

Volusia County Schools
2017-2018 Medical Plan Design Summary

| | Florida Health Care Plans | | | | | | | |
|---|--|----------------|--|--|---------|----------|-----------------------------|------------------------------|
| | 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 | ***Single POS - \$250 FSA Card | | | | | | **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 | \$2,000 | \$2,000 | \$3,000 | \$6,000 | \$4,000 (Incl. Gap and HRA) | \$8,000 (Incl. Gap and HRA) |
| Family | \$8,000 | \$8,000 | \$4,000 | \$4,000 | \$6,000 | \$12,000 | \$8,000 (Incl. Gap and HRA) | \$16,000 (Incl. Gap and HRA) |
| Physician Services | | | | | | | | |
| 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 |
| Preventive Care | | | | | | | | |
| Routine Physical Exam, Well Child, Immunization | \$0 | 30% AD | \$0 | \$0 | \$0 | 50% AD | \$0 | 50% AD |
| Hospital Services | | | | | | | | |
| 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 | \$200 | N/A | 50% AD | 15% AD | 50% AD |
| Emergency Services | | | | | | | | |
| Emergency Visit | 10% AD | 10% AD | \$250 | \$250 | \$250 | \$250 | 15% AD | 15% AD |
| Urgent Care | 10% AD | 10% AD | \$75 | \$75 | \$75 | \$75 | 15% AD | 50% AD |
| Lab, Xray, & Diagnostics | | | | | | | | |
| Lab and Radiology | \$0 lab, \$0 X-ray | 30% AD | \$0 Lab / \$20 x-ray | \$0 Lab / \$20 x-ray | N/A | 50% AD | 15% AD | 50% AD |
| Advanced Imaging | 10% AD | 30% AD | \$175 | \$175 | N/A | 50% AD | 15% AD | 50% AD |
| Prescription Drugs | | | | | | | | |
| 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) | Available at FHCP Pharmacies ONLY | | | Available at FHCP Pharmacies ONLY | | | | |
| 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

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

***POS - Employees who elect the single coverage POS plan effective 10-1-17 will also receive \$250 on a Flexible Spending Account (FSA) card for that year. All others will be prorated.