

## CITY OF SARASOTA 2020 MEDICAL PLAN 1- HRA

FL Alt Network (PPO)	In Network	Out of Network**
<b>Calendar Year Deductible (CYD)</b>		
Individual	\$750	\$1,500
Individual + 1	\$1,500	\$3,000
3 or More Member Family	\$2,250	\$4,500
<b>Deductible Type</b>	Embedded	Embedded
<b>Coinsurance***</b>		
Plan Reimbursement	80%	60%
Member Responsibility	20%	40%
<b>Out-of-Pocket Maximum (Includes Deductible, Coinsurance, &amp; Copays)</b>		
Individual	\$2,500	\$90,000
Individual + 1	\$5,000	\$90,000
3 or More Family	\$7,500	\$90,000
<b>Out of Pocket Type</b>	Embedded	Embedded
<b>Teladoc Visit Copay</b>		
Teladoc Visit Copay	\$20	N/A
<b>Primary Care Physician*</b>		
Primary Care Physician*	\$20	40% After CYD
<b>Specialists (No Referral Required)</b>		
Specialists (No Referral Required)	\$35	40% After CYD
<b>Acupuncture, Chiropractic, and Massage Therapy Visits (subject to maximums)</b>		
Acupuncture, Chiropractic, and Massage Therapy Visits (subject to maximums)	\$50	\$50
<b>Preventive Services*</b>		
Preventive Services*	Covered 100%	40% After CYD
<b>Emergency Room</b>		
Emergency Room		\$250
<b>Urgent Care Facility</b>		
Urgent Care Facility		\$75
<b>Clinical Lab (Blood Work) at QUEST*</b>		
Clinical Lab (Blood Work) at QUEST*	\$10	40% After CYD
<b>X-rays at Outpatient Facility*</b>		
X-rays at Outpatient Facility*	\$10	40% After CYD
<b>Advanced Imaging (MRI, PET, CAT, MRA) Outpatient Facility*</b>		
Advanced Imaging (MRI, PET, CAT, MRA) Outpatient Facility*	\$250 per scan	40% After CYD
<b>Inpatient Hospital</b>		
Inpatient Hospital	20% After CYD	40% After CYD
<b>Outpatient Hospital</b>		
Outpatient Hospital	20% After CYD	40% After CYD
<b>Mental Health / Alcohol &amp; Substance Abuse</b>		
Office Visits	\$35	40% After CYD
Inpatient Hospital	20% After CYD	40% After CYD
Outpatient Facility	Covered 100%	40% after CYD
<b>Prescription Drugs</b>		
Deductible	N/A	Not Covered
<b>Rx Out of Pocket Maximum</b>		
Individual	\$4,100	
Individual + 1	\$5,700	
3 or More Member Family	\$5,700	
Tier 1:	\$5	
Tier 2:	40% of Cost, Min. \$35, Max \$75	
Tier 3:	60% of Cost, Min. \$70, Max \$100	
Tier 4 :	\$250	
Mail-Order Rx	2.5x Copay	

\*These services are provided at no cost when visiting the Sarasota Employee Health Center. Choice Diagnostics is available for conditions that are treated and managed within the Health Center and by the Health Center provider.

\*\*Out-of-Network Balance Billing—For information regarding out-of-network balance billing that may be charged by an out-of-network provider for services rendered please refer to the Out-of-Network Benefits section on the Summary of Benefits and Coverage (SBC).

\*\*\*CYD must be met before any co-insurance applies

## CITY OF SARASOTA 2020 MEDICAL PLAN 2– HSA

IRS rules prohibit those that are Medicare eligible (or those covering a Medicare eligible spouse) from contributing to a Health Savings Account (HSA) and therefore those Medicare eligible will have an HRA instead of an HSA with this plan.

