

ACTIVE EMPLOYEE 2024 Medical Plan Comparison



**Florida Blue
GOLD PPO
03359**

**Florida Blue
SILVER PPO
05774**

Cost Sharing - Member's Responsibility

Deductible (DED) (Per Person/Family Aggregate)

| | | |
|----------------|-------------------|--------------------|
| In-Network | \$1,200 / \$2,400 | \$4,000 / \$8,000 |
| Out-of-Network | \$2,400 / \$4,800 | \$8,000 / \$16,000 |

Coinsurance (BCBSF pays / Member pays)

| | | |
|----------------|-----------|-----------|
| In-Network | 80% / 20% | 70% / 30% |
| Out-of-Network | 60% / 40% | 50% / 50% |

Out of Pocket Maximum (Per Person/Family Aggregate)

| | | |
|----------------|---------------------|--------------------|
| In-Network | \$6,000 / \$12,000 | \$7,000 / \$14,000 |
| Out-of-Network | \$12,000 / \$24,000 | N/A |

Medical / Surgical Care by a Physician

Office Services

| | | |
|-----------------------------|-----------|-----------|
| In-Network Family Physician | \$50 | \$70 |
| In-Network Specialist | \$70 | \$100 |
| Out-of-Network | DED + 40% | DED + 50% |

Convenient Care Center - FHCP Wellness Centers ONLY

| | | |
|----------------|----------------|----------------|
| In-Network | \$50 Copayment | \$70 Copayment |
| Out-of-Network | DED + 40% | DED + 50% |

Physician Services at Hospital

| | | |
|----------------|---------------|---------------|
| In-Network | DED + 20% | DED + 30% |
| Out-of-Network | INN DED + 20% | INN DED + 30% |

Preventive Services (Adult & Well Child)

Office Services

| | | |
|-----------------------------|-----|-----|
| In-Network Family Physician | \$0 | \$0 |
| In-Network Specialist | \$0 | \$0 |
| Out-of-Network | 40% | 50% |

Medical / Surgical Care at a Facility

Ambulatory Surgical Center (ASC)

| | | |
|----------------|-----------------|-----------------|
| In-Network | \$200 Copayment | \$350 Copayment |
| Out-of-Network | DED + 40% | DED + 50% |

Inpatient Hospital Facility (per admit)

| | | |
|----------------|-----------------------|-----------|
| In-Network | \$300/Day \$1,500 Max | DED + 30% |
| Out-of-Network | DED + 40% | DED + 50% |

• OON only; if admitted as an Inpatient from ER, apply Inpatient Hospital INN Option 1 cost share.

• OON only; if admitted as an Inpatient from ER, apply Inpatient Hospital INN Option 1 cost share.

Outpatient Hospital Facility (per visit) (Surgical)

| | | |
|----------------|-----------------|-----------|
| In-Network | \$300 Copayment | DED + 30% |
| Out-of-Network | DED + 40% | DED + 50% |

Emergency and Urgent Care



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**Emergency Room Facility (per visit)
(No surgery performed or not admitted)**

• If admitted as an inpatient from ER, the hospital will submit an inpatient hospital claim instead of an ER facility claim; only inpatient facility cost share will apply.

• If admitted as an inpatient from ER, the hospital will submit an inpatient hospital claim instead of an ER facility claim; only inpatient facility cost share will apply.

| | | |
|----------------------------|----------------------|-----------------|
| In-Network | \$250 Copayment | \$450 Copayment |
| Out-of-Network | \$250 Copayment | \$450 Copayment |
| Urgent Care Centers | | |
| In-Network | \$70 Copayment | \$100 Copayment |
| Out-of-Network | INN DED + \$70 Copay | \$100 Copayment |
| Ambulance | | |
| In-Network | | |

Comparison continued on page 2 (over)

| | | |
|--|--|--|
| Mental Health & Substance Dependency Services | | |
| Physician Office | | |
| In-Network Family Physician | \$0 Copayment | \$0 Copayment |
| In-Network Specialist | \$0 Copayment | \$0 Copayment |
| Out-of-Network | 40% | 50% |
| Inpatient Hospital Facility | | |
| In-Network | \$0 Copayment | \$0 Copayment |
| Out-of-Network | 40% | 50% |
| Outpatient Hospital Facility | | |
| In-Network | \$0 Copayment | \$0 Copayment |
| Out-of-Network | 40% | 50% |
| Telemedicine | | |
| Teladoc - FL Blue | | |
| In-Network | \$0 General Medicine \$10 Dermatology \$0 Behavioral | \$0 General Medicine \$10 Dermatology \$0 Behavioral |
| Out-of-Network | Not Covered | Not Covered |
| Prescription Drugs | | |
| In-Network | | |
| - Retail | | |
| Generic/(Non-Preferred Gen (FHCP)/Brand/Non-Preferred | \$15 / \$60 / \$100 | \$15 / \$70 / \$110 |



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| | | Florida Blue GOLD PPO 03359 | Florida Blue SILVER PPO 05774 |
|--------------------------------|---|--|--|
| | RxSpecialty | \$250 | \$350 |
| - Mail Order | | | |
| | Generic/Brand/Non-Preferred | \$40 / \$150 / \$250 | \$40 / \$175 / \$275 |
| Out-of-Network | | | |
| - Retail | | | |
| | Generic/Brand/Non-Preferred | 50% | 50% |
| - Mail Order | | | |
| | Generic/Brand/Non-Preferred | 50% | 50% |
| | Pref Generic/Non-Preferred Gen(FHCP)/Pref Brand/Non-Preferred Brand/Specialty Rx | Preventive - Free \$15 / \$60 / \$100 / \$250 | Preventive - Free \$15 / \$70 / \$110 / \$350 |
| | | Walgreens is the featured pharmacy with lower costs; may also use Publix, Winn Dixie, & Walmart. CVS owned pharmacies (Target) not in pharmacy network | |
| Retail - Out of Network | | | |
| | Generic/Brand/Non-Preferred | 50% | 50% |

24-Pay per Year

| | FL Blue GOLD PPO 03359 | | FL Blue SILVER PPO 05774 | |
|-----------------------|---------------------------|----------|-----------------------------|----------|
| | Per Month | Per Pay | Per Month | Per Pay |
| Employee | \$72.40 | \$36.20 | \$33.06 | \$16.53 |
| Employee & Spouse | \$395.72 | \$197.86 | \$291.48 | \$145.74 |
| Employee & Child(ren) | \$339.04 | \$169.52 | \$249.90 | \$124.95 |
| Employee & Family | \$630.30 | \$315.15 | \$517.60 | \$258.80 |

18-Pay per Year

| | FL Blue GOLD PPO 03359 | | FL Blue SILVER PPO 05774 | |
|-----------------------|---------------------------|----------|-----------------------------|----------|
| | Per Month | Per Pay | Per Month | Per Pay |
| Employee | \$96.54 | \$48.27 | \$44.06 | \$22.03 |
| Employee & Spouse | \$527.63 | \$263.81 | \$388.66 | \$194.33 |
| Employee & Child(ren) | \$452.06 | \$226.03 | \$333.22 | \$166.61 |
| Employee & Family | \$840.40 | \$420.20 | \$766.80 | \$383.40 |