

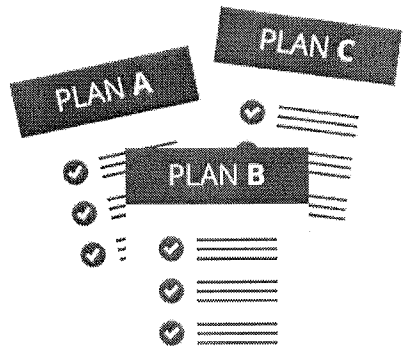
All health plans must offer the same essential health benefits.



These benefits include coverage for things like:

- Doctor visits
- Prescription drugs
- Hospitalization
- Maternity and newborn care
- Preventive care

Plans can offer other benefits, like vision, dental, or medical management programs for a specific disease or condition. As you compare plans, you'll see what benefits each plan covers.



Health plans for one individual, age 40, living in Pinellas County, FL.

Based on a household size of one and income of \$20,000, you may qualify for a **\$170/month tax credit** you can choose to apply to your premium for these plans. This tax credit has been applied to the premiums below.

You may also qualify for the reduced out-of-pocket expenses (/will-i-qualify-to-save-on-out-of-pocket-costs/) shown in the plans below.

Humana Connect Bronze 6300/6300 Plan

HMO | Bronze  
Humana Medical Plan, Inc.

| Monthly premium                                     | Deductible        | Out-of-pocket Maximum | Copayments/Coinsurance:   |
|---|-------------------|-----------------------|---|
| <b>\$34/mo</b>                                      | <b>\$6,300/yr</b> | <b>\$6,300/yr</b>     | <b>Primary Doctor:</b> No Charge after Deductible<br><b>Specialist Doctor:</b> No Charge after Deductible<br><b>Generic Prescription:</b> No Charge after Deductible<br><b>ER Visit:</b> No Charge after Deductible |
| One enrollee<br>Premium before tax credit: \$204/mo | Per individual    | Per individual        |   |

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## Bronze Deductible Only HMO HSA Eligible

HMO | Bronze  
CoventryOne

### Monthly premium

**\$46/mo**

One enrollee  
Premium before tax credit: \$216/mo

### Deductible

**\$6,300/yr**

Per individual

### Out-of-pocket Maximum

**\$6,300/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** No Charge after deductible

**Specialist Doctor:** No Charge after Deductible

**Generic Prescription:** No Charge after Deductible

**ER Visit:** No Charge after Deductible

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## Humana Connect Bronze 4850/6350 Plan

HMO | Bronze  
Humana Medical Plan, Inc.

### Monthly premium

**\$50/mo**

One enrollee  
Premium before tax credit: \$220/mo

### Deductible

**\$4,850/yr**

Per individual

### Out-of-pocket Maximum

**\$6,350/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$50 Copay before deductible and 20% Coinsurance after deductible

**Specialist Doctor:** \$75 Copay before deductible and 20% Coinsurance after deductible

**Generic Prescription:** \$28

**ER Visit:** 20% Coinsurance after deductible

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## BlueSelect Essential (HSA) 1452

EPO | Bronze  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$61/mo**

One enrollee  
Premium before tax credit: \$231/mo

### Deductible

**\$6,250/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** No Charge after Deductible

**Specialist Doctor:** No Charge after Deductible

**Generic Prescription:** No Charge after Deductible

**ER Visit:** No Charge after Deductible

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## Bronze \$10 Copay HMO

HMO | Bronze  
CoventryOne

### Monthly premium

**\$61/mo**

One enrollee  
Premium before tax credit: \$231/mo

### Deductible

**\$5,600/yr**

Per individual

### Out-of-pocket Maximum

**\$6,350/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$10

**Specialist Doctor:** \$75 Copay before deductible

**Generic Prescription:** \$15

**ER Visit:** \$500 Copay before deductible

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## Humana Connect Silver 4600/6300 Plan

HMO | Silver  
Humana Medical Plan, Inc.

### Monthly premium

**\$61/mo**

One enrollee  
Premium before tax credit: \$231/mo

### Deductible

**\$900/yr**

Per individual

### Out-of-pocket Maximum

**\$1,450/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$25  
**Specialist Doctor:** \$35  
**Generic Prescription:** 17  
**ER Visit:** 20% Coinsurance after deductible

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## BlueSelect Essential (HSA) Plus 1452P

EPO | Bronze  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$68/mo**

One enrollee  
Premium before tax credit: \$238/mo

### Deductible

**\$6,250/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** No Charge after Deductible  
**Specialist Doctor:** No Charge after Deductible  
**Generic Prescription:** No Charge after Deductible  
**ER Visit:** No Charge after Deductible

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## BlueSelect Essential (HSA) 1463

EPO | Bronze  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$73/mo**

One enrollee  
Premium before tax credit: \$243/mo

### Deductible

**\$3,500/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** 30% Coinsurance after deductible  
**Specialist Doctor:** 30% Coinsurance after deductible  
**Generic Prescription:** \$10 Copay after deductible  
**ER Visit:** 30% Coinsurance after deductible

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## BlueSelect Everyday Health 1449

EPO | Bronze  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$79/mo**

One enrollee  
Premium before tax credit: \$249/mo

### Deductible

**\$6,000/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$40  
**Specialist Doctor:** \$60  
**Generic Prescription:** \$10  
**ER Visit:** No Charge after Deductible

## BlueSelect Essential (HSA) Plus 1463P

EPO | Bronze  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$80/mo**

One enrollee  
Premium before tax credit: \$250/mo

### Deductible

**\$3,500/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** 30% Coinsurance after deductible  
**Specialist Doctor:** 30% Coinsurance after deductible  
**Generic Prescription:** \$10 Copay after deductible  
**ER Visit:** 30% Coinsurance after deductible

