

2020 FCSRMC Benefit Comparison
Health Care Reform Compliant

Product	HMO BlueCare 51	BlueOptions 03769 (Base PPO)	BlueOptions 05190 Employee Only (HSA)	BlueOptions 05191 Family Plan (HSA)
Cost Sharing - Member's Responsibility				
Deductible (DED) (Per Person/Family Aggregate)				
In-Network	NA	\$600 / \$1,800	\$1,500 / NA	\$3,000 / \$3,000
Out-of-Network	NA	Combined w/ INN	\$3,000 / NA	\$6,000 / \$6,000
Coinsurance (BCBSF pays / Member pays)				
In-Network	NA	80% / 20%	80% / 20%	80% / 20%
Out-of-Network	NA	60% / 40%	60% / 40%	60% / 40%
Out of Pocket Maximum (Per Person/Family Aggregate)	Includes Pharmacy			
In-Network	\$5,000 / \$10,000	\$6,000 / \$12,000	\$4,500 / NA	\$6,850 / \$9,000
Out-of-Network	N/A	Combined w/ INN	\$9,000 / NA	\$18,000 / \$18,000
Medical Pharmacy OOP Maximum (Per Person Per Calendar Month)				
In-Network (Preferred)	\$200	\$200	\$200	\$200
In-Network (Non-Preferred)	Combined with Preferred OOP			
Out-of-Network	NA	NA	NA	NA
Medical / Surgical Care by a Physician				
E-Office Visit Services	\$5 copayment when provided by a Value Choice PCP/Family Physician		Value Choice Not Applicable	
In-Network Family Physician	\$10	\$10	DED + 20%	DED + 20%
In-Network Specialist	\$10	\$10	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Office Services	\$5 copayment when provided by a Value Choice PCP/Family Physician		Value Choice Not Applicable	
In-Network Family Physician	\$30	\$30	DED + 20%	DED + 20%
In-Network Specialist	\$50	\$50	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Allergy Injections (Office)	\$5 copayment when provided by a Value Choice PCP/Family Physician		Value Choice Not Applicable	
In-Network Family Physician	\$10	\$10	DED + 20%	DED + 20%
In-Network Specialist	\$10	\$10	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Allergy Testing (Office)	\$5 copayment when provided by a Value Choice PCP/Family Physician		Value Choice Not Applicable	
In-Network Family Physician	\$30	Included under other physician services	DED + 20%	DED + 20%
In-Network Specialist	\$50		DED + 20%	DED + 20%
Out-of-Network	Not Covered		DED + 40%	DED + 40%
Maternity Office Services				
In-Network Family Physician	\$30	\$30	DED + 20%	DED + 20%
In-Network Specialist	\$50	\$50	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%

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Convenient Care Center				
In-Network	\$30	\$30	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Physician Services at Hospital				
In-Network	\$0	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	Not Covered	INN DED + 20%	INN DED + 20%	INN DED + 20%
Physician Services at Locations other than Office, Hospital and ER				
In-Network Family Physician	\$0	\$30	DED + 20%	DED + 20%
In-Network Specialist	\$0	\$50	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	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	40%	40%	40%
Convenient Care Center				
In-Network	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	40%	40%	40%
Urgent Care Centers				
In-Network	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	40%	40%	40%
Independent Clinical Laboratory	QUEST is the only In-Network Lab			
In-Network	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	40%	40%	40%
Independent Diagnostic Testing Center				
In-Network	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	40%	40%	40%
Physician Services at Hospital Facility				
In-Network	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	40%	40%	40%
Inpatient Hospital Facility (per admit)				
In-Network	Option 1:\$0 Option 2:\$0	Option 1:\$0 Option 2:\$0	Option 1:\$0 Option 2:\$0	Option 1:\$0 Option 2:\$0
Out-of-Network	Not Covered	40%	40%	40%
Outpatient Hospital Facility (per visit)				
In-Network	\$0	Option 1:\$0 Option 2:\$0	Option 1:\$0 Option 2:\$0	Option 1:\$0 Option 2:\$0
Out-of-Network	Not Covered	40%	40%	40%
Mammograms - Includes Routine and Diagnostic Mammograms				
In-Network	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	\$0	\$0	\$0

