

The Dermatology Group

Effective Date: **12/1/2024**

	OPEN ACCESS HMO NO REFERRALS		PPO	
Carrier Plan Name Network	Florida Blue 73 BlueCare	Florida Blue 48 BlueCare	Florida Blue 5182 H.S.A - Single BlueOptions	Florida Blue 5183- H.S.A- Family BlueOptions
IN-NETWORK BENEFITS				
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)	\$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, CAT Scan, etc.)	DED + 20%	\$300	DED + 10%	DED + 10%
HOSPITALIZATION & OUTPATIENT SERVICES				
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%
Emergency Room- Facility	\$350	\$300	DED + 10%	DED + 10%
Urgent Care (Value Choice Providers/ Other Network Providers)	\$0 Visits 1-2, then \$100/ \$100	\$0 Visits 1-2, then \$70/ \$70	DED + 10%	DED + 10%
OUT-OF-NETWORK BENEFITS				
FINANCIALS				
Deductible - (Individual / Family)	N/A	N/A	\$5,000/ N/A	\$10,000/ \$10,000
Coinsurance	N/A	N/A	40%	40%
Out of Pocket Maximum - (Individual / Family)	N/A	N/A	\$10,000/ N/A	\$20,000/ \$20,000
COVERAGE TIER	73 BlueCare	48 BlueCare	5182 H.S.A - Single BlueOptions	5183- H.S.A- Family BlueOptions
PER. PAYCHECK DEDUCTIONS				
Employee Only	\$69.85	\$118.08	\$87.25	N/A
Employee + Spouse	\$459.12	\$569.08	N/A	\$498.80
Employee + Child(ren)	\$373.97	\$470.42	N/A	\$408.78
Family	\$738.90	\$893.23	N/A	\$794.60
FINAL RATES SUBJECT TO FINAL ENROLLMENT				