

# Comparison of Benefits

*for Small Groups*

HMO ■ POS

## 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	Advanced Imaging Services	In Network Outpatient CT, MRI, MRA, PET Scans and Nuclear Cardiology Studies	In Network Urgent Care	Emergency Room Services	In Network Inpatient Admissions	In Network Outpatient Surgery	Rx Benefit
<b>Florida Hospital Platinum HMO 100 5590</b>	0%	\$0 / \$0	\$1,300 / \$2,600	\$20	\$40	Routine labs \$0 X-rays \$75	\$150	\$40	\$100	\$300 per day, days 1-4 per admission	\$200	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)
<b>Florida Hospital Platinum HMO 80 5594</b>	20%	\$0 / \$0	\$1,800 / \$3,600	\$20	\$40	Routine labs \$0 X-rays 20%	\$175	\$40	\$150	\$250 per day, days 1-5 per admission	\$200	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)
<b>Florida Hospital Gold HMO 50 5583</b>	50%	\$500 / \$1,000	\$4,600 / \$9,200	\$25	\$50	50%	\$250	\$50	\$250	\$875	\$400	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)
<b>Florida Hospital Gold HMO 80 5577</b>	20%	\$500 / \$1,000	\$4,700 / \$9,400	\$40	\$60	Routine labs \$0 X-rays 20%	\$400	\$60	\$500	20%	\$500	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
<b>Florida Hospital Gold HMO 80 5575</b>	20%	\$750 / \$1,500	\$7,400 / \$14,800	\$25	\$45	Routine labs \$0 X-rays 20%	\$275	\$45	\$350	20%	20%	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
<b>Florida Hospital Gold HMO 80 5580</b>	20%	\$1,500 / \$3,000	\$4,350 / \$8,700	\$30	\$45	Routine labs \$0 X-rays 20%	20%	\$45	\$200	20%	\$250	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
<b>Florida Hospital Silver HMO 50 5555</b>	50%	\$2,000 / \$4,000	\$6,400 / \$12,800	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%	50%	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
<b>Florida Hospital Silver HMO 50 5563</b>	50%	\$2,650 / \$5,300	\$7,650 / \$15,300	\$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)
<b>Florida Hospital Silver HMO 80 5560</b>	20%	\$5,000 / \$10,000	\$7,550 / \$15,100	Visit 1, \$50, Visit 2+, 20%	Visit 1, \$75, Visit 2+, 20%	Routine labs \$0 X-rays 20%	20%	\$75	\$400	20%	\$400	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
<b>Florida Hospital Silver HMO 50 5599</b>	50%	\$6,350 / \$12,700	\$7,200 / 14,400	Visit 1, \$75 Visit 2+, 50%	Visit 1, \$125 Visit 2+, 50%	Routine labs \$0 X-rays 50%	\$500	Visit 1-3, \$100, Visits 4+, 50%	Visit 1, \$500, Visits 2+, 50%	\$2,500	\$1,250	2/15/30/50/30% (\$1,000 Rx deductible on Tiers 3-5)
<b>Florida Hospital Bronze HMO 50 5597</b>	50%	\$7,200 / \$14,400	\$7,350 / \$14,700	Visit 1, \$75, Visit 2+, 50%	Visit 1, \$125, Visit 2+, 50%	Routine labs \$0 X-rays 50%	50%	Visit 1, \$125, Visit 2+, 50%	50%	50%	50%	2/15/30/50/30% (\$500 Rx deductible on Tiers 3-5)

## Florida Hospital Care Advantage Small Group HMO Plans - 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	Advanced Imaging Services	In Network Outpatient CT, MRI, MRA, PET Scans and Nuclear Cardiology Studies	In Network Urgent Care	Emergency Room Services	In Network Inpatient Admissions	In Network Outpatient Surgery	Rx Benefit
Florida Hospital Gold HMO 90 5587	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 5570	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 5567	10%	\$2,800* / \$5,600	\$6,650 / \$13,300	10%	10%	10%	10%	10%	10%	10%	10%	10% after deductible
Florida Hospital Silver HMO 80 5601	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 5603	0%	\$4,500* / \$9,000	\$4,500 / \$9,000	0%	0%	0%	0%	0%	0%	0%	0%	0% after deductible
Florida Hospital Bronze HMO 100 5552	0%	\$6,650* / \$13,300	\$6,650 / \$13,300	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.**

