

Comparison of Benefits

for Large Groups

HMO ■ POS

Florida Hospital Care Advantage Large Group HMO Plans

	In Network Coinsurance	In Network Deductible Individual / Family	In Network Out of Pocket Max. Individual / Family	In Network PCP Office Visit	In Network Specialist Office Visit	Diagnostic Testing (Routine Labs & X-rays)	Advanced Imaging Services	In Network Urgent Care	Emergency Room	In Network Inpatient Admissions	In Network Outpatient Surgery (Facility)
Florida Hospital HF15 HMO 6041	0%	\$0	\$1,500 / \$3,000	\$15	\$25	\$0	\$50 per visit, per type	\$30	\$75	\$200 per day, \$1,000 max. per calendar year	\$150
Florida Hospital HF1 HMO 6027	10%	\$0	\$2,000 / \$4,000	\$10	\$20	Routine labs \$0 X-rays 10%	\$50 per visit, per type	\$30	\$100	\$200 per admission	\$150
Florida Hospital Value 5 HMO 6049	20%	\$0	\$2,000 / \$4,000	\$15	\$30	Routine labs \$0 X-rays 20%	20%	\$30	\$150	20%	20%
Florida Hospital Value 6 HMO 6053	25%	\$0	\$2,500 / \$5,000	\$20	\$40	Routine labs \$0 X-rays 25%	25%	\$30	\$200	25%	\$250
Florida Hospital HF2 HMO 6029	15%	\$0	\$3,000 / \$6,000	\$15	\$30	Routine labs \$0 X-rays 15%	\$75 per visit, per type	\$30	\$150	\$250 per admission	\$200
Florida Hospital Value 7 HMO 6057	30%	\$0	\$3,000 / \$6,000	\$25	\$50	Routine labs \$0 X-rays 30%	30%	\$40	\$250	30%	30%
Florida Hospital HF4 HMO 6031	20%	\$0	\$4,000 / \$8,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$100 per visit, per type	\$30	\$200	\$200 per day (1-5) per admission	\$250
Florida Hospital C3 HMO 6025	50%	\$0	\$5,000 / \$10,000	\$25	\$50	50%	50%	\$50	50%	\$1,500 per admission	50%
Florida Hospital HF5 HMO 6033	10%	\$0	\$5,000 / \$10,000	\$20	\$40	Routine labs \$0 X-rays 10%	\$200 per visit, per type	\$30	\$300	\$1,000 per admission	\$250
Florida Hospital Value 8 HMO 6061	35%	\$0	\$5,000 / \$10,000	\$30	\$60	Routine labs \$0 X-rays 35%	35%	\$40	\$300	35%	35%
Florida Hospital HF6 HMO 6035	15%	\$0	\$6,000 / \$12,000	\$30	\$50	Routine labs \$0 X-rays 15%	\$200 per visit, per type	\$30	\$400	\$1,500 per admission	\$300
Florida Hospital Value 5D HMO 6051	20%	\$250 / \$500	\$2,000 / \$4,000	\$15	\$30	Routine labs \$0 X-rays 20%	20%	\$30	\$150	20%	20%
Florida Hospital Value 10D HMO 6067	20%	\$250 / \$500	\$3,000 / \$6,000	\$15	\$30	Routine labs \$0 X-rays \$30	\$100 per visit, per type	\$30	\$150	\$500 per admission	\$300
Florida Hospital 250D HMO 6045	20%	\$250 / \$500	\$4,000 / \$8,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$100 per visit, per type	\$30	\$200	\$200 per day (1-5) per admission	\$250
Florida Hospital Value 6D HMO 6055	25%	\$500 / \$1,000	\$2,500 / \$5,000	\$20	\$40	Routine labs \$0 X-rays 25%	25%	\$30	\$200	25%	\$250
Florida Hospital 500D HMO 6154	20%	\$500 / \$1,000	\$3,500 / \$7,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	\$1,650	\$650

