



**CHOICES
THAT
MATTER**



Medical Plan Offerings— Florida Blue 2025*

*Carrier availability is based on client headquartered location, as well as client selection.

Information shown in this document does not include all plan details or changes. Refer to the Carrier Certificate on TriNet (login.TriNet.com).

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Florida Blue Plan Details: [New Plans](#)

There are no [new](#) Florida Blue plans for the 2025 benefits plan year.

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Florida Blue Plan Details: Current Plans

FL Blue HDHP 3500	Current Plan for 2025
FL Blue HDHP 6350	Current Plan for 2025
FL Blue HMO 20	Current Plan for 2025
FL Blue HMO 40	Current Plan for 2025
FL Blue PPO 750	Current Plan for 2025
FL Blue PPO 1000	Current Plan for 2025
FL Blue PPO 1500	Current Plan for 2025
FL Blue PPO 2000	Current Plan for 2025
FL Blue PPO 5500 Copay	Current Plan for 2025

The current Florida Blue plans for the 2025 benefits plan year are listed on the following pages.



Benefits	HDHP 3500	HDHP 6350	HMO 20	HMO 40
	BlueOptions	FL: Blue Options; nationally except Hawaii through Blue Card	Blue Care	Blue Care
Network Name				
Single Deductible	\$3,500	\$6,350	\$0	\$5,000
Family Deductible	\$7,000	\$12,700	\$0	\$10,000
Single Deductible Out-of-Network	\$7,000	\$12,700	Not Covered	Not Covered
Family Deductible Out-of-Network	\$14,000	\$25,400	Not Covered	Not Covered
Single Out-of-Pocket Max	\$7,000	\$6,350	\$2,000	\$5,000
Family Out-of-Pocket Max	\$14,000	\$12,700	\$4,000	\$10,000
Single Out-of-Pocket Max Out-of-Network	\$13,000	\$25,400	Not Covered	Not Covered
Family Out-of-Pocket Max Out-of-Network	\$26,000	\$50,800	Not Covered	Not Covered
Co-Insurance	30%	0%	0%	0%
Co-Insurance Out-of-Network	40%	50%	Not Covered	Not Covered
Doctor Visits	30% after ded	0% after ded	\$20	\$40
Specialist Visits	30% after ded	0% after ded	\$35	\$65
Lab & X-Ray	30% after ded	0% after ded	0%	\$65
Emergency Room Visits	30% after ded	0% after ded	\$100	\$300
Urgent Care Visits	30% after ded	0% after ded	\$50	\$85
Outpatient Facility	30% after ded	0% after ded	\$100	0% after ded
Outpatient Surgery	30% after ded	0% after ded	100	0% after ded
Hospital Inpatient	30% after ded	0% after ded	\$250	0% after ded
Rx Deductible (Non-Generic)	Integrated w/Med	Integrated w/Med	N/A	N/A
Generic Rx (Tier 1)	\$10 after ded	0% after ded	\$10	\$10
Brand Rx (Tier 2)	\$40 after ded	0% after ded	\$40	\$40
Non-Formulary Rx (Tier 3)	\$60 after ded	0% after ded	\$60	\$60

Benefits	PPO 750	PPO 1000	PPO 1500	PPO 2000
	FL: Blue Options; nationally except Hawaii through Blue Card	FL: Blue Options; nationally except Hawaii through Blue Card	FL: Blue Options; nationally except Hawaii through Blue Card	FL: Blue Options; nationally except Hawaii through Blue Card
Network Name				
Single Deductible	\$750	\$1,000	\$1,500	\$2,000
Family Deductible	\$1,875	\$2,000	\$3,000	\$4,000
Single Deductible Out-of-Network	\$2,250	\$2,000	\$3,000	\$4,000
Family Deductible Out-of-Network	\$6,750	\$4,000	\$6,000	\$8,000
Single Out-of-Pocket Max	\$2,000	\$2,500	\$3,500	\$5,000
Family Out-of-Pocket Max	\$3,000	\$5,000	\$7,000	\$10,000
Single Out-of-Pocket Max Out-of-Network	\$4,000	\$4,000	\$6,000	\$16,000
Family Out-of-Pocket Max Out-of-Network	\$8,000	\$8,000	\$12,000	\$32,000
Co-Insurance	10%	20%	30%	30%
Co-Insurance Out-of-Network	30%	40%	50%	50%
Doctor Visits	\$25	\$30	\$35	\$35
Specialist Visits	\$40	\$45	\$50	\$50
Lab & X-Ray	\$50	\$50	\$50	\$50
Emergency Room Visits	\$350	\$250	\$250	\$250
Urgent Care Visits	\$75	\$45	\$50	\$50
Outpatient Facility	10% after ded	20% after ded	30% after ded	30% after ded
Outpatient Surgery	10% after ded	20% after ded	30% after ded	30% after ded
Hospital Inpatient	10% after ded	20% after ded	30% after ded	30% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10	\$10
Brand Rx (Tier 2)	\$35	\$40	\$40	\$40
Non-Formulary Rx (Tier 3)	\$50	\$60	\$60	\$60



Benefits	PPO 5500 Copay
Network Name	FL: Blue Options; nationally except Hawaii through Blue Card
Single Deductible	\$5,500
Family Deductible	\$11,000
Single Deductible Out-of-Network	\$11,000
Family Deductible Out-of-Network	\$22,000
Single Out-of-Pocket Max	\$6,850
Family Out-of-Pocket Max	\$13,700
Single Out-of-Pocket Max Out-of-Network	\$20,000
Family Out-of-Pocket Max Out-of-Network	\$40,000
Co-Insurance	30%
Co-Insurance Out-of-Network	50%
Doctor Visits	\$50
Specialist Visits	\$75
Lab & X-Ray	30% after ded
Emergency Room Visits	\$500
Urgent Care Visits	\$75
Outpatient Facility	30% after ded
Outpatient Surgery	30% after ded
Hospital Inpatient	30% after ded
Rx Deductible (Non-Generic)	\$100
Generic Rx (Tier 1)	\$10
Brand Rx (Tier 2)	\$60 after Rx ded
Non-Formulary Rx (Tier 3)	\$100 after Rx ded

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Florida Blue: Eliminated Plan

For 2025, the following plan will no longer be offered:

FL Blue HMO 30

ELIMINATED for 2025

TRINET III-25Q4