

**Alachua County Employees 2025 Benefits Summary**

Product	BlueOptions		BlueOptions	
Plan Number	05770		05781	
Effective Date	10/1/2025		10/1/2025	
Employee Premium	Bi-Weekly	Monthly	Bi-Weekly	Monthly
Employee only	\$39.98	\$79.96	\$9.47	\$18.94
Employee + 1	\$190.22	\$380.44	\$117.28	\$234.56
Employee + 2 or More	\$268.16	\$536.32	\$165.32	\$330.64
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	<ul style="list-style-type: none"> <li>• Virtual Visit services only covered for INN designated providers</li> <li>• Virtual Behavioral Health Services covered at \$0 for INN designated providers</li> </ul>		<ul style="list-style-type: none"> <li>• Virtual Visit services only covered for INN designated providers</li> <li>• Virtual Behavioral Health Services covered at \$0 for INN designated providers</li> </ul>	
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%	
Radiology, Pathology and Anesthesiology Provider Services at ASC				

**Alachua County Employees 2025 Benefits Summary**

Product	BlueOptions		BlueOptions	
Plan Number	05770		05781	
Effective Date	10/1/2025		10/1/2025	
Employee Premium	Bi-Weekly	Monthly	Bi-Weekly	Monthly
Employee only	\$39.98	\$79.96	\$9.47	\$18.94
Employee + 1	\$190.22	\$380.44	\$117.28	\$234.56
Employee + 2 or More	\$268.16	\$536.32	\$165.32	\$330.64
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%	
Out-of-Network	INN DED + 20%		INN DED + 20%	

**Alachua County Employees 2025 Benefits Summary**

Product	BlueOptions		BlueOptions	
Plan Number	05770		05781	
Effective Date	10/1/2025		10/1/2025	
Employee Premium	Bi-Weekly	Monthly	Bi-Weekly	Monthly
Employee only	\$39.98	\$79.96	\$9.47	\$18.94
Employee + 1	\$190.22	\$380.44	\$117.28	\$234.56
Employee + 2 or More	\$268.16	\$536.32	\$165.32	\$330.64
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				

**Alachua County Employees 2025 Benefits Summary**

Product	BlueOptions		BlueOptions	
Plan Number	05770		05781	
Effective Date	10/1/2025		10/1/2025	
Employee Premium	Bi-Weekly	Monthly	Bi-Weekly	Monthly
Employee only	\$39.98	\$79.96	\$9.47	\$18.94
Employee + 1	\$190.22	\$380.44	\$117.28	\$234.56
Employee + 2 or More	\$268.16	\$536.32	\$165.32	\$330.64
In-Network	Option 1: \$0 Copayment		Option 1: \$0 Copayment	
	Option 2: \$0 Copayment		Option 2: \$0 Copayment	
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	
Physician Services at Locations other than 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%	

**Confidential & Proprietary**

© 2012 Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.