

ACTIVE EMPLOYEE
Benefits Comparison for 2022

	Florida Blue Blue Options PPO 03559	Florida Blue Blue Options PPO 03769	Florida Blue Options PPO 05190 + HSA Individual Plan Account Funding: \$500	Florida Blue Options PPO 05191 + HSA Family Plan Account Funding: \$1,000/\$1,500	Florida Health Care Plans HMO TS1	Florida Health Care Plans HMO TS2
Cost Sharing - Member's Responsibility						
Deductible (DED) (Per Person/Family Aggregate)						
In-Network	\$700 / \$2,100	\$800 / \$2,400	\$1,750 / NA	\$3,500 / \$3,500	\$500 / \$1,500	\$1,000 / \$2,000
Out-of-Network	Combined w/ INN	Combined w/ INN	\$5,000 / NA	\$10,000 / \$10,000	NA	NA
Coinsurance (BCBSF pays / Member pays)						
In-Network	80% / 20%	80% / 20%	80% / 20%	80% / 20%	80% / 20%	80% / 20%
Out-of-Network	70% / 30%	60% / 40%	60% / 40%	60% / 40%	NA	NA
Out of Pocket Maximum (Per Person/Family Aggregate) Includes Pharmacy						
In-Network	\$7,000 / \$14,000	\$7,000 / \$14,000	\$4,500 / NA	\$6,850 / \$9,000	\$3,500 / \$10,500	\$5,000 / \$10,000
Out-of-Network	Combined w/ INN	Combined w/ INN	\$9,000 / NA	\$18,000 / \$18,000	NA	NA
Medical / Surgical Care by a Physician						
Office Services	\$5 copayment when provided by a Value Choice PCP/Family Physician		Value Choice Not Applicable		\$10 copayment when provided by an FHCP Extended Hours Care Center PCP	
In-Network Family Physician	\$40	\$40	DED + 20%	DED + 20%	\$20	\$30
In-Network Specialist	\$60	\$60	DED + 20%	DED + 20%	\$35	\$50
Out-of-Network	DED + 30%	DED + 40%	DED + 40%	DED + 40%	NA	NA
Convenient Care Center - FHCP Wellness Centers ONLY						
In-Network	\$40	\$40	DED + 20%	DED + 20%	\$20	\$30
Out-of-Network	DED + 30%	DED + 40%	INN DED + 20%	INN DED + 20%	N/A	N/A
Preventive Services (Adult & Well Child)						
Office Services						
In-Network Family Physician	\$0	\$0	\$0	\$0	Covered In Full	Covered In Full
In-Network Specialist	\$0	\$0	\$0	\$0	Covered In Full	Covered In Full
Out-of-Network	30%	40%	40%	40%	NA	NA
Mammograms / Colonoscopies						
In-Network	\$0	\$0	\$0	\$0	Covered In Full	Covered In Full
Out-of-Network	30%	40%	40%	40%	NA	NA
Medical / Surgical Care at a Facility						
Ambulatory Surgical Center (ASC)						
In-Network	\$75	\$100	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	Ded + 30%	Ded + 40%	DED + 40%	DED + 40%	NA	NA
Inpatient Hospital Facility (per admit)						
In-Network	Option 1: \$900 Option 2: \$1,650	Option 1: \$1,250 Option 2: \$2,250	Option 1: DED + 20% Option 2: DED + 25%	Option 1: DED + 20% Option 2: DED + 25%	DED + 20%	DED + 20%
Out-of-Network	\$2,500	Ded + 40%	\$500 PAD + DED + 40%	\$500 PAD + DED + 40%	NA	NA

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Outpatient Hospital Facility (per visit) (Surgical)						
In-Network	Option 1: \$250 Option 2: \$350	Option 1: DED + 20% Option 2: DED + 20%	Option 1: DED + 20% Option 2: DED + 25%	Option 1: DED + 20% Option 2: DED + 25%	DED + 20%	DED + 20%
Out-of-Network	Ded + 30%	Ded + 40%	DED + 40%	DED + 40%	NA	NA
Emergency and Urgent Care						
Emergency Room Facility (per visit) (No surgery performed or not admitted)						
In-Network	\$150 + 20% (NO DED)	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Urgent Care Centers						
In-Network	\$60	\$65	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Ambulance						
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Other Special Services and Locations						
TeleMedicine Services - with Teladoc					FHCP - Doctor on Demand	
In-Network	\$10	\$10	DED + Coin Allowance Max. \$45	DED + Coin Allowance Max. \$45	\$10	\$10
Gastric Bypass Covered						
In-Network	covered 1 per lifetime	covered 1 per lifetime	covered 1 per lifetime	covered 1 per lifetime	Pre-auth Required	Pre-auth Required
Prescription Drugs						
- Retail						
Generic/Brand/Non-Preferred/Specialty Rx	\$15 / \$60 / \$100 / \$250	\$15 / \$45 / \$65 / \$250	Integrated Deductible	Integrated Deductible	\$3 / \$10 / \$30 / \$55 / \$250	\$3 / \$10 / \$30 / \$55 / \$250
Walgreens is the featured pharmacy with lower costs; may also use Publix, Winn Dixie, & Walmart. CVS Owned Pharmacies (Target) no longer be in the pharmacy network					Walgreens - Prev NA/ Pref Gen \$15 / Non-Pref Gen \$35 / Pref Brand \$60 / Non-Pref NA / Specialty RX NA	
- Mail Order						
Generic/Brand/Non-Preferred	\$30 / \$120 / \$200	\$30 / \$90 / \$130	Integrated Deductible	Integrated Deductible	\$6 / \$27 / \$87 / \$162	\$6 / \$27 / \$87 / \$162

	Blue Options 03559		Blue Options 03769		HD-HSA 5190		HD-HSA 5191		FHCP HMO TS1		FHCP HMO TS2	
	Per Month	Per Pay	Per Month	Per Pay	Per Month	Per Pay	Per Month	Per Pay	Per Month	Per Pay	Per Month	Per Pay
24-Pay per Year												
Employee	\$102.76	\$51.38	\$90.86	\$45.43	\$41.20	\$20.60			\$59.42	\$29.71	\$27.06	\$13.53
Employee & Spouse	\$432.60	\$216.30	\$405.58	\$202.79			\$236.90	\$118.45	\$342.68	\$171.34	\$275.86	\$137.93
Employee & Child(ren)	\$342.72	\$171.36	\$322.38	\$161.19			\$183.60	\$91.80	\$267.92	\$133.96	\$211.18	\$105.59
Employee & Family	\$637.26	\$318.63	\$608.34	\$304.17			\$408.00	\$204.00	\$520.06	\$260.03	\$441.28	\$220.64

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	Per Month	Per Pay	Per Month	Per Pay	Per Month	Per Pay	Per Month	Per Pay	Per Month	Per Pay	Per Month	Per Pay
18-Pay per Year												
Employee	\$137.00	\$68.50	\$121.14	\$60.57	\$54.94	\$27.47			\$79.22	\$39.61	\$36.08	\$18.04
Employee & Spouse	\$576.80	\$288.40	\$540.76	\$270.38			\$315.88	\$157.94	\$456.90	\$228.45	\$367.80	\$183.90
Employee & Child(ren)	\$456.96	\$228.48	\$429.84	\$214.92			\$244.80	\$122.40	\$357.22	\$178.61	\$281.58	\$140.79
Employee & Family	\$849.68	\$424.84	\$811.12	\$405.56			\$544.00	\$272.00	\$693.42	\$346.71	\$588.36	\$294.18