


MEDICAL AND PHARMACY BENEFITS

FLORIDA BLUE

	BlueCare HSA 126/127	BlueCare 45	BlueCare 59
	In-Network Benefits Only		
	Employee Semi-Monthly Contributions		
Employee Only	\$0.00	\$0.00	\$23.46
Employee & Child(ren)	\$100.89	\$146.14	\$191.16
Employee & Spouse	\$174.85	\$230.94	\$286.75
Employee & Family	\$306.68	\$382.10	\$457.14
Deductible	Individual	\$1,500	\$1,500
	Family	\$3,000	\$4,500
Coinsurance	10%	10%	10%
Out-of-Pocket Maximum	Individual	\$3,000	\$4,000
	Family	\$6,000	\$8,000
Office Visit	Virtual Visits	Deductible, then 10%	No Charge
	Primary	Deductible, then 10%	\$30 Copay
	Specialist	Deductible, then 10%	\$55 Copay
Preventive Care	100%	100%	100%
Diagnostic Tests* (x-ray, bloodwork)	Deductible, then 10%	Independent Clinical Lab: No Charge Independent Diagnostic Testing Center: \$50 Copay per Visit	Independent Clinical Lab: No Charge Independent Diagnostic Testing Center: \$35 Copay per Visit
Imaging (MRI, MRA, PET, CT Scans)	Deductible, then 10%	\$250 Copay	Outpatient Facility: \$75 Copay Physician's Office: \$175 Copay
In-Patient Hospitalization	Facility Fee	Deductible, then 10%	\$500 Copay per Admission
	Physician/Surgeon Fee	Deductible, then 10%	No charge
Out-Patient Hospitalization	Facility Fee	Deductible, then 10%	\$350 Copay per visit
	Physician/Surgeon Fee	Deductible, then 10%	No charge
Urgent Care	Deductible, then 10%	\$60 Copay	\$35 Copay
Emergency Room (Waived if Admitted)	Deductible, then 10%	\$250 Copay	\$100 Copay
Prescription Drugs	Deductible, then		
	Generic	\$10 Copay	\$10 Copay
	Preferred Brand	\$50 Copay	\$50 Copay
Non-preferred Brand	\$80 Copay	\$80 Copay	\$80 Copay
Mail Order <i>Up to 90-day supply</i>	2.5 times	2.5 times	2.5 times