

To Locate a Florida Blue network provider: www.bcbsfl.com

This rate chart applies to ALL Employees of the district.

Welcome to Florida Blue Blue Cross Blue Shield of Florida	Gold Plan - PPO		Silver Plan - PPO		Bronze Plan - HMO Florida Regions Only	
	Blue Options Network		Blue Options Network		Blue Care Network	
	Employee Cost	Board Cost	Employee Cost	Board Cost	Employee Cost	Board Cost
Premiums per paycheck	24-Paychecks / 20-Paychecks	24-Paychecks / 20-Paychecks	24-Paychecks / 20-Paychecks	24-Paychecks / 20-Paychecks	24-Paychecks / 20-Paychecks	24-Paychecks / 20-Paychecks
Employee	\$51.00/\$61.20	\$252.50/\$303.00	\$32.00/\$38.40	\$253.50/\$304.20	\$16.00/\$19.20	\$246.50/\$295.80
Employee + Spouse	\$278.50/\$334.20	\$389.50/\$467.40	\$237.50/\$285.00	\$390.50/\$468.60	\$194.00/\$232.80	\$384.00/\$460.80
Employee + Child(ren)	\$184.00/\$220.80	\$362.00/\$434.40	\$145.00/\$174.00	\$368.50/\$442.20	\$80.00/\$96.00	\$393.50/\$472.20
Family (Includes Spouse)	\$411.00/\$493.20	\$499.00/\$599.00	\$350.00/\$420.00	\$506.00/\$607.20	\$257.50/\$309.00	\$530.50/\$636.60
Calendar Year Deductible (CYD)						
In-Network (per person/family)	\$1,000/\$2,000		\$1,500/\$3,000		\$2,500/\$5,000	
Out-of Network (per person/family)	\$2,000/\$4,000		\$3,000/\$6,000		N/A	
Co-Insurance (Amount owed after CYD met)						
In-Network	10% of BCBS allowable charges		20% of BCBS allowable charges		30% of BCBS allowable charges	
Out-of Network	50% of BCBS allowable charges		50% of BCBS allowable charges		50% of BCBS allowable charges	
Out of Pocket Maximum - Includes CYD, Co-Insurance & all copays for services and prescriptions						
In-Network	\$3,000/\$6,000		\$4,000/\$8,000		\$5,000/\$10,000	
Out-of Network	\$6,000/\$12,000		\$8,000/\$16,000		\$10,000/\$20,000	
Office Services						
Primary Care Physician	\$10		\$25		\$30	
Specialist	\$20		\$50		\$60	
Emergency/Facility Services						
ER Copay (not to exceed billed amount)	\$800		\$1,000		\$1,200	
Inpatient Admission Copay	\$200		\$250		\$300	
Preventive Services (including Dermatology)	100% Coverage		100% Coverage		100% Coverage-in network	
Any Benefit not specified is covered at deductible then coinsurance						
Pharmacy-prescriptions - Low Cost pharmacies like Publix, Walmart and CVS are encouraged. WALGREENS is an excluded pharmacy.						
Generic 30day/90day	\$10/\$25		\$10/\$25		\$10/\$25	
Preferred 30day/90day	\$30/\$75		\$30/\$75		\$30/\$75	
Non-Preferred 30day/90day	\$60/\$150		\$60/\$150		\$60/\$150	

Do not elect coverage that your paycheck cannot support.