



TOWN OF GOLDEN BEACH

One Golden Beach Drive
Golden Beach, FL 33160

Official Agenda for the September 15, 2020
Special Town Council Zoom Virtual Meeting called for 6:30 P.M.

Zoom Room Meeting ID: 842 5910 4928 Password: 652930

For Dial In Only: Call 929.205.6099 Meeting ID: 842 5910 4928

THE PUBLIC MAY PARTICIPATE AT GOOD AND WELFARE; PLEASE HOLD ALL QUESTIONS AND COMMENTS UNTIL THEN! THE PUBLIC IS ENCOURAGED TO SUBMIT ALL COMMENTS VIA EMAIL TO LPEREZ@GOLDENBEACH.US BY 2:00 P.M. TUESDAY, SEPTEMBER 15, 2020.

A. MEETING CALLED TO ORDER

B. ROLL CALL

C. PLEDGE OF ALLEGIANCE

D. TOWN RESOLUTIONS

- 1. A Resolution of the Town Council Awarding A Comprehensive Health Insurance Plan for the Benefit of the Town of Golden Beach Employees.**

A RESOLUTION OF THE TOWN OF GOLDEN BEACH, FLORIDA, AWARDING A COMPREHENSIVE HEALTH INSURANCE PLAN FOR THE BENEFIT OF THE TOWN OF GOLDEN BEACH EMPLOYEES AND ELIGIBLE DEPENDENTS; PROVIDING FOR IMPLEMENTATION; AND PROVIDING FOR AN EFFECTIVE DATE.

Exhibit: Agenda Report No. 1
Resolution No. 2698.20

Sponsor: Town Administration

Recommendation: Motion to Approve Resolution No. 2698.20

E. DISCUSSION & DIRECTION TO TOWN MANAGER

Mayor Glenn Singer:
None Requested

Vice Mayor Bernard Einstein:
None Requested

Councilmember Judy Lusskin:
None Requested

Councilmember Jaime Mendal:
None Requested

Councilmember Kenneth Bernstein:
None Requested

Town Manager Alexander Diaz
None Requested

F. ADJOURNMENT:

DECORUM:

ANY PERSON MAKING IMPERTINENT OR SLANDEROUS REMARKS OR WHO BECOMES BOISTEROUS WHILE ADDRESSING THE COUNCIL SHALL BE BARRED FROM THE COUNCIL CHAMBERS BY THE PRESIDING OFFICER. NO CLAPPING, APPLAUDING, HECKLING OR VERBAL OUTBURSTS IN SUPPORT OR OPPOSITION TO A SPEAKER OR HIS OR HER REMARKS SHALL BE PERMITTED. NO SIGNS OR PLACE CARDS SHALL BE ALLOWED IN THE COUNCIL CHAMBERS. PERSONS EXITING THE COUNCIL CHAMBERS SHALL DO SO QUIETLY.

THE USE OF CELL PHONES IN THE COUNCIL CHAMBERS IS NOT PERMITTED. RINGERS MUST BE SET TO SILENT MODE TO AVOID DISRUPTION OF PROCEEDINGS.

PURSUANT TO FLORIDA STATUTE 286.0105, THE TOWN HEREBY ADVISES THE PUBLIC THAT: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THIS BOARD WITH RESPECT TO ANY MATTER CONSIDERED AT ITS MEETING OR HEARING, HE WILL NEED A RECORD OF THE PROCEEDINGS, AND FOR THAT PURPOSE, AFFECTED PERSONS MAY NEED TO ENSURE THAT A VERBATIM RECORD OF THE PROCEEDINGS IS MADE, WHICH RECORD SHALL INCLUDE THE TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED. THIS NOTICE DOES NOT CONSTITUTE CONSENT BY THE TOWN FOR THE INTRODUCTION OR ADMISSION OF OTHER INADMISSIBLE OR IRRELEVANT EVIDENCE, NOR DOES IT AUTHORIZE CHALLENGES OR APPEALS NOT OTHERWISE ALLOWED BY LAW.

IF YOU NEED ASSISTANCE TO ATTEND THIS MEETING AND PARTICIPATE, PLEASE CALL THE TOWN MANAGER AT 305-932-0744 EXT 224 AT LEAST 24 HOURS PRIOR TO THE MEETING.

RESIDENTS AND MEMBERS OF THE PUBLIC ARE WELCOMED AND INVITED TO ATTEND.



TOWN OF GOLDEN BEACH

One Golden Beach Drive
Golden Beach, FL 33160

MEMORANDUM

Date: September 15, 2020

To: Honorable Mayor Glenn Singer &
Town Council Members

From: Alexander Diaz, *Alex B*
Town Manager

Subject: **Resolution No. 2698.20 – A Resolution Awarding Comprehensive Health Insurance for employees and their eligible dependents through AvMed with the Berenguer Group, an Acrisure Partner as the agent of record**

Item Number:

1

Recommendation:

It is recommended that the Town Council adopt the attached Resolution No. 2698.20 as presented.

Background:

During the March 27, 2020 FMIT Board meeting indicative increases to health insurance were projected at 8% and the Administration began to explore our strategy for insurance renewals and offerings. By May 2020, the Administration grew worried of the possible impact the Global Pandemic would take on the renewal rates of the Town's Health Insurance. We invited Insurance Brokers to submit their qualifications to serve as the Town's Insurance Agent of Record. Once selected, the Agent was tasked with presenting the Town with multiple proposals and to design plan offerings that would yield a quality plan and net savings (if possible).

In learning that the Town's renewal rates came in at 13.80% or \$111,505.00 over what the Town currently pays for insurance the need to re-evaluate our plan offering, coverage and provider became even more certain.

By late August the selected Agent failed to meet the Town's expectations and did not achieve the expected objective(s). The Town then asked other Agent(s) to provide us their "best and final" plan design and costs.

In comparing the other quotes the Town received, we found that the proposal (for AvMed Advantage HMO, with a Transamerica Life GAP Plan and a Health Reimbursement Account of \$1800 per member), provided competitive and fair coverage to the employees and their eligible dependents, while affording the Town a considerable cost savings from the Town's current plan offerings (not taking into account the forecasted increases for this coming year).

In addition, we also quoted a buy-up option, which we would like to still offer the employees, at no additional cost to the Town. Employees that elect to choose the buy-up option will pay the difference in the increase in cost.

The renewal premium in comparison to the Town's current premium has decreased by 29% from \$70,017.44 to \$49,114.71.

Although it is nerve-racking to think of change during a global pandemic, we also need to look at the possible benefits for all members; the proposed plan offers a premium savings to all members and provides for an out-of-pocket benefit not currently offered.

Employees in the Standard plan will see premium savings of at least \$1,300 and a cash contribution (medical debit card) of at least \$1,000.

Fiscal Impact:

Because we have not completed our Open Enrollment, it is difficult to provide an exact cost.

