Florida Blue
In the pursuit of health

# Alachua County Employees 2026 Benefits Summary

| Product | BlueOptions | BlueOptions |
|---|---|---|
| **Plan Number** | **05770** | **05781** |
| **Effective Date** | 10/1/2026 | 10/1/2026 |
| **Employee Premium** | **Bi-Weekly Monthly** | **Bi-Weekly Monthly** |
| **Employee only** | $41.57 $83.14 | $9.85 $19.70 |
| **Employee + 1** | $197.82 $395.64 | $121.97 $243.94 |
| **Employee + 2 or More** | $278.89 $557.78 | $171.94 $343.88 |
| **Cost Sharing - Member's Responsibility** | | |
| **Deductible (DED) (Per Person/Family Aggregate)** | | HRA Employee: $750 HRA Emp+1/Family $1,500 |
| In-Network | $300/ $900 | $1,500/$3,000 |
| Out-of-Network | $750/$2,500 | $3,000/$6,000 |
| **Coinsurance (BCBSF / Member)** | | |
| In-Network | 80% / 20% | 80% / 20% |
| Out-of-Network | 50% / 50% | 50% / 50% |
| **Out of Pocket Maximum (Per Person/Family Aggregate)** | | |
| In-Network | $2,500/$5,000 | $4,000/$8,000 |
| Out-of-Network | $5,000/$10,000 | $8,000/$16,000 |
| **Medical Pharmacy OOP Maximum (Per Person Per Calendar Month)** | | |
| In-Network (Preferred/Non-Preferred) | $200 | $200 |
| Out-of-Network | NA | NA |
| **Medical / Surgical Care by a Physician** | | |
| **Virtual Visits** | • Virtual Visit services only covered for INN designated providers<br>• Virtual Behavioral Health Services covered at $0 for INN designated providers | • Virtual Visit services only covered for INN designated providers<br>• Virtual Behavioral Health Services covered at $0 for INN designated providers |
| Value Choice PCP | $25 Copayment | DED + 20% |
| Value Choice Specialist | $45 Copayment | DED +20% |
| In-Network Family Physician | $25 Copayment | DED + 20% |
| In-Network Specialist | $45 Copayment | DED + 20% |
| Out-of-Network | Not Covered | Not Covered |
| **Office Services** | | |
| Value Choice PCP | $25 Copayment | DED + 20% |
| Value Choice Specialist | $45 Copayment | DED + 20% |
| In-Network Family Physician | $25 Copayment | DED + 20% |
| In-Network Specialist | $45 Copayment | DED + 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Allergy Injections (Office)** | | |
| Value Choice PCP | $10 Copayment | DED + 20% |
| In-Network Family Physician & Specialist | $10 Copayment | DED + 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Health Care Professional Administered Medications in the Office (Medical Pharmacy)** | | |
| In-Network (Preferred & Non-Preferred) | 20% | 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Convenient Care Center** | | |
| In-Network | $25 Copayment | DED + 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Physician Services at Hospital** | | |
| In-Network | $100 Copayment | DED + 20% |
| Out-of-Network | $100 Copayment | INN DED + 20% |
| **Radiology, Pathology and Anesthesiology Provider Services at Hospital** | | |
| In-Network | $100 Copayment | DED + 20% |
| Out-of-Network | $100 Copayment | INN DED + 20% |
| **Radiology, Pathology and Anesthesiology Provider Services at ASC** | | |
| In-Network | $45 Copayment | DED + 20% |
| Out-of-Network | $45 Copayment | DED + 20% |