## Aetna Advantage 6350

PPO | Bronze  
Aetna

### Monthly premium

**\$84/mo**

One enrollee  
Premium before tax credit: \$254/mo

### Deductible

**\$6,350/yr**

Per individual

### Out-of-pocket Maximum

**\$6,350/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$20  
**Specialist Doctor:** No Charge after Deductible  
**Generic Prescription:** No Charge after Deductible  
**ER Visit:** No Charge after Deductible

## BlueSelect Everyday Health 1443

EPO | Silver  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$86/mo**

One enrollee  
Premium before tax credit: \$256/mo

### Deductible

**\$1,500/yr**

Per individual

### Out-of-pocket Maximum

**\$2,000/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$10  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** 10  
**ER Visit:** 10% Coinsurance after deductible

## BlueSelect Everyday Health Plus 1449P

EPO | Bronze  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$87/mo**

One enrollee  
Premium before tax credit: \$257/mo

### Deductible

**\$6,000/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$40  
**Specialist Doctor:** \$60  
**Generic Prescription:** \$10  
**ER Visit:** No Charge after Deductible

## Aetna AdvantagePlus 5500 PD

PPO | Bronze  
Aetna

### Monthly premium

**\$89/mo**

One enrollee  
Premium before tax credit: \$259/mo

### Deductible

**\$5,500/yr**

Per individual

### Out-of-pocket Maximum

**\$6,350/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** 10% Coinsurance after deductible  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** 10% Coinsurance after deductible  
**ER Visit:** 10% Coinsurance after deductible

## BlueCare Essential (HSA) 1486

HMO | Bronze  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$90/mo**

One enrollee  
Premium before tax credit: \$260/mo

### Deductible

**\$6,250/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** No Charge after Deductible  
**Specialist Doctor:** No Charge after Deductible  
**Generic Prescription:** No Charge after Deductible  
**ER Visit:** No Charge after Deductible

## BlueSelect Everyday Health Plus 1443P

EPO | Silver  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$94/mo**

One enrollee  
Premium before tax credit: \$264/mo

### Deductible

**\$1,500/yr**

Per individual

### Out-of-pocket Maximum

**\$2,000/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$10  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** 10  
**ER Visit:** 10% Coinsurance after deductible

## Humana Connect Gold 2500/3500 Plan

HMO | Gold  
Humana Medical Plan, Inc.

### Monthly premium

**\$97/mo**

One enrollee  
Premium before tax credit: \$267/mo

### Deductible

**\$2,500/yr**

Per individual

### Out-of-pocket Maximum

**\$3,500/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$25  
**Specialist Doctor:** \$35  
**Generic Prescription:** \$8  
**ER Visit:** 20% Coinsurance after deductible

## BlueCare Essential (HSA) Plus 1486P

HMO | Bronze  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$98/mo**

One enrollee  
Premium before tax credit: \$268/mo

### Deductible

**\$6,250/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** No Charge after Deductible  
**Specialist Doctor:** No Charge after Deductible  
**Generic Prescription:** No Charge after Deductible  
**ER Visit:** No Charge after Deductible

## Aetna Advantage 5750 PD

PPO | Bronze  
Aetna

### Monthly premium

**\$99/mo**

One enrollee  
Premium before tax credit: \$269/mo

### Deductible

**\$5,750/yr**

Per individual

### Out-of-pocket Maximum

**\$6,350/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$20  
**Specialist Doctor:** \$40 Copay after deductible  
**Generic Prescription:** \$10  
**ER Visit:** \$250 Copay after deductible

## BlueCare Essential (HSA) 1497

HMO | Bronze  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$102/mo**

One enrollee  
Premium before tax credit: \$272/mo

### Deductible

**\$3,500/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** 30% Coinsurance after deductible  
**Specialist Doctor:** 30% Coinsurance after deductible  
**Generic Prescription:** \$10 Copay after deductible  
**ER Visit:** 30% Coinsurance after deductible

## myCigna Health Savings 6100

PPO | Bronze  
Cigna Health and Life Insurance Company

### Monthly premium

**\$107/mo**

One enrollee  
Premium before tax credit: \$277/mo

### Deductible

**\$6,100/yr**

Per individual

### Out-of-pocket Maximum

**\$6,350/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** No Charge after Deductible  
**Specialist Doctor:** No Charge after Deductible  
**Generic Prescription:** No Charge after Deductible  
**ER Visit:** No Charge after Deductible

## BlueSelect Essential 1439

EPO | Silver  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$107/mo**

One enrollee  
Premium before tax credit: \$277/mo

### Deductible

**\$600/yr**

Per individual

### Out-of-pocket Maximum

**\$2,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** 10% Coinsurance after deductible  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** \$10 Copay after deductible  
**ER Visit:** 10% Coinsurance after deductible

## BlueCare Essential (HSA) Plus 1497P

HMO | Bronze  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$111/mo**

One enrollee  
Premium before tax credit: \$281/mo

### Deductible

**\$3,500/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** 30% Coinsurance after deductible  
**Specialist Doctor:** 30% Coinsurance after deductible  
**Generic Prescription:** \$10 Copay after deductible  
**ER Visit:** 30% Coinsurance after deductible

## BlueSelect Everyday Health 1464

EPO | Silver  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$112/mo**

One enrollee  
Premium before tax credit: \$282/mo

### Deductible

**\$1,500/yr**

Per individual

### Out-of-pocket Maximum

**\$2,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$10  
**Specialist Doctor:** \$50  
**Generic Prescription:** 4  
**ER Visit:** \$200

## BlueOptions Essential (HSA) 1419

EPO | Bronze  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$114/mo**

One enrollee  
Premium before tax credit: \$284/mo

### Deductible

**\$6,250/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** No Charge after Deductible  
**Specialist Doctor:** No Charge after Deductible  
**Generic Prescription:** No Charge after Deductible  
**ER Visit:** No Charge after Deductible