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 2698.20

A RESOLUTION OF THE TOWN OF GOLDEN BEACH, FLORIDA, AWARDING A COMPREHENSIVE HEALTH INSURANCE PLAN FOR THE BENEFIT OF THE TOWN OF GOLDEN BEACH EMPLOYEES AND ELIGIBLE DEPENDENTS; PROVIDING FOR IMPLEMENTATION; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Town's wishes to provide comprehensive health insurance to its employees; and

WHEREAS, in April the Administration requested proposals from several different firms to designate an Agent of Record for comprehensive health insurance coverage; and

WHEREAS, the Town received proposals from five different firms; and

WHEREAS, the Town selected a broker to serve as the Agent of Record; the selected broker went out into the market to shop for plans yet failed to deliver as called for by the Town; and

WHEREAS, the Town then asked a second broker to provide what they would recommend as a more competitive and responsible option; and

WHEREAS, that agent presented the most competitive and responsible proposal from Avmed Advantage HMO (the "PLAN"), with a Transamerica Life GAP Plan and a Health Reimbursement Account of \$1800 per member; and

WHEREAS, the Town would like to also offer a buy up option to a higher tier plan (Avmed Advantage POS) at the employee's own expense, causing no additional cost to the Town; and

WHEREAS, entering into this Contract will provide the Town with a considerable cost savings to the Town from its current comprehensive health insurance offerings; and

WHEREAS, the Town Council finds that entering into an Agreement for service is in the best interest of the Town.

WHEREAS, the Administration understands that with any change there might be some reservations, hesitations and possible disruption to its members, however the Town has taken steps to minimize said heartache; and

WHEREAS, throughout the course of this new transition the Town and the new Agent of Record are committed to facilitate any issues or concerns that may arise, and take any and all necessary steps in making this a seamless and smooth transition.

NOW THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF GOLDEN BEACH, FLORIDA, AS FOLLOWS:

Section 1. Recitals Adopted. Each of the above recitals are hereby adopted, confirmed and incorporated herein.

Section 2. Proposal Accepted. The proposal to go into a Contract with the Berenguer Group, An Acrisure Partner as described and set forth in the Agenda Item Report attached hereto and incorporated herein, and are hereby accepted.

Section 3. Implementation. The Mayor, Town Manager and Town Attorney are hereby authorized to take any and all action necessary to implement this Resolution in accordance with its terms and conditions including, but not limited to, the designation of a new agent of record.

Section 4. Effective Date. That this Resolution shall become effective immediately upon approval of the Town Council.

Sponsored by the **Town Administration.**

The Motion to adopt the foregoing Resolution was offered by _____,
seconded by _____, and on roll call the following vote ensued:

Mayor Glenn Singer	_____
Vice Mayor Bernard Einstein	_____
Councilmember Judy Lusskin	_____
Councilmember Jaime Mendal	_____
Councilmember Kenneth Bernstein	_____

PASSED AND ADOPTED by the Town Council of the Town of Golden Beach,
Florida, this 15th day of September, 2020.

ATTEST:

MAYOR GLENN SINGER

LISSETTE PEREZ
TOWN CLERK

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

STEPHEN J. HELFMAN
TOWN ATTORNEY

Town of Golden Beach

Health Insurance Broker & Benefits Review Timeline

05/01/2020 Request to HR Consultant to Obtain Proposals & Presentations from Multiple Health Insurance Brokers Servicing Municipalities in Miami-Dade County

05/07/2020 HR Consultant Sent List Via Email to Health Insurance Brokers Requesting:

- 1. About the firm
- 2. Portfolio on the Management Team and Account Manager
- 3. All value added services related to customer service, wellness, self-service technology, features, and any other services
- 4. Relationships with carriers
- 5. Ideas on how to improve the existing plan with cost savings to the Town
- 6. Sample cost savings and creative solutions for plan similar in size to the Town
- 7. List of municipal clients

05/11/2020 Sapoznik Presentation Received

05/15/2020 Brown & Brown Presentation Received

05/19/2020 Evershore Presentation Received

05/22/2020 ABP Benefits Presentation Received

05/29/2020 Gallagher Presentation Received

06/08/2020 HR Consultant Sent Broker Comparison Report to Town Manager for Review

07/01/2020 HR Consultant Sent Town Manager Sample Savings from the Top 3 Brokers for Review

07/16/2020 Insurance Committee Sent Town Manager Ranking of Top 3 Brokers

08/05/2020 Town Received FMIT UHC Renewal Rates

08/21/2020 Evershore Presents BCBS Medical & Dental Rates

08/26/2020 Evershore Presents Gap Insurance Rates

09/02/2020 Evershore Presents Aetna Decline to Quote

09/03/2020 Evershore Sends Revised BCBS & Gap Insurance Proposal

09/03/2020 Evershore Presents Cigna Decline to Quote

09/04/2020 The Berenguer Group Presents Avmed Insurance Proposal

09/09/2020 Evershore Presents Life Insurance Proposal

09/10/2020 Town Council Held a Virtual Public Workshop to Discuss AvMed Insurance Proposal

**Town of Golden Beach Health Insurance
Proposed AvMed FY2020-2021**

Proposed		Premium Rates	Annual Premium	Trans \$7K & Fee	HRA \$1800	Total Premium Cost	Monthly Cost to Employee	Town Monthly Cost	Annual Town Cost	
AvMed 7419	31	Employee Only	\$498.73	\$185,527.56	\$87.37	\$150.00	\$736.10	\$0.00	\$ 22,819.10	\$ 273,829.20
	5	Employee Spouse	\$1,105.13	\$66,307.80	\$179.79	\$150.00	\$1,434.92	\$349.41	\$ 5,427.55	\$ 65,130.60
	9	Employee & Children	\$950.93	\$102,700.44	\$152.28	\$150.00	\$1,253.21	\$258.56	\$ 8,951.90	\$ 107,422.74
	4	Employee & Family	\$1,542.07	\$74,019.36	\$268.46	\$150.00	\$1,960.53	\$612.22	\$ 5,393.26	\$ 64,719.12
		Premium Rates		Trans \$3K & Fee	HRA \$1800					
AvMed Choice 7465	2	Employee Only	\$818.99	\$19,655.76	\$50.44	\$150.00	\$1,019.43	\$283.33	\$ 1,472.20	\$ 17,666.40
	1	Employee Spouse	\$1,814.80	\$21,777.60	\$103.99	\$150.00	\$2,068.79	\$983.28	\$ 1,085.51	\$ 13,026.12
	1	Employee & Children	\$1,561.57	\$18,738.84	\$84.41	\$150.00	\$1,795.98	\$801.32	\$ 994.66	\$ 11,935.92
		Employee & Family	\$2,532.32	\$0.00	\$148.34	\$150.00	\$2,830.66	\$1,482.34	\$ -	\$ -
	53			\$488,727.36					\$ 46,144.18	\$ 553,730.10

AVMED	Annual Premium ONLY	\$488,727.36
United Health	Current Premium	\$678,541.86
	Savings	\$189,814.50
AVMED	Annual Premium	\$553,730.10
United Health	Current Premium	\$678,541.86
	Savings	\$124,811.76

Town of Golden Beach Health Insurance Current United Health Care

Current FY2019-2020		Premium Cost	Monthly Cost to		Annual Town Cost
			Employee	Current Town Cost Per Month	
Plan 3	31 Employee Only	\$873.96	\$0.00	\$27,092.76	\$325,113.12
	5 Employee Spouse	\$1,879.01	\$502.53	\$6,882.43	\$82,589.10
	9 Employee & Children	\$1,616.82	\$371.43	\$11,208.51	\$134,502.12
	4 Employee & Family	\$2,621.87	\$873.96	\$6,991.66	\$83,899.92
					\$0.00
Plan 1	2 Employee Only	\$967.83	\$93.87	\$1,747.92	\$20,975.04
	1 Employee Spouse	\$2,080.84	\$704.35	\$1,376.49	\$16,517.88
	1 Employee & Children	\$1,790.49	\$545.10	\$1,245.39	\$14,944.68
	Employee & Family	\$2,903.50	\$1,155.59	\$0.00	\$0.00
53				\$56,545.16	\$678,541.86

