



Balance Plans(Cost Effective Alternatives)

- Lower premiums
- Fixed co-pays for office visits
- Combinations of co-payments and co-insurance
- Optional deductible amounts

Florida Health Care Balance Plans offer our traditional coverage with lower monthly premiums. By combining fixed co-pays as low as \$20 for office visits, deductibles as low as \$0 annually and co-insurance on other services, Balance Plans offer the peace of mind of knowing exactly what your next visit to a primary care physician or specialist will cost. In addition, monthly expenses can be reduced even more by choosing alternate deductible amounts.

BENEFITS	Balance			In Network	Out of Network	HMO	POS	HMO	POS	HMO	HMO	POS	HMO	POS	HMO	HMO
	HMO	HMO	HMO													
	Plan Code	612	613	614	615		650	670	651	671	652	653	672	654	673	655
Annual Deductible																
Individual	\$2,500	\$3,500	\$5,000	\$1,000	\$2,000		\$500	\$500	\$1000	\$1000	\$1000	\$2000	\$1000	\$2000	\$3000	\$4000
Family	\$5,000	\$7,000	\$10,000	\$2,000	\$4,000	\$0	\$1500	\$1000	\$2000	\$2000	\$2000	\$4000	\$2000	\$4000	\$6000	\$8000
Co-Insurance (Mbr Pays)	NA	20%	20%	10%	30%	10%	30%	20%	40%	20%	30%	50%	40%	60%	50%	50%
Annual Out-of-Pocket Expense Limit																
Individual	\$2,500	\$10,000	\$10,000	\$3000	\$3000	\$3000	\$3000	\$3000	\$6000	\$4000	\$4000	\$8000	\$6000	\$8000	\$8000	\$10,000
Family	\$5,000	\$20,000	\$20,000	\$6000	\$6000	\$6000	\$6000	\$6000	\$12,000	\$8000	\$8000	\$16,000	\$12,000	\$16,000	\$16,000	\$20,000
In-Patient	Deductible	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
PCP OV	\$50	\$35	\$35	\$20	Ded & Coins	\$20	Ded & Coins	\$20	Ded & Coins	\$30	\$30	Ded & Coins	\$30	Ded & Coins	\$50	\$50
Specialist OV	Deductible	Ded & Coins	Ded & Coins	\$35	Ded & Coins	\$35	Ded & Coins	\$35	Ded & Coins	\$50	\$50	Ded & Coins	\$50	Ded & Coins	\$75	\$75
Out Patient Surgery	Deductible	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Emergency Visit																
Participating	Deductible	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Non-Participating	Deductible	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Urgent Care Visit	Deductible	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
PHARMACY																
Formulary Preferred Generic	\$4	\$4	\$4	\$4	NA	\$4	NA	\$4	NA	\$4	\$4	NA	\$4	NA	\$4	\$4
Formulary Non-Preferred Generic	\$10	\$10	\$10	\$10	Walgreens \$15	\$10	Walgreens \$15	\$10	Walgreens \$15	\$10	\$10	Walgreens \$15	\$10	Walgreens \$15	\$10	\$10
Formulary Preferred Brand	\$30	\$30	\$30	\$30	Walgreens \$35	\$30	Walgreens \$35	\$30	Walgreens \$35	\$30	\$30	Walgreens \$35	\$30	Walgreens \$35	\$30	\$30
Formulary Non Preferred Brand	\$55	\$55	\$55	\$55	Walgreens \$60	\$55	Walgreens \$60	\$55	Walgreens \$60	\$55	\$55	Walgreens \$60	\$55	Walgreens \$60	\$55	\$55

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Triple Option Rider (Open Access)

Control your out-of-pocket expenses
Fixed co-pays for in-network office visits

Over 400,000 providers nationally at the Option 2 level with NO balance billing

Triple Option coverage is designed to compliment Florida Health Care's HMO Plans. With the Triple Option Rider, you have complete control of your out-of-pocket expenses for healthcare. The amount you pay is determined by your choice of provider. You may choose to receive care from any provider in Florida Health Care's HMO Participating Provider Network (Option 1). You may also self-refer to any provider listed as a Florida Health Care Option 2 Provider which includes over 400,000 providers locally and nationally. At this level you will be responsible for copays or a deductible and co-insurance. Triple Option also gives you the freedom to receive care from a non-participating physician, facility, or hospital (Option 3).

