



STATE OF FLORIDA

BENEFIT 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 (Up to 26 visits per calendar year)	\$25 copay/visit
Inpatient – Up to 31 days per calendar year	\$250 per Admission
ALCOHOL AND DRUG ABUSE TREATMENT	
Outpatient Visits (Up to 26 visits per calendar year)	\$25 copay/visit
Inpatient – 31 day maximum per calendar year	\$250 per Admission
SKILLED NURSING FACILITY	
Limited to 60 days per calendar year. Skilled criteria must be met.	None
OTHER COVERED SERVICES	
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