

**COBRA EMPLOYEE  
2024 Medical Plan Comparison**



**Florida Blue  
GOLD PPO  
03359**

**Florida Blue  
SILVER PPO  
05774**

**Florida Health  
Care Plans  
GOLD HMO  
TS3**

**Florida Health  
Care Plans  
SILVER HMO  
TS4**

Cost Sharing - Member's Responsibility					
<b>Deductible (DED) (Per Person/Family Aggregate)</b>					
In-Network		\$1,200 / \$2,400	\$4,000 / \$8,000	\$750 / \$1,500	\$3,000 / \$9,000
Out-of-Network		\$2,400 / \$4,800	\$8,000 / \$16,000	N/A	N/A
<b>Coinsurance (BCBSF pays / Member pays)</b>					
In-Network		80% / 20%	70% / 30%	80% / 20%	80% / 20%
Out-of-Network		60% / 40%	50% / 50%	N/A	N/A
<b>Out of Pocket Maximum (Per Person/Family Aggregate)</b>					
In-Network		\$6,000 / \$12,000	\$7,000 / \$14,000	\$5,000 / \$10,000	\$6,350 / \$12,700
Out-of-Network		\$12,000 / \$24,000	N/A	N/A	N/A
<b>Medical / Surgical Care by a Physician</b>					
<b>Office Services</b>					
In-Network Family Physician		\$50	\$70	\$30	\$40
In-Network Specialist		\$70	\$100	\$50	\$65
Out-of-Network		DED + 40%	DED + 50%	N/A	N/A
<b>Convenient Care Center - FHCP Wellness Centers ONLY</b>					
In-Network		\$50 Copayment	\$70 Copayment	\$10	\$10
Out-of-Network		DED + 40%	DED + 50%	N/A	N/A
<b>Physician Services at Hospital</b>					
In-Network		DED + 20%	DED + 30%	\$0	DED + 20%
Out-of-Network		INN DED + 20%	INN DED + 30%	N/A	N/A
<b>Preventive Services (Adult &amp; Well Child)</b>					
<b>Office Services</b>					
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		40%	50%	N/A	N/A
<b>Medical / Surgical Care at a Facility</b>					
<b>Ambulatory Surgical Center (ASC)</b>					
In-Network		\$200 Copayment	\$350 Copayment	\$300 Copayment	\$350 Copayment
Out-of-Network		DED + 40%	DED + 50%	N/A	N/A
<b>Inpatient Hospital Facility (per admit)</b>					
		* OON only; if admitted as an inpatient from ER, apply Inpatient Hospital INN Option 1 cost share.	* OON only; if admitted as an inpatient from ER, apply Inpatient Hospital INN Option 1 cost share.		
In-Network		\$300/Day \$1,500 Max	DED + 30%	\$300/Day \$1,500 Max	DED + 20%
Out-of-Network		DED + 40%	DED + 50%	N/A	N/A
<b>Outpatient Hospital Facility (per visit) (Surgical)</b>					
In-Network		\$300 Copayment	DED + 30%	\$500 Copay	DED + 20%
Out-of-Network		DED + 40%	DED + 50%	N/A	N/A
<b>Emergency and Urgent Care</b>					
<b>Emergency Room Facility (per visit) (No surgery performed or not admitted)</b>					
		* If admitted as an inpatient from ER, the hospital will submit an inpatient hospital claim instead of an ER facility claim; only inpatient facility cost share will apply.	* If admitted as an inpatient from ER, the hospital will submit an inpatient hospital claim instead of an ER facility claim; only inpatient facility cost share will apply.		
In-Network		\$250 Copayment	\$450 Copayment	\$250 Copayment	\$400 Copayment
Out-of-Network		\$250 Copayment	\$450 Copayment	\$250 Copayment	\$400 Copayment
<b>Urgent Care Centers</b>					
In-Network		\$70 Copayment	\$100 Copayment	\$65 Copayment	\$100 Copayment
Out-of-Network		INN DED + \$70 Copay	\$100 Copayment	\$65 Copayment	\$100 Copayment
<b>Ambulance</b>					
In-Network				DED + 20%	DED + 20%

