The Dermatology Group

Effective Date: 12	2/1/2024	OPEN ACCESS HMC) NO REFERRALS	PPO	
	Carrier	Florida Blue	Florida Blue	Florida Blue	Florida Blue
	Plan Name	73	48	5182 H.S.A - Single	5183- H.S.A- Family
	Network	BlueCare	BlueCare	BlueOptions	BlueOptions
IN-NETWORK BENEF	TITS				
FINANCIALS					
Deductible - (Individual / Family)		\$5,000/ \$10,000	\$2,000/ \$6,000	\$2,500/ N/A	\$5,000/ \$5,000
Deductible - (Embedded / Non-Embedded)		Embedded	Embedded	Non-Embedded	Non-Embedded DED
Coinsurance		20%	20%	10%	10%
Out of Pocket Maximum - (Individual / Family)		\$8,200/ \$16,400	\$5,800/ \$11,600	\$5,000/ N/A	\$6,850/\$10,000
PREVENTATIVE CARE					
Routine Exams (Physical, Well Woman, Well Child	d)	\$0	\$0	\$0	\$0
Routine Mammograms, Colonoscopies, etc.		\$0	\$0	\$0	\$0
PHYSICIAN OFFICE VISITS					
Value Choice Providers (PCP/ Specialists)		\$0/\$20	\$0/\$20	DED + 10%	DED + 10%
PCP Office Visit (Convenient Care Clinics)		\$0 Visits 1-3, then \$30	\$35	DED + 10%	DED + 10%
Tele-Medicine		\$0/ \$60	\$0/ \$65	DED + 10%	DED + 10%
Specialist Office Visit		\$65	\$65	DED + 10%	DED + 10%
PRESCRIPTION BENEFITS					
Rx Deductible		\$0	\$0	Integrated w/ Med	Integrated w/ Med
Prescription Drugs		\$10/ 50/ 80	\$10/ 50/ 80	DED, then \$10/50/80	DED, then \$10/50/80
Specialty Drugs		\$250	\$250	DED, then \$250	DED, then \$250
Mail Order Drugs (Up to 90 Day Supply)		2.5 X Retail	2.5 X Retail	DED, then 2.5 X Retail	DED, then 2.5 X Retail
DIAGNOSTIC / LAB					
Independent Clinical Lab		\$0	\$0	DED + 10%	DED + 10%
Independent Diagnostic Services (other than AIS)		\$60	\$50	DED + 10%	DED + 10%
Independent Advanced Imaging Services (MRI, CA	T Scan, etc.)	DED + 20%	\$300	DED + 10%	DED + 10%
HOSPITALIZATION & OUTPATIENT SERV	ICES				
Ambulatory Surgical Center		DED + 20%	\$250	DED + 10%	DED + 10%
Outpatient Hospital Facility Services		DED + 20%	DED + 20%	DED + 10%	DED + 10%
Inpatient Hospital Facility Services		DED + 20%	\$100 PAD + DED + 20%	DED + 10%	DED + 10%
Physician Services (ER / Hospital or ASC)		DED + 20%-ER/Hosp/\$60 ASC	D+ 20% ER/ Hosp/ \$65 ASC	DED + 10%	DED + 10%
		DDD 1 20% Breiliosp/400 libe			
Emergency Room- Facilty		\$350	\$300	DED + 10%	DED + 10%
Emergency Room- Facilty Urgent Care (Value Choice Providers/ Other Netwo	ork Providers)	-	-	DED + 10% DED + 10%	DED + 10% DED + 10%
Urgent Care (Value Choice Providers/ Other Netwo	ork Providers)	\$350	\$300		
Urgent Care (Value Choice Providers/ Other Netwood OUT-OF-NETWORK BENEFITS FINANCIALS	ork Providers)	\$350 \$0 Visits 1-2, then \$100/ \$100	\$300 \$0 Visits 1-2, then \$70/ \$70	DED + 10%	DED + 10%
Urgent Care (Value Choice Providers/ Other Netwood OUT-OF-NETWORK BENEFITS FINANCIALS Deductible - (Individual / Family)	ork Providers)	\$350 \$0 Visits 1-2, then \$100/ \$100 N/A	\$300 \$0 Visits 1-2, then \$70/\$70 N/A	DED + 10% \$5,000/ N/A	DED + 10% \$10,000/ \$10,000
Urgent Care (Value Choice Providers/ Other Netwood OUT-OF-NETWORK BENEFITS FINANCIALS Deductible - (Individual / Family) Coinsurance	ork Providers)	\$350 \$0 Visits 1-2, then \$100/ \$100 N/A N/A	\$300 \$0 Visits 1-2, then \$70/\$70 N/A N/A	DED + 10% \$5,000/ N/A 40%	DED + 10% \$10,000/ \$10,000 40%
Urgent Care (Value Choice Providers/ Other Netwood OUT-OF-NETWORK BENEFITS FINANCIALS Deductible - (Individual / Family) Coinsurance	ork Providers)	\$350 \$0 Visits 1-2, then \$100/ \$100 N/A	\$300 \$0 Visits 1-2, then \$70/\$70 N/A	DED + 10% \$5,000/ N/A	DED + 10% \$10,000/ \$10,000
