

Illustrative
City Of Doral
Proposed Offering

Contact Information

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Assumptions

Contract State: FL
Pooling Level*: \$175,000
Commission: 0.00%

Lives: 389
SIC Code: 9121
Mem/EE Ratio: 1.80
Rx Formulary: Advanced Control
Formulary Aetna
Insured

Proposed Rates**Effective Date: 10/1/2025****End Date: 9/30/2026**

Coverage	Lives	Current Rates	Proposed Rates	% Change
HSA OA EPO (Elect Choice)				
PKG B: HSA OA EPO \$1650 Rx \$10/\$35/\$60				
EE	35	\$754.70	\$783.23	3.78%
EE + SP	2	\$1,509.56	\$1,566.62	3.78%
EE + Children	7	\$1,358.50	\$1,409.85	3.78%
Family	2	\$2,264.26	\$2,349.85	3.78%
Total	46	\$43,472	\$45,115	3.78%

Coverage	Lives	Current Rates	Proposed Rates	% Change
OA EPO (Elect Choice)				
PKG B: OA EPO \$1500 Rx \$10/\$35/\$60				
EE	144	\$914.08	\$948.63	3.78%
EE + SP	23	\$1,828.36	\$1,897.47	3.78%
EE + Children	46	\$1,645.41	\$1,707.61	3.78%
Family	45	\$2,742.46	\$2,846.12	3.78%
Total	258	\$372,779	\$386,870	3.78%

Coverage	Lives	Current Rates	Proposed Rates	% Change
OA POS (Managed Choice)				
PKG B: OA MC \$500 Rx \$10/\$35/\$60				
EE	66	\$983.07	\$1,020.23	3.78%
EE + SP	6	\$1,966.33	\$2,040.66	3.78%
EE + Children	3	\$1,769.59	\$1,836.48	3.78%
Family	10	\$2,949.43	\$3,060.92	3.78%
Total	85	\$111,484	\$115,698	3.78%

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Total Medical Lives:	389
Current Monthly Total Amount Due:	\$527,735
Proposed Monthly Total Amount Due:	\$547,683
Total % Change:	3.78%
Proposed Total Contract Period Amount Due:	\$6,572,193

***Clarifications:**

Pooling Level

The Pooling Level indicated in the assumptions above represents what was used in your pricing based on company standards for your market and case size. This may be subject to change.