

2018

Comparison of Benefits

for Small Groups

HMO ■ POS



FLORIDA HOSPITAL
CARE ADVANTAGE

Administered by  Health Plans

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Florida Hospital Care Advantage Small Group HMO Plans

	In Network Coinsurance	In Network Calendar Year Deductible Single / Family	In Network Maximum Out of Pocket Single / Family	In Network PCP Office Visit	In Network Specialist Visit	In Network Diagnostic Testing (Routine Labs & X-rays)	In Network Outpatient CT, MRI, MRA, PET Scans and Nuclear Cardiology Studies	Emergency Room Services	In Network Urgent Care	In Network Inpatient Admissions	In Network Outpatient Surgery	Rx Benefit
Florida Hospital Platinum HMO 100 5515	0%	\$0 / \$0	\$1,300 / \$2,600	\$20	\$40	Routine labs \$0 X-rays \$75	\$150	\$100	\$40	\$300 per day, days 1-4 per admission	\$200	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)
Florida Hospital Platinum HMO 80 5519	20%	\$0 / \$0	\$1,800 / \$3,600	\$20	\$40	Routine labs \$0 X-rays 20%	\$175	\$150	\$40	\$250 per day, days 1-5 per admission	\$200	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)
Florida Hospital Gold HMO 50 5487	50%	\$500 / \$1,000	\$4,200 / \$8,400	\$25	\$50	50%	\$250	\$250	\$50	\$875	\$400	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)
Florida Hospital Gold HMO 80 5471	20%	\$500 / \$1,000	\$4,700 / \$9,400	\$40	\$60	Routine labs \$0 X-rays 20%	\$400	\$500	\$60	20%	\$500	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
Florida Hospital Gold HMO 80 5468	20%	\$750 / \$1,500	\$6,600 / \$13,200	\$25	\$45	Routine labs \$0 X-rays 20%	\$275	\$350	\$45	20%	20%	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
Florida Hospital Gold HMO 80 5474	20%	\$1,000 / \$2,000	\$4,250 / \$8,500	\$30	\$40	20%	20%	\$200	\$40	20%	\$250	2/15/30/50/30% (\$500 Rx deductible on Tiers 3-5)
Florida Hospital Gold HMO 80 5478	20%	\$1,500 / \$3,000	\$4,150 / \$8,300	\$30	\$45	20%	20%	\$200	\$45	20%	\$250	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
Florida Hospital Silver HMO 50 5424	50%	\$2,000 / \$4,000	\$5,500 / \$11,000	Visit 1-4, \$35, Visit 5+, 50%	Visit 1-4, \$50, Visit 5+, 50%	50%	50%	50%	Visit 1-4, \$50, Visit 5+, 50%	50%	50%	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
Florida Hospital Silver HMO 50 5432	50%	\$2,000 / \$4,000	\$6,950 / \$13,900	\$35	50%	Routine labs \$0 X-rays 50%	50%	50%	50%	50%	50%	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
Florida Hospital Silver HMO 50 5438	50%	\$2,650 / \$5,300	\$6,800 / \$13,600	\$35	50%	Routine labs \$0 X-rays 50%	50%	50%	50%	50%	50%	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)
Florida Hospital Silver HMO 50 5532	50%	\$3,000 / \$6,000	\$7,200 / \$14,400	\$75	\$100	Routine labs \$0 X-rays 50%	\$400	\$500	\$75	\$1,500	\$500	2/15/30/50/30% (\$500 Rx deductible on Tiers 3-5)
Florida Hospital Silver HMO 80 5435	20%	\$5,000 / \$10,000	\$7,100 / \$14,200	Visit 1-5, \$50, Visits 6+, 20%	Visit 1-5, \$75, Visits 6+, 20%	Routine labs \$0 X-rays 20%	20%	\$400	\$75	20%	\$400	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
Florida Hospital Silver HMO 70 5522	30%	\$5,000 / \$10,000	\$7,200 / \$14,400	Visit 1&2, \$50, Visits 3+, 30%	Visit 1&2, \$75, Visits 5+, 30%	Routine labs \$0 X-rays \$20	30%	\$750	\$75	\$1,500	\$500	2/15/30/50/30% (\$500 Rx deductible on Tiers 3-5)
Florida Hospital Bronze HMO 50 5538	50%	\$6,350 / \$12,700	\$7,200 / \$14,400	Visit 1, \$75, Visits 2+, 50%	Visit 1, \$125, Visits 2+, 50%	50%	\$500	Visit 1, \$500, Visits 2+, 50%	Visit 1-3, \$100, Visits 4+, 50%	\$2,500	\$1,250	2/15/30/50/30% (\$1,000 Rx deductible on Tiers 3-5)
Florida Hospital Bronze HMO 50 5524	50%	\$7,200 / \$14,400	\$7,350 / \$14,700	Visit 1, \$75, Visit 2+, 50%	Visit 1, \$125, Visit 2+, 50%	50%	50%	50%	Visit 1, \$125, Visit 2+, 50%	50%	50%	2/15/30/50/30% (\$500 Rx deductible on Tiers 3-5)