## BlueSelect Essential Plus 1439P

EPO | Silver  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$116/mo**

One enrollee  
Premium before tax credit: \$286/mo

### Deductible

**\$600/yr**

Per individual

### Out-of-pocket Maximum

**\$2,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** 10% Coinsurance after deductible  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** \$10 Copay after deductible  
**ER Visit:** 10% Coinsurance after deductible

## myCigna Health Flex 5500

PPO | Bronze  
Cigna Health and Life Insurance Company

### Monthly premium

**\$118/mo**

One enrollee  
Premium before tax credit: \$288/mo

### Deductible

**\$5,500/yr**

Per individual

### Out-of-pocket Maximum

**\$6,350/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$30 Copay and 40% Coinsurance after deductible  
**Specialist Doctor:** \$60 Copay and 40% Coinsurance after deductible  
**Generic Prescription:** \$4  
**ER Visit:** 40% Coinsurance after deductible

## BlueCare Everyday Health 1477

HMO | Silver  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$120/mo**

One enrollee  
Premium before tax credit: \$290/mo

### Deductible

**\$1,500/yr**

Per individual

### Out-of-pocket Maximum

**\$2,000/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$10  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** 10  
**ER Visit:** 10% Coinsurance after deductible

## BlueCare Everyday Health 1483

HMO | Bronze  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$121/mo**

One enrollee  
Premium before tax credit: \$291/mo

### Deductible

**\$6,000/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$40  
**Specialist Doctor:** \$60  
**Generic Prescription:** \$10  
**ER Visit:** No Charge after Deductible



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## BlueSelect Everyday Health Plus 1464P

EPO | Silver  
Florida Blue (BlueCross BlueShield FL)

Monthly premium

**\$121/mo**

One enrollee  
Premium before tax credit: \$291/mo

Deductible

**\$1,500/yr**

Per individual

Out-of-pocket  
Maximum

**\$2,250/yr**

Per individual

Copayments/Coinsurance:

**Primary Doctor:** \$10  
**Specialist Doctor:** \$50  
**Generic Prescription:** 4  
**ER Visit:** \$200

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## Silver \$10 Copay HMO

HMO | Silver  
CoventryOne

Monthly premium

**\$123/mo**

One enrollee  
Premium before tax credit: \$293/mo

Deductible

**\$1,750/yr**

Per individual

Out-of-pocket  
Maximum

**\$2,250/yr**

Per individual

Copayments/Coinsurance:

**Primary Doctor:** \$10  
**Specialist Doctor:** \$50  
**Generic Prescription:** 10  
**ER Visit:** \$100

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## BlueOptions Essential (HSA) Plus 1419P

EPO | Bronze  
Florida Blue (BlueCross BlueShield FL)

Monthly premium

**\$123/mo**

One enrollee  
Premium before tax credit: \$293/mo

Deductible

**\$6,250/yr**

Per individual

Out-of-pocket  
Maximum

**\$6,250/yr**

Per individual

Copayments/Coinsurance:

**Primary Doctor:** No Charge after Deductible  
**Specialist Doctor:** No Charge after Deductible  
**Generic Prescription:** No Charge after Deductible  
**ER Visit:** No Charge after Deductible

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## BlueSelect Everyday Health 1453

EPO | Gold  
Florida Blue (BlueCross BlueShield FL)

Monthly premium

**\$124/mo**

One enrollee  
Premium before tax credit: \$294/mo

Deductible

**\$2,500/yr**

Per individual

Out-of-pocket  
Maximum

**\$6,250/yr**

Per individual

Copayments/Coinsurance:

**Primary Doctor:** \$20  
**Specialist Doctor:** \$50  
**Generic Prescription:** \$10  
**ER Visit:** 20% Coinsurance after deductible

## BlueSelect Predictable Cost 1456

EPO | Silver  
Florida Blue (BlueCross BlueShield FL)

| Monthly premium  | Deductible                        | Out-of-pocket Maximum               | Copayments/Coinsurance:  |
|--|-----------------------------------|-------------------------------------|--|
| <b>\$128/mo</b><br>One enrollee<br>Premium before tax credit: \$298/mo | <b>\$750/yr</b><br>Per individual | <b>\$1,250/yr</b><br>Per individual | <b>Primary Doctor: \$25</b><br><b>Specialist Doctor: \$50</b><br><b>Generic Prescription: 4</b><br><b>ER Visit: \$75</b> |

## BlueCare Everyday Health Plus 1477P

HMO | Silver  
Florida Blue HMO (a BlueCross BlueShield FL company)

| Monthly premium  | Deductible                          | Out-of-pocket Maximum               | Copayments/Coinsurance:   |
|--|-------------------------------------|-------------------------------------|---|
| <b>\$129/mo</b><br>One enrollee<br>Premium before tax credit: \$299/mo | <b>\$1,500/yr</b><br>Per individual | <b>\$2,000/yr</b><br>Per individual | <b>Primary Doctor: \$10</b><br><b>Specialist Doctor: 10% Coinsurance after deductible</b><br><b>Generic Prescription: 10</b><br><b>ER Visit: 10% Coinsurance after deductible</b> |

## BlueOptions Essential (HSA) 1430

EPO | Bronze  
Florida Blue (BlueCross BlueShield FL)

| Monthly premium  | Deductible                          | Out-of-pocket Maximum               | Copayments/Coinsurance:  |
|--|-------------------------------------|-------------------------------------|--|
| <b>\$129/mo</b><br>One enrollee<br>Premium before tax credit: \$299/mo | <b>\$3,500/yr</b><br>Per individual | <b>\$6,250/yr</b><br>Per individual | <b>Primary Doctor: 30% Coinsurance after deductible</b><br><b>Specialist Doctor: 30% Coinsurance after deductible</b><br><b>Generic Prescription: \$10 Copay after deductible</b><br><b>ER Visit: 30% Coinsurance after deductible</b> |

## BlueCare Everyday Health Plus 1483P

HMO | Bronze  
Florida Blue HMO (a BlueCross BlueShield FL company)

| Monthly premium  | Deductible                          | Out-of-pocket Maximum               | Copayments/Coinsurance:   |
|--|-------------------------------------|-------------------------------------|---|
| <b>\$130/mo</b><br>One enrollee<br>Premium before tax credit: \$300/mo | <b>\$6,000/yr</b><br>Per individual | <b>\$6,250/yr</b><br>Per individual | <b>Primary Doctor: \$40</b><br><b>Specialist Doctor: \$60</b><br><b>Generic Prescription: \$10</b><br><b>ER Visit: No Charge after Deductible</b> |

Humana Connect Platinum 1000/1500 Plan

HMO | Platinum  
Humana Medical Plan, Inc.