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# Alachua County Employees 2026 Benefits Summary

| Product | BlueOptions | BlueOptions |
|---|---|---|
| Plan Number | 05770 | 05781 |
| Effective Date | 10/1/2026 | 10/1/2026 |
| Employee Premium | Bi-Weekly Monthly | Bi-Weekly Monthly |
| Employee only | $41.57 $83.14 | $9.85 $19.70 |
| Employee + 1 | $197.82 $395.64 | $121.97 $243.94 |
| Employee + 2 or More | $278.89 $557.78 | $171.94 $343.88 |
| **Physician Services at Locations other than Office, Hospital and ER** | | |
| In-Network Family Physician | $25 Copayment | DED + 20% |
| In-Network Specialist | $45 Copayment | DED + 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Preventive Services-Adult and Child Wellness Services** | | |
| **Office Services** | | |
| In-Network Family Physician | $0 Copayment | $0 Copayment |
| In-Network Specialist | $0 Copayment | $0 Copayment |
| Out-of-Network | 50% | 50% |
| **Independent Clinical Laboratory** | | |
| In-Network | $0 Copayment | $0 Copayment |
| Out-of-Network | 50% | 50% |
| **Independent Diagnostic Testing Center** | | |
| In-Network | $0 Copayment | $0 Copayment |
| Out-of-Network | 50% | 50% |
| **Mammograms** | • Includes Routine and Diagnostic Mammograms<br>• Includes sonograms/ultrasounds (76641, 76642) and MRIs (77046, 77047, 77048, 77049) of the breast. (05/01/2026) | • Includes Routine and Diagnostic Mammograms<br>• Includes sonograms/ultrasounds (76641, 76642) and MRIs (77046, 77047, 77048, 77049) of the breast. (05/01/2026) |
| In-Network | $0 Copayment | $0 Copayment |
| Out-of-Network | $0 Copayment | $0 Copayment |
| **Colonoscopies** | | |
| In-Network | $0 Copayment | $0 Copayment |
| Out-of-Network | $0 Copayment | $0 Copayment |
| **Medical / Surgical Care at a Facility** | | |
| **Ambulatory Surgical Center (ASC)** | | |
| In-Network | $150 Copayment | DED + 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Inpatient Hospital Facility (per admit)** | | |
| In-Network | Option 1: $600 | Option 1: DED + 20% |
| | Option 2:- $1000 | Option 2: DED + 20% |
| Out-of-Network | $3,500 Copayment | DED + 50% |
| **Outpatient Hospital Facility (per visit) (Surgical)** | | |
| In-Network | Option 1: $250 | Option 1: DED + 20% |
| | Option 2: $350 | Option 2: DED + 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Emergency and Urgent Care** | | |
| **Emergency Room Facility (per visit)** | | |
| In-Network | $300 Copayment | DED + 20% |
| Out-of-Network | $300 Copayment | INN Ded + 20% |
| **Physician Services at ER** | | |
| In-Network | $100 Copayment | DED + 20% |
| Out-of-Network | $100 Copayment | INN DED + 20% |
| **Urgent Care Centers** | | |
| Inn-Network & Value Choice Providers | $50 Copayment | DED + 20% |
| Out-of-Network | DED + $50 Copayment | DED + 20% |
| **Ambulance** | | |
| In-Network | DED + 20% | DED + 20% |
| Out-of-Network | INN DED + 20% | INN DED + 20% |