Florida Hospital Care Advantage Small Group HMO Plans

HMO HSA Qualified	In Network Coinsurance	In Network Calendar Year Deductible Single / Family	In Network Maximum Out of Pocket Single / Family	In Network PCP Office Visit	In Network Specialist Visit	In Network Outpatient Diagnostic Labs	In Network Outpatient CT, MRI, MRA, PET Scans and Nuclear Cardiology Studies	Emergency Room Services	In Network Urgent Care	In Network Inpatient Admissions	In Network Outpatient Surgery	Rx Benefit
Florida Hospital Gold HMO 90 5498 (HSA qualified)	10%	\$1,750* / \$3,500	\$2,600 / \$5,200	10%	10%	10%	10%	10%	10%	10%	10%	10% after deductible
Florida Hospital Silver HMO 90 5448 (HSA qualified)	10%	\$3,000* / \$6,000	\$6,500 / \$13,000	10%	10%	10%	10%	10%	10%	10%	10%	10% after deductible
Florida Hospital Silver HMO 90 5445 (HSA qualified)	10%	\$2,600* / \$5,200	\$6,100 / \$12,200	10%	10%	10%	10%	10%	10%	10%	10%	10% after deductible
Florida Hospital Silver HMO 80 5540 (HSA qualified)	20%	\$3,500* / \$7,000	\$5,150 / \$10,300	20%	20%	20%	20%	20%	20%	20%	20%	20% after deductible
Florida Hospital Silver HMO 100 5542 (HSA qualified)	0%	\$4,500* / \$9,000	\$4,500 / \$9,000	0%	0%	0%	0%	0%	0%	0%	0%	0% after deductible
Florida Hospital Bronze HMO 90 5415 (HSA qualified)	10%	\$5,800* / \$11,600	\$6,500 / \$13,000	10%	10%	10%	10%	10%	10%	10%	10%	10% after deductible
Florida Hospital Bronze HMO 100 5419 (HSA qualified)	0%	\$6,350* / \$12,700	\$6,350 / \$12,700	0%	0%	0%	0%	0%	0%	0%	0%	0% after deductible

All plans include pediatric benefits for covered individuals under age 19. Pediatric Vision Eye Exam with standard glasses (1 per year) and pediatric dental, through Delta Dental's DHMO plan, are provided with \$0 cost-sharing for covered services.

*Individual deductible amount does not apply if policy covers 2 or more people.

This Benefit Grid is intended only to highlight the Benefits and should not be relied upon to fully determine coverage. If this Benefit Grid conflicts in any way with the Schedule of Benefits, the Schedule shall prevail.

(10/10/17) This is a summary of benefits only. Limitations and prior authorization requirements may apply to certain services. Consult your Certificate of Coverage for a complete listing of services and cost share amounts. Health First Commercial Plans, Inc. is doing business under the name of Florida Hospital Care Advantage. Florida Hospital Care Advantage does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