Monthly premium

**\$131/mo**

One enrollee  
Premium before tax credit: \$301/mo

Deductible

**\$1,000/yr**

Per individual

Out-of-pocket  
Maximum

**\$1,500/yr**

Per individual

Copayments/Coinsurance:

**Primary Doctor:** \$25  
**Specialist Doctor:** \$35  
**Generic Prescription:** \$8  
**ER Visit:** 20% Coinsurance after deductible

BlueSelect Essential 1434

EPO | Gold  
Florida Blue (BlueCross BlueShield FL)

Monthly premium

**\$131/mo**

One enrollee  
Premium before tax credit: \$301/mo

Deductible

**\$1,300/yr**

Per individual

Out-of-pocket  
Maximum

**\$2,600/yr**

Per individual

Copayments/Coinsurance:

**Primary Doctor:** 10% Coinsurance after deductible  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** \$10 Copay after deductible  
**ER Visit:** 10% Coinsurance after deductible

BlueSelect Everyday Health Plus 1453P

EPO | Gold  
Florida Blue (BlueCross BlueShield FL)

Monthly premium

**\$134/mo**

One enrollee  
Premium before tax credit: \$304/mo

Deductible

**\$2,500/yr**

Per individual

Out-of-pocket  
Maximum

**\$6,250/yr**

Per individual

Copayments/Coinsurance:

**Primary Doctor:** \$20  
**Specialist Doctor:** \$50  
**Generic Prescription:** \$10  
**ER Visit:** 20% Coinsurance after deductible

myCigna Health Flex 5100

PPO | Bronze  
Cigna Health and Life Insurance Company

Monthly premium

**\$135/mo**

One enrollee  
Premium before tax credit: \$305/mo

Deductible

**\$5,100/yr**

Per individual

Out-of-pocket  
Maximum

**\$6,350/yr**

Per individual

Copayments/Coinsurance:

**Primary Doctor:** \$45  
**Specialist Doctor:** \$85  
**Generic Prescription:** \$4  
**ER Visit:** 40% Coinsurance after deductible

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## BlueSelect Predictable Cost Plus 1456P

EPO | Silver  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$137/mo**

One enrollee  
Premium before tax credit: \$307/mo

### Deductible

**\$750/yr**

Per individual

### Out-of-pocket Maximum

**\$1,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$25  
**Specialist Doctor:** \$50  
**Generic Prescription:** 4  
**ER Visit:** \$75

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## BlueOptions Everyday Health 1416

EPO | Bronze  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$137/mo**

One enrollee  
Premium before tax credit: \$307/mo

### Deductible

**\$6,000/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$40  
**Specialist Doctor:** \$60  
**Generic Prescription:** \$10  
**ER Visit:** No Charge after Deductible

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## BlueOptions Essential (HSA) Plus 1430P

EPO | Bronze  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$138/mo**

One enrollee  
Premium before tax credit: \$308/mo

### Deductible

**\$3,500/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** 30% Coinsurance after deductible  
**Specialist Doctor:** 30% Coinsurance after deductible  
**Generic Prescription:** \$10 Copay after deductible  
**ER Visit:** 30% Coinsurance after deductible

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## Aetna Classic 5000

PPO | Silver  
Aetna

### Monthly premium

**\$140/mo**

One enrollee  
Premium before tax credit: \$310/mo

### Deductible

**\$600/yr**

Per individual

### Out-of-pocket Maximum

**\$2,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$10  
**Specialist Doctor:** \$30  
**Generic Prescription:** 4  
**ER Visit:** \$300

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## BlueSelect Essential Plus 1434P

EPO | Gold  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$141/mo**

One enrollee  
Premium before tax credit: \$311/mo

### Deductible

**\$1,300/yr**

Per individual

### Out-of-pocket Maximum

**\$2,600/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** 10% Coinsurance after deductible  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** \$10 Copay after deductible  
**ER Visit:** 10% Coinsurance after deductible

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## BlueCare Essential 1473

HMO | Silver  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$141/mo**

One enrollee  
Premium before tax credit: \$311/mo

### Deductible

**\$600/yr**

Per individual

### Out-of-pocket Maximum

**\$2,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** 10% Coinsurance after deductible  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** \$10 Copay after deductible  
**ER Visit:** 10% Coinsurance after deductible

---

## BlueOptions Everyday Health 1410

EPO | Silver  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$146/mo**

One enrollee  
Premium before tax credit: \$316/mo

### Deductible

**\$1,500/yr**

Per individual

### Out-of-pocket Maximum

**\$2,000/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$10  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** 10  
**ER Visit:** 10% Coinsurance after deductible

---

## BlueOptions Everyday Health Plus 1416P

EPO | Bronze  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$146/mo**

One enrollee  
Premium before tax credit: \$316/mo

### Deductible

**\$6,000/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$40  
**Specialist Doctor:** \$60  
**Generic Prescription:** \$10  
**ER Visit:** No Charge after Deductible

Gold \$5 Copay HMO

HMO | Gold  
CoventryOne

| Monthly premium  | Deductible                          | Out-of-pocket<br>Maximum            | Copayments/Coinsurance:  |
|--|-------------------------------------|-------------------------------------|--|
| <b>\$148/mo</b><br>One enrollee<br>Premium before tax credit: \$318/mo | <b>\$1,750/yr</b><br>Per individual | <b>\$5,000/yr</b><br>Per individual | <b>Primary Doctor: \$5</b><br><b>Specialist Doctor: \$50</b><br><b>Generic Prescription: \$5</b><br><b>ER Visit: \$250</b> |

