

ITEM #50

ADDITIONAL MATERIAL

Regular Meeting

DECEMBER 4, 2018

SUBMITTED AT THE REQUEST OF

COMMISSIONER STEVE GELLER

BROWARD COUNTY/UNITE HERE HEALTH PLAN COMPARISON

	Broward County HDHP	UniteHere HMO
Plan	UHC	UHC
Deductible Health	\$1,350	\$500
Deductible Rx	n/a	n/a
Max Out of Pocket	\$3,425	\$2,000
SERVICES:		
Primary	Deduct/20% coin	\$20 copay
Specialist	Deduct/20% coins	\$40 copay
Urgent Care	Deduct/20% coins	\$40 copay
Emergency Room	Deduct/20% coins	Deductible/\$250 copay
Hospital	Deduct/20% coins	\$250 copay per day, max \$1,250 per admission
Diagnostic Tests: X-Rays/Labs	Deduct/20% coins	No cost
Imaging: CT/PET scans/MRIs	Deduct/20% coins	Deductible/\$100 copay
Mental Health/ Substance Abuse	Deduct/20% coins	\$40 copay
Rehabilitation / Habilitative Services	Deduct/20% coins	\$20 copay
Durable Medical Equipment	Deduct/20% coins	No cost
PHARMACY		
Generic	Deduct/20% coins	\$15 copay
Preferred	Deduct/20% coins	\$35 copay \$125 copay Specialty
Non-Preferred	Deduct/20% coins	\$60 copay \$250 copay Specialty