



**Blue Cross Blue Shield
of Florida**
Health Options.
Health Options and its Parent, Blue Cross and Blue Shield
of Florida, are Independent Licensees of the Blue Cross
and Blue Shield Association.

080498a

7/11/08

To: Steve Varvel, City of Gainesville
From: Sue Kelman, BCBSF

RE: Multi-year ASO Fee Offer

Steve,

We are engaging our ASO customers on multi-year contracts when feasible. As a long-term ASO customer, we would like to offer you the following multi-year fee arrangement, which features immediate savings in ASO fees of approximately \$100,000 per year in 2009 and 2010 compared to current fees, and an additional \$51,155 in savings per year in 2011 and 2012 compared to current fees for a total savings over the next four years of \$300,000 compared to current fees at current enrollment.

1/1/09:

All contracts (BlueChoice and BlueOptions)

Single: \$32.73

Family: \$75.28

1/1/10: -0- increase

1/1/11: 3% increase

Single: \$33.71

Family: \$77.54

1/1/12: -0- increase

Your current contract has a run-out provision of 15.2% of claims built into your current contract. We would reduce this to 14.5% of claims for the four year life of this contract, after which this run-out provision would expire along with the four year contract. In exchange for this multi year arrangement and immediate savings, the City of Gainesville would agree to not take the ASO contract out to market during the life of the four year agreement.

Please contact me if you have questions or concerns about this offer.

Sincerely,

Sue Kelman
Strategic Account Executive
BCBSF, Gainesville Office

BlueOptions

City of Gainesville -- Benefit Planning

Health Benefit Summary Plan 3359



BlueCross BlueShield of Florida
 An Independent Licensee of the Blue Cross and Blue Shield Association

Benefits for Covered Services

Amount Member Pays

Office Services	
Physician Office Services In-Network Family Physician In-Network Specialist Out-of-Network Office Visit In-Network e-Office Visit Out-of-Network e-Office Visit	\$20 Copayment CYD + 20% Coinsurance CYD + 40% Coinsurance \$10 Copayment CYD + 40% Coinsurance
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med) In-Network Out-of-Network	CYD + 20% Coinsurance CYD + 40% Coinsurance
Maternity Initial Visit In-Network Specialist Out-of-Network	CYD + 20% Coinsurance CYD + 40% Coinsurance
Allergy Injections (rendered by an In-Network Family Physician)	\$10 Copayment
Preventive Care	
Adult Wellness Benefit Maximum (In-Network)	No Benefit Maximum
Out-of-Network Routine Adult Physical Exam and Immunizations Benefit Maximum	\$150 Benefit Maximum
Routine Adult Physical Exam and Immunizations In-Network Family Physician In-Network Specialist Out-of-Network	\$20 Copayment 20% Coinsurance 40% Coinsurance
Well Woman Exam (e.g. Annual GYN) In-Network Family Physician In-Network Specialist Out-of-Network	\$20 Copayment 20% Coinsurance 40% Coinsurance
Mammograms (Covered at 100% of Allowed Amount, In- and Out-of-Network)	\$0
Colonoscopy (Routine for age 50+ then frequency schedule applies) (Covered at 100% of Allowed Amount, In- and Out-of-Network)	\$0
Well Child In-Network Family Physician In-Network Specialist Out-of-Network	\$20 Copayment 20% Coinsurance 40% Coinsurance
Emergency Medical Care	
Urgent Care Centers In-Network Out-of-Network	\$30 CYD + 40% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network / Out-of-Network	\$150 Copayment / \$300 Copayment
Ambulance Services (Ground, air and water travel, combined per day maximum)	CYD + 20% Coinsurance \$5,000
Outpatient Diagnostic Services	
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) In-Network Diagnostic Services (except AIS) In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.) Out-of-Network	CYD + 20% Coinsurance CYD + 40% Coinsurance

1 CYD = Calendar Year Deductible

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City of Gainesville – Benefit Planning

