

# MEDICAL



## Florida Blue

### Blue Options 05302 (PPO)

### Blue Options 05773 (PPO)

#### IN NETWORK

	Blue Options 05302 (PPO)	Blue Options 05773 (PPO)
Calendar Year Deductible (CYD)	\$5,000 / \$10,000	\$2,500 / \$7,500
Coinsurance	30%	20%
Maximum Out of Pocket	\$6,350 / \$12,700	\$6,350 / \$12,700
Embedded/Aggregate Deductible	Embedded	Embedded
<b>OFFICE SERVICES</b>		
Primary Care Office Visit	\$30	\$35
PCP Required?	No	No
Specialist Office Visit	\$55	\$85
PREVENTIVE SERVICES (Well Woman, Well Child, etc.)	100% Covered CYD Waived	100% Covered CYD Waived
<b>HOSPITAL SERVICES</b>		
Inpatient Hospital Visit	CYD + 30%	\$300 PAD + CYD + 20%
Outpatient Hospital Visit	CYD + 30%	CYD + 20%
Physician Services at Hospital	CYD + 30%	CYD + 20%
<b>EMERGENCY SERVICES</b>		
Emergency Room Visit	\$300	\$350
Urgent Care Visit	\$60	\$100
<b>OTHER SERVICES</b>		
Independent Diagnostic Testing (X-Rays)	CYD + 30%	\$50
Independent Diagnostic Testing (Adv Imaging)	CYD + 30%	\$350
Independent Clinical Lab	\$0	\$0
Mental Health	\$0	\$0
<b>PHARMACY SERVICES</b>		
Generic Mandatory	Yes	Yes
Pre-Authorization on Brand	Yes	Yes
Prescription Plan Deductible	No	No
Prescription Card (generic/brand/non-preferred)	Generic: \$10, Select Brand Rx: Greater of 20% or \$50, up to \$200 max, Non Pref: Not Covered	\$10 / \$50 / \$80
Specialty Rx	Generic: \$10, Select Brand Rx Greater of 20% or \$50, up to \$200 max, Non Pref: Not Covered	\$10 / \$50 / \$80
Mail Order-90 Day Supply	Generic: \$25, Select Brand Rx Greater of 20% or \$125, up to \$500 max, Non Pref: Not Covered	\$25 / 125 / \$200
<b>OUT OF NETWORK</b>		
Calendar Year Deductible (CYD)	\$10,000 / \$30,000	\$5,000 / \$15,000
Coinsurance	50%	50%
Maximum Out of Pocket	\$20,000 / \$40,000	\$13,000 / \$26,000

# MEDICAL SEMI-MONTHLY DEDUCTIONS

	Blue Options 05302 (PPO)	Blue Options 05773 (PPO)
Employee Only	\$17.09	\$70.21
Employee + Spouse	\$171.42	\$320.17
Employee + Child(ren)	\$123.03	\$243.40
Family	\$273.40	\$479.31