Florida Blue
In the pursuit of health®

Alachua County Employees 2024 Benefit Summary

Product	BlueOptions	BlueOptions
Plan Number	05770	05781
Effective Date	10/1/2024	10/1/2024
Employee Premium	**Bi-Weekly Monthly**	**Bi-Weekly Monthly**
Employee only	$39.19 $78.38	$9.28 $18.56
Employee + 1	$186.49 $372.98	$114.98 $229.96
Employee + 2 or More	$262.90 $525.80	$162.08 $324.16
Cost Sharing - Member's Responsibility		
Deductible (DED) (Per Person/Family Aggregate)		HRA Employee: $750 HRA Emp+1/Family $1,500
In-Network	$300/ $900	$1,500/$3,000
Out-of-Network	$750/$2,500	$3,000/$6,000
Coinsurance (BCBSF / Member)		
In-Network	80% / 20%	80% / 20%
Out-of-Network	50% / 50%	50% / 50%
Out of Pocket Maximum (Per Person/Family Aggregate)		
In-Network	$2,500/$5,000	$4,000/$8,000
Out-of-Network	$5,000/$10,000	$8,000/$16,000
Medical Pharmacy OOP Maximum (Per Person Per Calendar Month)		
In-Network (Preferred/Non-Preferred)	$200	$200
Out-of-Network	NA	NA
Medical / Surgical Care by a Physician		
Virtual Visits	• Virtual Visit services only covered for INN designated providers • Virtual Behavioral Health Services covered at $0 for INN designated providers	• Virtual Visit services only covered for INN designated providers • Virtual Behavioral Health Services covered at $0 for INN designated providers
Value Choice PCP	$25 Copayment	DED + 20%
Value Choice Specialist	$45 Copayment	DED +20%
In-Network Family Physician	$25 Copayment	DED + 20%
In-Network Specialist	$45 Copayment	DED + 20%
Out-of-Network	Not Covered	Not Covered
Office Services		
Value Choice PCP	$25 Copayment	DED + 20%
Value Choice Specialist	$45 Copayment	DED + 20%
In-Network Family Physician	$25 Copayment	DED + 20%
In-Network Specialist	$45 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Allergy Injections (Office)		
Value Choice PCP	$10 Copayment	DED + 20%
In-Network Family Physician & Specialist	$10 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Health Care Professional Administered Medications in the Office (Medical Pharmacy)		
In-Network (Preferred & Non-Preferred)	20%	20%
Out-of-Network	DED + 50%	DED + 50%
Convenient Care Center		
In-Network	$25 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Physician Services at Hospital		
In-Network	$100 Copayment	DED + 20%
Out-of-Network	$100 Copayment	INN DED + 20%
Radiology, Pathology and Anesthesiology Provider Services at Hospital		
In-Network	$100 Copayment	DED + 20%
Out-of-Network	$100 Copayment	INN DED + 20%

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Radiology, Pathology and Anesthesiology Provider Services at ASC		
In-Network	$45 Copayment	DED + 20%
Out-of-Network	$45 Copayment	DED + 20%
Physician Services at Locations other than Office, Hospital and ER		
In-Network Family Physician	$25 Copayment	DED + 20%
In-Network Specialist	$45 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Preventive Services-Adult and Child Wellness Services		
Office Services		
In-Network Family Physician	$0 Copayment	$0 Copayment
In-Network Specialist	$0 Copayment	$0 Copayment
Out-of-Network	50%	50%
Independent Clinical Laboratory		
In-Network	$0 Copayment	$0 Copayment
Out-of-Network	50%	50%
Independent Diagnostic Testing Center		
In-Network	$0 Copayment	$0 Copayment
Out-of-Network	50%	50%
Mammograms	• Includes Routine and Diagnostic Mammograms	• Includes Routine and Diagnostic Mammograms
In-Network	$0 Copayment	$0 Copayment
Out-of-Network	$0 Copayment	$0 Copayment
Colonoscopies		
In-Network	$0 Copayment	$0 Copayment
Out-of-Network	$0 Copayment	$0 Copayment
Medical / Surgical Care at a Facility		
Ambulatory Surgical Center (ASC)		
In-Network	$150 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Inpatient Hospital Facility (per admit)		
In-Network	Option 1: $600	Option 1: DED + 20%
	Option 2:- $1000	Option 2: DED + 20%
Out-of-Network	$3,500 Copayment	DED + 50%
Outpatient Hospital Facility (per visit) (Surgical)		
In-Network	Option 1: $250	Option 1: DED + 20%
	Option 2: $350	Option 2: DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Emergency and Urgent Care		
Emergency Room Facility (per visit)		
In-Network	$300 Copayment	DED + 20%
Out-of-Network	$300 Copayment	INN Ded + 20%
Physician Services at ER		
In-Network	$100 Copayment	DED + 20%
Out-of-Network	$100 Copayment	INN DED + 20%
Urgent Care Centers		
Inn-Network & Value Choice Providers	$50 Copayment	DED + 20%
Out-of-Network	DED + $50 Copayment	DED + 20%
Ambulance		
In-Network	DED + 20%	DED + 20%

