

Bay County BOCC

| In Network | Renewal | | FSHP Option 1 | |
|---|--|-------------------|---|---------------|
| Deductible (Ind / Fam) | \$1,500 | \$3,000 | \$1,500 | \$3,000 |
| Coinsurance (Member Responsibility) | 20% | | 20% | |
| Out of Pocket (Ind / Fam) | \$5,000 | \$5,000 | \$5,000 | \$5,000 |
| Physician Services | | | | |
| Preventive Care (including preventive lab and x-ray) | Deductible + 20% | | Deductible + 20% | |
| <i>Primary Care / Specialist Visit</i> | Deductible + 20% | | Deductible + 20% | |
| <i>Telemedicine Visit</i> | | | Deductible + 20% | |
| Diagnostic X-Ray / Lab Services | | | | |
| <i>Blood work & X-rays</i> | Deductible | | Deductible | |
| Major / Advanced Imaging Services (CT, MRI, PET) | Deductible + 20% | | Deductible + 20% | |
| Facility Fees | | | | |
| Hospital—Inpatient | Deductible + 20%/Ded + 25% (option 2) | | Deductible + 20% | |
| Hospital—Outpatient | Deductible + 20%/Ded + 25% (option 2) | | Deductible + 20% | |
| Ambulatory Surgical Center | Deductible + 20% | | Deductible + 20% | |
| Physician Fees in Facility | Deductible + 20% | | Deductible + 20% | |
| Emergency Services | | | | |
| Emergency Room | Deductible + 20% | | Deductible + 20% | |
| Urgent Care | Deductible + 20% | | Deductible + 20% | |
| Ambulance Services (medically necessary) | Deductible + 20% | | Deductible + 20% | |
| Behavioral Health Services | | | | |
| Inpatient | Deductible + 20% | | Deductible + 20% | |
| Outpatient | Deductible + 20% | | Deductible + 20% | |
| Other Outpatient Therapy Services | | | | |
| PT / OT / ST and Spinal Manipulations | Deductible + 20%/Ded+25% (option 2) | | Deductible + 20% | |
| Other Miscellaneous Services | | | | |
| Home Health Care / Hospice / Skilled Nursing | Deductible + 20% | | Deductible + 20% | |
| Durable Medical Equipment | Deductible + 20% | | Deductible + 20% | |
| Employee Assistance Program <i>(5 visits per incident per year)</i> | N/A | | Covered 100% | |
| Hearing Aids <i>(\$2,500 per impaired ear every 3 years)</i> | N/A | | Deductible + 20% | |
| Prescription Drugs | | | | |
| Deductible | Medical Plan Deductible must be met 90 days | | Medical Plan Deductible must be met 90 days | |
| | 30 days Retail | (Mail order only) | 30 days Retail | (Mail/Retail) |
| Generic | \$10 | \$25 | \$10 | \$0 |
| Preferred Brand | \$50 | \$125 | \$50 | \$125 |
| Non-Preferred Brand | \$80 | \$200 | \$80 | \$200 |
| Specialty | \$80 | n/a | \$80 | n/a |
| Manage Your Chronic Condition Program | <i>Waive DED, regular co-pay applies</i> | | <i>Waive DED; Rx is Covered at 100% once member is 50% compliant with Care Path for Chronic Condition</i> | |
| Out of Network | | | | |
| Deductible (Ind / Fam) | \$3,000 | \$6,000 | \$3,000 | \$6,000 |
| Coinsurance | 40% | | 40% | |
| Out of Pocket (Ind / Fam) | \$10,000 | \$10,000 | \$10,000 | \$10,000 |

Preliminary quote pending receipt of stop-loss disclosure or claims data and final underwriting