



**STATE OF FLORIDA
HEALTH INVESTOR HEALTH PLAN
EFFECTIVE 1/1/09**

DEDUCTIBLES AND BENEFIT LIMITS	COVERED PERSON'S FINANCIAL RESPONSIBILITY
Health Savings Account (HSA) – Employer contribution for active employees only	\$500 – Individual \$1,000 - Family
Annual Deductible – Aggregate family deductible	\$1,250 – Individual \$2,500 – Family
Coinsurance	20%
Coinsurance Maximum	\$3,000 – Individual \$6,000 – Family
Lifetime Maximum	Unlimited
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	20% coinsurance
In-Hospital Physician's Services	20% coinsurance
Newborn Nursery Care (when infant has been pre-enrolled)	20% coinsurance
OUTPATIENT CARE	
Primary Care Provider Office Visit	20% coinsurance
Specialist Office Visit	20% coinsurance
Surgical Care in Outpatient Provider facility	20% coinsurance
Rehabilitation (limited to an aggregate of 60 visits per incident)	20% coinsurance
Non-Surgical Back Treatment (Chiropractic Visit)	20% coinsurance
PREVENTIVE MEDICAL CARE	
Well-Baby Care	\$0
Annual Physical	\$0
Annual Well Woman's Assessment when performed by your PCP	\$0
Annual Well Woman's Assessment when performed by a Specialist	\$0
EMERGENCY / URGENT CARE SERVICES	
Hospital Emergency Room – Contract Facility	20% coinsurance
Hospital Emergency Room – Non-Contract Facility	20% coinsurance
Ambulance Services	20% coinsurance
Non-scheduled Urgent Care at FHCP Affiliated Urgent Care Center	20% coinsurance
Nonscheduled MD Office Visit	20% coinsurance
MENTAL AND NERVOUS DISORDERS	
Outpatient Visits (Up to 26 visits per calendar year)	20% coinsurance
Inpatient – Up to 31 days per calendar year	20% coinsurance
ALCOHOL AND DRUG ABUSE TREATMENT	
Outpatient Visits (Up to 26 visits per calendar year)	20% coinsurance
Inpatient – 31 day maximum per calendar year	20% coinsurance
SKILLED NURSING FACILITY	
Limited to 60 days per calendar year. Skilled criteria must be met.	20% coinsurance
OTHER COVERED SERVICES	
Home Health Care	20% coinsurance
Durable Medical Equipment and Supplies	20% coinsurance
Orthotics / Prosthetics	20% coinsurance
Radiation Therapy	20% coinsurance

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

FHCP/Walgreen Generic	30% (after deductible)
FHCP/Walgreen Preferred Brand Name	30% (after deductible)
FHCP/Walgreen Non-Preferred Brand Name	50% (after deductible)

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

FHCP Generic	30% (after deductible)
FHCP Preferred Brand Name	30% (after deductible)
FHCP Non-Preferred Brand Name	50% (after deductible)

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

FHCP Generic	30% (after deductible)
FHCP Preferred Brand Name	30% (after deductible)
FHCP Non-Preferred Brand Name	50% (after deductible)