




COLLEGE of
CENTRAL
FLORIDA

2022
Plan Design Benefits Comparison
Blue Options PPO 03769

	Plan Design - 2021	Plan Design - 2022
	BlueOptions PPO 03769	BlueOptions PPO 03769
Cost Sharing - Member's Responsibility		
Deductible (DED) (Per Person/Family Aggregate)		
In-Network	\$800 / \$2,400	\$800 / \$2,400
Out-of-Network	Combined w/ INN	Combined w/ INN
Coinsurance (BCBSF pays / Member pays)		
In-Network	80% / 20%	80% / 20%
Out-of-Network	60% / 40%	60% / 40%
Out of Pocket Maximum (Per Person/Family Aggregate)		
	Includes Pharmacy	Includes Pharmacy
In-Network	\$7,000 / \$14,000	\$7,000 / \$14,000
Out-of-Network	Combined w/ INN	Combined w/ INN
Medical / Surgical Care by a Physician		
	\$5 copay when provided by a Value Choice PCP/Family Physician	\$5 copay when provided by a Value Choice PCP/Family Physician
Office Services		
In-Network Family Physician	\$40	\$40
In-Network Specialist	\$60	\$60
Out-of-Network	Ded + 40%	Ded + 40%
Preventive Services (Adult & Well Child)		
Office Services		
In-Network Family Physician	\$0	\$0
In-Network Specialist	\$0	\$0
Out-of-Network	40%	40%
Medical / Surgical Care at a Facility		
Inpatient Hospital Facility (per admit)		
	• OON only; if admitted as an Inpatient from ER, Cost Share is OON Deductible + ER Copayment	
In-Network	Option 1: \$1,250 Option 2: \$2,250	Option 1: \$1,250 Option 2: \$2,250
Out-of-Network	Ded + 40%	Ded + 40%
Outpatient Hospital Facility (per visit) (Surgical)		
In-Network	Option 1: Ded + 20% Option 2: Ded + 20%	Option 1: Ded + 20% Option 2: Ded + 20%
Out-of-Network	Ded + 40%	Ded + 40%
Emergency and Urgent Care		
Emergency Room Facility (per visit) (No surgery performed or not admitted)		
In-Network	DED + 20%	DED + 20%
Urgent Care Centers		
In-Network	\$65	\$65
Ambulance		
In-Network	DED + 20%	DED + 20%
Other Special Services		
TeleMedicine Services - with Teladoc		
In-Network	\$10	\$10
Gastric Bypass Covered 1		
	covered 1 per lifetime	covered 1 per lifetime
Prescription Drugs		
Deductible		
	N/A	N/A
In-Network - Retail		
Generic/Brand/Non-Preferred/ Specialty Rx Max.	\$15 / \$45 / \$65 / \$250	\$15 / \$45 / \$65 / \$250
In-Network - Mail Order		
Generic/Brand/Non-Preferred	\$30 / \$90 / \$130	\$30 / \$90 / \$130