



Florida Blue Medical Benefits Summary

Policy Period: April 1, 2024 thru March 31, 2025

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Medical Plan Option	BlueOptions 03559	BlueCare 60	BlueOptions 05772	BlueOptions 05302	BlueCare 62	BlueCare 54
Network	BlueOptions (PPO)	BlueCare (HMO)	BlueOptions (PPO)	BlueOptions (PPO)	BlueCare (HMO)	BlueCare (HMO)
IN NETWORK						
Deductible (Individual/Family)	\$500/\$1,500	\$500/\$1,000	\$2,000/\$6,000	\$5,000/\$10,000	\$6,350/\$12,700	\$5,000/\$10,000
Coinsurance - Member	20%	10%	20%	30%	0%	30%
Member Payment Limit (Individual/Family)	\$2,500/\$5,000	\$3,500/\$7,000	\$5,500/\$11,000	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700
Payment Limit Includes	Ded, Coins, Copays & Rx Copays	Ded, Coins, Copays & Rx Copays	Ded, Coins, Copays & Rx Copays	Ded, Coins, Copays & Rx Copays	Ded, Coins, Copays & Rx Copays	Ded, Coins, Copays & Rx Copays
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Physician Office Visit	\$20 Copay	\$25 Copay	\$35 Copay	\$30 Copay	\$35 Copay	\$25 Copay
Specialist Office Visit	\$40 Copay	\$45 Copay	\$65 Copay	\$55 Copay	\$65 Copay	\$45 Copay
Inpatient Hospital	\$600 Copay	\$325/Day (\$1,625 Max)	\$100 PAD + 20% (After Ded)	30% (After Ded)	0% (After Ded)	30% (After Ded)
Outpatient Hospital	\$200 Copay	\$275 Copay	20% (After Ded)	30% (After Ded)	0% (After Ded)	30% (After Ded)
Emergency	\$100 Copay	\$100 Copay	\$300 Copay	\$300 Copay	\$300 Copay	\$300 Copay
Urgent Care	\$45 Copay	\$45 Copay	\$70 Copay	\$60 Copay	\$100 Copay	\$85 Copay
Lab Services	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
X-Ray (Ind Facility)	\$50 Copay	\$45 Copay	\$50 Copay	30% (After Ded)	\$65 Copay	\$65 Copay
Complex Medical Imaging	\$150 Copay	\$80 Copay	\$300 Copay	30% (After Ded)	0% (After Ded)	\$200 Copay
Pharmacy Generic	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Brand Name Rx	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay (after IN Ded)	\$50 Copay	N/C
Non-Preferred Brand Rx	\$80 Copay	\$80 Copay	\$80 Copay	\$80 Copay (after IN Ded)	\$80 Copay	N/C
Specialty Rx	20%	20%	20%	20% (after IN Ded)	20%	\$10/NC/NC/NC
OUT OF NETWORK						
Deductible	\$750/\$2,250	N/A	\$6,000/\$18,000	\$10,000/\$30,000	N/A	N/A
Coinsurance - Member	40%	N/A	50%	50%	N/A	N/A
Member Payment Limit	\$5,000/\$10,000	N/A	\$11,000/\$22,000	\$20,000/\$40,000	N/A	N/A

Please Note: This summary is only a partial description of the many benefits included in each plan shown above. A complete description of all benefits and exclusions are included the Florida Blue Summary of Benefits & Coverage (SBC). If this description in any way conflicts with the Florida Blue SBC,

The Florida Blue SBC will prevail.

Medical Plan Offering Guidelines: Minimum contribution rules apply - at least 50% of the eligible employees (including waivers) must be enrolled in a medical plan option

Please Note: Final rates are based on actual enrollment medical underwriting / Rates shown include all administrative, underwriting, and commission expenses.