

2018 City of Jacksonville Benefits Guide

The City of Jacksonville health plan is self-funded and administered by Florida Blue.

2018 Benefit Summary

Plan Name	BlueCare HMO	BlueOptions PPO		BlueCare HDHP
Plan Number	48	05782		65
Coverage	In-Network Only	In-Network	Out-of-Network	In-Network Only

Deductible and Maximum Out-of-Pocket

Deductible (DED) (Per Person/Family Aggregate)				
Individual	\$300	\$750	\$1,000	\$1,500
Family	\$600	\$1,500	\$2,000	\$3,000
Out of Pocket Maximum (Per Person/Family Aggregate) Includes Deductible, Coinsurance and Copayments (medical & rx)				
Individual	\$2,500	\$6,000	\$9,000	\$5,000
Family	\$5,000	\$12,000	\$18,000	\$10,000

Medical / Surgical Care by a Physician

Office Services				
Family Physician	\$25 Copayment	\$30 Copayment	DED + 50%	\$25 Copayment
Specialist	\$35 Copayment	\$40 Copayment		DED + 30%
Physician Services at Hospital (Outpatient and Inpatient)				
	DED + 30%	DED + 30%	DED + 50%	DED + 30%
Preventive Services				
Family Physician/ Specialist	\$0 Copayment	\$0 Copayment	50%	\$0 Copayment

Medical / Surgical Care at a Facility

Inpatient Hospital Facility (per admit)				
Outpatient Hospital Facility or Ambulatory Surgical Center (per visit)	DED + 30%	DED + 30%	DED + 50%	DED + 30%

Emergency and Urgent Care Facility Charges (separate physician cost share may apply)

Emergency Room Facility (per admit)	\$300 Copayment + 30%	\$300 Copayment + 30%	\$300 Copayment + 30%	DED + 30%
Urgent Care Centers	\$30 Copayment	\$35 Copayment	DED + \$35 Copayment	\$25 Copayment
Ambulance	\$200 Copayment	\$200 Copayment	\$200 Copayment	DED + 30%

Diagnostic Testing (e.g., Lab, x-ray)

Independent Clinical Laboratory	\$0	\$0	DED + 50%	\$0
Diagnostic Testing Center	\$30 Copayment	\$35 Copayment	DED + 50%	DED + 30%

Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)

	\$300 Copayment	\$300 Copayment	DED + 50%	DED + 30%
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Outpatient Therapy (60 visits per benefit period)

In-Network Family Physician Specialist	\$35 Copayment	\$40 Copayment	DED + 50%	DED + 30%
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2018 Benefit Summary Cont

Plan Name	BlueCare HMO	BlueOptions PPO		BlueCare HDHP
Plan Number	48	5782		65
Coverage	In-Network Only	In-Network	Out-of-Network	In-Network Only

Perscription Drugs

Retail				
Generic	\$10	\$10	DED + Coins	\$10
Preferred Brand	\$40	\$40	DED + Coins	\$40
Non-Preferred Brand	\$75	\$75	DED + Coins	\$75
Mail Order				
Generic	\$20	\$20	Not Covered	\$20
Preferred Brand	\$80	\$80	Not Covered	\$80
Non-Preferred Brand	\$150	\$150	Not Covered	\$150

All plans cover Routine Vision and Hearing Exams when services are received by a participating physician. These services are covered 100% based on the below guidelines:

- Routine Hearing Exams covered annually for adults and children
- Routine Vision Exams for Adults (18 and older) every 24 months
- Routine Vision Exams for Children (under the age of 18) every 12 months

Note: Eyeglasses and contact lenses and their fitting are excluded. Please refer to your Benefit Booklet for more detail.

Referrals are not required to see a specialist on any of the plans offered but a Primary Care Physician (PCP) should be selected if you choose to enroll on one of the HMO plans. To select or change a PCP contact Florida Blue.

This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.