



2020 Health Plan Payroll Deductions Effective 7/1/2020



Florida Blue							
	3559 (PPO)		5773 (PPO)		47 (HMO)		5302 (PPO)
Family Physician	\$20 Copay		\$35 Copay		\$30 Copay		\$30 Copay
Specialist	\$40 Copay		\$85 Copay		\$55 Copay		\$55 Copay
Wellness	No Maximum; 100%		No Maximum; 100%		No Maximum; 100%		No Maximum; 100%
Inpatient Hospital Service	Option 1: \$600 Copay Option 2: \$1,000 Copay		\$300 PAD CYD + 20%		CYD + Coinsurance		CYD + 30%
Outpatient Hospital Service	\$200 Copay		CYD + 20%		CYD + 20%		CYD + 30%
Emergency Room	Option 1: \$100 Copay Option 2: \$300 Copay		\$350 Copay		\$250 Copay		\$300 Copay
Diagnostic Facilities <i>Advanced Imaging</i> <i>Other</i>	\$150 Copay \$50 Copay		\$50 Copay \$350 Copay		\$250 Copay \$50 Copay		CYD + 30% CYD + 30%
Prescriptions <i>Copay</i> <i>Mail Order</i>	\$10 / \$50 / \$80 \$25 / \$75 / \$200		\$10 / \$50 / \$80 \$25 / \$75 / \$200		\$10 / \$50 / \$80 \$25 / \$75 / \$200		\$10 / \$50 / \$80
Deductible <i>Individual</i> <i>Family</i>	\$500 \$1,500		\$2,500 \$7,500		\$1,500 \$4,500		\$5,000 \$10,000
Coinsurance <i>Individual</i> <i>Family</i>	80% / 20% 60% / 40%		80% / 20% 50% / 50%		80% / 20% Not Covered		70% / 30% 50% / 50%
Out-of-Pocket Maximum <i>Individual</i> <i>Family</i>	\$2,500 \$5,000		\$6,350 \$12,700		\$4,500 \$9,000		\$10,000 \$30,000
	Payroll Deduction - 24 Pay		Payroll Deduction - 24 Pay		Payroll Deduction - 24 Pay		Payroll Deduction - 24 Pay
Employee	\$159.68		\$102.77		\$ 74.40		\$ 60.95
Employee + Spouse	\$656.04		\$520.58		\$453.06		\$421.05
Employee + Children	\$490.59		\$381.31		\$326.84		\$301.02
Family	\$950.97		\$768.85		\$678.06		\$635.03