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Colonoscopies				
In-Network	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	\$0	\$0	\$0
Medical / Surgical Care at a Facility				
Ambulatory Surgical Center (ASC)				
In-Network	\$200	\$100	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Inpatient Hospital Facility (per admit)		OON only; if admitted as an Inpatient from ER, Cost Share is OON Deductible + ER Copayment		
In-Network	\$250 per day up to \$1,250 Max	Option 1: \$1,000 Option 2: \$2,000	Option 1: DED + 20% Option 2: DED + 25%	Option 1: DED + 20% Option 2: 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	\$200	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%
Outpatient Hospital Facility (per visit) (Non-Surgical)				
In-Network	\$0	Included with Surgical Services	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%
Non-Routine Colonoscopy (Medically Necessary)				
In-Network	\$0	\$0	\$0	\$0
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Emergency and Urgent Care				
Emergency Room Facility- Per Visit (Surgery performed or not and with or without admit)				
In-Network	\$100	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	\$100	INN DED + 20%	INN DED + 20%	INN DED + 20%
Physician Services at ER (Surgery performed or not and with or without admit)	Out-of-Network only covered for emergencies.			
In-Network	\$0	\$100	DED + 20%	DED + 20%
Out-of-Network	\$0	\$100	INN DED + 20%	INN DED + 20%
Urgent Care Centers				
In-Network	\$80	\$65	DED + 20%	DED + 20%
Out-of-Network	Not Covered	OON DED + \$65	DED + 20%	DED + 20%
Ambulance	Out-of-Network only covered for emergencies.			
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 20%	INN DED + 20%
Diagnostic Testing (e.g., Lab, x-ray)				
	Low-dose lung cancer screening covered In-Network at \$0 Copay with a limit one per year when USPSTF recommendations are met, for adults ages 55-80.			
Physician Office	\$5 copayment when provided by a Value Choice PCP/Family Physician		Value Choice Not Applicable	
In-Network Family Physician	\$30	\$30	DED + 20%	DED + 20%
In-Network Specialist	\$50	\$50	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%

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Independent Clinical Laboratory				
In-Network	\$0	\$0	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Independent Diagnostic Testing Center				
In-Network	\$50	\$50	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Outpatient Hospital Facility				
In-Network	\$0	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%
Advanced Imaging (AIS) (MRE, MRA, PET, CT & Nuclear Medicine)				
Physician Office			Value Choice Not Applicable	
In-Network Family Physician	\$30	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	\$50	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Independent Diagnostic Testing Center				
In-Network	\$50	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Outpatient Hospital Facility				
In-Network	\$0	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%
Outpatient Therapy				
Physician Office				
In-Network Family Physician	\$5	\$30	DED + 20%	DED + 20%
In-Network Specialist	\$5	\$50	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Outpatient Rehabilitation Facility				
In-Network	\$30	\$50	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%
Outpatient Hospital Facility				
In-Network	\$30	Option 1: \$30 Option 2: \$50	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%
Mental Health and Substance Dependency Services				
Physician Office				
In-Network Family Physician	\$0	\$0	DED + 20%	DED + 20%
In-Network Specialist	\$0	\$0	DED + 20%	DED + 20%
Out-of-Network	Not Covered	40%	DED + 40%	DED + 40%
Other Special Services and Locations				
Diabetic Equipment & Supplies				
In-Network	\$0	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	Not Covered	DED + 40%	DED + 40%	DED + 40%

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TeleMedicine Services with Teladoc				
In-Network	\$10	\$10	DED + Coin, Allowance Maximum \$40	
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Diabetes Prevention Program	Opt - In	Opt - In	Opt - In	Opt - In
Prescription Drugs				
Deductible	N/A	N/A	Integrated Deductible	
In-Network			<i>All medications under the HDHP plans outside of the HSA Preventive Condition Care listing are paid at 100% of the allowance once the deductible has been met. Any medication offering on HSA Preventive List falls under the Preventive Guidelines and is paid at 100% regardless of the deductible status.</i>	
Retail				
Generic/Brand/Non-Preferred	\$15 / \$60 / \$100/ \$250	\$15 / \$45 / \$65 / \$250	DED	DED
Mail Order				
Generic/Brand/Non-Preferred	\$30 / \$120 / \$200	\$30 / \$90 / \$130	DED	DED
Out-of-Network				
Retail				
Generic/Brand/Non-Preferred	50%	50%		
Mail Order				
Generic/Brand/Non-Preferred	50%	50%		
Prescription Additional Services				
	RX - Condition Care Value Drug Benefit, Non-HSA - INN - Waived Copay for Generic and Preferred Brand Drug Classes as applicable for the following: - Depression, Diabetes, Diabetes Supply(including Insulin), High Blood Pressure, High Cholesterol, Respiratory, Smoking Cessation.			
	Rx- Oral Chemotherapy Drugs - \$10			

Value Option PCP/Family Physicians are located at any Sanitas Medical Center or Diagnostic Clinic Medical Group with locations in Miami-Dade, Broward, Palm Beach, Hillsborough and Pinellas counties (see HR website for full details). Value Choice Provider Program is available to members in non-Health Savings Account (HSA) plans.

Hospital Options

References to Option 1 and 2 in this guide is based on the hospital you choose to use.

Option 1 Hospitals:

Baptist Medical Centers
 Memorial Hospital of Jacksonville
 St. Vincent's Medical Center
 Wolfson Children's Hospital
 Orange Park Medical Center
 Mayo Clinic
 Flagler Hospital

Option 2 Hospital:

Shands Jacksonville Medical Center

***Mayo Clinic does not accept the BlueCare (51) HMO Plan**