United Health Care NEW Rates FY2020-2021

New Rates FY2020-2021		Premium Cost	Monthly Cost to		Annual Town Cost
			Employee	Monthly Town Cost	
Plan 3	31 Employee Only	\$994.57	\$0.00	\$30,831.67	\$369,980.04
	5 Employee Spouse	\$2,138.31	\$571.87	\$7,832.20	\$93,986.40
	9 Employee & Children	\$1,839.94	\$422.69	\$12,755.30	\$153,063.54
	4 Employee & Family	\$2,983.69	\$994.56	\$7,956.52	\$95,478.24
				\$0.00	\$0.00
Plan 1	2 Employee Only	\$1,101.39	\$106.82	\$1,989.14	\$23,869.68
	1 Employee Spouse	\$2,368.00	\$801.56	\$1,566.44	\$18,797.28
	1 Employee & Children	\$2,037.58	\$620.33	\$1,417.26	\$17,007.06
	Employee & Family	\$3,304.18	\$1,315.05	\$0.00	\$0.00
53				\$64,348.52	\$772,182.24

Town of Golden Beach Health Insurance Proposed AvMed FY2020-2021

Proposed AvMed 7419		Premium Cost	Monthly Cost to		Annual Town Cost
			Employee	Town Monthly Cost	
AvMed Choice 7465	31 Employee Only	\$736.10	\$0.00	\$ 22,819.10	\$ 273,829.20
	5 Employee Spouse	\$1,434.92	\$349.41	\$ 5,427.55	\$ 65,130.60
	9 Employee & Children	\$1,253.21	\$258.56	\$ 8,951.90	\$ 107,422.74
	4 Employee & Family	\$1,960.53	\$612.22	\$ 5,393.26	\$ 64,719.12
AvMed Choice 7465	2 Employee Only	\$1,019.43	\$283.33	\$ 1,472.20	\$ 17,666.40
	1 Employee Spouse	\$2,068.79	\$983.28	\$ 1,085.51	\$ 13,026.12
	1 Employee & Children	\$1,795.98	\$801.32	\$ 994.66	\$ 11,935.92
	Employee & Family	\$2,830.66	\$1,482.34	\$ -	\$ -
53				\$ 46,144.18	\$ 553,730.10



**For: TOWN OF
GOLDEN BEACH**

**Health Insurance
Renewal: 10/1/2020**

**By: The Berenguer Group
An Acrisure Partner**

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↓ HMO Open Access (No Referrals Needed) ↓

UHC - Choice Plus Plan 3		Advantage	AvMed - Achieve 7419	
Calendar Year Deductible (CYD)	\$500 / \$1,000 In \$1,000 / \$2,000 Out	AvMed + HRA + Transamerica = \$0 Worst Case	\$5,000 / \$10,000 Trans pays 1st 100% up to \$7,000 per Mem	
Copay / Coins Max	\$2,500 / \$5,000 In \$5,000 / \$10,000 Out	versus \$2500 Current Advantage AvMed	\$8,100 / \$16,200 Trans pays 1st \$7,000 per Mem + HRA \$1,800	
Hospital Services	CYD + 10% In / CYD + 30% Out Member Worst Case = \$2,500	AvM + HRA + Trans = \$0 Worst Case	CYD + 50% Trans pays 1st \$7,000 per Mem + HRA \$1,800 Member Worst Case = \$0	
Outpatient Services	Labs: 100% CYD + 10% In / CYD + 30% Out Member Worst Case = \$2,500	AvM + HRA + Trans = \$0 Worst Case	Labs: 100% CYD + 50% Trans pays 1st \$7,000 per Mem + HRA \$1,800 Member Worst Case = \$0	
Urgent Care	\$50 In / CYD + 30% Out Member's Worst Case = \$50	AvMed Trans pays 100%	\$50 Trans pays 1st 100% up to \$7,000 per Mem Member's Worst Case = \$0	
Emergency Room	\$150 In & Out Net Member's Worst Case = \$150	AvMed Trans 100% (True ER Only)	CYD + 50% Trans pays 1st \$7,000 per Mem + HRA \$1,800 Member Worst Case = \$0	
PCP	\$20 In / CYD + 30% Out	AvMed + HRA	\$30	HRA Visa Card up to \$1,800 Per Employee
Specialist	\$40 In / CYD + 30% Out	AvMed + HRA	\$60	
RX	\$10-35-60	AvMed w/ HRA	\$15/\$25/\$40/\$80/50% coinsurance AD	

UHC - Choice Plus Plan 3				Advantage	AvMed - Achieve 7419						
Coverage	#	Current	Renewal		#	Rates	Trans \$7K	Fee	HRA \$1800	Total	Savings
EE Only	31	\$873.96	\$994.57	AvM+Trans+HRA = 9 to 0 versus Current UHC	31	\$498.73	\$82.67	\$4.70	\$150.00	\$736.10	-25.99%
EE + Spouse	5	\$1,879.01	\$2,138.31		5	\$1,105.13	\$175.09	\$4.70	\$150.00	\$1,434.92	-32.89%
EE + Children	9	\$1,616.82	\$1,839.94		9	\$950.93	\$147.58	\$4.70	\$150.00	\$1,253.21	-31.89%
EE + Family	4	\$2,621.87	\$2,983.69		4	\$1,542.07	\$263.76	\$4.70	\$150.00	\$1,960.53	-34.29%
Total	49	\$61,526.67	\$70,017.44		49	\$35,712.93	\$5,821.48	\$230.30	\$7,350.00	\$49,114.71	-29.85%

Rates and Benefits are for comparison purposes only. This document does not constitute a guarantee of benefits coverage. Final rates and coverage are based on final enrollment.