**Comparison continued on page 2 (over)**



## COBRA EMPLOYEE 2024 Medical Plan Comparison

	Florida Blue GOLD PPO 03359	Florida Blue SILVER PPO 05774	Florida Health Care Plans GOLD HMO TS3	Florida Health Care Plans SILVER HMO TS4
<b>Mental Health &amp; Substance Dependency Services</b>				
<b>Physician Office</b>				
In-Network Family Physician	\$0 Copayment	\$0 Copayment	\$30	\$40
In-Network Specialist	\$0 Copayment	\$0 Copayment	\$50	\$65
Out-of-Network	40%	50%	N/A	N/A
<b>Inpatient Hospital Facility</b>	• OON only; if admitted as an Inpatient from ER, apply Inpatient Hospital INN Option 1 cost share.	• OON only; if admitted as an Inpatient from ER, apply Inpatient Hospital INN Option 1 cost share.		
In-Network	\$0 Copayment	\$0 Copayment	\$300 Per Day/\$1,500 Max	DED + 20%
Out-of-Network	40%	50%	N/A	N/A
<b>Outpatient Hospital Facility</b>				
In-Network	\$0 Copayment	\$0 Copayment	\$50 (per visit)	\$65 (per visit)
Out-of-Network	40%	50%	N/A	N/A
<b>Telemedicine</b>				
	<b>Teladoc - FL Blue</b>		<b>Doctor On Demand - FHCP</b>	
In-Network	\$0 General Medicine \$10 Dermatology \$0 Behavioral	\$0 General Medicine \$10 Dermatology \$0 Behavioral	\$0 General Medicine \$0 N/A \$30 Behavioral	\$0 General Medicine \$0 N/A \$30 Behavioral
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
<b>Prescription Drugs</b>				
<b>In-Network</b>				
- Retail				
Generic/(Non-Preferred Gen (FHCP)/Brand/Non-Preferred RxSpecialty	\$15 / \$60 / \$100	\$15 / \$70 / \$110	\$3 / \$10 / \$30 / \$55	\$3 / \$10 / \$30 / \$55
- Mail Order				
Generic/Brand/Non-Preferred	\$40 / \$150 / \$250	\$40 / \$175 / \$275	\$6 / \$27 / \$87 / \$162	\$6 / \$27 / \$87 / \$162
<b>Out-of-Network</b>				
- Retail				
Generic/Brand/Non-Preferred	50%	50%	Not Covered	Not Covered
- Mail Order				
Generic/Brand/Non-Preferred	50%	50%	Not Covered	Not Covered
Pref Generic/Non-Preferred Gen(FHCP)/Pref Brand/Non-Preferred Brand/Specialty Rx	Preventive - Free \$15 / \$60 / \$100 / \$250	Preventive - Free \$15 / \$70 / \$110 / \$350	Not Covered	Not Covered
	Walgreens is the featured pharmacy with lower costs; may also use Publix, Winn Dixie, & Walmart. CVS owned pharmacies (Target) not in pharmacy network		Select Walgreens - see provider listing locations & limitations Pref Gen \$15 / Non-Pref Gen \$15 / Pref Brand \$35 / Non-Pref Brand \$60 / Speciality - FHCP Pharmacy Only	
<b>Retail - Out of Network</b>				
Generic/Brand/Non-Preferred	50%	50%	N/A	N/A

**COBRA ENROLLES**

	FL Blue GOLD PPO 03359	FL Blue SILVER PPO 05774	FHCP GOLD HMO TS3	FHCP SILVER HMO TS4
	<b>Monthly Premium</b>	<b>Monthly Premium</b>	<b>Monthly Premium</b>	<b>Monthly Premium</b>
COBRA Enrollee Only	\$738.48	\$674.22	\$766.02	\$692.58
COBRA Enrollee + Spouse	\$1,552.44	\$1,415.76	\$1,607.52	\$1,453.50
COBRA Enrollee + Child(ren)	\$1,330.08	\$1,213.80	\$1,378.02	\$1,246.44
COBRA Enrollee + Family	\$2,143.02	\$1,955.34	\$2,220.54	\$2,007.36