BlueCare Everyday Health 1498

HMO | Silver  
Florida Blue HMO (a BlueCross BlueShield FL company)

| Monthly premium  | Deductible                          | Out-of-pocket<br>Maximum            | Copayments/Coinsurance:   |
|--|-------------------------------------|-------------------------------------|---|
| <b>\$149/mo</b><br>One enrollee<br>Premium before tax credit: \$319/mo | <b>\$1,500/yr</b><br>Per individual | <b>\$2,250/yr</b><br>Per individual | <b>Primary Doctor: \$10</b><br><b>Specialist Doctor: \$50</b><br><b>Generic Prescription: 4</b><br><b>ER Visit: \$200</b> |

BlueSelect Predictable Cost 1446

EPO | Gold  
Florida Blue (BlueCross BlueShield FL)

| Monthly premium  | Deductible                          | Out-of-pocket<br>Maximum            | Copayments/Coinsurance:   |
|--|-------------------------------------|-------------------------------------|---|
| <b>\$149/mo</b><br>One enrollee<br>Premium before tax credit: \$319/mo | <b>\$3,000/yr</b><br>Per individual | <b>\$5,000/yr</b><br>Per individual | <b>Primary Doctor: \$20</b><br><b>Specialist Doctor: \$40</b><br><b>Generic Prescription: \$10</b><br><b>ER Visit: \$75</b> |

BlueSelect Everyday Health Premier 1453V

EPO | Gold  
Florida Blue (BlueCross BlueShield FL)

| Monthly premium  | Deductible                          | Out-of-pocket<br>Maximum            | Copayments/Coinsurance:   |
|--|-------------------------------------|-------------------------------------|---|
| <b>\$149/mo</b><br>One enrollee<br>Premium before tax credit: \$319/mo | <b>\$2,500/yr</b><br>Per individual | <b>\$6,250/yr</b><br>Per individual | <b>Primary Doctor: \$20</b><br><b>Specialist Doctor: \$50</b><br><b>Generic Prescription: \$10</b><br><b>ER Visit: 20% Coinsurance after deductible</b> |

---

## BlueCare Essential Plus 1473P

HMO | Silver  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$151/mo**

One enrollee  
Premium before tax credit: \$321/mo

### Deductible

**\$600/yr**

Per individual

### Out-of-pocket Maximum

**\$2,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** 10% Coinsurance after deductible  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** \$10 Copay after deductible  
**ER Visit:** 10% Coinsurance after deductible

---

## BlueOptions Everyday Health Plus 1410P

EPO | Silver  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$156/mo**

One enrollee  
Premium before tax credit: \$326/mo

### Deductible

**\$1,500/yr**

Per individual

### Out-of-pocket Maximum

**\$2,000/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$10  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** 10  
**ER Visit:** 10% Coinsurance after deductible

---

## myCigna Health Flex 1500

PPO | Silver  
Cigna Health and Life Insurance Company

### Monthly premium

**\$158/mo**

One enrollee  
Premium before tax credit: \$328/mo

### Deductible

**\$725/yr**

Per individual

### Out-of-pocket Maximum

**\$1,400/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$30 Copay and 30% Coinsurance after deductible  
**Specialist Doctor:** \$60 Copay and 30% Coinsurance after deductible  
**Generic Prescription:** 4  
**ER Visit:** 30% Coinsurance after deductible

---

## BlueCare Everyday Health Plus 1498P

HMO | Silver  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$159/mo**

One enrollee  
Premium before tax credit: \$329/mo

### Deductible

**\$1,500/yr**

Per individual

### Out-of-pocket Maximum

**\$2,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$10  
**Specialist Doctor:** \$50  
**Generic Prescription:** 4  
**ER Visit:** \$200

---

## BlueSelect Everyday Health 1451

EPO | Platinum  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$159/mo**

One enrollee  
Premium before tax credit: \$329/mo

### Deductible

**\$850/yr**

Per individual

### Out-of-pocket Maximum

**\$2,500/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$15  
**Specialist Doctor:** \$20  
**Generic Prescription:** \$10  
**ER Visit:** 10% Coinsurance after deductible

---

## BlueSelect Predictable Cost Plus 1446P

EPO | Gold  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$159/mo**

One enrollee  
Premium before tax credit: \$329/mo

### Deductible

**\$3,000/yr**

Per individual

### Out-of-pocket Maximum

**\$5,000/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$20  
**Specialist Doctor:** \$40  
**Generic Prescription:** \$10  
**ER Visit:** \$75

---

## myCigna Health Savings 3400

PPO | Silver  
Cigna Health and Life Insurance Company

### Monthly premium

**\$160/mo**

One enrollee  
Premium before tax credit: \$330/mo

### Deductible

**\$1,000/yr**

Per individual

### Out-of-pocket Maximum

**\$2,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** No Charge after Deductible  
**Specialist Doctor:** No Charge after Deductible  
**Generic Prescription:** No Charge after Deductible  
**ER Visit:** No Charge after Deductible

---

## BlueCare Everyday Health 1487

HMO | Gold  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$163/mo**

One enrollee  
Premium before tax credit: \$333/mo

### Deductible

**\$2,500/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$20  
**Specialist Doctor:** \$50  
**Generic Prescription:** \$10  
**ER Visit:** 20% Coinsurance after deductible



---

## myCigna Health Flex 2750

PPO | Silver  
Cigna Health and Life Insurance Company

### Monthly premium

**\$164/mo**

One enrollee  
Premium before tax credit: \$334/mo

### Deductible

**\$750/yr**

Per individual

### Out-of-pocket Maximum

**\$1,400/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$30  
**Specialist Doctor:** \$60  
**Generic Prescription:** 4  
**ER Visit:** 20% Coinsurance after deductible