Calendar Year Deductible (CYD)	\$250 Individual / \$500 Family In \$500 Individual / \$1,000 Family Out	AvMed + HRA + Transamerica = \$0 Worst Case	\$500 Individual / \$1,000 Family - In AvMed Network \$500 Individual / \$1,000 Family - In Net out AvM Area (Multiplan) \$1,500 Individual / \$3,000 Family - Out of Network Trans pays 1st 100% up to \$3,000 per Mem
Copay / Coins Max	\$2,000 Individual / \$4,000 Family In \$4,000 Individual / \$8,000 Family Out	versus \$2,000 Current Advantage AvMed	\$3500 Individual / \$7000 Family - In AvMed Network \$3500 Individual / \$7,000 Family - In Net out AvM Area (Multiplan) \$10,500 Individual / \$21,000 Family - Out of Network Trans pays 1st 100% up to \$3,000 per Mem
Hospital Services	CYD + 10% In / CYD + 30% Out Member Worst Case = \$2,000	AvM + HRA + Trans = \$0 Worst Case	CYD + 10% - AvM Net, PHCS (National Out of AvMed Network) CYD + 30% - Out of Net Trans pays 1st \$3,000 per Mem + HRA \$1,800 Member Worst Case = \$0
Outpatient Services	Labs: 100% MRI:\$100 / Surgery: \$100 CYD + 30% Out Member Worst Case = \$2,000	AvM + HRA + Trans = \$0 Worst Case	Labs: 100% AvM Net and PHCS (National Out of AvMed Network) CYD + 10% - AvM Net and PHCS / CYD + 30% Out of Net Trans pays 1st \$3,000 per Mem + HRA \$1,800 Member Worst Case = \$0
Urgent Care	\$50 In / CYD + 30% Out Member's Worst Case = \$50	AvMed Trans pays 100%	\$75 - In AvMed Network \$75 - In Multiplan PHCS Network (Out of AvM Network Area Only) CYD + 30% - Out of Network Trans pays 1st \$3,000 per Mem + HRA \$1,800 Member's Worst Case = \$0
Emergency Room	\$125 In & Out Net Member's Worst Case = \$125	AvMed Trans 100% (True ER Only)	\$250 - AvM Net, PHCS (National Out of AvM Network), & Out of Net Trans pays 1st \$3,000 per Mem + HRA \$1,800 Member Worst Case = \$0
PCP	\$15 In / CYD + 30% Out	AvMed w/ HRA	\$15 - AvM Net & PHCS (Out of AvMed Net) CYD + 30% - Out of Network
Specialist	\$30 In / CYD + 30% Out	AvMed w/ HRA	\$30 - AvM Net & PHCS (Out of AvMed Net) CYD + 30% - Out of Network
RX	\$10-35-60	AvMed w/ HRA	\$15/\$25/\$40/\$80/50% coinsurance AD

UHC - Choice Plus Plan 1				AvMed - Choice						
Coverage	#	Current	Renewal	Advantage	Rates	Trans \$3K	Fee	HRA \$1800	Total	Savings
EE Only	2	\$967.83	\$1,101.39	AvM+Trans+HRA = 9 to 0 versus Current UHC	\$818.99	\$45.74	\$4.70	\$150.00	\$1,019.43	-7.44%
EE + Spouse	1	\$2,080.84	\$2,368.00		\$1,814.80	\$99.29	\$4.70	\$150.00	\$2,068.79	-12.64%
EE + Children	1	\$1,790.49	\$2,037.58		\$1,561.57	\$79.71	\$4.70	\$150.00	\$1,795.98	-11.86%
EE + Family	0	\$2,903.50	\$3,304.18		\$2,532.32	\$143.64	\$4.70	\$150.00	\$2,830.66	-14.33%
Total	4	\$5,806.99	\$6,608.36		\$5,014.35	\$270.48	\$18.80	\$600.00	\$5,903.63	-10.66%

Rates and Benefits are for comparison purposes only. This document does not constitute a guarantee of benefits coverage. Final rates and coverage are based on final enrollment.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: Beginning on or after 10/01/2020



Large Group Achieve LH507-LG20

Coverage for: Individual or Individual + Family| Plan Type: HMO



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-88-AVMED (1-800-882-8633) or visit www.avmed.org. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-800-88-AVMED (1-800-882-8633) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$5,000 individual / \$10,000 family	Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive care , office visits, certain lab tests, certain prescription drugs , urgent care , and certain recovery services, e.g., habilitation and rehabilitation services , are covered before you meet your deductible .	This plan covers some items and services if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$8,100 individual / \$16,200 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , prescription drug brand additional charges and manufacturer assistance, and services this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.avmed.org or call 1-800-88-AVMED (1-800-882-8633) for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.				
Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an In-Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay/ visit	Not Covered	Additional charges may apply for non-preventive services performed in the Physician's office.
	Specialist visit	\$60 copay/ visit	Not Covered	Additional charges may apply for non-preventive services performed in the Physician's office.
	Preventive care/screening/immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	50% coinsurance after deductible; no charge for lab work at participating labs	Not Covered	Charges for office visits may apply if services are performed in a Physician's office. Charges for certain other labs and Specialty labs will be higher.
	Imaging (CT/PET scans, MRIs)	50% coinsurance after deductible	Not Covered	Charges for office visits or Physician/professional services may also apply depending where services are received.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.avmed.org	Value generic drugs (Tier 1)	\$15 copay/ prescription (retail); \$37.50 copay/ prescription (mail order)	Not Covered	Retail charge applies per 30-day supply.
	Generic drugs (Tier 2)	\$25 copay/ prescription (retail); \$62.50 copay/ prescription (mail order)	Not Covered	Generic & brand drugs: covers up to a 90-day supply at retail pharmacies and a 60-90 day supply via mail order.
	Preferred brand drugs (Tier 3)	\$40 copay/ prescription (retail); \$100 copay/ prescription (mail order)	Not Covered	Certain drugs in all tiers require prior authorization.
	Non-Preferred brand drugs (Tier 4)	\$80 copay/ prescription (retail); \$200 copay/ prescription (mail order)	Not Covered	Brand additional charges may apply.
	Specialty drugs (Tier 5)	50% coinsurance after deductible (retail only)	Not Covered	Specialty drugs available in 30-day supply only; not available via mail order.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an In-Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	50% coinsurance after deductible	Not Covered	Prior authorization required.
	Physician/surgeon fees	50% coinsurance after deductible	Not Covered	Prior authorization required.
If you need immediate medical attention	Emergency room care	50% coinsurance after deductible	50% coinsurance after deductible	AvMed must be notified within 24-hours of inpatient admission following emergency services, or as soon as reasonably possible. Charges are waived if admitted.
	Emergency medical transportation	\$150 copay/ one way ground transport	\$150 copay/ one way ground transport	50% coinsurance after deductible for air and water transportation.
	Urgent care	\$50 copay/ visit at urgent care facilities; \$30 copay/ visit at retail clinics	\$50 copay/ visit after deductible at urgent care facilities; \$30 copay/ visit after deductible at retail clinics	-----None-----
If you have a hospital stay	Facility fee (e.g., hospital room)	50% coinsurance after deductible	Not Covered	Prior authorization required.
	Physician/surgeon fees	50% coinsurance after deductible	Not Covered	Prior authorization required.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30 copay/ visit	Not Covered	Prior authorization may be required.
	Inpatient services	50% coinsurance after deductible	Not Covered	Prior authorization may be required.
If you are pregnant	Office visits	Routine OB & midwife: \$30 copay/ 1st visit only; subsequent visits at no charge	Not Covered	-----None-----
	Childbirth/delivery professional services	50% coinsurance after deductible	Not Covered	Maternity care may include tests and services described elsewhere in this SBC (e.g., ultrasound).
	Childbirth/delivery facility services	Hospital stay: 50% coinsurance after deductible; Birthing center: Same as Routine OB	Not Covered	Prior authorization required.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		an In-Network Provider (You will pay the least)	an Out of Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	\$60 copay/ visit after deductible	Not Covered	Limited to 20 skilled visits per calendar year. Approved treatment plan required.
	Rehabilitation services	\$60 copay/ visit; \$30 copay/ visit for chiropractic services	Not Covered	Limited to 35 visits per calendar year for rehabilitative outpatient PT, OT, ST, cardiac rehab, pulmonary rehab, and chiropractic services combined. Cardiac and pulmonary rehab require prior authorization.
	Habilitation services	\$60 copay/ visit	Not Covered	Habilitative PT, OT, and ST, when provided for the treatment of autism spectrum disorder and Down syndrome, are limited to a combined maximum of 100 visits per calendar year.
	Skilled nursing care	\$250 copay/ day for the first 5 days per admission after deductible	Not Covered	Limited to 60 days post-hospitalization care per calendar year. Prior authorization required.
	Durable medical equipment	\$250 copay/ episode of illness	Not Covered	Excludes vehicle modifications, home modifications, exercise equipment, and bathroom equipment.
	Hospice services	No charge after deductible	Not Covered	Physician certification required.
	If your child needs dental or eye care	Children's eye exam	\$35 copay/ exam	Not Covered
Children's glasses		Not Covered	Not Covered	-----None-----
Children's dental check-up		Not Covered	Not Covered	-----None-----