FL Alt Network (PPO)	In Network	Out of Network**
<b>Calendar Year Deductible (CYD)</b>		
Individual	\$2,000	\$5,000
Individual + 1	\$2,800 Embedded Single, \$4,000 Max	\$15,000
3 or More Member Family	\$2,800 Embedded Single, \$4,000 Max	\$15,000
<b>Deductible Type</b>	Embedded	Embedded
<b>Coinsurance***</b>		
Plan Reimbursement	80%	60%
Member Responsibility	20%	40%
<b>Out-of-Pocket Maximum (Includes Deductible, Coinsurance, &amp; Prescriptions)</b>		
Individual	\$6,900	\$90,000
Individual + 1	\$6,900 Embedded Single, \$13,800 Max	\$90,000
3 or More Family	\$6,900 Embedded Single, \$13,800 Max	\$90,000
<b>Out of Pocket Type</b>	Embedded	Embedded
Teladoc Visit Copay	20% After CYD	N/A
Primary Care Physician*	20% After CYD	40% After CYD
Specialists (No Referral Required)	20% After CYD	40% After CYD
Acupuncture, Chiropractic, & Massage Therapy Visits (subject to maximums)	20% After In-Network CYD	
Preventive Services	Covered 100%	40% After CYD
Emergency Room	20% After In-Network CYD	
Urgent Care Facility	20% After In-Network CYD	
Clinical Lab (Blood Work) at QUEST*	20% After CYD	40% After CYD
X-rays at Outpatient Facility*	20% After CYD	40% After CYD
Advanced Imaging (MRI, PET, CAT, MRA) Outpatient Facility*	20% After CYD	40% After CYD
Inpatient Hospital	20% After CYD	40% After CYD
Outpatient Hospital	20% After CYD	40% After CYD
<b>Mental Health / Alcohol &amp; Substance Abuse</b>		
Office Visits	20% After CYD	40% After CYD
Inpatient Hospital	20% After CYD	40% After CYD
Outpatient Facility	20% After CYD	40% after CYD
<b>Prescription Drugs</b>		
Deductible	Combined With Medical	
Tier 1:	20% After CYD	Not Covered
Tier 2:	20% After CYD	
Tier 3:	20% After CYD	
Tier 4 :	20% After CYD	
Mail-Order Rx	20% After CYD	

\*These services are provided for a \$5 cost when visiting the Sarasota Employee Health Center. Choice Diagnostics is available for conditions that are treated and managed within the Health Center and by the Health Center provider.

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\*\*\*CYD must be met before any co-insurance applies

## CITY OF SARASOTA 2020 MEDICAL PLAN 3– CONSUMER DRIVEN

FL Alt Network (PPO)	In Network	Out of Network**
Calendar Year Deductible (CYD)		
Individual	\$2,500	\$5,000
Individual + 1	\$5,000	\$10,000
3 or More Member Family	\$7,500	\$15,000
Deductible Type	Embedded	Embedded
Coinsurance***		
Plan Reimbursement	80%	60%
Member Responsibility	20%	40%
Out-of-Pocket Maximum (Includes Deductible, Coinsurance, Copays, & Prescriptions)		
Individual	\$6,500	\$90,000
Individual + 1	\$10,500	\$90,000
3 or More Family	\$13,200	\$90,000
Out of Pocket Type	Embedded	Embedded
Teladoc Visit Copay	\$20	N/A
Primary Care Physician*	\$20	40% After CYD
Specialists (No Referral Required)	\$35	40% After CYD
Acupuncture, Chiropractic, & Massage Therapy Visits (subject to maximums)	\$50	\$50
Preventive Services*	Covered 100%	40% After CYD
Emergency Room		\$250
Urgent Care Facility		\$75
Clinical Lab (Blood Work) at QUEST*	20% After CYD	40% After CYD
X-rays at Outpatient Facility*	20% After CYD	40% After CYD
Advanced Imaging (MRI, PET, CAT, MRA) Outpatient Facility*	20% After CYD	40% After CYD
Inpatient Hospital	20% After CYD	40% After CYD
Outpatient Hospital	20% After CYD	40% After CYD
Mental Health / Alcohol & Substance Abuse		
Office Visits	\$35	40% After CYD
Inpatient Hospital	20% After CYD	40% After CYD
Outpatient Facility	Covered 100%	40% after CYD
Prescription Drugs		
Deductible	N/A	Not Covered
Tier 1:	\$5	
Tier 2:	\$35	
Tier 3:	\$70	
Tier 4 :	\$250	
Mail-Order Rx	2.5x Copay	

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\*\*Out-of-Network Balance Billing—For information regarding out-of-network balance billing that may be charged by an out-of-network provider for services rendered please refer to the Out-of-Network Benefits section on the Summary of Benefits and Coverage (SBC).

\*\*\*CYD must be met before any co-insurance applies