

Volusia County Schools: 2020-2021 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	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$1,500 per person	\$4,500 per person	\$2,000 (\$1,400 GAP)/\$4,000 (\$3,400 GAP)	\$4,000 (\$3,400 GAP)/\$8,000 (\$7,400 GAP)
Coinsurance (Member Pays)	0%	10%	30%	40%	10%	50%	15%	50%
Out of Pocket Max Single/Family	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	\$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	\$20	\$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	\$8	\$8	\$8	15% AD	50% AD
Hospital Services								
Inpatient	\$250/Day (Days 1-5)AD	10% AD	N/A	40% AD	10% AD	50% AD	15% AD	50% AD
Outpatient	\$200(ASC), \$400 (hospital)	10% AD	N/A	40% AD	10% AD	50% AD	15% AD	50% AD
Emergency Services								
Emergency Visit / Urgent Care	\$375 / \$75	10% AD	10% AD	10% AD	10% AD	10% AD	15% AD	15% AD
Lab, X-ray, & Diagnostics								
Lab and Radiology	\$0 Lab/\$20 X-ray /\$75 (OP)	\$0 Lab/ \$20 X-ray/10% AD (OP)	N/A	40% AD	\$0 Lab/ \$50 X-ray 10% AD (OP)	50% AD	15% AD	50% AD
Advanced Imaging	\$175	\$300	30% AD	40% AD	10% AD	50% AD	15% AD	50% AD
Prescription Drugs								
Retail (31 Day Supply)								
Preferred Generic	\$3	\$3 (FHCP pharmacies only)			\$3	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	\$100 FHCP Pharmacy	\$100 FHCP pharmacy			\$100 FHCP Pharmacy	\$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 Retail copays are for FHCP pharmacies; Select Walgreens /Select Hours. Triple Option and POS Retail copays are for FHCP pharmacies/ Walgreens (nationwide) and Publix (Volusia and Flagler Co. only)
 - AD = After Deductible
 - ASC = Ambulatory Surgical Center Facility