

CITY OF JACKSONVILLE
2018 HEALTH PLAN COMPARISONS
Effective January 01, 2018

	UF Health DirectCare	BlueCare HMO 48	BlueOptions PPO 5782		BlueCare HD 65
	IN-NETWORK ONLY	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
Medical / Surgical Care by Physician					
Family Physician	\$10 CoPay	\$25 CoPay	\$30 CoPay	DED + 50%	\$25 CoPay
Specialist	\$50 CoPay	\$35 CoPay	\$40 CoPay		DED + 30%
Deductible and Maximum Out-of-Pocket					
Individual	\$750	\$300	\$750	\$1,000	\$1,500
Family	\$1,500	\$600	\$1,500	\$2,000	\$3,000
Out-of-Pocket Maximum (Includes Deductible, Coinsurance and Copayments)					
Individual	\$1,500 Medical + \$1,000 Pharmacy	\$2,500	\$6,000	\$9,000	\$5,000
Family	\$3,000 Medical + \$2,000 Pharmacy	\$5,000	\$12,000	\$18,000	\$10,000
Physician Services at Hospital					
Outpatient and Impatient)	DED + 20%	DED + 30%	DED + 30%	DED + 50%	DED + 30%
Preventative Services					
Family Physician	\$0 CoPay	\$0 CoPay	\$0 CoPay	50%	\$0 CoPay
Specialist					
Medical / Surgical Care at a Facility					
Inpatient Hospital Facility (per admit)	DED + 20%	DED + 30%	DED + 30%	DED + 50%	DED + 30%
Outpatient Hospital					
Facility or Ambulatory					
Surgical Center (per visit)					

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Emergency and Urgent Care Facility Charges (Separate physican cost share)					
Emergency Room Facility (per admit)	DED + 20%	\$300 CoPay + 30%	\$300 CoPay + 30%	\$300 CoPay + 30%	DED + 30%
Urgent Care Centers	\$25 CoPay	\$30 CoPay	\$35 CoPay	DED + 50%	\$25 CoPay
Ambulance	DED + 20%	\$200 CoPay	\$200 CoPay	\$200 CoPay	DED + 30%
Diagnostic Testing (e.g, Lab, X-ray)					
Independent Clinical Laboratory	\$0 CoPay	\$0 CoPay	\$0 CoPay	DED + 50%	\$0 CoPay
Diagnostic Testing Center	DED + 20%	\$30 CoPay	\$35 CoPay	DED + 50%	DED + 30%
Advanced Imaging (MRI, MRA, PET, CT & Nuclear Medicine)	DED + 20%	\$300 CoPay	\$300 CoPay	DED + 50%	DED + 30%
Outpatient Therapy (60 visits per benefits year)					
In Network Family Physician Specialist	DED + 20%	\$35 CoPay	\$40 CoPay	DED + 50%	DED + 30%
Prescription Drugs					
Retail:					
Generic	\$10	\$10	\$10	DED + Coins	\$10
Preferred Brand	\$40	\$40	\$40	DED + Coins	\$40
Non-Preffered Brand	\$75	\$75	\$75	DED + Coins	\$75
Mail Order:					
Generic	\$20	\$20	\$20	Not Covered	\$20
Preferred Brand	\$80	\$80	\$80	Not Covered	\$80
Non-Preffered Brand	\$150	\$150	\$150	Not Covered	\$150