




## 2021 Benefits Comparison

 <small>FLORIDA COLLEGE SYSTEM RISK MANAGEMENT CONSORTIUM</small>	<b>HMO</b> <b>BlueCare 58</b>	<b>PPO BlueOptions</b> <b>03769</b>	<b>Blue Options HSA</b> <b>05190</b> <b>Individual Plan</b>	<b>Blue Options HSA</b> <b>05191</b> <b>Family Plan</b>
			<b>Account Funding:</b> <b>EE Only=\$500</b>	<b>Account Funding:</b> <b>EE+1=\$1,000 or EE+2=\$1500</b>
<b>Cost Sharing - Member's Responsibility</b>				
<b>Deductible (DED) (Per Person/Family Aggregate)</b>				
In-Network	NA	\$800 / \$2,400	\$1,750 / NA	\$3,500 / \$3,500
Out-of-Network	NA	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	Not Covered	60% / 40%	60% / 40%	60% / 40%
<b>Out of Pocket Maximum (Per Person/Family Aggregate)</b>				
	<b>Includes Pharmacy</b>	<b>Includes Pharmacy</b>	<b>Includes Pharmacy</b>	<b>Includes Pharmacy</b>
In-Network	\$6,000 / \$12,000	\$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
<b>Medical / Surgical Care by a Physician</b>				
<b>Office Services</b>				
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%
<b>Physician Services at Hospital</b>				
In-Network	\$0	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	Not Covered	INN DED + 20%	INN DED + 20%	INN DED + 20%
<b>Medical / Surgical Care at a Facility</b>				
<b>Inpatient Hospital Facility (per admit)</b>				
In-Network	\$350 per day up to \$1,750 max	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	Not Covered	Ded + 40%	\$500 PAD + DED + 40%	\$500 PAD + DED + 40%
<b>Outpatient Hospital Facility (per visit) (Surgical)</b>				
In-Network	\$750	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%
<b>Outpatient Hospital Facility (per visit) (Non-Surgical)</b>				
In-Network	\$750	Included with Surgical Services	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%
<b>Emergency and Urgent Care</b>				
<b>Emergency Room Facility (per visit)</b>				
In-Network	20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	20%	INN DED + 20%	INN DED + 20%	INN DED + 20%
<b>Urgent Care Centers</b>				
In-Network	\$80	\$65	DED + 20%	DED + 20%
<b>Ambulance</b>				
In-Network	20%	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	20%	INN DED + 20%	INN DED + 20%	INN DED + 20%
<b>Other Special Services</b>				
<b>Gastric Bypass</b>				
	1 PBP	1 PBP	1 PBP	1 PBP
<b>TeleMedicine Services</b>				
	\$10	\$10	DED + Coin, Allowance Maximum \$45	DED + Coin, Allowance Maximum \$45
<b>Prescription Drugs</b>				
<b>In-Network</b>				
- Retail				
Generic/Brand/Non-Preferred/ Specialty RX Maximum	\$15 / \$45 / \$65 / \$250	\$15 / \$45 / \$65 / \$250	DED	DED
- Mail Order				
Generic/Brand/Non-Preferred	\$30 / \$90 / \$130	\$30 / \$90 / \$130	DED	DED