



# STATE OF FLORIDA BENEFITS SCHEDULE

For Further Information

Call Your Account Executive at FHCP Marketing Department  
at 386.676.7110 or 1.800.232.0578

## INPATIENT CARE

Inpatient hospital care for illness, injury or maternity, Newborn care, Semi-private room and Misc. Hospital Services, Intensive Care Unit or Similar Unit, Pre-Admission testing	\$250 per Admission
In-Hospital Physician's Services	Covered in Full
Newborn Nursery Care (when infant has been pre-enrolled)	Covered in Full

## OUTPATIENT CARE

Primary Care Provider Office Visit	\$15 copay/visit
Specialist Office Visit	\$25 copay/visit
Surgical Care in Outpatient Provider facility	None
Rehabilitation (limited to an aggregate of 60 visit per incident)	\$25 copay/visit
Non-Surgical Back Treatment (Chiropractic Visit)	\$25 copay/visit

## PREVENTIVE MEDICAL CARE

Well-Baby Care	\$15 copay/visit
Annual Physical	\$15 copay/visit
Annual Well Woman's Assessment when performed by your PCP	\$15 copay/visit
Annual Well Woman's Assessment when performed by a Specialist	\$25 copay/visit

## EMERGENCY / URGENT CARE SERVICES

Hospital Emergency Room – Contract Facility	\$50 copay/visit (waived if admitted)
Hospital Emergency Room – Non-Contract Facility	\$50 copay/visit
Ambulance Services	None
Non-scheduled Urgent Care at FHCP Affiliated Urgent Care Center	\$15 copay/visit
Nonscheduled MD Office Visit	\$15 Copay/visit

## MENTAL AND NERVOUS DISORDERS

Outpatient Visits	\$25 copay/visit
Inpatient	\$250 per Admission

## ALCOHOL AND DRUG ABUSE TREATMENT

Outpatient Visits	\$25 copay/visit
Inpatient	\$250 per Admission

## SKILLED NURSING FACILITY

Limited to 60 days per calendar year. Skilled criteria must be met.	None
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## OTHER COVERED SERVICES

Autism Spectrum Disorder (limited to \$36,000 annually and may not exceed \$200,000 total benefits)	\$25 copay/visit
Home Health Care	None
Durable Medical Equipment and Supplies	None
Orthotics / Prosthetics	None
Radiation Therapy	None

## FORMULARY PRESCRIPTION DRUGS (including insulin) – Up to a 30 day supply

FHCP/Walgreen Generic	\$10
FHCP/Walgreen Preferred Brand Name	\$25
FHCP/Walgreen Non-Preferred Brand Name	\$40

## FORMULARY SELF-INJECTABLES (excluding insulin) – Up to a 30 day supply

FHCP Generic	\$10
FHCP Preferred Brand Name	\$25
FHCP Non-Preferred Brand Name	\$40

**FORMULARY PRESCRIPTION DRUGS / MAIL ORDER (including insulin) – Up to a 90 day supply**

FHCP Generic	\$20
FHCP Preferred Brand Name	\$50
FHCP Non-Preferred Brand Name	\$80