Urgent Care (Value Choice Providers/ Other Netwood OUT-OF-NETWORK BENEFITS FINANCIALS Deductible - (Individual / Family) Coinsurance	ork Providers)	\$350 \$0 Visits 1-2, then \$100/\$100 N/A N/A N/A	\$300 \$0 Visits 1-2, then \$70/ \$70 N/A N/A N/A	DED + 10% \$5,000/ N/A 40% \$10,000/ N/A	DED + 10% \$10,000/ \$10,000 40% \$20,000/ \$20,000
Urgent Care (Value Choice Providers/ Other Netwood OUT-OF-NETWORK BENEFITS FINANCIALS Deductible - (Individual / Family) Coinsurance		\$350 \$0 Visits 1-2, then \$100/\$100 N/A N/A N/A N/A	\$300 \$0 Visits 1-2, then \$70/\$70 N/A N/A N/A N/A	\$5,000/ N/A 40% \$10,000/ N/A 5182 H.S.A - Single	DED + 10% \$10,000/ \$10,000 40% \$20,000/ \$20,000 5183- H.S.A- Family
Urgent Care (Value Choice Providers/ Other Netwood OUT-OF-NETWORK BENEFITS FINANCIALS Deductible - (Individual / Family) Coinsurance	ork Providers) COVERAGE TIER	\$350 \$0 Visits 1-2, then \$100/\$100 N/A N/A N/A	\$300 \$0 Visits 1-2, then \$70/\$70 N/A N/A N/A N/A 184 184 184 184 184 184 184 184	\$5,000/ N/A 40% \$10,000/ N/A 5182 H.S.A - Single BlueOptions	DED + 10% \$10,000/ \$10,000 40% \$20,000/ \$20,000
Urgent Care (Value Choice Providers/ Other Netwood OUT-OF-NETWORK BENEFITS FINANCIALS Deductible - (Individual / Family) Coinsurance	COVERAGE TIER	\$350 \$0 Visits 1-2, then \$100/\$100 N/A N/A N/A N/A 73 BlueCare	\$300 \$0 Visits 1-2, then \$70/\$70 N/A N/A N/A N/A 48 BlueCare PER. PAYCHECK D	\$5,000/ N/A 40% \$10,000/ N/A 5182 H.S.A - Single BlueOptions EDUCTIONS	\$10,000/\$10,000 40% \$20,000/\$20,000 5183- H.S.A- Family BlueOptions
Urgent Care (Value Choice Providers/ Other Netwood OUT-OF-NETWORK BENEFITS FINANCIALS Deductible - (Individual / Family) Coinsurance	COVERAGE TIER Employee Only	\$350 \$0 Visits 1-2, then \$100/\$100 N/A N/A N/A N/A 73 BlueCare	\$300 \$0 Visits 1-2, then \$70/\$70 N/A N/A N/A N/A M/A 48 BlueCare PER. PAYCHECK D \$118.08	\$5,000/ N/A 40% \$10,000/ N/A 5182 H.S.A - Single BlueOptions EDUCTIONS \$87.25	\$10,000/\$10,000 40% \$20,000/\$20,000 5183- H.S.A- Family BlueOptions
Urgent Care (Value Choice Providers/ Other Netwood OUT-OF-NETWORK BENEFITS FINANCIALS Deductible - (Individual / Family) Coinsurance	COVERAGE TIER Employee Only Employee + Spouse	\$350 \$0 Visits 1-2, then \$100/\$100 N/A N/A N/A N/A 73 BlueCare \$69.85 \$459.12	\$300 \$0 Visits 1-2, then \$70/\$70 N/A N/A N/A N/A A 48 BlueCare PER. PAYCHECK D \$118.08 \$569.08	\$5,000/ N/A 40% \$10,000/ N/A 5182 H.S.A - Single BlueOptions EDUCTIONS \$87.25 N/A	\$10,000/\$10,000 40% \$20,000/\$20,000 5183- H.S.A- Family BlueOptions N/A \$498.80
Urgent Care (Value Choice Providers/ Other Netwood OUT-OF-NETWORK BENEFITS FINANCIALS Deductible - (Individual / Family)	COVERAGE TIER Employee Only Employee + Spouse Employee + Child(ren)	\$350 \$0 Visits 1-2, then \$100/\$100 N/A N/A N/A 73 BlueCare \$69.85 \$459.12 \$373.97	\$300 \$0 Visits 1-2, then \$70/\$70 N/A N/A N/A N/A 48 BlueCare PER. PAYCHECK D \$118.08 \$569.08 \$470.42	\$5,000/ N/A 40% \$10,000/ N/A 5182 H.S.A - Single BlueOptions EDUCTIONS \$87.25 N/A N/A	\$10,000/\$10,000 40% \$20,000/\$20,000 5183- H.S.A- Family BlueOptions N/A \$498.80 \$408.78
Urgent Care (Value Choice Providers/ Other Netwood OUT-OF-NETWORK BENEFITS FINANCIALS Deductible - (Individual / Family) Coinsurance	COVERAGE TIER Employee Only Employee + Spouse	\$350 \$0 Visits 1-2, then \$100/\$100 N/A N/A N/A 73 BlueCare \$69.85 \$459.12 \$373.97 \$738.90	\$300 \$0 Visits 1-2, then \$70/\$70 N/A N/A N/A N/A A 48 BlueCare PER. PAYCHECK D \$118.08 \$569.08	\$5,000/ N/A 40% \$10,000/ N/A 5182 H.S.A - Single BlueOptions EDUCTIONS \$87.25 N/A N/A N/A	\$10,000/\$10,000 40% \$20,000/\$20,000 5183- H.S.A- Family BlueOptions N/A \$498.80 \$408.78 \$794.60