Excluded Services & Other Covered Services:**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- | | | |
|-------------------------|--|----------------------------|
| • Acupuncture | • Dental Care (Adult) | • Private-Duty Nursing |
| • Bariatric Surgery | • Hearing Aids | • Routine Eye Care (Adult) |
| • Child Dental Check Up | • Infertility Treatment | • Routine Foot Care |
| • Child Glasses | • Long-Term Care | • Weight Loss Programs |
| • Cosmetic Surgery | • Non-Emergency Care When Traveling Outside the U.S. | |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic Care

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Florida Office of Insurance Regulation at 1-877-693-5236 or www.flor.com/consumers, the U.S. Department of Labor, Employee Benefits Security Administration, at 1-866-444-3272 or www.dol.gov/ebsa/contactEBSA/consumerassistance.html, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance **Marketplace**. For more information about the **Marketplace**, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your **plan** for a denial of a **claim**. This complaint is called a **grievance** or **appeal**. For more information about your rights, look at the explanation of benefits you will receive for that medical **claim**. Your **plan** documents also provide complete information to submit a **claim**, **appeal**, or a **grievance** for any reason to your **plan**. For more information about your rights, this notice, or assistance, contact AvMed's Member Engagement Center at 1-800-882-8633. For plans subject to ERISA, you may also contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your **appeal**. Contact the Florida Department of Financial Services, Division of Consumer Services, at 1-877-693-5236 or www.flor.com/consumers.

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have **Minimum Essential Coverage** for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? YES.


If your **plan** doesn't meet the **Minimum Value Standards**, you may be eligible for a **premium tax credit** to help pay for a **plan** through the **Marketplace**.

Language Access Services:

Para obtener asistencia en Español, llame al 1-800-882-8633.

To see examples of how this **plan** might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:

 **This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The plan's overall deductible	\$5,000	■ The plan's overall deductible	\$5,000	■ The plan's overall deductible	\$5,000
■ Specialist copayment	\$60	■ Specialist copayment	\$60	■ Specialist copayment	\$60
■ Hospital (facility) coinsurance	50%	■ Hospital (facility) coinsurance	50%	■ Hospital (facility) coinsurance	50%
■ Other coinsurance	50%	■ Other coinsurance	50%	■ Other coinsurance	50%
<p>This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/delivery professional services Childbirth/delivery facility services Diagnostic tests (<i>ultrasounds and blood work</i>) Specialist visit (<i>anesthesia</i>)</p>		<p>This EXAMPLE event includes services like: Primary care physician office visits (<i>including disease education</i>) Diagnostic tests (<i>blood work</i>) Prescription drugs Durable medical equipment (<i>glucose meter</i>)</p>		<p>This EXAMPLE event includes services like: Emergency room care (<i>including medical supplies</i>) Diagnostic test (<i>x-ray</i>) Durable medical equipment (<i>crutches</i>) Rehabilitation services (<i>physical therapy</i>)</p>	
Total Example Cost	\$12,800	Total Example Cost	\$7,400	Total Example Cost	\$1,925
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
Deductibles	\$5,000	Deductibles	\$0	Deductibles	\$630
Copayments	\$420	Copayments	\$3,930	Copayments	\$1,120
Coinsurance	\$2,630	Coinsurance	\$0	Coinsurance	\$0
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$60	Limits or exclusions	\$60	Limits or exclusions	\$0
The total Peg would pay is	\$8,160	The total Joe would pay is	\$3,990	The total Mia would pay is	\$1,750

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

AvMed Partial Client List

Marriott Hotels

AT&T

State of Florida Employees

Miami Dade County

City of Sweetwater

City of Miami Garden

Village of Key Biscayne

Jackson Hospital

Cable Marine

Boat Owners Warehouse

Coral Gables Fraternal Order of Police

Thank you!

Help with your out-of-pocket medical costs

TransConnect® for Florida Supplemental Medical Expense Insurance | Underwritten by Transamerica Life Insurance Company



Andrea was 33 weeks along when she was involved in a car accident, immediately putting her into pre-term labor. After the whirlwind of the ambulance ride, ER, emergency c-section, and hospital stay, she's nervous about how much her major medical insurance will pay. It's a relief to remember that she signed up for TransConnect® at her employer's last open enrollment, which can pay for out-of-pocket expenses like deductibles, co-insurance, and co-payments.

Inpatient Hospital Benefits

Your policy pays benefits for inpatient hospital stays, inpatient procedures, inpatient physician charges, and even routine nursery care for dependent children. Your employer determines your calendar year maximum benefit (multiplied by three for an insured family).

Outpatient Hospital Benefits

Your policy also pays benefits (separate from the inpatient hospital benefits) for:

- > radiological diagnostic testing performed in a hospital outpatient facility or a magnetic resonance imaging (MRI) facility
- > radiation therapy or chemotherapy authorized by a radiologist, chemotherapist, or an oncologist for outpatient cancer treatment
- > outpatient surgery performed in a hospital facility, free-standing surgery center, or physician's office
- > MRIs, CT scans, PET scans, diagnostic ultrasounds, electrocardiogram (EKG) tests performed in a physician's office (x-rays and lab fees are not included)
- > cardiac cauterizations and stress tests
- > accident injury or emergency condition treatment in a hospital ER or urgent care center
- > ER charges for illness if admitted to the hospital

Accident-Only Ambulance Benefit

This benefit is payable when ambulance transportation (ground or air) is required to a hospital or emergency center for injuries sustained in an accident. Ambulance transportation must be within 72 hours of the accident and must be provided by a licensed professional ambulance company.

Product highlights

- Guaranteed issue
- No pre-existing conditions
- Present a TransConnect® ID card along with your group medical ID card to the medical service provider
- Review claims online

Contact information

VISIT
transamericabenefits.com

CUSTOMER SERVICE
1-888-763-7474

Eligibility

You must be actively employed qualifying as an eligible insured (defined by the employer) and have an employer's basic, major medical, or comprehensive medical plan.

Important Policy Provisions

Your employer selects benefit amounts, paid only for deductibles, co-insurance, and co-pays incurred when your major medical plan pays for specified treatments and care.

How to Submit a Claim

The ID card you'll receive after enrollment should be presented at time of service so providers are paid directly after your major medical carrier determines what you owe. If you don't do so at time of service, simply submit a TransConnect® claim form, UB92 or HCFA (the itemized service provider's bill), and the Explanation of Benefits (EOB) from the major medical carrier showing what you owe after what they paid.