Florida Hospital Care Advantage Small Group POS Plans

	In-Network											In- and Out-of-Network	Out-of-Network		
	Coinsurance	Calendar Year Deductible Single / Family	Maximum Out of Pocket Single / Family	PCP Office Visit	Specialist Visit	Diagnostic Testing (Routine Labs & X-rays)	Outpatient CT, MRI, MRA, PET Scans and Nuclear Cardiology Studies	Urgent Care	Inpatient Admissions	Outpatient Surgery	Rx Benefit		Emergency Room Services	Coinsurance	Calendar Year Deductible Single / Family
Florida Hospital Platinum POS 100 5516	0%	\$0 / \$0	\$1,300 / \$2,600	\$20	\$40	Routine labs \$0 X-rays \$75	\$150	\$40	\$300 per day, days 1-4 per admission	\$200	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)	\$100	30%	\$500 / \$1,000	\$2,600 / \$5,200
Florida Hospital Platinum POS 80 5520	20%	\$0 / \$0	\$1,800 / \$3,600	\$20	\$40	Routine labs \$0 X-rays 20%	\$175	\$40	\$250 per day, days 1-5 per admission	\$200	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)	\$150	50%	\$500 / \$1,000	\$3,600 / \$7,200
Florida Hospital Gold POS 80 5469	20%	\$750 / \$1,500	\$6,600 / \$13,200	\$25	\$45	Routine labs \$0 X-rays 20%	\$275	\$45	20%	20%	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)	\$350	50%	\$1,500 / \$3,000	\$13,200 / \$26,400
Florida Hospital Gold POS 70 5465	30%	\$750 / \$1,500	\$5,200 / \$10,400	\$25	\$45	Routine labs \$0 X-rays 30%	\$250	\$45	30%	\$300	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)	\$250	50%	\$1,500 / \$3,000	\$10,400 / \$20,800
Florida Hospital Gold POS 80 5479	20%	\$1,500 / \$3,000	\$4,150 / \$8,300	\$30	\$45	20%	20%	\$45	20%	\$250	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)	\$200	50%	\$3,000 / \$6,000	\$8,300 / \$16,600
Florida Hospital Silver POS 50 5429	50%	\$2,200 / \$4,400	\$6,350 / \$12,700	Visit 1-4, \$35, Visit 5+, 50%	Visit 1-4, \$50, Visit 5+, 50%	50%	50%	Visit 1-4, \$50, Visit 5+, 50%	50%	50%	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)	50%	50%	\$4,400 / \$8,800	\$12,700 / \$25,400
Florida Hospital Silver POS 80 5436	20%	\$5,000 / \$10,000	\$7,100 / \$14,200	Visit 1-5, \$50, Visit 6+, 20%	Visit 1-5, \$75, Visit 6+, 20%	Routine labs \$0 X-rays 20%	20%	\$75	20%	\$400	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)	\$400	50%	\$10,000 / \$20,000	\$14,200 / \$18,400
Florida Hospital Bronze POS 50 5412	50%	\$5,300 / \$10,600	\$7,250 / \$14,500	Visit 1-3, \$50, Visit 4+, 50%	Visit 1-3, \$100, Visit 4+, 50%	50%	50%	Visit 1-3, \$100, Visit 4+, 50%	50%	50%	50% after deductible	50%	50%	\$10,600 / \$21,200	\$14,500 / \$29,000

	In-Network											In- and Out-of-Network	Out-of-Network		
	Coinsurance	Calendar Year Deductible Single / Family	Maximum Out of Pocket Single / Family	PCP Office Visit	Specialist Visit	Diagnostic Testing (Routine Labs & X-rays)	Outpatient CT, MRI, MRA, PET Scans and Nuclear Cardiology Studies	Urgent Care	Inpatient Admissions	Outpatient Surgery	Rx Benefit		Emergency Room Services	Coinsurance	Calendar Year Deductible Single / Family
Florida Hospital Gold POS 90 5496 (HSA qualified)	10%	\$1,500* / \$3,000	\$2,600 / \$5,200	10%	10%	10%	10%	10%	10%	10%	10% after deductible	10%	50%	\$3,000* / \$6,000	\$5,200 / \$10,400
Florida Hospital Silver POS 90 5449 (HSA qualified)	10%	\$3,000* / \$6,000	\$6,500 / \$13,000	10%	10%	10%	10%	10%	10%	10%	10% after deductible	10%	50%	\$6,000* / \$12,000	\$13,000 / \$26,000
Florida Hospital Silver POS 100 5442 (HSA qualified)	0%	\$3,600* / \$7,200	\$3,600 / \$7,200	0%	0%	0%	0%	0%	0%	0%	0% after deductible	0%	50%	\$7,200* / \$14,400	\$9,000 / \$18,000
Florida Hospital Bronze POS 100 5420 (HSA qualified)	0%	\$6,350* / \$12,700	\$6,350 / \$12,700	0%	0%	0%	0%	0%	0%	0%	0% after deductible	0%	50%	\$12,700* / \$25,400	\$13,700 / \$27,400

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