---

## Aetna Classic 3500 PD

PPO | Silver  
Aetna

### Monthly premium

**\$165/mo**

One enrollee  
Premium before tax credit: \$335/mo

### Deductible

**\$600/yr**

Per individual

### Out-of-pocket Maximum

**\$2,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$10  
**Specialist Doctor:** \$30  
**Generic Prescription:** 4  
**ER Visit:** \$300

---

## myCigna Health Flex 5000

PPO | Silver  
Cigna Health and Life Insurance Company

### Monthly premium

**\$166/mo**

One enrollee  
Premium before tax credit: \$336/mo

### Deductible

**\$1,450/yr**

Per individual

### Out-of-pocket Maximum

**\$1,450/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$30  
**Specialist Doctor:** \$60  
**Generic Prescription:** 4  
**ER Visit:** No Charge after Deductible

---

## BlueCare Essential 1468

HMO | Gold  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$167/mo**

One enrollee  
Premium before tax credit: \$337/mo

### Deductible

**\$1,300/yr**

Per individual

### Out-of-pocket Maximum

**\$2,600/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** 10% Coinsurance after deductible  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** \$10 Copay after deductible  
**ER Visit:** 10% Coinsurance after deductible

## BlueCare Predictable Cost 1490

HMO | Silver  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$167/mo**

One enrollee  
Premium before tax credit: \$337/mo

### Deductible

**\$750/yr**

Per individual

### Out-of-pocket Maximum

**\$1,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$25  
**Specialist Doctor:** \$50  
**Generic Prescription:** 4  
**ER Visit:** \$75

## BlueSelect Everyday Health Plus 1451P

EPO | Platinum  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$169/mo**

One enrollee  
Premium before tax credit: \$339/mo

### Deductible

**\$850/yr**

Per individual

### Out-of-pocket Maximum

**\$2,500/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$15  
**Specialist Doctor:** \$20  
**Generic Prescription:** \$10  
**ER Visit:** 10% Coinsurance after deductible

## BlueOptions Essential 1406

EPO | Silver  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$172/mo**

One enrollee  
Premium before tax credit: \$342/mo

### Deductible

**\$600/yr**

Per individual

### Out-of-pocket Maximum

**\$2,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** 10% Coinsurance after deductible  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** \$10 Copay after deductible  
**ER Visit:** 10% Coinsurance after deductible

## BlueCare Everyday Health Plus 1487P

HMO | Gold  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$174/mo**

One enrollee  
Premium before tax credit: \$344/mo

### Deductible

**\$2,500/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$20  
**Specialist Doctor:** \$50  
**Generic Prescription:** \$10  
**ER Visit:** 20% Coinsurance after deductible

## BlueSelect All Copay 1457

EPO | Platinum  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$175/mo**

One enrollee  
Premium before tax credit: \$345/mo

### Deductible

**\$0/yr**

Per individual

### Out-of-pocket Maximum

**\$2,000/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$10  
**Specialist Doctor:** \$20  
**Generic Prescription:** \$10  
**ER Visit:** \$75

## BlueCare Essential Plus 1468P

HMO | Gold  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$177/mo**

One enrollee  
Premium before tax credit: \$347/mo

### Deductible

**\$1,300/yr**

Per individual

### Out-of-pocket Maximum

**\$2,600/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** 10% Coinsurance after deductible  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** \$10 Copay after deductible  
**ER Visit:** 10% Coinsurance after deductible

## BlueCare Predictable Cost Plus 1490P

HMO | Silver  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$178/mo**

One enrollee  
Premium before tax credit: \$348/mo

### Deductible

**\$750/yr**

Per individual

### Out-of-pocket Maximum

**\$1,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$25  
**Specialist Doctor:** \$50  
**Generic Prescription:** 4  
**ER Visit:** \$75

## BlueOptions Everyday Health 1431

EPO | Silver  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$178/mo**

One enrollee  
Premium before tax credit: \$348/mo

### Deductible

**\$1,500/yr**

Per individual

### Out-of-pocket Maximum

**\$2,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$10  
**Specialist Doctor:** \$50  
**Generic Prescription:** 4  
**ER Visit:** \$200

---

## BlueOptions Essential Plus 1406P

EPO | Silver  
Florida Blue (BlueCross BlueShield FL)

Monthly premium

**\$182/mo**

One enrollee  
Premium before tax credit: \$352/mo

Deductible

**\$600/yr**

Per individual

Out-of-pocket  
Maximum

**\$2,250/yr**

Per individual

Copayments/Coinsurance:

**Primary Doctor:** 10% Coinsurance after deductible  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** \$10 Copay after deductible  
**ER Visit:** 10% Coinsurance after deductible

---

## BlueSelect All Copay Plus 1457P

EPO | Platinum  
Florida Blue (BlueCross BlueShield FL)

Monthly premium

**\$186/mo**

One enrollee  
Premium before tax credit: \$356/mo

Deductible

**\$0/yr**

Per individual

Out-of-pocket  
Maximum

**\$2,000/yr**

Per individual

Copayments/Coinsurance:

**Primary Doctor:** \$10  
**Specialist Doctor:** \$20  
**Generic Prescription:** \$10  
**ER Visit:** \$75

---

## BlueSelect Everyday Health Premier 1451V

EPO | Platinum  
Florida Blue (BlueCross BlueShield FL)

Monthly premium

**\$187/mo**

One enrollee  
Premium before tax credit: \$357/mo

Deductible

**\$850/yr**

Per individual

Out-of-pocket  
Maximum

**\$2,500/yr**

Per Individual

Copayments/Coinsurance:

**Primary Doctor:** \$15  
**Specialist Doctor:** \$20  
**Generic Prescription:** \$10  
**ER Visit:** 10% Coinsurance after deductible

