

RETIRED EMPLOYEE Benefits Comparison for 2022

	Florida Blue Blue Options PPO 03559	Florida Blue Blue Options PPO 03769	Florida Health Care Plans HMO TS1	Florida Health Care Plans HMO TS2
Cost Sharing - Member's Responsibility				
Deductible (DED) (Per Person/Family Aggregate)				
In-Network	\$700 / \$2,100	\$800 / \$2,400	\$500 / \$1,500	\$1,000 / \$2,000
Out-of-Network	Combined w/ INN	Combined w/ INN	NA	NA
Coinsurance (BCBSF pays / Member pays)				
In-Network	80% / 20%	80% / 20%	80% / 20%	80% / 20%
Out-of-Network	70% / 30%	60% / 40%	NA	NA
Out of Pocket Maximum (Per Person/Family Aggregate) Includes Pharmacy				
In-Network	\$7,000 / \$14,000	\$7,000 / \$14,000	\$3,500 / \$10,500	\$5,000 / \$10,000
Out-of-Network	Combined w/ INN	Combined w/ INN	NA	NA
Medical / Surgical Care by a Physician				
Office Services	\$5 copayment when provided by a Value Choice PCP/Family Physician		\$10 copayment when provided by an FHCP Extended Hours Care Center PCP	
In-Network Family Physician	\$40	\$40	\$20	\$30
In-Network Specialist	\$60	\$60	\$35	\$50
Out-of-Network	DED + 30%	DED + 40%	NA	NA
Convenient Care Center - FHCP Wellness Centers ONLY				
In-Network	\$40	\$40	\$20	\$30
Out-of-Network	DED + 30%	DED + 40%	N/A	N/A
Preventive Services (Adult & Well Child)				
Office Services				
In-Network Family Physician	\$0	\$0	Covered In Full	Covered In Full
In-Network Specialist	\$0	\$0	Covered In Full	Covered In Full
Out-of-Network	30%	40%	NA	NA
Mammograms / Colonoscopies				
In-Network	\$0	\$0	Covered In Full	Covered In Full
Out-of-Network	30%	40%	NA	NA
Medical / Surgical Care at a Facility				
Ambulatory Surgical Center (ASC)				
In-Network	\$75	\$100	DED + 20%	DED + 20%
Out-of-Network	Ded + 30%	Ded + 40%	NA	NA
Inpatient Hospital Facility (per admit)				
In-Network	Option 1: \$900 Option 2: \$1,650	Option 1: \$1,250 Option 2: \$2,250	DED + 20%	DED + 20%
Out-of-Network	\$2,500	Ded + 40%	NA	NA

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	Florida Blue Blue Options PPO 03559	Florida Blue Blue Options PPO 03769	Florida Health Care Plans HMO TS1	Florida Health Care Plans HMO TS2
Outpatient Hospital Facility (per visit) (Surgical)				
In-Network	Option 1: \$250 Option 2: \$350	Option 1: DED + 20% Option 2: DED + 20%	DED + 20%	DED + 20%
Out-of-Network	Ded + 30%	Ded + 40%	NA	NA
Emergency and Urgent Care				
Emergency Room Facility (per visit) (No surgery performed or not admitted)				
In-Network	\$150 + 20% (NO DED)	DED + 20%	DED + 20%	DED + 20%
Urgent Care Centers				
In-Network	\$60	\$65	DED + 20%	DED + 20%
Ambulance				
In-Network	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Other Special Services and Locations				
TeleMedicine Services -		Teladoc	FHCP - Doctor on Demand	
In-Network	\$10	\$10	\$10	\$10
Gastric Bypass Covered				
In-Network	covered 1 per lifetime	covered 1 per lifetime	Pre-auth Required	Pre-auth Required
Prescription Drugs				
- Retail				
Generic/Brand/Non-Preferred/Specialty Rx	\$15 / \$60 / \$100 / \$250	\$15 / \$45 / \$65 / \$250	\$3 / \$10 / \$30 / \$55 / \$250	\$3 / \$10 / \$30 / \$55 / \$250
	Walgreens is the featured pharmacy with lower costs; may also use Publix, Winn Dixie, & Walmart. CVS Owned Pharmacies (Target) no longer be in the network		Walgreens - Prev NA/ Pref Gen \$15 / Non-Pref Gen \$35 / Pref Brand \$60 / Non-Pref NA / Specialty RX NA	
- Mail Order				
Generic/Brand/Non-Preferred	\$30 / \$120 / \$200	\$30 / \$90 / \$130	\$6 / \$27 / \$87 / \$162	\$6 / \$27 / \$87 / \$162
RETIREE MONTHLY RATES				
	Blue Options 03559 Per Month	Blue Options 03769 Per Month	FHCP HMO TS1 Per Month	FHCP HMO TS2 Per Month
Retired Employee ONLY	\$707.00	\$695.00	\$664.73	\$624.85
Retired Employee + Spouse	\$1,371.00	\$1,343.00	\$1,289.13	\$1,210.84
Retired Employee + Child(ren)	\$1,170.00	\$1,145.00	\$1,099.04	\$1,032.31
Retired Employee + Family	\$1,731.00	\$1,695.00	\$1,627.86	\$1,529.02