



**SOUTHEAST PERSONNEL LEASING**  
**Florida Blue Medical Benefits Summary**  
**Policy Period: April 1, 2025 thru March 31, 2026**

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)
<b>IN NETWORK</b>						
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	\$50 Copay	\$50 Copay	\$50 Copay	\$50 (after IN Ded)	\$50 Copay	N/C
Non-Preferred Brand	\$80 Copay	\$80 Copay	\$80 Copay	\$80 (after IN Ded)	\$80 Copay	N/C
Specialty	20%	20%	20%	20% (after IN Ded)	20%	\$10/NC/NC/NC
<b>OUT OF NETWORK</b>						
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.