COLLEGE of CENTRAL FLORIDA

2022
Benefits Comparison

FCSRMC
FLORIDA COLLEGE SYSTEM RISK MANAGEMENT CONSORTIUM

	BlueOptions PPO 03769	BlueOptions PPO 05190 & HSA Individual Plan	BlueOptions PPO 05191 & HSA Family Plan
Cost Sharing - Member's Responsibility			
Deductible (DED) (Per Person/Family Aggregate)			
In-Network	$800 / $2,400	$1,750 / NA	$3,500 / $3,500
Out-of-Network	Combined w/ INN	$5,000 / NA	$10,000 / $10,000
Coinsurance (BCBSF pays / Member pays)			
In-Network	80% / 20%	80% / 20%	80% / 20%
Out-of-Network	60% / 40%	60% / 40%	60% / 40%
Out of Pocket Maximum (Per Person/Family Aggregate)	Includes Pharmacy		
In-Network	$7,000 / $14,000	$4,500 / NA	$6,850 / $9,000
Out-of-Network	Combined w/ INN	$9,000 / NA	$18,000 / $18,000
Medical / Surgical Care by a Physician			
Office Services	$5 copay when provided by a Value Choice PCP/Family Physician	Value Choice Not Applicable	
In-Network Family Physician	$40	DED + 20%	DED + 20%
In-Network Specialist	$60	DED + 20%	DED + 20%
Out-of-Network	Ded + 40%	DED + 40%	DED + 40%
Preventive Services (Adult & Well Child)			
Office Services			
In-Network Family Physician	$0	$0 Copayment	$0 Copayment
In-Network Specialist	$0	$0 Copayment	$0 Copayment
Out-of-Network	40%	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: Ded + 20% Option 2: Ded + 25%	Option 1: Ded + 20% Option 2: Ded + 25%
Out-of-Network	Ded + 40%	$500 PAD + DED + 40%	$500 PAD + 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 + 25%	Option 1: Ded + 20% Option 2: Ded + 25%
Out-of-Network	Ded + 40%	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%	DED + 20%
Urgent Care Centers			
In-Network	$65	DED + 20%	DED + 20%
Ambulance			
In-Network	DED + 20%	DED + 20%	DED + 20%
Other Special Services			
TeleMedicine Services - with Teladoc			
In-Network	$10	DED + Coin, Allowance Max. $45	DED + Coin, Allowance Max. $45
Gastric Bypass Covered 1	covered 1 per lifetime	covered 1 per lifetime	covered 1 per lifetime
Prescription Drugs			
Deductible	N/A	Integrated Deductible	Integrated Deductible
In=Network - Retail			
Generic/Brand/Non-Preferred/ Specialty Rx Max.	$15 / $45 / $65 / $250	DED	DED
In-Network - Mail Order			
Generic/Brand/Non-Preferred	$30 / $90 / $130	DED	DED
Health Savings Account Funding	**N/A**	**Employee Only $500**	**EE + 1 = $1,000** **EE + 2 = $1,500**

Note: This is a summarized version of the Summary of Benefit Coverages (SBC's). Not all benefits are illustrated above.