

## ACTIVE EMPLOYEE 2024 Medical Plan Comparison



	Florida Health Care Plans GOLD HMO TS3	Florida Health Care Plans SILVER HMO TS4
<b>Cost Sharing - Member's Responsibility</b>		
<b>Deductible (DED) (Per Person/Family Aggregate)</b>		
In-Network	\$750 / \$1,500	\$3,000 / \$9,000
Out-of-Network	N/A	N/A
<b>Coinsurance (BCBSF pays / Member pays)</b>		
In-Network	80% / 20%	80% / 20%
Out-of-Network	N/A	N/A
<b>Out of Pocket Maximum (Per Person/Family Aggregate)</b>		
In-Network	\$5,000 / \$10,000	\$6,350 / \$12,700
Out-of-Network	N/A	N/A
<b>Medical / Surgical Care by a Physician</b>		
<b>Office Services</b>		
In-Network Family Physician	\$30	\$40
In-Network Specialist	\$50	\$65
Out-of-Network	N/A	N/A
<b>Convenient Care Center - FHCP Wellness Centers ONLY</b>		
In-Network	\$10	\$10
Out-of-Network	N/A	N/A
<b>Physician Services at Hospital</b>		
In-Network	\$0	DED + 20%
Out-of-Network	N/A	N/A
<b>Preventive Services (Adult &amp; Well Child)</b>		
<b>Office Services</b>		
In-Network Family Physician	Covered In Full	Covered In Full
In-Network Specialist	Covered In Full	Covered In Full
Out-of-Network	N/A	N/A
<b>Medical / Surgical Care at a Facility</b>		
<b>Ambulatory Surgical Center (ASC)</b>		
In-Network	\$300 Copayment	\$350 Copayment
Out-of-Network	N/A	N/A
<b>Inpatient Hospital Facility (per admit)</b>		
In-Network	\$300/Day \$1,500 Max	DED + 20%
Out-of-Network	N/A	N/A
<b>Outpatient Hospital Facility (per visit) (Surgical)</b>		
In-Network	\$500 Copay	DED + 20%
Out-of-Network	N/A	N/A
<b>Emergency and Urgent Care</b>		

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 Care Plans  
 GOLD HMO  
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<b>Emergency Room Facility (per visit) (No surgery performed or not admitted)</b>			
	In-Network	\$250 Copayment	\$400 Copayment
	Out-of-Network	\$250 Copayment	\$400 Copayment
<b>Urgent Care Centers</b>			
	In-Network	\$65 Copayment	\$100 Copayment
	Out-of-Network	\$65 Copayment	\$100 Copayment
<b>Ambulance</b>			
	In-Network	DED + 20%	DED + 20%

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<b>Mental Health &amp; Substance Dependency Services</b>		
<b>Physician Office</b>		
In-Network Family Physician	\$30	\$40
In-Network Specialist	\$50	\$65
Out-of-Network	N/A	N/A
<b>Inpatient Hospital Facility</b>		
In-Network	\$300 Per Day/\$1,500 Max	DED + 20%
Out-of-Network	N/A	N/A
<b>Outpatient Hospital Facility</b>		
In-Network	\$50 (per visit)	\$65 (per visit)
Out-of-Network	N/A	N/A
<b>Telemedicine</b>		
<b>Doctor On Demand - FHCP</b>		
In-Network	\$0 General Medicine \$0 N/A \$30 Behavioral	\$0 General Medicine \$0 N/A \$30 Behavioral
Out-of-Network	Not Covered	Not Covered
<b>Prescription Drugs</b>		
<b>In-Network</b>		
<b>- Retail</b>		
Generic/(Non-Preferred Gen (FHCP)/Brand/Non-Preferred RxSpecialty	\$3 / \$10 / \$30 / \$55 \$250	\$3 / \$10 / \$30 / \$55 \$250
<b>- Mail Order</b>		
Generic/Brand/Non-Preferred	\$6 / \$27 / \$87 / \$162	\$6 / \$27 / \$87 / \$162
<b>Out-of-Network</b>		
<b>- Retail</b>		
Generic/Brand/Non-Preferred	Not Covered	Not Covered
<b>- Mail Order</b>		
Generic/Brand/Non-Preferred	Not Covered	Not Covered
Pref Generic/Non-Preferred Gen(FHCP)/Pref Brand/Non-Preferred Brand/Specialty Rx	Not Covered	Not Covered
Select Walgreens - see provider listing locations & limitations Pref Gen \$15 / Non-Pref Gen \$15 / Pref Brand \$35 / Non-Pref Brand \$60 / Specialty - FHCP Pharmacy Only		
<b>Retail - Out of Network Generic/Brand/Non-Preferred</b>	N/A	N/A

24-Pay per Year

	FHCP GOLD HMO TS3	FHCP SILVER HMO TS4
	Per Month   Per Pay	Per Month   Per Pay
<b>Employee</b>	<b>\$75.10   \$37.55</b>	<b>\$33.95   \$16.98</b>

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**DAYTONA  
STATE COLLEGE**

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Employee & Spouse	\$409.76	\$204.88	\$299.26	\$149.63
Employee & Child(ren)	\$351.26	\$175.63	\$256.62	\$128.31
Employee & Family	\$653.10	\$326.55	\$531.36	\$265.68

18-Pay per Year

**FHCP GOLD HMO  
TS3**

**FHCP SILVER HMO  
TS4**

	Per Month	Per Pay	Per Month	Per Pay
Employee	\$100.14	\$50.07	\$45.28	\$22.64
Employee & Spouse	\$546.36	\$273.18	\$399.00	\$199.50
Employee & Child(ren)	\$468.36	\$234.18	\$342.16	\$171.08
Employee & Family	\$870.82	\$435.41	\$708.48	\$354.24