(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 Small Group POS Plans

	In-Network										In- and Out- of-Network (IN / OON)		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)	Advanced Imaging Services	Inpatient Admissions	Outpatient Surgery	Rx Benefit	Urgent Care	Emergency Room Services	Coinsurance	Calendar Year Deductible Single / Family	Maximum Out of Pocket Single / Family
<b>Florida Hospital Platinum POS 100 5591</b>	0%	\$0 / \$0	\$1,300 / \$2,600	\$20	\$40	Routine labs \$0 X-rays \$75	\$150	\$300 per day, days 1-4 per admission	\$200	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)	\$40 IN 30% OON	\$100	30%	\$500 / \$1,000	\$2,600 / \$5,200
<b>Florida Hospital Platinum POS 80 5595</b>	20%	\$0 / \$0	\$1,800 / \$3,600	\$20	\$40	Routine labs \$0 X-rays 20%	\$175	\$250 per day, days 1-5 per admission	\$200	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)	\$40 IN 50% OON	\$150	50%	\$500 / \$1,000	\$3,600 / \$7,200
<b>Florida Hospital Gold POS 70 5573</b>	30%	\$750 / \$1,500	\$5,500 / \$11,000	\$25	\$45	Routine labs \$0 X-rays 30%	\$250	30%	\$300	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)	\$45 IN 50% OON	\$250	50%	\$1,500 / \$3,000	\$11,000 / \$22,000
<b>Florida Hospital Gold POS 80 5581</b>	20%	\$1,500 / \$3,000	\$4,350 / \$8,700	\$30	\$45	Routine labs \$0 X-rays 20%	20%	20%	\$250	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)	\$45 IN 50% OON	\$200	50%	\$3,000 / \$6,000	\$8,700 / \$17,400
<b>Florida Hospital Silver POS 50 5557</b>	50%	\$2,200 / \$4,400	\$6,600 / \$13,200	Visit 1-4, \$35, Visit 5+, 50%	Visit 1-4, \$50, Visit 5+, 50%	50%	50%	50%	50%	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)	Visit 1-4, \$50, Visit 5+, 50% IN 50% OON	50%	50%	\$4,400 / \$8,800	\$13,200 / \$26,400
<b>Florida Hospital Silver POS 80 5561</b>	20%	\$5,000 / \$10,000	\$7,550 / \$15,100	Visit 1, \$50, Visit 2+, 20%	Visit 1, \$75, Visit 2+, 20%	Routine labs \$0 X-rays 20%	20%	20%	\$400	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)	\$75 IN 50% OON	\$400	50%	\$10,000 / \$20,000	\$15,100 / \$30,200
<b>Florida Hospital Bronze POS 50 5549</b>	50%	\$5,300 / \$10,600	\$7,700 / \$15,400	Visit 1-3, \$50, Visit 4+, 50%	Visit 1-3, \$100, Visit 4+, 50%	50%	50%	50%	50%	50% after deductible	Visit 1-3, \$100, Visit 4+, 50% IN 50% OON	50%	50%	\$10,600 / \$21,200	\$15,400 / \$30,800

## Florida Hospital Care Advantage Small Group POS Plans - HSA Qualified

	In-Network										In- and Out- of-Network (IN / OON)		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)	Advanced Imaging Services	Inpatient Admissions	Outpatient Surgery	Rx Benefit	Urgent Care	Emergency Room Services	Coinsurance	Calendar Year Deductible Single / Family	Maximum Out of Pocket Single / Family
<b>Florida Hospital Gold POS 90 5585</b>	10%	\$1,500* / \$3,000	\$2,600 / \$5,200	10%	10%	10%	10%	10%	10%	10% after deductible	10% IN 50% OON	10%	50%	\$3,000* / \$6,000	\$5,200 / \$10,400
<b>Florida Hospital Silver POS 90 5571</b>	10%	\$3,000* / \$6,000	\$6,500 / \$13,000	10%	10%	10%	10%	10%	10%	10% after deductible	10% IN 50% OON	10%	50%	\$6,000* / \$12,000	\$13,000 / \$26,000
<b>Florida Hospital Silver POS 100 5565</b>	0%	\$3,850* / \$7,700	\$3,850 / \$7,700	0%	0%	0%	0%	0%	0%	0% after deductible	0% IN 50% OON	0%	50%	\$7,700* / \$15,400	\$8,700 / \$17,400
<b>Florida Hospital Bronze POS 100 5553</b>	0%	\$6,650* / \$13,300	\$6,650 / \$13,300	0%	0%	0%	0%	0%	0%	0% after deductible	0% IN 50% OON	0%	50%	\$13,300* / \$26,600	\$14,300 / \$28,600

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