

Health Plan Design Changes for 2026

Vendor	Current Plans - 2025				New Plans - 2026			
	Florida Blue				Florida Blue			
Network	BlueCare - HMO		BlueOption		BlueCare - HMO		BlueCare - HDHP	
Plan Details	In-Network		In-Network		In-Network		In-Network	
	Single	Family	Single	Family	Single	Family	Single	Family
Plan Deductible	\$1,000	\$2,000	\$1,500	\$4,000	\$1,000	\$2,000	\$2,750	\$6,500
Coinsurance:	20%		20%		20%		20%	
Maximum Out-of-Pocket:	\$8,000	\$16,000	\$8,000	\$16,000	\$8,000	\$16,000	\$8,000	\$16,000
(Includes Deductible, Copay, Rx)	Yes   Yes   Yes		Yes   Yes   Yes		Yes   Yes   Yes		Yes   Yes   Yes	
Physician Services								
Office Visit:	\$25		\$25		\$25		Deductible + Coinsurance	
Specialist:	\$50		\$50		\$50		Deductible + Coinsurance	
Mental Health Outpatient Services	\$20		\$20		\$20		Deductible + Coinsurance	
Chiropractic:	\$50		\$50		\$50		Deductible + Coinsurance	
Hospital / Emergency Services								
Inpatient Hospital Per Admission:	\$1,000 per day (days 1-5)		Deductible + Coinsurance		\$1,500 per day (days 1-5)		Deductible + Coinsurance	
Emergency Room:	\$400		Deductible + Coinsurance		\$750		Deductible + Coinsurance	
Urgent Care:	\$75		\$75		\$75		Deductible + Coinsurance	
Outpatient Facility:	\$400		Deductible + Coinsurance		\$500		Deductible + Coinsurance	
Ambulatory Surgery Center:	\$400		\$350		\$500		Deductible + Coinsurance	
Diagnostic Services								
Lab & X-Ray Outpatient:	\$100		\$75		\$100		Deductible + Coinsurance	
Advanced Imaging Services	\$400		\$300		\$500		Deductible + Coinsurance	
Prescription Drug								
Deductible:	N/A		N/A		N/A		N/A	
Prescription Tier:	\$5   \$75   \$150   \$250		\$5   \$75   \$150   \$250		\$5   \$75   \$150   \$350		Ded. + Coin. (then Tier pricing)	
Mail Order Prescription (90 Day Supply):	\$12.50   \$188   \$375   \$500		\$12.50   \$188   \$375   \$500		\$12.50   \$188   \$375   \$875		Ded. + Coin. (then Tier pricing)	
Non-Network Plan Details	Non-Network		Non-Network		Non-Network		Non-Network	
Plan Deductible	N/A		\$4,000		N/A		N/A	
Coinsurance:	N/A		30%		N/A		N/A	
Maximum Out-of-Pocket:	N/A		\$12,000		N/A		N/A	
Health Savings Account Seed (Employer Paid)								
Single	-		-		-		\$250	-
Family	-		-		-		\$500	-