



Medical Plan Offerings— Florida Blue 2024*

*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).

CHOICES THAT MATTER

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Florida Blue Plan Details: **New Plan**

FL Blue HDHP 3500

NEW for 2024

The **new** Florida Blue plan for the 2024 benefits plan year is listed on the following page.



Benefits	HDHP 3500
Network Name	BlueOptions
Single Deductible	\$3,500
Family Deductible	\$7,000
Single Deductible Out-of-Network	\$7,000
Family Deductible Out-of-Network	\$14,000
Single Out-of-Pocket Max	\$7,000
Family Out-of-Pocket Max	\$14,000
Single Out-of-Pocket Max Out-of-Network	\$13,000
Family Out-of-Pocket Max Out-of-Network	\$26,000
Co-Insurance	30%
Co-Insurance Out-of-Network	40%
Doctor Visits	30% after ded
Specialist Visits	30% after ded
Lab & X-Ray	30% after ded
Emergency Room Visits	30% after ded
Urgent Care Visits	30% after ded
Outpatient Facility	30% after ded
Outpatient Surgery	30% after ded
Hospital Inpatient	30% after ded
Rx Deductible (Non-Generic)	Integrated w/Med
Generic Rx (Tier 1)	\$10 after ded
Brand Rx (Tier 2)	\$40 after ded
Non-Formulary Rx (Tier 3)	\$60 after ded

Florida Blue Plan Details: Current Plans

FL Blue HDHP 6350	Current Plan for 2024
FL Blue HMO 20	Current Plan for 2024
FL Blue HMO 30	Current Plan for 2024
FL Blue HMO 40	Current Plan for 2024
FL Blue PPO 750	Current Plan for 2024
FL Blue PPO 1000	Current Plan for 2024
FL Blue PPO 1500	Current Plan for 2024
FL Blue PPO 2000	Current Plan for 2024
FL Blue PPO 5500 Copay	Current Plan for 2024

The current Florida Blue plans for the 2024 benefits plan year are listed on the following pages.



Benefits	HDHP 6350	HMO 20	HMO 30	HMO 40
	FL: Blue Options; nationally except Hawaii through Blue Card	Blue Care	Blue Care	Blue Care
Network Name				
Single Deductible	\$6,350	\$0	\$1,000	\$5,000
Family Deductible	\$12,700	\$0	\$2,000	\$10,000
Single Deductible Out-of-Network	\$12,700	Not Covered	Not Covered	Not Covered
Family Deductible Out-of-Network	\$25,400	Not Covered	Not Covered	Not Covered
Single Out-of-Pocket Max	\$6,350	\$2,000	\$3,000	\$5,000
Family Out-of-Pocket Max	\$12,700	\$4,000	\$6,000	\$10,000
Single Out-of-Pocket Max Out-of-Network	\$25,400	Not Covered	Not Covered	Not Covered
Family Out-of-Pocket Max Out-of-Network	\$50,800	Not Covered	Not Covered	Not Covered
Co-Insurance	0%	0%	20%	0%
Co-Insurance Out-of-Network	50%	Not Covered	Not Covered	Not Covered
Doctor Visits	0% after ded	\$20	\$30	\$40
Specialist Visits	0% after ded	\$35	\$45	\$65
Lab & X-Ray	0% after ded	0%	0%	\$65
Emergency Room Visits	0% after ded	\$100	\$150	\$300
Urgent Care Visits	0% after ded	\$50	\$75	\$85
Outpatient Facility	0% after ded	\$100	20% after ded	0% after ded
Outpatient Surgery	0% after ded	100	20% after ded	0% after ded
Hospital Inpatient	0% after ded	\$250	20% after ded	0% after ded
Rx Deductible (Non-Generic)	Integrated w/Med	N/A	N/A	N/A
Generic Rx (Tier 1)	0% after ded	\$10	\$10	\$10
Brand Rx (Tier 2)	0% after ded	\$40	\$40	\$40
Non-Formulary Rx (Tier 3)	0% after ded	\$60	\$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
	FL: Blue Options; nationally except Hawaii through Blue Card
Network Name	
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

Florida Blue: Eliminated Plan

For 2024, the following plan will no longer be offered:

FL Blue HDHP 3000	ELIMINATED for 2024
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