



2020 Benefits Comparison

FCSRMC <small>FLORIDA COLLEGE SYSTEM RISK MANAGEMENT CONSORTIUM</small>	PPO BlueOptions 03769	PPO BlueOptions 03559 Frozen	HMO BlueCare 58
Cost Sharing - Member's Responsibility			
Deductible (DED) (Per Person/Family Aggregate)			
In-Network	\$600 / \$1,800	\$600 / \$1,800	N/A
Out-of-Network	Combined with In-Network	Combined with In-Network	N/A
Coinsurance (BCBSF pays / Member pays)			
In-Network	80% / 20%	80% / 20%	80% / 20%
Out-of-Network	60% / 40%	70% / 30%	Not Covered
Out of Pocket Maximum (Per Person/Family Aggregate) Includes Pharmacy			
In-Network	\$6,000/\$12,000	\$6,000 / \$12,000	\$6,000/\$12,000
Out-of-Network	Combined with In-Network	Combined with In-Network	Not Covered
Medical / Surgical Care by a Physician			
Office Services			
In-Network Family Physician	\$30	\$30	\$30
In-Network Specialist	\$50	\$50	\$50
Out-of-Network	DED + 40%	DED + 30%	Not Covered
Hospital Location (Inpatient/Outpatient/ER)			
In-Network Specialist	DED + 20%	DED + 20%	\$0
Out-of-Network	Same as In-Network	In-Network DED + 20%	Not Covered
Medical / Surgical Care at a Facility			
Inpatient Hospital Facility (per admit)			
In-Network Option 1	\$1,000	\$750	\$300 per day/\$1,500 max
In-Network Option 2	\$2,000	\$1,500	\$300 per day/\$1,500 max
Out-of-Network	DED + 40%	\$2,500	Not Covered
Outpatient Hospital Facility (per visit)			
In-Network Option 1	DED + 20%	\$150	\$100 Therapy \$500 All Other
In-Network Option 2	DED + 20%	\$250	\$100 Therapy \$500 All Other
Out-of-Network	DED + 40%	Ded + 30%	Not covered
Emergency Room Facility (per visit)			
In-Network	DED + 20%	\$100 + 20%	20%
Out-of-Network	DED + 20%	\$100 + 20%	20%
Urgent Care In-Network	\$65	\$50	\$80
Other Special Services			
TeleMedicine Services with Teladoc	\$10	\$10	\$10
Wellness	No Member Cost Share	No Member Cost Share	No Member Cost Share
Ambulance	DED + 20%	DED + 20%	20%
Gastric Bypass	Covered 1 Per Lifetime	Covered 1 Per Lifetime	Covered 1 Per Lifetime
Women's Wellness	No Member Cost Share	No Member Cost Share	No Member Cost Share
RX	\$15/\$45/\$65/\$250 Mail \$30/\$90/\$130	\$15/\$60/\$100/\$250 Mail \$30/\$120/\$200	\$15/\$45/\$65/\$250 Mail \$30/\$90/\$130
Note	\$250 Monthly Member Out of Pocket Maximum per specialty prescription applies	N/A	N/A