Florida Hospital Care Advantage Large Group HMO Plans

	In Network Coinsurance	In Network Deductible Individual / Family	In Network Out of Pocket Max. Individual / Family	In Network PCP Office Visit	In Network Specialist Office Visit	Diagnostic Testing (Routine Labs & X-rays)	Advanced Imaging Services	In Network Urgent Care	Emergency Room	In Network Inpatient Admissions	In Network Outpatient Surgery (Facility)
Florida Hospital 750D HMO 6047	10%	\$750 / \$1,500	\$1,500 / \$3,000	\$20	\$30	Routine labs \$0 X-rays \$50	10%	\$20	\$150	10%	10%
Florida Hospital Value 7D HMO 6059	30%	\$750 / \$1,500	\$3,000 / \$6,000	\$25	\$50	Routine labs \$0 X-rays 30%	30%	\$40	\$250	30%	30%
Florida Hospital 1000/80 HMO 6069	20%	\$1,000 / \$2,000	\$3,000 / \$6,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	\$50	\$200	20%	\$250
Florida Hospital 1000/80 HMO 6076	20%	\$1,000 / \$2,000	\$4,000 / \$8,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	20%	\$650
Florida Hospital Value 8D HMO 6063	35%	\$1,000 / \$2,000	\$5,000 / \$10,000	\$30	\$60	Routine labs \$0 X-rays 35%	35%	\$40	\$300	35%	35%
Florida Hospital 1500/80 HMO 6071	20%	\$1,500 / \$3,000	\$3,500 / \$7,000	\$30	\$45	Routine labs \$0 X-rays 20%	20%	\$50	\$200	20%	\$250
Florida Hospital 1500/80 HMO 6077	20%	\$1,500 / \$3,000	\$4,500 / \$9,000	\$30	\$45	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	20%	\$650
Florida Hospital Value 9D HMO 6065	20%	\$1,500 / \$4,500	\$5,000 / \$10,000	\$25	\$50	Routine labs \$0 X-rays \$50	\$100 per visit, per type	\$50	\$150	20%	\$200
Florida Hospital 2500/80 HMO 6073	20%	\$2,500 / \$5,000	\$4,500 / \$9,000	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$50	\$200	20%	\$250
Florida Hospital 2500/80 HMO 6078	20%	\$2,500 / \$5,000	\$5,500 / \$11,000	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	20%	\$650
Florida Hospital HF16 HMO 6043	20%	\$3,000 / \$6,000	\$5,000 / \$10,000	\$15	\$25	Routine labs \$0 X-rays 20%	20%	\$30	\$75	\$1,500	\$150
Florida Hospital 3500/80 6182	20%	\$3,500 / \$7,000	\$5,500 / \$11,000	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	\$1,650	\$650
Florida Hospital 4000/80 HMO 6187	20%	\$4,000 / \$8,000	\$6,600 / \$13,200	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	\$0	\$650
Florida Hospital 4500/80 6184	20%	\$4,500 / \$9,000	\$7,350 / \$14,700	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	\$1,650	\$650
Florida Hospital 5000/80 HMO 6075	20%	\$5,000 / \$10,000	\$6,350 / \$12,700	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$50	\$200	20%	\$250
Florida Hospital 5000/80 HMO 6079	20%	\$5,000 / \$10,000	\$6,350 / \$12,700	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	20%	\$650
Florida Hospital 5000/65 HMO 6151	35%	\$5,000 / \$10,000	\$6,600 / \$13,200	\$30	\$60	Routine labs \$0 X-rays 35%	35%	35%	35%	35%	35%
Florida Hospital 6600/100 HMO 6080	0%	\$6,600 / \$13,200	\$6,600 / \$13,200	\$50	0%	0%	0%	\$75	0%	0%	0%

Florida Hospital Care Advantage Large Group HMO Plans - HSA Qualified

	In Network Coinsurance	In Network Deductible Individual / Family	In Network Out of Pocket Max. Individual / Family	In Network PCP Office Visit	In Network Specialist Office Visit	In Network Diagnostic Testing (Routine Labs & X-rays)	In Network Outpatient CT, MRI, MRA, PET Scans and Nuclear Cardiology Studies	In Network Urgent Care	Emergency Room	In Network Inpatient Admissions	In Network Outpatient Surgery (Facility)
Florida Hospital HDHMO 1500 HSA 6082	20%	\$1,500* / \$3,000	\$3,000 / \$6,000	20%	20%	20%	20%	20%	20%	20%	20%
Florida Hospital HDHMO 2500 HSA 6084	20%	\$2,500* / \$5,000	\$5,000 / \$10,000	20%	20%	20%	20%	20%	20%	20%	20%
Florida Hospital HDHMO 3500 HSA 6193	20%	\$3,500* / \$7,000	\$5,000 / \$10,000	20%	20%	20%	20%	20%	20%	20%	20%
Florida Hospital HDHMO 4500 HSA 6195	20%	\$4,500* / \$9,000	\$6,350 / \$12,700	20%	20%	20%	20%	20%	20%	20%	20%
Florida Hospital HDHMO 5000 HSA 6197	20%	\$5,000* / \$10,000	\$6,650 / \$13,300	20%	20%	20%	20%	20%	20%	20%	20%
Florida Hospital HDHMO 6350 HSA 6088	0%	\$6,350* / \$12,700	\$6,350 / \$12,700	0%	0%	0%	0%	0%	0%	0%	0%

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.