Health Benefit Summary Plan 3359

Benefits for Covered Services

Amount Member Pays

Outpatient Diagnostic Services (Continued)	
Independent Clinical Lab (e.g. Blood Work) In-Network / Out-of-Network	\$0 / CYD + 40% Coinsurance
Outpatient Hospital Facility Services (per visit) (e.g. Blood Work and X-rays) In-Network (Option 1 / Option 2) Out-of-Network	CYD + 20% Coinsurance CYD + 40% Coinsurance
Mental Health/Substance Dependency	
Mental Health (PCY) Inpatient Hospital Facility Services (per admit) In-Network (Option 1 / Option 2) Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network	45 Inpatient days, 90 Outpatient visits \$750 Copayment / \$1,000 Copayment \$1,500 CYD + 20% Coinsurance CYD + 40% Coinsurance
Substance Dependency (Lifetime max) Inpatient Hospital Facility Services (per admit) In-Network (Option 1 / Option 2) Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network	\$10,000 \$750 Copayment / \$1,000 Copayment \$1,500 CYD + 20% Coinsurance CYD + 40% Coinsurance
Other Provider Services	
Provider Services at Hospital and ER In-Network and Out-of-Network	CYD + 20% Coinsurance
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC) In-Network and Out-of-Network	CYD + 20% Coinsurance
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician In-Network Specialist Out-of-Network	CYD + 20% Coinsurance CYD + 20% Coinsurance CYD + 40% Coinsurance
Other Special Services	
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PCY max) In-Network Locations other than Hospital and Physician's Office Out-of-Network Locations other than Hospital Outpatient Hospital Facility Services (per visit) In-Network – Therapy Services (Option 1 / Option 2) Out-of-Network	\$10,000 CYD + 20% Coinsurance CYD + 40% Coinsurance \$45 Copayment / \$60 Copayment CYD + 40% Coinsurance
Durable Medical Equipment In-Network Out-of-Network	CYD + 20% Coinsurance CYD + 40% Coinsurance
Home Health Care (PCY max) In-Network Out-of-Network	\$5,000 CYD + 20% Coinsurance CYD + 40% Coinsurance
Skilled Nursing Facility (PCY) In-Network Out-of-Network	120 days CYD + 20% Coinsurance CYD + 40% Coinsurance

2 PCY = Per Calendar Year

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City of Gainesville – Benefit Planning Health Benefit Summary Plan 3359

Benefits for Covered Services

Amount Member Pays

Other Special Services (Continued)	
Hospice In-Network Out-of-Network	No Benefit Maximum CYD + 20% Coinsurance CYD + 40% Coinsurance
Hospital/Surgical	
Ambulatory Surgical Center Facility (ASC) In-Network Out-of-Network	CYD + 20% Coinsurance CYD + 40% Coinsurance
Inpatient Hospital Facility and Rehabilitation Services (per admit) In-Network (Option 1 / Option 2) Out-of-Network	Rehabilitation Services limit - 21 days PCY \$750 Copayment / \$1,000 Copayment \$1,500
Outpatient Hospital Facility Services (per visit) In-Network – Therapy Services (Option 1 / Option 2) In-Network – All other Services (Option 1 / Option 2) Out-of-Network	\$45 Copayment / \$60 Copayment CYD + 20% Coinsurance CYD + 40% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network / Out-of-Network	\$150 Copayment / \$300 Copayment
Financial Features	
Calendar Year Deductible (CYD) (per person / family aggregate) In-Network / Out-of-Network (Combined) (CYD is the amount the member is responsible for before BCBSF pays)	\$750 / \$2,250
Coinsurance In-Network / Out-of-Network (Coinsurance is the percentage the member pays for services)	20% / 40%
Out-of-Pocket Maximum (per person / family aggregate) In-Network / Out-of-Network (Combined) (Out-of-Pocket Maximum includes CYD, Coinsurance and Copayments. Excludes Prescription Drugs)	\$2,000 / \$6,000
Total Lifetime Maximum Benefit	\$5,000,000

Additional Benefits and Features

BlueScript Prescription Drug Program

Retail \$15/30/50 (30 day supply)

Mail order \$30/60/100 (90 day supply)