Exclusions

No benefits are payable under this policy/certificate for any expenses incurred:

- > Late enrollees are subject to a 30 day waiting period.
- > During any period the insured person does not have coverage under another medical plan.
- > As the result of suicide or any attempted suicide, while sane or insane.
- > For any intentionally self-inflicted injury or sickness.
- > For rest care or rehabilitative care and treatment.
- > For voluntary abortion except, with respect to the insured or insured spouse where the insured or the insured's dependent spouse's life would be endangered if the fetus were carried to term; or where medical complications have arisen from abortion.
- > As a result of commission of a felony.
- > As a result of participation in a riot, civil commotion, civil disobedience, or unlawful assembly. Excludes loss occurring while acting in a lawful manner within the scope of authority.
- > As a result of participation in a contest of speed in power driven vehicles, parachuting or hang gliding.
- > As a result of air travel, except as a fare-paying passenger on a commercial airline on a regularly scheduled route or as a passenger for transportation only and not as a pilot or crew member.
- > As a result of intoxication as determined and defined by the laws and jurisdiction of the geographical area in which the loss occurred.
- > For alcoholism or drug use, unless such drugs were taken on the advice of a physician and taken as prescribed while hospital confined as an inpatient.
- > For any loss incurred while on active duty status in the armed forces of any country. If you notify us of such active duty, we will refund any premium paid for any period for which no benefits are provided as a result of this exclusion.
- > For pregnancy of a dependent child.
- > For sex changes.
- > For experimental treatment, procedures, devices, drugs or surgery. (Except that bone marrow transplants will not be considered experimental in the treatment of cancer).
- > For accident or sickness arising out of and in the course of any occupation for compensation, wage or profit; (Doesn't apply to sole proprietors or partners not covered by workers' compensation.);
- > For mental illness or functional or organic nervous disorders, regardless of the cause if the other medical plan does not cover these conditions.
- > For dental or vision services, including, but not limited to, treatment, surgery, extractions or X-rays, unless resulting from an accident occurring while the insured person's insurance under this policy is in force and if performed within 12 months of the date of such accident; or due to congenital disease or anomaly of an insured newborn child; and to assure the safe delivery of necessary dental care provided to an insured person meeting certain criteria.
- > For routine physical examinations and rest cures.

Termination of Insurance

Insurance on an insured will end on the earliest of the following dates:

- > The end of the last period for which premium has been paid.
- > The policy is terminated.
- > The insured retires.
- > The insured ceases to be on active service.
- > The insured's coverage in the underlying medical plan ends.

Insurance on a dependent will end on the earliest of the following dates:

- > The insured's insurance terminates.
- > The end of the last period for which premium has been paid.
- > The dependent no longer meets the definition of dependent.
- > The dependent's coverage in the underlying medical plan ends.
- > The policy is modified so as to exclude dependent insurance.

The Company may end the insurance if:

- > Any insured person submits a fraudulent claim.
- > Participation requirements are not met.
- > On any premium due date, if the Company or employer sends written notice 45 days in advance requesting termination.
- > If the underlying medical plan terminates.

Up-to-date information regarding our compensation practices can be found in the Disclosures section of our website: tebcs.com

This is a brief summary of TransConnect® Supplemental medical expense insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPGAP2FL and CCGAP2FL. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.

23145_CTC01CFL1016





Health reimbursement account (HRA) eligible expenses.

Medical services and treatments.

- Acupuncture
- Ambulance
- Artificial limbs
- Artificial teeth
- Blood sugar test kits for diabetics
- Breast pumps and lactation supplies
- Chiropractor
- Contact lenses
- Dental treatments including X-rays, cleanings, fillings, braces and tooth removals
- Doctor's office visits and procedures
- Drug addiction treatment
- Drug prescriptions
- Eyeglasses and vision exams
- Fertility treatment
- Hearing aids and batteries
- Hospital services
- Inpatient alcoholism treatment
- Insulin
- Laboratory fees
- Laser eye surgery
- Over-the-counter medicines and drugs **if prescribed by a doctor** (see more information below).
- Physical therapy
- Psychiatric care if the expense is for mental health care provided by a psychiatrist, psychologist or other licensed professional
- Special education services—recommended by a doctor—for learning disabilities
- Speech therapy
- Stop-smoking programs (including nicotine gum or patches, **if prescribed**)
- Surgery, excluding cosmetic surgery
- Vasectomy
- Weight-loss program, if it's a treatment for a specific disease diagnosed by a physician

Over-the-counter (OTC) medicines and drugs.

Examples of OTC medicines and drugs that may be covered if a valid prescription is provided, include:

- Acid controllers
- Acne medicine
- Aids for indigestion
- Allergy and sinus medicine
- Antidiarrheal medicine
- Baby rash ointment
- Cold and flu medicine
- Eye drops
- Feminine antifungal or anti-itch products
- Hemorrhoid treatment
- Laxatives or stool softeners
- Lice treatments
- Motion sickness medicines
- Nasal sprays or drops
- Ointments for cuts, burns or rashes
- Pain relievers, such as aspirin or ibuprofen
- Sleep aids
- Stomach remedies

CONTINUED

OTC supplies.

Examples of OTC supplies that may be eligible for reimbursement, include:

- Bandages, adhesive or elastic
- Braces and supports
- Catheters
- Condoms
- Contact lens solution and supplies
- Crutches
- Denture adhesives
- Diagnostic tests and monitors (such as blood glucose monitors)
- Elastic bandages and wraps
- First-aid supplies
- Insulin
- Ostomy products
- Pregnancy tests
- Reading glasses
- Walkers, wheelchairs and canes

Common services and expenses not eligible for HRA reimbursement.

Common services and expenses not eligible for HRA reimbursement, include:

- Aromatherapy
- Baby bottles and cups
- Baby oil
- Baby wipes
- Breast enhancements
- Cosmetics
- Cotton swabs
- Dental floss
- Deodorants
- Feminine care
- Hair regrowth
- Low-calorie foods
- Mouthwash
- Petroleum jelly
- Shampoo and conditioner
- Skin care
- Spa salts
- Sun-tanning products
- Toothbrushes

NOTE

Insulin does not require a prescription for reimbursement.



For a complete list of eligible expenses,
see your benefit plan documents or visit [irs.gov](https://www.irs.gov).

These are not complete lists. See your benefit plan documents or visit [irs.gov](https://www.irs.gov) to view all eligible expenses for your HRA.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc., or their affiliates.

The UnitedHealthcare plan with Health Reimbursement Account (HRA) combines the flexibility of a medical benefit plan with an employer-funded reimbursement account. A health reimbursement account is not insurance. HRAs are administered by OptumHealth Financial Services and are subject to eligibility and restrictions.

This communication is not intended as legal or tax advice. Please contact a competent legal or tax professional for personal advice on eligibility, tax treatment, and restrictions. Federal and state laws and regulations are subject to change.

