

**Volusia County Schools**  
**2018-2019 Medical Plan Design Summary**

	Florida Health Care Plans						Florida Blue	
	POS Plan		HMO	Triple Option			HRA	
	In HMO Network	Out of Network	In-Network only	In Ntwk Opt 1	Opt 2	Opt 3	In Network	Out of Network
Annual Deductible							*HRA = \$600 Per Employee	
Single	\$1,000	\$2,000	\$250	\$250	\$500	\$1,000	\$2,000 (\$1,400 GAP)	\$4,000 (\$3,400 GAP)
Family	\$2,000	\$4,000	\$500	\$500	\$1,000	\$2,000	\$4,000 (\$3,400 GAP)	\$8,000 (\$7,400 GAP)
Coinsurance (Member Pays)	10%	30%	0%	0%	30%	50%	15%	50%
Out of Pocket Max								
Single	\$4,000	\$4,000	\$3,000	\$3,000	\$3,000	\$6,000	\$4,000 (Incl. Gap and HRA)	\$8,000 (Incl. Gap and HRA)
Family	\$8,000	\$8,000	\$6,000	\$6,000	\$6,000	\$12,000	\$8,000 (Incl. Gap and HRA)	\$16,000 (Incl. Gap and HRA)
<b>Physician Services</b>								
PCP Copay	\$20	30% AD	\$20	\$20	\$30	50% AD	15% AD	50% AD
Specialist Copay	\$35	30% AD	\$35	\$35	30% AD	50% AD	15% AD	50% AD
<b>Preventive Care</b>								
Routine Physical Exam, Well Child, Immunization	\$0	30% AD	\$0	\$0	\$0	50% AD	\$0	50% AD
<b>Hospital Services</b>								
Inpatient	10% AD	30% AD	\$250/Day (Days 1-5) after deductible	\$250/Day (Days 1-5) after deductible	N/A	50% AD	15% AD	50% AD
Outpatient	10% AD	30% AD	200 (ASC) \$400 (Hospital)	200 (ASC) \$400 (Hospital)	N/A	50% AD	15% AD	50% AD
<b>Emergency Services</b>								
Emergency Visit	10% AD	10% AD	\$375	\$375	\$375	\$375	15% AD	15% AD
Urgent Care	10% AD	10% AD	\$75	\$75	\$75	\$75	15% AD	50% AD
<b>Lab, Xray, &amp; Diagnostics</b>								
Lab and Radiology	\$0 lab, \$0 X-ray	30% AD	\$0 Lab / \$20 x-ray \$75 (OP)	\$0 Lab / \$20 x-ray \$75 (OP)	N/A	50% AD	15% AD	50% AD
Advanced Imaging	10% AD	30% AD	\$175	\$175	N/A	50% AD	15% AD	50% AD
<b>Prescription Drugs</b>								
Retail (31 Day Supply)	FHCP pharmacies, Walgreens (nationwide), and Publix (Volusia and Flagler Co. only)		FHCP pharmacies; Select Walgreens / Select Hours	FHCP pharmacies, Walgreens (nationwide), and Publix (Volusia and Flagler Co. only)			Retail 30-day supply	
Preferred Generic	\$3 (FHCP pharmacies only)		\$3	\$3 (FHCP pharmacies only)			NA	
Non-Pref Generic	\$12 FHCP Pharmacy \$20 Walgreens or Publix Pharmacy		\$12 / \$20	\$12 FHCP Pharmacy \$20 Walgreens or Publix Pharmacy			\$15	50%
Preferred Brand	\$35 FHCP Pharmacy \$40 Walgreens or Publix Pharmacy		\$35 / \$40	\$35 FHCP Pharmacy \$40 Walgreens or Publix Pharmacy			\$30	50%
Non-preferred Brand	\$60 FHCP Pharmacy \$65 Walgreens or Publix Pharmacy		\$60 / \$65	\$60 FHCP Pharmacy \$65 Walgreens or Publix Pharmacy			\$50	50%
Pre approved specialty drug formulary	\$100 FHCP Pharmacy		\$100 FHCP Pharmacy	\$100 FHCP Pharmacy			\$100	
Mail Order (up to 93 days supply)	<b>Available at FHCP Pharmacies ONLY</b>			<b>Available at FHCP Pharmacies ONLY</b>				
Preferred Generic	\$6		\$6	\$6			NA	
Non-Pref Generic	\$33		\$33	\$33			\$30	50%
Preferred Brand	\$102		\$102	\$102			\$60	50%
Non-preferred Brand	\$177		\$177	\$177			\$100	50%

AD = After Deductible

ASC = Ambulatory Surgical Center

OP = Out Patient

\* HRA - District gives employee a \$600 debit card to use towards out-of-pocket expenses.