FSCJ Florida State College at Jacksonville

1-1-2022
Benefit Comparison

FCSRMC
FLORIDA COLLEGE SYSTEM RISK MANAGEMENT CONSORTIUM

	BlueCare HMO 51	BlueOptions PPO 03769	BlueOptions PPO 05190 & HSA Individual Plan Account Funding: EE Only: $2,000	BlueOptions PPO 05191 & HSA Family Plan 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.			

FCSRMC FLORIDA COLLEGE SYSTEM RISK MANAGEMENT CONSORTIUM	BlueCare HMO 51	BlueOptions PPO 03769	BlueOptions PPO 05190 & HSA Individual Plan Account Funding: EE Only: $2,000	BlueOptions PPO 05191 & HSA Family Plan Account Funding: EE + 1 + $2,500 or EE + 2 = $3,000
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