 Copay	\$25 Copay	30% after deductible
Mental Health, Alcohol & Substance Abuse	30% after deductible	20% after deductible	20% after deductible	30% after deductible
Inpatient Hospital/Physician Services Coinsurance	30% after deductible	20% after deductible	20% after deductible	30% after deductible plus \$500 copay per admission