

# Volusia County Schools: 2021-2022 Medical Plan Design Summary

	Florida Health Care Plans						Florida Blue		
	HMO	Triple Option			POS Plan		HRA		
	In Network	In Ntwk Opt 1	Opt 2	Opt 3	In Network	Out of Network	In Network	Out of Network	
Annual Deductible Single/Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$2,700 / \$5,400	\$4,500 / \$9,000	\$2,000 (\$1,400 GAP) /\$4,000 (\$3,400 GAP)	\$4,000 (\$3,400 GAP) /\$8,000 (\$7,400 GAP)	
Coinsurance(Member Pays)	15%	15%	30%	40%	10%	50%	15%	50%	
Out of Pocket Max Single/Family	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$8,000 / \$16,000	\$6,000 / \$12,000	\$10,000 / \$20,000	\$4,000/\$8,000 (Incl. GAP & HRA)	\$8,000/\$16,000 (Incl. GAP& HRA)	
Physician Services									
PCP Copay	\$20	\$25	\$35	40% AD	\$35	50% AD	15% AD	50% AD	
Specialist Copay	\$35	\$35	\$60	40% AD	\$50	50% AD	15% AD	50% AD	
Preventive Care									
Routine Physical Exam, Well Child, Immunization	\$0	\$0	\$0	40% AD	\$0	50%AD	\$0	50% AD	
WorkForce Wellness Centers									
Per Visit	\$8	\$8			\$8		15% AD	50% AD	
Hospital Services									
Inpatient	\$300/Day (Days 1-5)AD	15% AD	N/A	40% AD	10% AD	50% AD	15% AD	50% AD	
Outpatient	\$250(ASC), \$500 (Hospital)	15% AD	N/A	40% AD	10% AD	50% AD	15% AD	50% AD	
Emergency Services									
Emergency Visit / Urgent Care	\$400 / \$75	15% AD	15% AD	15% AD (In-Network)	10% AD / 10%	10% AD (In-Network) / 10%	15% AD	15% AD	
Lab, X-ray, & Diagnostics									
Lab and Radiology	\$0 Lab / \$20 X-ray / \$75 (OP)	\$0 Lab / \$25 X-ray / 15% AD(OP)	N/A	40% AD	\$0 Lab / \$50 X-ray 10% AD(OP)	50% AD	15% AD	50% AD	
Advanced Imaging	\$175	\$350	30% AD	40% AD	10% AD	50% AD	15% AD	50% AD	
Prescription Drugs									
Retail (31 Day Supply)	FHCP / Walgreens or Publix	FHCP / Walgreens or Publix			FHCP / Walgreens or Publix				
Preferred Generic	\$3 / \$12	\$3 / \$12			\$3 / \$12		N/A		
Non-Pref Generic	\$12 / \$20	\$12 / \$20			\$12 / \$20		\$15	50%	
Preferred Brand	\$35 / \$40	\$35 / \$40			\$35 / \$40		\$30	50%	
Non-preferred Brand	\$60 / \$65	\$60 / \$65			\$60 / \$65		\$50	50%	
Pre approved specialty drug formulary	Preferred: 15% Coins Non-Preferred: 25% Coins	Preferred: 15% Coins Non-Preferred: 25% Coins			Preferred: 15% Coins Non-Preferred: 25% Coins		\$100		
Mail Order (up to 93 days supply)									
Preferred Generic/Non-Pref Generic/ Preferred Brand/ Non-preferred Brand	\$6 / \$33 /\$102 / \$177	\$6 / \$33 /\$102 / \$177			\$6 / \$33 /\$102 / \$177		NA / \$30 /\$60 / \$100	50%	

## Notes:

HMO prescription are available FHCP, Publix and select Walgreens (listed on FHCP.com)

AD = After Deductible

ASC = Ambulatory Surgical Center Facility

OP = Outpatient Facility