
		BlueCare HMO 51	BlueOptions PPO 03769	BlueOptions PPO 05190 & HSA Individual Plan	BlueOptions PPO 05191 & HSA Family Plan
				Account Funding: EE Only: \$2,000	Account Funding: EE + 1 + \$2,500 or EE + 2 = \$3,000
Cost Sharing - Member's Responsibility					
Deductible (DED) (Per Person/Family Aggregate)					
In-Network	N/A	\$800 / \$2,400	\$1,750 / NA	\$3,500 / \$3,500	
Out-of-Network	N/A	Combined w/ INN	\$5,000 / NA	\$10,000 / \$10,000	
Coinsurance (BCBSF pays / Member pays)					
In-Network	N/A	80% / 20%	80% / 20%	80% / 20%	
Out-of-Network	N/A	60% / 40%	60% / 40%	60% / 40%	
Out of Pocket Maximum (Per Person/Family Aggregate)					
In-Network	\$5,000 / \$10,000	\$7,000 / \$14,000	\$4,500 / NA	\$6,850 / \$9,000	
Out-of-Network	N/A	Combined w/ INN	\$9,000 / NA	\$18,000 / \$18,000	
Medical / Surgical Care by a Physician					
Office Services	\$5 copayment when provided by a Value Choice PCP/Family Physician		Value Choice Not Applicable		
In-Network Family Physician	\$40	\$40	DED + 20%	DED + 20%	
In-Network Specialist	\$60	\$60	DED + 20%	DED + 20%	
Out-of-Network	Not Covered	Ded + 40%	DED + 40%	DED + 40%	
Preventive Services (Adult & Well Child)					
Office Services					
In-Network Family Physician	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment	
In-Network Specialist	\$0 Copayment	\$0 Copayment	\$0 Copayment	\$0 Copayment	
Out-of-Network	Not Covered	Not Covered	40%	40%	
Medical / Surgical Care at a Facility					
Inpatient Hospital Facility (per admit)					
In-Network Option 1	\$250 per day up to \$1,250 Max.	\$1,250	Ded + 20%	Ded + 20%	
In-Network Option 2	Not Covered	\$2,250	Ded + 25%	Ded + 25%	
Out-of-Network	Not Covered	Ded + 40%	\$500 PAD + DED + 40%	\$500 PAD + DED + 40%	
Outpatient Hospital Facility (per visit) (Surgical)					
In-Network	\$250	Option 1: Ded + 20% Option 2: Ded + 20%	Option 1: Ded + 20% Option 2: Ded + 25%	Option 1: Ded + 20% Option 2: Ded + 25%	
Out-of-Network	Not Covered	Ded + 40%	DED + 40%	DED + 40%	
Emergency and Urgent Care					
Emergency Room Facility (per visit) (No surgery performed or not admitted)					
In-Network	\$150	DED + 20%	DED + 20%	DED + 20%	
Urgent Care Centers					
In-Network	\$80	\$65	DED + 20%	DED + 20%	
Ambulance	• Out-of-Network only covered for emergencies.				

 <small>FLORIDA COLLEGE SYSTEM RISK MANAGEMENT CONSORTIUM</small>	BlueCare HMO 51	BlueOptions PPO 03769	BlueOptions PPO 05190 & HSA Individual Plan	BlueOptions PPO 05191 & HSA Family Plan
				Account Funding: EE Only: \$2,000
Cost Sharing - Member's Responsibility				
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Other Special Services and Locations				
TeleMedicine Services - with Teladoc				
In-Network	\$10	\$10	DED + Coin, Allowance Max. \$45	DED + Coin, Allowance Max. \$45
Gastric Bypass Covered 1	covered 1 per lifetime	Opt - In	covered 1 per lifetime	covered 1 per lifetime
Prescription Drugs				
Deductible			Integrated Deductible	Integrated Deductible
In-Network - Retail				
Generic/Brand/Non-Preferred/Spec. Rx Max	\$15 / \$60 / \$100 / \$250	\$15 / \$45 / \$65 / \$250	DED	DED
In Network- Mail Order				
Generic/Brand/Non-Preferred	\$30 / \$120 / \$200	\$30 / \$90 / \$130	DED	DED