

Volusia County Schools: 2024-2025 Medical Plan Design Summary

	Florida Health Care Plans				
	HMO – T28	HMO 2 – LT7	Triple Option – LT4		
	In Network	In Network	Option 1	Option 2	Option 3
Annual Deductible Single/Family	\$3,500 / \$7,000	\$5,850 / \$11,700	\$4,000 / \$8,000	\$5,000 / \$10,000	\$6,000 / \$12,000
Coinsurance (Member Pays)	15%	25%	15%	30%	40%
Out of Pocket Max Single/Family	\$8,000 / \$16,000	\$9,200 / \$18,400	\$7,000 / \$14,000	\$7,000 / \$14,000	\$10,000 / \$20,000
Physician Services					
PCP Copay	\$20	\$35	\$25	\$35	40% AD
Specialist Copay	\$35	\$50	\$35	\$60	40% AD
Preventive Care					
Routine Physical Exam, Well Child, Immunization	\$0	\$0	\$0	\$0	40% AD
WorkForce Wellness Centers					
Per Visit	\$8	\$8	\$8		
Hospital Services					
Inpatient	\$300/Day (\$1,500 Max) AD	25% AD	15% AD	Not Covered	40% AD
Outpatient	\$250 (ASC) \$500 (Hospital)	\$2,000 (ASC) 25% AD (Hospital)	15% AD	Not Covered	40% AD
Emergency Services					
Emergency Visit / Urgent Care	\$400 / \$75	25% AD / 25% AD	15% AD	15% AD	15% After In-Network Deductible
Ambulance Services	\$100	25% AD	15% AD	15% AD	15% After In-Network Deductible
Lab, X-ray, & Diagnostics					
Lab and Radiology	Lab \$0 / \$25 (OP) X-ray \$20 / \$75 (OP)	Lab \$0 / 25% AD (OP) X-Ray \$50 / 25% AD (OP)	Lab \$0 / 15% AD (OP) X-Ray \$25 / 15% AD (OP)	Not Covered	40% AD
Advanced Imaging	\$175 / 15% AD (OP)	\$750 / 25% AD (OP)	\$350 / 15% AD (OP)	30% AD / Not Covered (OP)	40% AD
Prescription Drugs					
Retail (31 Day Supply)	FHCP / Walgreens	FHCP / Walgreens	FHCP / Walgreens / Publix		
Preferred Generic	\$3 / \$20	\$3 / \$20	\$3 / \$20		
Non-Pref Generic	\$12 / \$20	\$12 / \$20	\$12 / \$20		
Preferred Brand	\$35 / \$40	\$35 / \$40	\$35 / \$40		
Non-preferred Brand	\$60 / \$65	\$60 / \$65	\$60 / \$65		
Pre-approved specialty drug formulary	Preferred: 15% Coins Non-Preferred: 25 Coins	Preferred: 15% Coins Non-Preferred: 25 Coins	Preferred: 15% Coins Non-Preferred: 25 Coins		
Mail Order (up to 93 day supply)					
Preferred Generic/Non-Pref Generic/ Preferred Brand/ Non- preferred Brand	\$6 / \$33 / \$102 / \$177	\$6 / \$33 / \$102 / \$177	\$6 / \$33 / \$102 / \$177		

HMO prescriptions (T28 & LT7) are available at FHCP retail and mail order pharmacies. Select Walgreens (listed on FHCP.com) can ONLY be used from 6pm to 8am Monday - Friday and all-day Saturday, Sunday and holidays

Triple Option prescriptions (LT4) are available at FHCP retail and mail order pharmacies, and ALL Walgreens and Publix anytime

AD = After Deductible

ASC = Ambulatory Surgical Center Facility

OP = Outpatient Facility