---

## BlueOptions Everyday Health Plus 1431P

EPO | Silver  
Florida Blue (BlueCross BlueShield FL)

Monthly premium

**\$189/mo**

One enrollee  
Premium before tax credit: \$359/mo

Deductible

**\$1,500/yr**

Per individual

Out-of-pocket  
Maximum

**\$2,250/yr**

Per individual

Copayments/Coinsurance:

**Primary Doctor:** \$10  
**Specialist Doctor:** \$50  
**Generic Prescription:** 4  
**ER Visit:** \$200

## BlueCare Predictable Cost 1480

HMO | Gold  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$191/mo**

One enrollee  
Premium before tax credit: \$361/mo

### Deductible

**\$3,000/yr**

Per individual

### Out-of-pocket Maximum

**\$5,000/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor: \$20**  
**Specialist Doctor: \$40**  
**Generic Prescription: \$10**  
**ER Visit: \$75**

## BlueOptions Everyday Health 1420

EPO | Gold  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$193/mo**

One enrollee  
Premium before tax credit: \$363/mo

### Deductible

**\$2,500/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor: \$20**  
**Specialist Doctor: \$50**  
**Generic Prescription: \$10**  
**ER Visit: 20% Coinsurance after deductible**

## BlueOptions Predictable Cost 1423

EPO | Silver  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$197/mo**

One enrollee  
Premium before tax credit: \$367/mo

### Deductible

**\$750/yr**

Per individual

### Out-of-pocket Maximum

**\$1,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor: \$25**  
**Specialist Doctor: \$50**  
**Generic Prescription: 4**  
**ER Visit: \$75**

## BlueCare Everyday Health 1485

HMO | Platinum  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$199/mo**

One enrollee  
Premium before tax credit: \$369/mo

### Deductible

**\$850/yr**

Per individual

### Out-of-pocket Maximum

**\$2,500/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor: \$15**  
**Specialist Doctor: \$20**  
**Generic Prescription: \$10**  
**ER Visit: 10% Coinsurance after deductible**

## myCigna Copay Assure Silver

PPO | Silver  
Cigna Health and Life Insurance Company

### Monthly premium

**\$199/mo**

One enrollee  
Premium before tax credit: \$369/mo

### Deductible

**\$0/yr**

Per individual

### Out-of-pocket Maximum

**\$1,200/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$30  
**Specialist Doctor:** \$60  
**Generic Prescription:** 4  
**ER Visit:** \$500

## Aetna Premier 2000 PD

PPO | Gold  
Aetna

### Monthly premium

**\$201/mo**

One enrollee  
Premium before tax credit: \$371/mo

### Deductible

**\$2,000/yr**

Per individual

### Out-of-pocket Maximum

**\$4,500/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$10  
**Specialist Doctor:** \$30  
**Generic Prescription:** \$4  
**ER Visit:** \$250

## BlueOptions Essential 1401

EPO | Gold  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$201/mo**

One enrollee  
Premium before tax credit: \$371/mo

### Deductible

**\$1,300/yr**

Per individual

### Out-of-pocket Maximum

**\$2,600/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** 10% Coinsurance after deductible  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** \$10 Copay after deductible  
**ER Visit:** 10% Coinsurance after deductible

## BlueCare Predictable Cost Plus 1480P

HMO | Gold  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$203/mo**

One enrollee  
Premium before tax credit: \$373/mo

### Deductible

**\$3,000/yr**

Per individual

### Out-of-pocket Maximum

**\$5,000/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$20  
**Specialist Doctor:** \$40  
**Generic Prescription:** \$10  
**ER Visit:** \$75

---

## BlueOptions Everyday Health Plus 1420P

EPO | Gold  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$204/mo**

One enrollee  
Premium before tax credit: \$374/mo

### Deductible

**\$2,500/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$20  
**Specialist Doctor:** \$50  
**Generic Prescription:** \$10  
**ER Visit:** 20% Coinsurance after deductible

---

## myCigna Health Flex 1900

PPO | Gold  
Cigna Health and Life Insurance Company

### Monthly premium

**\$208/mo**

One enrollee  
Premium before tax credit: \$378/mo

### Deductible

**\$1,900/yr**

Per individual

### Out-of-pocket Maximum

**\$6,350/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** No Charge after Deductible  
**Specialist Doctor:** No Charge after Deductible  
**Generic Prescription:** No Charge after Deductible  
**ER Visit:** No Charge after Deductible

---

## BlueOptions Predictable Cost Plus 1423P

EPO | Silver  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$209/mo**

One enrollee  
Premium before tax credit: \$379/mo

### Deductible

**\$750/yr**

Per individual

### Out-of-pocket Maximum

**\$1,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$25  
**Specialist Doctor:** \$50  
**Generic Prescription:** 4  
**ER Visit:** \$75

---

## BlueCare Everyday Health Plus 1485P

HMO | Platinum  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$211/mo**

One enrollee  
Premium before tax credit: \$381/mo

### Deductible

**\$850/yr**

Per individual

### Out-of-pocket Maximum

**\$2,500/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$15  
**Specialist Doctor:** \$20  
**Generic Prescription:** \$10  
**ER Visit:** 10% Coinsurance after deductible

## BlueOptions Essential Plus 1401P

EPO | Gold  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$213/mo**

One enrollee  
Premium before tax credit: \$383/mo

### Deductible

**\$1,300/yr**

Per individual

### Out-of-pocket Maximum

**\$2,600/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** 10% Coinsurance after deductible  
**Specialist Doctor:** 10% Coinsurance after deductible  
**Generic Prescription:** \$10 Copay after deductible  
**ER Visit:** 10% Coinsurance after deductible

## BlueCare All Copay 1491

HMO | Platinum  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$216/mo**

One enrollee  
Premium before tax credit: \$386/mo

### Deductible

**\$0/yr**

Per individual

### Out-of-pocket Maximum

**\$2,000/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$10  
**Specialist Doctor:** \$20  
**Generic Prescription:** \$10  
**ER Visit:** \$75

