




## January 1, 2022 Benefits Comparison

 FLORIDA COLLEGE SYSTEM RISK MANAGEMENT CONSORTIUM	Blue Options PPO 03766	BlueOptions PPO 03769	Blue Options PPO 05190 HSA Individual Plan  FCSRMC Account Funding: EE Only=\$500	Blue Options PPO 05191 HSA Family Plan  FCSRMC Account Funding: EE+1=\$1,000 or EE+2=\$1,500
<b>Cost Sharing - Member's Responsibility</b>				
<b>Deductible (DED) (Per Person/Family Aggregate)</b>				
In-Network	\$600 / \$1,800	\$800 / \$2,400	\$1,750 / NA	\$3,500 / \$3,500
Out-of-Network	Combined w/ INN	Combined w/ INN	\$5,000 / NA	\$10,000 / \$10,000
<b>Coinsurance (BCBSF pays / Member pays)</b>				
In-Network	80% / 20%	80% / 20%	80% / 20%	80% / 20%
Out-of-Network	70% / 30%	60% / 40%	60% / 40%	60% / 40%
<b>Out of Pocket Maximum (Per Person/Family Aggregate)</b>				
In-Network	\$6,000 / \$12,000	\$7,000 / \$14,000	\$4,500 / NA	\$6,850 / \$9,000
Out-of-Network	Combined w/ INN	Combined w/ INN	\$9,000 / NA	\$18,000 / \$18,000
<b>Medical / Surgical Care by a Physician</b>				
• \$5 copayment when provided by a Value Choice PCP/Family Physician				
<b>Office Services</b>				
In-Network Family Physician	\$35	\$40	DED + 20%	DED + 20%
In-Network Specialist	\$50	\$60	DED + 20%	DED + 20%
Out-of-Network	DED + 30%	Ded + 40%	DED + 40%	DED + 40%
<b>Preventive Services (Adult &amp; Well Child)</b>				
<b>Office Services</b>				
In-Network Family Physician	\$0	\$0	No Charge	No Charge
In-Network Specialist	\$0	\$0	No Charge	No Charge
Out-of-Network	30%	40%	40% Coinsurance	40% Coinsurance
<b>Medical / Surgical Care at a Facility</b>				
• OON only; if admitted as an Inpatient from ER, Cost Share is OON Deductible + ER Copayment				
<b>Inpatient Hospital Facility (per admit)</b>				
In-Network	Option 1: \$900 Option 2: \$1,650	Option 1: \$1,250 Option 2: \$2,250	Option 1: Ded + 20% Option 2: Ded + 25%	Option 1: Ded + 20% Option 2: Ded + 25%
Out-of-Network	\$2,500	Ded + 40%	\$500 PAD + DED + 40%	\$500 PAD + DED + 40%
<b>Outpatient Hospital Facility (per visit) (Surgical)</b>				
In-Network	Option 1: \$250 Option 2: \$350	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	\$350	Ded + 40%	DED + 40%	DED + 40%
<b>Emergency and Urgent Care</b>				
<b>Emergency Room Facility (per visit) (No surgery performed or not admitted)</b>				
In-Network	\$150 + 20% (no DED)	DED + 20%	Option 1: Ded + 20% Option 2: Ded + 25%	Option 1: Ded + 20% Option 2: Ded + 25%
<b>Urgent Care Centers</b>				
In-Network	\$35	\$65	DED + 20%	DED + 20%
<b>Ambulance</b>				
In-Network	DED + 20%	DED + 20%		
<b>Other Special Services</b>				
<b>TeleMedicine Services - w/ Teladoc</b>				
In-Network	\$10	\$10	DED + Coin, Allowance Maximum \$45	DED + Coin, Allowance Maximum \$45
<b>Gastric Bypass Covered 1</b>				
	covered 1 per lifetime	covered 1 per lifetime	1 PBP	1 PBP
<b>Prescription Drugs</b>				
<b>Deductible</b>				
In-Network	N/A	N/A		
<b>RETAIL - Generic/Brand/Non-Preferred/Specialty Rx Max.</b>				
	\$15 / \$45 / \$65/ \$250	\$15 / \$45 / \$65 / \$250	DED	DED
<b>MAIL ORDER - Generic/Brand/Non-Preferred</b>				
	\$30 / \$90 / \$130	\$30 / \$90 / \$130	DED	DED

Note: This is a summarized version of the Summary of Benefit Coverages (SBC's). Not all benefits are illustrated above.