

## OCALA EQUINE HOSPITAL, P.A.

### Summary of Material Modification 1/1/2021

Per Florida Blue, BlueOptions Plan 16003, SimplyBlue Plans 18756, 18802, 18901 & 20751 has some benefit modifications. Please see below.

#### **BlueOptions 16003**

<u>Deductible</u>	<u>Current Coverage</u>		<u>Coverage as of 1/1/2021</u>	
	<u>INN</u>	<u>OON</u>	<u>INN</u>	<u>OON</u>
Individual	\$3,000 per person	\$6,000 per person	\$3,350 per person	\$6,700 per person
Family	\$6,000 per family	\$12,000 per family	\$6,700 per family	\$13,400 per family
<u>Out-of-Pocket Maximum</u>				
Individual	\$7,900 per person	\$15,800 per person	\$8,200 per person	\$16,400 per person
Family	\$15,800 per family	\$31,600 per family	\$16,400 per family	\$32,800 per family

#### **SimplyBlue 18756**

<u>Low Cost Generic Drugs (Tier 1-3)</u>	<u>Current Coverage</u>		<u>Coverage as of 1/1/2021</u>	
	<u>INN</u>	<u>OON</u>	<u>INN</u>	<u>OON</u>
<b><u>Mail Order (3 month supply)</u></b>	\$0 / \$0 / \$75	Not Covered	\$0 / \$10 / \$75	Not Covered

#### **SimplyBlue 18802**

<u>Out-of-Pocket Maximum</u>	<u>Current Coverage</u>		<u>Coverage as of 1/1/2021</u>	
	<u>INN</u>	<u>OON</u>	<u>INN</u>	<u>OON</u>
Individual	\$7,900 per person	Not Covered	\$8,000 per person	Not Covered
Family	\$15,800 per family	Not Covered	\$16,000 per family	Not Covered
<u>Low Cost Generic Drugs (Tier 1-3)</u>				
<b><u>Mail Order (3 month supply)</u></b>	\$0 / \$0 / \$25	Not Covered	\$0 / \$10 / \$25	Not Covered

#### **SimplyBlue 18901**

<u>Out-of-Pocket Maximum</u>	<u>Current Coverage</u>		<u>Coverage as of 1/1/2021</u>	
	<u>INN</u>	<u>OON</u>	<u>INN</u>	<u>OON</u>
Individual	\$7,350 per person	Not Covered	\$8,350 per person	Not Covered
Family	\$14,700 per family	Not Covered	\$16,700 per family	Not Covered
<u>Low Cost Generic Drugs (Tier 1-3)</u>				
<b><u>Mail Order (3 month supply)</u></b>	\$0 / \$0 / \$80	Not Covered	\$0 / \$10 / \$80	Not Covered

**SimplyBlue 20751**

Low Cost Generic Drugs (Tier 1-3)

**Mail Order (3 month supply)**

Current Coverage

INN

\$0 / \$0 / \$50

OON

Not Covered

Coverage as of 1/1/2021

INN

\$0 / \$10 / \$50

OON

Not Covered