(9/24/2018) 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. Florida Hospital Care Advantage is underwritten by Health First Commercial Plans, Inc. Health First Commercial Plans, Inc. 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 Large Group POS Plans

	In-Network									In- and Out-of-Network (IN / OON)		Out-of-Network		
	Coinsurance	Deductible Individual / Family	Out-of-Pocket Max. Individual / Family	PCP Office Visit	Specialist Office Visit	Diagnostic Testing (Routine Labs & X-rays)	Advanced Imaging Services	Hospital Admission	Outpatient Surgery (Facility)	Urgent Care	Emergency Room	Coinsurance	Deductible Individual / Family	Out-of-Pocket Max. Individual / Family
Florida Hospital PS2 POS 6102	10%	\$0	\$2,000 / \$4,000	\$15	\$30	Routine labs \$0 X-rays 10%	\$150	\$250 per admission	\$200	\$50	\$100	20%	\$500 / \$1,500	\$4,000 / \$8,000
Florida Hospital Value 5 POS 6106	20%	\$0	\$2,000 / \$4,000	\$15	\$30	Routine labs \$0 X-rays 20%	20%	20%	20%	\$40	\$150	40%	\$500 / \$1,000	\$4,000 / \$8,000
Florida Hospital Value 9 POS 6124	10%	\$0	\$2,000 / \$4,000	\$15	10%	Routine lab \$0 X-rays: \$0	10%	10%	10%	\$15 IN \$40 OON	\$100	30%	\$500 / \$1,000	\$4,000 / \$8,000
Florida Hospital PS4 POS 6104	20%	\$0	\$4,000 / \$8,000	\$20	\$40	Routine labs \$0 X-rays 20%	15000%	\$200 per day (1-5) per admission	25000%	\$50	\$200	30%	\$500 / \$1,000	\$8,000 / \$16,000
Florida Hospital Value 5D POS 6108	20%	\$250 / \$500	\$2,000 / \$4,000	\$15	\$30	Routine labs \$0 X-rays 20%	20%	20%	20%	\$40	\$150	40%	\$500 / \$1,000	\$4,000 / \$8,000
Florida Hospital Value 6D POS 6112	25%	\$500 / \$1,000	\$2,500 / \$5,000	\$20	\$40	Routine labs \$0 X-rays 25%	25%	25%	25%	\$40	\$200	40%	\$1,000 / \$2,000	\$6,000 / \$12,000
Florida Hospital 500D POS 6155	20%	\$500 / \$1,000	\$3,500 / \$7,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	\$1,650	\$650	\$75 IN 20% OON	\$300 1st Visit \$500 Visits 2+	40%	\$1,000 / \$2,000	\$7,000 / \$14,000
Florida Hospital Value 7D POS 6116	30%	\$750 / \$1,500	\$3,000 / \$6,000	\$25	\$50	Routine labs \$0 X-rays 30%	30%	30%	30%	\$40	\$250	50%	\$1,500 / \$3,000	\$6,000 / \$12,000
Florida Hospital 1000/80 POS 6090	20%	\$1,000 / \$2,000	\$3,000 / \$6,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	20%	\$250	\$50 IN 20% OON	\$200	40%	\$2,000 / \$4,000	\$6,000 / \$12,000
Florida Hospital 1000/80 POS 6119	20%	\$1,000 / \$2,000	\$4,000 / \$8,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	20%	\$650	\$75 IN 20% OON	\$300 1st Visit \$500 Visits 2+	40%	\$2,000 / \$4,000	\$8,000 / \$16,000
Florida Hospital 1250D POS 6100	20%	\$1,250 / \$2,500	\$2,000 / \$4,000	\$30	\$40	Routine labs \$0 X-rays 20%	20%	20%	20%	\$30	\$300	40%	\$2,000 / \$4,000	\$4,000 / \$8,000
Florida Hospital 1500/80 POS 6092	20%	\$1,500 / \$3,000	\$3,500 / \$7,000	\$30	\$45	Routine labs \$0 X-rays 20%	20%	20%	\$250	\$50 IN 20% OON	\$200	40%	\$3,000 / \$6,000	\$7,000 / \$14,000
Florida Hospital 1500/80 POS 6120	20%	\$1,500 / \$3,000	\$4,500 / \$9,000	\$30	\$45	Routine labs \$0 X-rays 20%	20%	20%	\$650	\$75 IN 20% OON	\$300 1st Visit \$500 Visits 2+	40%	\$3,000 / \$6,000	\$9,000 / \$18,000
Florida Hospital 2500/80 POS 6094	20%	\$2,500 / \$5,000	\$4,500 / \$9,000	\$35	\$50	Routine labs \$0 X-rays 20%	20%	20%	\$250	\$50 IN 20% OON	\$200	40%	\$5,000 / \$15,000	\$9,000 / \$18,000
Florida Hospital 2500/80 POS 6121	20%	\$2,500 / \$5,000	\$5,500 / \$11,000	\$35	\$50	Routine labs \$0 X-rays 20%	20%	20%	\$650	\$75 IN 20% OON	\$300 1st Visit \$500 Visits 2+	40%	\$5,000 / \$10,000	\$11,000 / \$22,000
Florida Hospital 3500/80 POS 6189	20%	\$3,500 / \$7,000	\$5,500 / \$11,000	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$1,650	\$650	\$75 IN 20% OON	\$300 1st Visit \$500 Visits 2+	40%	\$7,000 / \$14,000	\$11,000 / \$22,000
Florida Hospital 4500/80 POS 6191	20%	\$4,500 / \$9,000	\$7,350 / \$14,700	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$1,650	\$650	\$75 IN 20% OON	\$300 1st Visit \$500 Visits 2+	40%	\$9,000 / \$18,000	\$14,700 / \$29,400
Florida Hospital 5000/80 POS 6096	20%	\$5,000 / \$10,000	\$6,350 / \$12,700	\$35	\$50	Routine labs \$0 X-rays 20%	20%	20%	\$250	\$50 IN 20% OON	\$200	40%	\$10,000 / \$20,000	\$14,000 / \$28,000
Florida Hospital 5000/80 POS 6122	20%	\$5,000 / \$10,000	\$6,350 / \$12,700	\$35	\$50	Routine labs \$0 & X-rays 20%	20%	20%	\$650	\$75 IN 20% OON	\$300 1st Visit \$500 Visits 2+	40%	\$10,000 / \$20,000	\$14,000 / \$28,000

