



Florida Community Colleges
Risk Management Consortium

Plan D

**BlueOptions
High Deductible
Health Plan
1151 &
HRA**

BlueOptions High Deductible Health Plan 1151 & HRA

| BlueOptions Plans | Health & 1151 |
|---|--------------------------|
| Cost Sharing Options | |
| Calendar Year Deductible (CYD) (Per Individual / Family Aggregate) | |
| In-Network | \$1,000 / \$3,000 |
| Out-of-Network | (Combined w/In-Network) |
| Coinsurance (% of covered services paid by you) | |
| In-Network Provider / Out-of-Network Provider | 20% / 30% |
| Office Services | |
| In-Network Family Physician | CYD + coinsurance |
| In-Network Specialist (no referral needed) | CYD + coinsurance |
| Out-of-Network Provider | CYD + coinsurance |
| Hospitalization | |
| Inpatient Hospital Facility Copay - Per admit (CYD & coins do not apply) | |
| In-Network: Option 1 / Option 2 / Option 3 | 20%/25%/30% |
| Out-of-Network | CYD + 30% |
| Outpatient Hospital Facility Copay - Per visit (CYD & coins do not apply) | |
| In-Network: Option 1 / Option 2 / Option 3 | 20%/25%/30% |
| Out-of-Network | CYD + 30% |
| Physician Services at Hospital & ER | CYD + coinsurance |
| Physician Services at Locations other than Office, Hospital & Emergency Room | |
| In-Network Family Physicians | CYD + coinsurance |
| In-Network Specialists | CYD + coinsurance |
| Out-of-Network Providers | CYD + coinsurance |
| Emergency Room Facility Copay (Per visit; Waived if admitted) | |
| In-Network | CYD + coinsurance |
| Out-of-Network | CYD + coinsurance |
| Additional Benefits and Features | |
| Ambulatory Surgical Center Facility | |
| In-Network Facility | CYD + coinsurance |
| Out-of-Network Facility | CYD + coinsurance |
| Independent Clinical Lab | |
| In-Network | \$0 |
| Out-of-Network | CYD + coinsurance |
| Mammograms (member cost) | \$0 |
| Out of Pocket Maximum Includes CYD, coins. & copays; excludes Rx Per Person / Family Aggregate | \$3,000/\$9,000 |
| Calendar Year Maximum Per Insured | |
| Adult Wellness (CYD is waived) | \$250 |
| Home Health Care | \$2,500 |
| Mental Health (Inpatient / Outpatient) | 30 Days / 20 Visits |
| Outpatient Therapy and Spinal Manipulations | \$2,500 |
| Skilled Nursing Facility | 60 Days |
| Lifetime Maximum Per Insured | |
| Lifetime Maximum | \$5,000,000 |
| Hospice | \$7,500 |
| Substance Dependency Care & Treatment | \$2,500 |
| BlueScript Pharmacy (Rx) Including Oral Contraceptives | |
| Generic/Brand/Non-preferred | \$15/\$30/\$50 |