Plan Code	Premium Triple Option (683)			Classic Triple Option (684)			Balance Triple Option (685)		
	Premium HMO In Network Option 1	Option 2	Option 3	Classic HMO In Network Option 1	Option 2	Option 3	Balance HMO In Network Option 1	Option 2	Option 3
BENEFITS									
Annual Deductible									
Individual		\$250	\$500		\$250	\$500		\$500	\$1000
Family	\$0	\$500	\$1000	\$0	\$500	\$1000	\$0	\$1000	\$2000
Co-Insurance	NA	20%	40%	NA	30%	50%	10%	20%	40%
Annual Out-of-Pocket Expense Limit	\$1500	\$1500	\$3000	\$2000	\$3000	\$6000	\$3000	\$3000	\$6000
	\$3000	\$3000	\$6000	\$4000	\$6000	\$12,000	\$6000	\$6000	\$12,000
In-Patient	\$200	Ded & Coins	Ded & Coins	\$250 day	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Primary Care Physician OV	\$10	\$15	Ded & Coins	\$20	\$30	Ded & Coins	\$20	\$20	Ded & Coins
Specialist OV	\$20	Ded & Coins	Ded & Coins	\$35	Ded & Coins	Ded & Coins	\$35	Ded & Coins	Ded & Coins
Out Patient Surgery	\$0	Ded & Coins	Ded & Coins	100	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Emergency Visit									
Participating	\$60	Same as In-Network	Same as In-Network	\$75	Same as In-Network	Same as In-Network		Same as In-Network	Same as In-Network
Non-Participating	\$75	Same as In-Network	Same as In-Network	\$100	Same as In-Network	Same as In-Network	Ded & Coins	Same as In-Network	Same as In-Network
Urgent Care Visit	\$25	Same as In-Network	Same as In-Network	60	Same as In-Network	Same as In-Network	Ded & Coins	Same as In-Network	Same as In-Network
PHARMACY									
Formulary Preferred Generic	\$4	NA	NA	\$4	NA	NA	\$4	NA	NA
Formulary Non-Preferred Generic	\$10	Walgreens \$15	Walgreens \$15	\$10	Walgreens \$15	Walgreens \$15	\$10	Walgreens \$15	Walgreens \$15
Formulary Preferred Brand	\$30	Walgreens \$35	Walgreens \$35	\$30	Walgreens \$35	Walgreens \$35	\$30	Walgreens \$35	Walgreens \$35
Formulary Non Preferred Brand	\$55	Walgreens \$60	Walgreens \$60	\$55	Walgreens \$60	Walgreens \$60	\$55	Walgreens \$60	Walgreens \$60

Option 1: HMO **Participating** Provider Network

Option 2: **Expanded Provider Network** – Physician services only – NO FACILITIES

VHN providers inside Volusia & Flagler Counties (pink provider directory)
BCBSF HOI providers outside Volusia & Flagler Counties, inside State of FL
Blue Card providers outside State of FL

Option 3: **Non-Participating** providers who do not accept a discount for their services. Please note that charges in excess of allowable may apply (Balance Billing).

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High Deductible Plans

Lower cost alternative for employee benefits
 Fixed co-pays for preventive care
 HSA and HRA qualified plans
 Tax advantages for employers and employees

High Deductible Plans offer maximum control over healthcare expenses at the lowest cost. By assuming a higher level of cost sharing and being directly involved in health care decision making, members can make careful and informed decisions about their medical spending. Being better informed about actual health care costs allows you to save money for health care expenses in future years, or in some plans for retirement. When combined with a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA), account balances can carry over from year to year providing tax advantages for employers and employees. High Deductible Plans are an excellent lower cost alternative for business owners offering employee health coverage.

BENEFITS	High Deductible HMO & Point of Service Plans											
	HMO-In Net	POS-Out Net	HMO-In Net	POS-Out Net	HMO-In Net	POS-Out Net	HMO-In Net	POS-Out Net	In Net	Out Net	In Net	Out Net
Plan Code	B61	674	B62	675	B63	676	B67	677	HSA Compatible 694		HSA Compatible 695	
Annual Deductible In-Net												
Individual	\$1,200	\$2,400	\$2,500	\$5,000	\$3,500	\$5,000	\$5,000	\$7,000	\$1,200	\$2,400	\$2,500	\$5,000
Family	\$2,400	\$4,800	\$5,000	\$10,000	\$7,000	\$10,000	\$10,000	\$14,000	\$2,400	\$4,800	\$5,000	\$10,000
Co-Insurance	20%	40%	30%	50%	40%	50%	40%	50%	20%	30%	30%	50%
Annual Out-of-Pocket Expense Limit												
Individual	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$7,000	\$14,000	\$3,000	\$6,000	\$4,000	\$8,000
Family	\$6,000	\$12,000	\$8,000	\$16,000	\$10,000	\$20,000	\$14,000	\$28,000	\$6,000	\$12,000	\$8,000	\$16,000
In-Patient	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Primary Care Physician OV	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Specialist OV	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Out Patient Surgery	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Emergency Visit	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Urgent Care Visit	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins	Ded & Coins
Annual Adult Physical	\$0	Ded & Coins	\$0	Ded & Coins	\$0	Ded & Coins	\$0	Ded & Coins	\$0	Ded & Coins	\$0	Ded & Coins
Mammography Screenings	\$0	Ded & Coins	\$0	Ded & Coins	\$0	Ded & Coins	\$0	Ded & Coins	\$0	Ded & Coins	\$0	Ded & Coins
Bone Density Screenings	\$0	Ded & Coins	\$0	Ded & Coins	\$0	Ded & Coins	\$0	Ded & Coins	\$0	Ded & Coins	\$0	Ded & Coins
PHARMACY									Pharmacy copays (after deductible has been met)		Pharmacy copays (after deductible has been met)	
Formulary Preferred Generic	\$4	NA	\$4	NA	\$4	NA	\$4	NA	\$4	NA	\$4	NA
Formulary Non-Preferred Generic	\$10	Walgreens \$15	\$10	Walgreens \$15	\$10	Walgreens \$15	\$10	Walgreens \$15	\$10	Walgreens \$15	\$10	Walgreens \$15
Formulary Preferred Brand	\$30	Walgreens \$35	\$30	Walgreens \$35	\$30	Walgreens \$35	\$30	Walgreens \$35	\$30	Walgreens \$35	\$30	Walgreens \$35
Formulary Non Preferred Brand	\$55	Walgreens \$60	\$55	Walgreens \$60	\$55	Walgreens \$60	\$55	Walgreens \$60	\$55	Walgreens \$60	\$55	Walgreens \$60

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