Florida Hospital Care Advantage Large Group POS Plans - HSA Qualified

	In-Network									In- and Out- of-Network		Out-of-Network		
	Coinsurance	Deductible Individual / Family	Out-of-Pocket Max. Individual / Family	PCP Office Visit	Specialist Office Visit (including Behavioral Health Visits)	Diagnostic Testing (Routine Labs & X-rays)	Advanced Imaging Services	Hospital Admission	Outpatient Surgery (Facility)	Urgent Care	Emergency Room	Coinsurance	Deductible Individual / Family	Out-of- Pocket Max. Individual / Family
Florida Hospital HDPOS 1500 HSA 6117	20%	\$1,500* / \$3,000	\$3,000 / \$6,000	20%	20%	20%	20%	20%	20%	20% IN 40% OON	20%	40%	\$3,000* / \$6,000	\$6,000 / \$12,000
Florida Hospital HDPOS 2500 HSA 6118	20%	\$2,500* / \$5,000	\$5,000 / \$10,000	20%	20%	20%	20%	20%	20%	20% IN 40% OON	20%	40%	\$5,000* / \$10,000	\$10,000 / \$20,000
Florida Hospital HDPOS 3500 HSA 6199	20%	\$3,500 / \$7,000	\$5,000 / \$10,000	20%	20%	20%	20%	20%	20%	20% IN 40% OON	20%	40%	\$7,000* / \$14,000	\$10,000 / \$20,000
Florida Hospital HDPOS 4500 HSA 6201	20%	\$4,500 / \$9,000	\$6,350/\$12,700	20%	20%	20%	20%	20%	20%	20% IN 40% OON	20%	40%	\$9,000* / \$18,000	\$12,700 / \$25,400
Florida Hospital HDPOS 5000 HSA 6203	20%	\$5,000* / \$10,000	\$6,650/\$13,300	20%	20%	20%	20%	20%	20%	20% IN 40% OON	20%	40%	\$10,000 / \$20,000	\$13,300 / \$26,600
Florida Hospital HDPOS 6350 HSA 6140	0%	\$6,350* / \$12,700	\$6,350/\$12,700	0%	0%	0%	0%	0%	0%	0%	0%	0%	\$12,700* / \$25,400	\$12,700 / \$25,400

Eye exams are included in well-child exams for all plans.

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

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