

COBRA Participant 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	Florida Blue Options PPO 05191 + HSA Family Plan Account	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

COBRA Participant 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	Florida Blue Options PPO 05191 + HSA Family Plan Account	Florida Health Care Plans HMO TS1	Florida Health Care Plans HMO TS2
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 - Teladoc			FHCP - Doctor on Demand			
In-Network	\$10	\$10	DED + Coin Allowance	DED + Coin Allowance	\$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 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
COBRA MONTHLY RATES	Blue Options 03559 Per Month	Blue Options 03769 Per Month	HD PPO + HSA 5190 Per Month	HD PPO + HSA 5191 Per Month	FHCP HMO TS1 Per Month	FHCP HMO TS2 Per Month
COBRA Employee ONLY	\$721.14	\$708.90	\$444.72		\$678.02	\$637.35
COBRA Employee & Spouse	\$1,398.42	\$1,369.86		\$859.86	\$1,314.91	\$1,235.06
COBRA Employee & Child(ren)	\$1,193.40	\$1,167.90		\$732.36	\$1,121.02	\$1,052.96
COBRA Employee & Family	\$1,765.62	\$1,728.90		\$1,083.24	\$1,660.42	\$1,559.60