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<u>City</u>	<u>Provider</u>
Aventura	Aetna
Miramar	Aetna
North Miami	Aetna
Coral Gables Fraternal Order of Police	AvMed
Miami Dade County	AvMed
Miami Gardens	AvMed
State of Florida Employees	AvMed
Sunrise	AvMed
Sweetwater	AvMed
Village of Key Biscayne	AvMed
Coconut creek	Cigna
Coral Gables	Cigna
Coral springs	Cigna
Fort Lauderdale	Cigna
Hallendale	Cigna
Margate	Cigna
Miami Beach	Cigna
Miami Lakes	Cigna
Tamarac	Cigna
Hollywood	Closed on Fridays
Lauderhill	Closed on Fridays
Miami Gardens	Closed on Fridays
Pompano Beach	Closed on Fridays
Wilton Manors	Closed on Fridays
Bal Harbour	Florida Blue
Bay Harbor Islands	Florida Blue
North Bay Village	Florida Blue
Miami Shores	Humana
Oakland Park	Humana
Dania Beach	United Health Care (recently went out to bid they won)
Davie	United Health Care (staying with it for the new FY)
Hialeah	United Health Care (self funded)
Indian Creek	United Health Care (staying with it for the new FY) however, they didn't renew their current plan, they issued a new plan with GAP
North Miami Beach	United Health Care (Just switched for this FY)
Plantation	United Health Care (staying with it for the new FY) they are contracted with them for a certain amount of years
Sunny Isles	United Health Care (staying with it for the new FY)
SurfSide	United Health Care (staying with it for the new FY) renewed and staying with the same plan they previously had



September 8, 2020

The Berenguer Group
Juan Berenguer
President
12651 S. Dixie Highway., Suite 209
Pinecrest, Florida 33156

Re: AvMed's Financial Position

Dear Mr. Berenguer:

As one of AvMed's valued partners, I am writing to assure you that we remain committed to providing you, our mutual clients and their members the best Member health experience possible. AvMed's financial position has not impacted our services to you or our clients. We'd like to underscore the fact that our financial position has not impacted the high quality, professional administration that AvMed provides. We remain financially secure and are confident that AvMed is well positioned for future success. With that said, we did want to provide you with the facts supporting AvMed's ability to continue to effectively administer its health plans and our very strong capital position.

There are 3 relevant points here:

Capital Adequacy - AvMed's capital and surplus level is significantly increased from 2016 to YTD 2020. AvMed made significant planned investments in technology and data capabilities to strengthen our ability to deliver a "better Member health experience." While these investments were dilutive to capital and operating performance, nonetheless, we remain financially secure with capital and surplus over 580% greater than the requirements imposed by the Florida Office of Insurance Regulation. As a community based not-for-profit health plan AvMed uses its capital to drive benefits to its Members and clients as opposed to shareholders.

Liquidity – AvMed's liquidity position improved in 2019 and continues to improve in 2020. AvMed has sufficient liquidity to meet its commitments and obligations to Members, clients and providers.

Operating Performance – Following four years of financial losses resulting from non-recurring investments made to strengthen AvMed's technology and data platforms, operating statement performance stabilized and since 2017, AvMed has reported net income.

AvMed's commitment and ability to serve your clients, employees and their families remains more steadfast than ever.

AvMed remains resolute in our commitment to providing our high quality, high-touch service and our relentless dedication to our mission, to help our Members live healthier. This commitment is demonstrated month after



month, year after year, as we rank in the top quality, service or satisfaction studies by J.D. Powers of commercial health plans. In addition, AvMed continues to rank "Highest in Overall Satisfaction with Health Plan" among physicians.

2019 saw a 13% increase in our Capital and Surplus level by years end. Also, in 2018 AvMed finalized a \$200 million, seven year contract with a leading technology firm to assist AvMed in providing world class service at the local level. The technological enhancements will provide greater self-service for our members, employer clients and The Berenguer Group. We deployed those enhancements on September 8, 2020. AvMed believes that our strong financial position and this transformation of our infrastructure will enhance the legendary service that we provide to our clients.

To provide additional support to our commitment, please find enclosed the Managed Care Report Quarterly Data Summary, as of December 31, 2019 published by Florida Office of Insurance Regulation (FLOIR). Highlighted on page 2, you will see AvMed's Year to Date Quarterly Statement of Assets, Liabilities Capital and Surplus by Carrier – as reported by AvMed to FLOIR. While 2nd Quarter has not been published yet, the positive results are continuing in 2020 as you can see from the 1st Quarter Managed Care Report.

AvMed is proud that you continue to entrust their clients' health plan coverage to us.

We look forward to continuing to effectively serve The Berenguer Group, its clients and their employees and families.

Please do not hesitate to email me at Brian.Brown@AvMed.org or call me at 305-671-6168 if I can be of further assistance.

Sincerely,

A handwritten signature in blue ink that reads "Brian Brown".

Brian Brown

Head of Group Sales & Retention

AvMed

Enclosures

Managed Care Report

Quarterly Data Summary
as of March 31, 2020



Florida Office of Insurance Regulation
Market Research & Technology Unit
Data Retrieval Date: August 24, 2020

Data Source: NAIC OLTPPROD and FLOIR DCAM schema

Quarterly Statement Assets, Liabilities, Capital and Surplus by Carrier

Quarter 1, 2020	Net Admitted Assets (\$)	Liabilities (\$)	Capital and Surplus (\$)	YTD Premiums (\$)	YTD Net Income Loss (\$)
Aetna Better Health Of Florida Inc.	302,870,331	155,359,294	147,511,037	167,556,706	(2,509,968)
Aetna Health Inc.	550,977,172	376,849,418	174,127,754	354,671,787	(16,570,813)
Aids HF MCO of FL, Inc.	26,337,858	11,687,634	14,650,224	24,009,077	(1,158,700)
Avmed, Inc.	260,517,814	161,295,447	99,222,367	164,500,074	76,397
Baycare Select Health Plans, Inc.	28,255,701	21,586,172	6,669,529	14,635,426	(4,165,923)
Behealthy Florida, Inc.	27,301,256	3,566,973	23,734,283	8,699	2,193,821
Best Care Partners, Inc.	14,345,698	11,639,149	2,706,432	204,031	(110,286)
Capital Health Plan, Inc.	605,078,209	141,820,779	463,257,431	235,663,080	372,587
Careplus Health Plans, Inc.	627,009,767	460,152,171	166,857,596	644,526,775	4,706,354
Centene Venture Company Florida	22,865,043	4,725,703	18,139,340	2,613,779	(2,900,233)
Cigna Healthcare Of Florida, Inc.	2,941,104	515,807	2,425,297	517,311	(49,745)
Coventry Health Plan Of Florida, Inc.	5,838,096	1,308,572	4,529,524	196,054	169,273
Devoted Health Plan Of Florida, Inc.	45,178,673	33,659,777	11,518,896	34,667,402	(6,520,678)
Doctors Healthcare Plans, Inc.	17,910,369	10,707,943	7,202,426	38,673,070	(1,908,646)
Florida Blue Medicare, Inc.	261,867,454	97,489,722	164,377,733	228,304,905	(30,543,875)
Florida Health Care Plan, Inc.	221,858,187	82,634,907	139,223,280	118,295,546	9,488,976
Florida Mhs, Inc	58,827,899	27,723,570	31,104,329	38,348,474	(3,497,400)
Florida True Health, Inc.	85,880,195	54,347,221	31,532,974	73,142,894	(7,973,218)
Freedom Health, Inc.	316,552,977	227,081,645	89,471,332	325,190,431	(4,491,681)
Health First Commercial Plans, Inc.	99,444,253	41,752,975	57,691,278	59,721,170	3,724,421
Health First Health Plans, Inc	160,688,531	53,457,167	107,231,364	119,838,344	3,831,374
Health Options, Inc.	2,440,122,880	1,207,172,686	1,232,950,194	1,329,592,120	70,323,267
Healthspring Of Florida, Inc	147,891,224	85,054,761	62,836,463	242,327,575	(5,230,708)
Healthsun Health Plans, Inc.	285,307,262	158,463,725	126,843,537	302,997,485	(3,971,512)
Humana Medical Plan, Inc.	2,679,976,015	1,834,308,103	845,667,913	2,932,597,497	31,806,231
Longevity Health Plan Of Florida, Inc.	2,907,527	1,327,682	1,579,845	2,057,543	(418,273)
Medica Health Plans Of Florida, Inc.	4,420,221	49,637	4,370,583	0	5,985
Medica Healthcare Plans, Inc.	172,202,560	122,341,325	49,861,235	199,751,590	(218,471)
Mmm Of Florida, Inc.	14,014,456	5,502,998	8,511,458	13,519,724	(2,705,018)
Molina Healthcare Of Florida, Inc.	282,998,173	177,556,820	105,441,353	164,879,011	6,777,846
Neighborhood Health Partnership, Inc.	248,822,459	183,568,440	65,254,019	219,148,886	6,815,395
Optimum Healthcare, Inc.	213,015,775	141,145,517	71,870,259	204,838,669	(5,184,140)
Preferred Care Partners, Inc.	605,206,003	434,689,796	170,516,207	772,640,194	6,640,657
Prominence Healthfirst Of Florida, Inc.	9,756,000	53,694	9,702,307	0	(402,286)
Simply Healthcare Plans, Inc.	655,127,909	416,135,333	238,992,576	878,931,102	(29,362,085)
Solis Health Plans, Inc.	13,851,018	10,373,347	3,477,671	6,047,743	(793,480)
Sunshine Health Community Solutions, Inc.	15,572,581	11,584,551	3,988,030	2,228,486	(2,430,134)
Sunshine State Health Plan, Inc.	788,312,803	454,847,116	333,465,687	937,790,740	(24,862,184)
Ultimate Health Plans, Inc.	23,154,808	13,313,517	9,841,291	22,301,375	3,238,461
Unitedhealthcare Of Florida, Inc.	474,150,664	257,552,326	216,598,338	474,948,936	84,446
Wellcare Of Florida, Inc.	1,470,671,886	1,215,605,107	255,066,779	1,835,775,339	(82,501,315)
	14,290,028,811	8,710,008,527	5,580,020,171	13,187,659,050	(90,225,281)