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| Product | BlueOptions | BlueOptions |
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| Plan Number | 05770 | 05781 |
| Effective Date | 10/1/2026 | 10/1/2026 |
| **Employee Premium** | **Bi-Weekly Monthly** | **Bi-Weekly Monthly** |
| Employee only | $41.57 $83.14 | $9.85 $19.70 |
| Employee + 1 | $197.82 $395.64 | $121.97 $243.94 |
| Employee + 2 or More | $278.89 $557.78 | $171.94 $343.88 |
| **Diagnostic Testing (e.g., Lab, x-ray)** | | |
| **Physician Office** | | |
| Value Choice PCP | $25 Copayment | DED + 20% |
| Value Choice Specialist | $45 Copayment | DED + 20% |
| In-Network Family Physician | $25 Copayment | DED + 20% |
| In-Network Specialist | $45 Copayment | DED + 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Independent Clinical Laboratory** | | |
| In-Network | $0 Copayment | $0 Copayment |
| Out-of-Network | DED + 50% | DED + 50% |
| **Independent Diagnostic Testing Center** | | |
| In-Network | $50 Copayment | DED + 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Outpatient Hospital Facility** | | |
| In-Network | Option 1 & 2: DED + 20% | Option 1 & 2: DED + 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)** | | |
| **Physician Office** | | |
| In-Network Family Physician & Specialist | $100 Copayment | DED + 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Independent Diagnostic Testing Center** | | |
| In-Network | $100 Copayment | DED + 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Outpatient Hospital Facility** | | |
| In-Network & Value Choice Provider | Option 1: DED + 20% | Option 1: DED + 20% |
| | Option 2: DED + 20% | Option 2: DED + 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Outpatient Therapy** | | |
| **Physician Office** | | |
| In-Network Family Physician & Specialist | $25 Copayment | DED + 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Outpatient Rehabilitation Facility** | | |
| In-Network | $25 Copayment | DED + 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Outpatient Hospital Facility** | | |
| In-Network | Option 1: $45 Copayment | Option 1: DED + 20% |
| | Option 2: $60 Copayment | Option 2: DED + 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Mental Health Services & Substance Dependency Services** | | |
| **Physician Office** | | |
| In-Network Family Physician & Specialist | $0 Copayment | $0 Copayment |
| Out-of-Network | 50% | 50% |
| **Inpatient Hospital Facility** | | |
| In-Network | Option 1: $0 Copayment | Option 1: $0 Copayment |
| | Option 2: $0 Copayment | Option 2: $0 Copayment |
| Out-of-Network | $500 Copayment | 50% |
| **Outpatient Hospital Facility** | | |

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| **Effective Date** | 10/1/2026 | 10/1/2026 |
| **Employee Premium** | **Bi-Weekly Monthly** | **Bi-Weekly Monthly** |
| **Employee only** | $41.57 $83.14 | $9.85 $19.70 |
| **Employee + 1** | $197.82 $395.64 | $121.97 $243.94 |
| **Employee + 2 or More** | $278.89 $557.78 | $171.94 $343.88 |
| In-Network | Option 1: $0 Copayment | Option 1: $0 Copayment |
| | Option 2: $0 Copayment | Option 2: $0 Copayment |
| Out-of-Network | 50% | 50% |
| **Emergency Room Facility(per visit)** | | |
| In-Network | $0 Copayment | $0 Copayment |
| Out-of-Network | $0 Copayment | $0 Copayment |
| **Physician Services at Hospital & ER** | | |
| In-Network | $0 Copayment | $0 Copayment |
| Out-of-Network | $0 Copayment | $0 Copayment |
| **Physician Services at Locations other than Office, Hospital and ER** | | |
| In-Network Family Physician & Specialist | $0 Copayment | $0 Copayment |
| Out-of-Network | 50% | 50% |
| **Other Special Services and Locations** | | |
| **Durable Medical Equipment/Skilled Nursing Facility/ Home Health Care/Hospice/Birthing or Dialysis Centers/Diabetic Equipment & Supplies** | | |
| In-Network | DED + 20% | DED + 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Health Care Professional Administered Medications in Home Health Setting (Medical Pharmacy)** | | |
| In-Network (Preferred & Non Preferred) | DED + 20% | DED + 20% |
| Out-of-Network | DED + 50% | DED + 50% |
| **Benefit Maximums** | | |
| **Home Health Care** Combined (INN &OON) | 20 Visits PBP | 20 Visits PBP |
| **Inpatient Rehabilitation Therapy** | 30 Days PBP | 30 Days PBP |
| **Outpatient Therapy & Spinal Manipulations** | 35 Visits PBP | 35 Visits PBP |
| **Skilled Nursing Facility** | 60 Days PBP | 60 Days PBP |
| **Spinal Manipulations** | 26 PBP | 26 PBP |
| **Prescription Drugs** | | |
| **Deductible** | $100 Brand only | $1,500/$3,000 |
| **In-Network** | | (deductible inclusive of RX and medical) |
| - Retail | | |
| Generic/Brand/Non-Preferred | $10/$50/$80 | $10/$50/$80 after deductible |
| - Mail Order | | |
| Generic/Brand/Non-Preferred | $25/$125/$200 | $25/$125/$200 after deductible |
| **Out-of-Network** | | |
| Retail and Mail Order | | |
| Generic/Brand/Non-Preferred | 50% | 50% |
| | | |