## BlueOptions Predictable Cost 1413

EPO | Gold  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$223/mo**

One enrollee  
Premium before tax credit: \$393/mo

### Deductible

**\$3,000/yr**

Per individual

### Out-of-pocket Maximum

**\$5,000/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$20  
**Specialist Doctor:** \$40  
**Generic Prescription:** \$10  
**ER Visit:** \$75

## BlueOptions Everyday Health Premier 1420V

EPO | Gold  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$223/mo**

One enrollee  
Premium before tax credit: \$393/mo

### Deductible

**\$2,500/yr**

Per individual

### Out-of-pocket Maximum

**\$6,250/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor:** \$20  
**Specialist Doctor:** \$50  
**Generic Prescription:** \$10  
**ER Visit:** 20% Coinsurance after deductible



## myCigna Copay Assure Gold

PPO | Gold  
Cigna Health and Life Insurance Company

### Monthly premium

**\$224/mo**

One enrollee  
Premium before tax credit: \$394/mo

### Deductible

**\$0/yr**

Per individual

### Out-of-pocket Maximum

**\$5,000/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor: \$30**  
**Specialist Doctor: \$60**  
**Generic Prescription: \$4**  
**ER Visit: \$250**

## BlueCare All Copay Plus 1491P

HMO | Platinum  
Florida Blue HMO (a BlueCross BlueShield FL company)

### Monthly premium

**\$228/mo**

One enrollee  
Premium before tax credit: \$398/mo

### Deductible

**\$0/yr**

Per individual

### Out-of-pocket Maximum

**\$2,000/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor: \$10**  
**Specialist Doctor: \$20**  
**Generic Prescription: \$10**  
**ER Visit: \$75**

## myCigna Health Flex 1250

PPO | Gold  
Cigna Health and Life Insurance Company

### Monthly premium

**\$230/mo**

One enrollee  
Premium before tax credit: \$400/mo

### Deductible

**\$1,250/yr**

Per individual

### Out-of-pocket Maximum

**\$2,500/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor: \$20**  
**Specialist Doctor: \$40**  
**Generic Prescription: \$4**  
**ER Visit: 20% Coinsurance after deductible**

## BlueOptions Everyday Health 1418

EPO | Platinum  
Florida Blue (BlueCross BlueShield FL)

### Monthly premium

**\$235/mo**

One enrollee  
Premium before tax credit: \$405/mo

### Deductible

**\$850/yr**

Per individual

### Out-of-pocket Maximum

**\$2,500/yr**

Per individual

### Copayments/Coinsurance:

**Primary Doctor: \$15**  
**Specialist Doctor: \$20**  
**Generic Prescription: \$10**  
**ER Visit: 10% Coinsurance after deductible**

BlueOptions Predictable Cost Plus 1413P

EPO | Gold  
Florida Blue (BlueCross BlueShield FL)

| Monthly premium  | Deductible                          | Out-of-pocket Maximum               | Copayments/Coinsurance:   |
|--|-------------------------------------|-------------------------------------|---|
| <b>\$236/mo</b><br>One enrollee<br>Premium before tax credit: \$406/mo | <b>\$3,000/yr</b><br>Per individual | <b>\$5,000/yr</b><br>Per individual | <b>Primary Doctor: \$20<br/>Specialist Doctor: \$40<br/>Generic Prescription: \$10<br/>ER Visit: \$75</b> |

BlueOptions Everyday Health Plus 1418P

EPO | Platinum  
Florida Blue (BlueCross BlueShield FL)

| Monthly premium  | Deductible                        | Out-of-pocket Maximum               | Copayments/Coinsurance:   |
|--|-----------------------------------|-------------------------------------|---|
| <b>\$248/mo</b><br>One enrollee<br>Premium before tax credit: \$418/mo | <b>\$850/yr</b><br>Per individual | <b>\$2,500/yr</b><br>Per individual | <b>Primary Doctor: \$15<br/>Specialist Doctor: \$20<br/>Generic Prescription: \$10<br/>ER Visit: 10% Coinsurance after deductible</b> |

BlueOptions All Copay 1424

EPO | Platinum  
Florida Blue (BlueCross BlueShield FL)

| Monthly premium  | Deductible                      | Out-of-pocket Maximum               | Copayments/Coinsurance:   |
|--|---------------------------------|-------------------------------------|---|
| <b>\$255/mo</b><br>One enrollee<br>Premium before tax credit: \$425/mo | <b>\$0/yr</b><br>Per individual | <b>\$2,000/yr</b><br>Per individual | <b>Primary Doctor: \$10<br/>Specialist Doctor: \$20<br/>Generic Prescription: \$10<br/>ER Visit: \$75</b> |

BlueOptions All Copay Plus 1424P

EPO | Platinum  
Florida Blue (BlueCross BlueShield FL)

| Monthly premium  | Deductible                      | Out-of-pocket Maximum               | Copayments/Coinsurance:   |
|--|---------------------------------|-------------------------------------|---|
| <b>\$269/mo</b><br>One enrollee<br>Premium before tax credit: \$439/mo | <b>\$0/yr</b><br>Per individual | <b>\$2,000/yr</b><br>Per individual | <b>Primary Doctor: \$10<br/>Specialist Doctor: \$20<br/>Generic Prescription: \$10<br/>ER Visit: \$75</b> |

# BlueOptions Everyday Health Premier 1418V

EPO | Platinum  
Florida Blue (BlueCross BlueShield FL)

Monthly premium

**\$270**/mo

One enrollee  
Premium before tax credit: \$440/mo

Deductible

**\$850**/yr

Per individual

Out-of-pocket  
Maximum

**\$2,500**/yr

Per individual

Copayments/Coinsurance:

Primary Doctor: \$15  
Specialist Doctor: \$20  
Generic Prescription: \$10  
ER Visit: 10% Coinsurance after deductible