*This information is compiled from financial statement and enrollment data filed by each HMO. It has not been audited or independently verified.

Managed Care Report

Quarterly Data Summary
as of December 31, 2019



Florida Office of Insurance Regulation
Market Research & Technology Unit
Data Retrieval Date: June 4, 2020

Data Source: NAIC OLTPPROD and FLOIR DCAM schema

Quarterly Statement Assets, Liabilities, Capital and Surplus by Carrier

Quarter 4, 2019	Net Admitted Assets (\$)	Liabilities (\$)	Capital and Surplus (\$)	YTD Premiums (\$)	YTD Net Income Loss (\$)
Aetna Better Health Of Florida Inc.	299,213,576	150,418,168	148,795,408	559,084,578	77,675,685
Aetna Health Inc.	503,734,495	317,274,030	186,460,465	1,504,350,107	51,219,176
Aids HF MCO of FL, Inc.	27,740,261	11,519,771	16,220,490	101,839,826	947,063
Avmed, Inc.	278,144,497	167,500,297	110,644,200	699,786,590	14,621,696
Baycare Select Health Plans, Inc.	29,329,180	19,208,800	10,120,380	34,865,781	(25,308,176)
Behealthy Florida, Inc.	33,919,687	11,902,790	22,016,897	56,349,173	3,190,859
Capital Health Plan, Inc.	618,097,473	132,029,498	486,067,975	898,354,742	48,321,748
Careplus Health Plans, Inc.	579,338,837	411,547,813	167,791,024	2,138,346,012	93,182,441
Centene Venture Company Florida	21,286,819	80,501	21,206,318	0	241,229
Cigna Healthcare Of Florida, Inc.	2,979,057	537,624	2,441,433	1,515,986	(398,889)
Coventry Health Plan Of Florida, Inc.	6,393,892	2,081,565	4,312,327	39,584	306,700
Devoted Health Plan Of Florida, Inc.	41,701,858	27,816,545	13,885,313	45,215,353	(24,378,481)
Doctors Healthcare Plans, Inc.	20,976,205	12,260,226	8,715,979	78,856,548	(23,337,064)
Florida Blue Medicare, Inc.	201,764,101	130,504	201,633,597	0	1,180,465
Florida Health Care Plan, Inc.	223,677,079	88,832,052	134,845,027	481,210,510	48,713,849
Florida Mhs, Inc	73,692,758	45,422,226	28,270,532	207,163,974	(6,272,298)
Florida True Health, Inc.	82,507,621	40,896,005	41,611,616	330,532,022	(33,992,679)
Freedom Health, Inc.	270,045,016	168,365,158	101,679,858	1,149,007,872	61,540,726
Health First Commercial Plans, Inc.	97,924,716	37,905,174	60,019,542	237,421,619	8,698,657
Health First Health Plans, Inc	158,167,054	49,697,295	108,469,759	443,521,605	13,403,110
Health Options, Inc.	2,227,255,493	918,640,619	1,308,614,874	5,715,620,289	540,570,135
Healthspring Of Florida, Inc	132,422,955	51,004,626	81,418,329	860,431,813	22,310,624
Healthsun Health Plans, Inc.	242,615,229	108,659,715	133,955,514	1,089,763,717	82,105,603
Humana Medical Plan, Inc.	2,305,982,086	1,478,781,798	827,200,288	10,549,741,869	228,065,598
Longevity Health Plan Of Florida, Inc.	1,600,680	2,562	1,598,118	0	(1,462,519)
Medica Health Plans Of Florida, Inc.	4,415,245	50,647	4,364,598	0	(20,283)
Medica Healthcare Plans, Inc.	161,032,034	105,518,213	55,513,821	704,086,476	21,377,539
Mmm Of Florida, Inc.	12,899,469	6,234,852	6,664,617	30,415,151	(11,116,840)
Molina Healthcare Of Florida, Inc.	256,726,282	158,413,747	98,312,535	733,537,669	52,994,702
Neighborhood Health Partnership, Inc.	216,538,031	158,269,723	58,268,308	840,510,970	37,836,623
Optimum Healthcare, Inc.	194,682,117	112,671,585	82,010,532	737,240,984	45,617,159
Preferred Care Partners, Inc.	545,973,473	365,257,761	180,715,712	2,580,102,857	97,667,114
Simply Healthcare Plans, Inc.	642,182,250	374,032,725	268,149,525	3,277,428,736	76,831,212
Solis Health Plans, Inc.	16,974,889	12,625,781	4,349,108	11,240,960	(20,894,564)
Sunshine Health Community Solutions, Inc.	15,416,300	11,459,308	3,956,992	12,237,858	(5,287,268)
Sunshine State Health Plan, Inc.	779,828,236	416,621,465	363,206,772	4,110,955,853	29,582,672
Ultimate Health Plans, Inc.	21,362,032	14,517,970	6,844,062	71,816,081	(6,196,174)
Unitedhealthcare Of Florida, Inc.	453,521,952	239,771,988	213,749,964	2,065,961,468	39,844,872
Wellcare Of Florida, Inc.	1,309,320,498	968,490,037	340,830,461	6,806,003,229	205,093,552
	13,111,383,433	7,196,451,164	5,914,932,270	49,164,557,862	1,744,475,574

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