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Out-of-Network	INN DED + 20%	INN DED + 20%
Diagnostic Testing (e.g., Lab, x-ray)		
Physician Office		
Value Choice PCP	$25 Copayment	DED + 20%
Value Choice Specialist	$45 Copayment	DED + 20%
In-Network Family Physician	$25 Copayment	DED + 20%
In-Network Specialist	$45 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Independent Clinical Laboratory		
In-Network	$0 Copayment	$0 Copayment
Out-of-Network	DED + 50%	DED + 50%
Independent Diagnostic Testing Center		
In-Network	$50 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Outpatient Hospital Facility		
In-Network	Option 1 & 2: DED + 20%	Option 1 & 2: DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)		
Physician Office		
In-Network Family Physician & Specialist	$100 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Independent Diagnostic Testing Center		
In-Network	$100 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Outpatient Hospital Facility		
In-Network & Value Choice Provider	Option 1: DED + 20%	Option 1: DED + 20%
	Option 2: DED + 20%	Option 2: DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Outpatient Therapy		
Physician Office		
In-Network Family Physician & Specialist	$25 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Outpatient Rehabilitation Facility		
In-Network	$25 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Outpatient Hospital Facility		
In-Network	Option 1: $45 Copayment	Option 1: DED + 20%
	Option 2: $60 Copayment	Option 2:-DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Mental Health Services & Substance Dependency Services		
Physician Office		
In-Network Family Physician & Specialist	$0 Copayment	$0 Copayment
Out-of-Network	50%	50%
Inpatient Hospital Facility		
In-Network	Option 1: $0 Copayment	Option 1: $0 Copayment
	Option 2: $0 Copayment	Option 2: $0 Copayment
Out-of-Network	$500 Copayment	50%
Outpatient Hospital Facility		
In-Network	Option 1: $0 Copayment	Option 1: $0 Copayment
	Option 2: $0 Copayment	Option 2: $0 Copayment

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Employee + 2 or More	$262.90 $525.80	$162.08 $324.16
Out-of-Network	50%	50%
Emergency Room Facility(per visit)		
In-Network	$0 Copayment	$0 Copayment
Out-of-Network	$0 Copayment	$0 Copayment
Physician Services at Hospital & ER		
In-Network	$0 Copayment	$0 Copayment
Out-of-Network	$0 Copayment	$0 Copayment
Office, Hospital and ER		
In-Network Family Physician & Specialist	$0 Copayment	$0 Copayment
Out-of-Network	50%	50%
Other Special Services and Locations		
Durable Medical Equipment/Skilled Nursing Facility/ Home Health Care/Hospice/Birthing or Dialysis Centers/Diabetic Equipment & Supplies		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Health Care Professional Administered Medications in Home Health Setting (Medical Pharmacy)		
In-Network (Preferred & Non Preferred)	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Benefit Maximums		
Home Health Care Combined (INN &OON)	20 Visits PBP	20 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP	30 Days PBP
Outpatient Therapy & Spinal Manipulations	35 Visits PBP	35 Visits PBP
Skilled Nursing Facility	60 Days PBP	60 Days PBP
Spinal Manipulations	26 PBP	26 PBP
Prescription Drugs		
Deductible	100 Brand only	$1,500/$3,000
In-Network		(deductible inclusive of RX and medical)
- Retail		
Generic/Brand/Non-Preferred	$10/$50/$80	$10/$50/$80 after deductible
- Mail Order		
Generic/Brand/Non-Preferred	$25/$125/$200	$25/$125/$200 after deductible
Out-of-Network		
Retail and Mail Order		
Generic/Brand/Non-Preferred	50%	50%

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