

Health Plan Design Changes for 2027

Vendor	Current Plans - 2026						New Plans - 2027			
	BlueCare - HMO		Florida Blue		BlueOption		Florida Blue			
Network	BlueCare - HMO		BlueCare - HDHP		BlueOption		BlueCare - HMO		BlueOption	
Plan Details	In-Network		In-Network		In-Network		In-Network		In-Network	
	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family
Plan Deductible	\$1,000	\$2,000	\$2,750	\$6,500	\$2,500	\$6,250	\$2,000	\$4,000	\$4,000	\$8,000
Coinsurance:	20%		20%		20%		20%		20%	
Maximum Out-of-Pocket:	\$8,000		\$8,000		\$8,000		\$8,000		\$8,000	
(Includes Deductible, Copay, Rx)	Yes Yes Yes		Yes Yes Yes		Yes Yes Yes		Yes Yes Yes		Yes Yes Yes	
Physician Services										
Office Visit:	\$25		Deductible + Coinsurance		\$25		\$25		\$25	
Specialist:	\$50		Deductible + Coinsurance		\$50		\$50		\$50	
Mental Health Outpatient Services	\$20		Deductible + Coinsurance		\$20		\$20		\$20	
Chiropractic:	\$50		Deductible + Coinsurance		\$50		\$50		\$50	
Hospital / Emergency Services										
Inpatient Hospital Per Admission:	\$1,500 per day (days 1-5)		Deductible + Coinsurance		Deductible + Coinsurance		\$1,500 per day (days 1-5)		Deductible + Coinsurance	
Emergency Room:	\$750		Deductible + Coinsurance		Deductible + Coinsurance		\$1,000		Deductible + Coinsurance	
Urgent Care:	\$75		Deductible + Coinsurance		\$75		\$100		\$100	
Outpatient Facility:	\$500		Deductible + Coinsurance		Deductible + Coinsurance		\$500		Deductible + Coinsurance	
Ambulatory Surgery Center:	\$500		Deductible + Coinsurance		\$500		\$500		\$500	
Diagnostic Services										
Lab & X-Ray Outpatient:	\$100		Deductible + Coinsurance		\$100		\$250		\$250	
Advanced Imaging Services	\$500		Deductible + Coinsurance		\$500		\$500		\$500	
Prescription Drug										
Deductible:	N/A		N/A		N/A		N/A		N/A	
Prescription Tier:	\$5 \$75 \$150 \$350		Ded. + Coin. (then Tier pricing)		\$5 \$75 \$150 \$350		\$5 \$75 \$150 \$250		\$5 \$75 \$150 \$250	
Mail Order Prescription (90 Day Supply):	\$12.50 \$188 \$375 \$875		Ded. + Coin. (then Tier pricing)		\$12.50 \$188 \$375 \$875		\$12.50 \$188 \$375 \$500		\$12.50 \$188 \$375 \$500	
Non-Network Plan Details	Non-Network		Non-Network		Non-Network		Non-Network		Non-Network	
Plan Deductible	N/A		N/A		\$5,000		N/A		\$8,000	
Coinsurance:	N/A		N/A		30%		N/A		30%	
Maximum Out-of-Pocket:	N/A		N/A		\$12,000		N/A		\$16,000	
Health Savings Account Seed (Employer Paid)										
Single	-		\$250		-		-		-	
Family	-		\$500		-		-		-	