



2014 Individual ON EXCHANGE - HMO Plans

Over 550 providers and contract facilities in Volusia, Flagler & Seminole

Worldwide coverage for emergency & urgent care

Traditional HMO Plans focus on wellness and preventive care. We encourage members to seek medical treatment early, BEFORE potential health problems become severe. Simply choose to receive services from our growing network of over 550 Providers & Contract Facilities. FHCP provides worldwide coverage for emergency & urgent care as well as direct access (no referral necessary) for Chiropractic, Dermatology, Gynecology, Smoking Cessation & Weight Management Programs. 2014 Individual plans include Pediatric Vision & Rx. HMO members have restricted access to Walgreens. Please refer to the provider directory for locations & hours. PICN is a sculpted network of providers and is available to Volusia County Residents ONLY. Catastrophic Plans are only available to individuals to age 30. Catastrophic Plans provide 3 PCP visits, then Deductible applies. **ZERO plans available to Native Americans only. To enroll with a ZERO plan, you must contact FHCP Marketing.**

	Essential	Essential Plus	Essential	Cost Variations of X43			Essential Plus	Cost Variations of X53		
	Bronze HMO	Bronze HMO	Silver HMO	73% AV	87% AV	94% AV	Silver HMO	73% AV	87% AV	94% AV
ON = On Marketplace PICN = Partners In Care Zero Plans Available Plan Code	X39 - ON N39 - PICN (ON) X74 - Zero ON N74 - PICN Zero	X41 - ON N41 - PICN (ON) X76 - Zero ON N76 - PICN Zero	X43 - ON N43 - PICN (ON) X45 - Zero ON N45 - PICN Zero	X47 - ON (73%) N47 - PICN ON N/A N/A	X49 N49 N/A N/A	X51 N51 N/A N/A	X53 - ON N53 - PICN ON X55 - Zero ON N55 - PICN Zero	X57 N57 N/A N/A	X59 N59 N/A N/A	X61 N61 N/A N/A
Medical Deductible:										
Individual	\$4,500	\$4,500	\$1,700	\$1,650	\$250	\$50	\$1,700	\$1,650	\$250	\$50
Family	\$9,000	\$9,000	\$3,400	\$3,300	\$500	\$100	\$3,400	\$3,300	\$500	\$100
Drug Deductible:										
Individual	Combined	Combined								
Family	With Medical	With Medical	\$400 \$800	\$250 \$500	\$150 \$300	\$25 \$50	\$400 \$800	\$250 \$500	\$150 \$300	\$25 \$50
Max Out-of-Pocket Limit for Medical:										
Individual	\$6,350	\$6,350	\$3,950	\$3,400	\$1,000	\$500	\$3,950	\$3,400	\$1,000	\$500
Family	\$12,700	\$12,700	\$7,900	\$6,800	\$2,000	\$1,000	\$7,900	\$6,800	\$2,000	\$1,000
Max Out-of-Pocket Limit for Drugs:										
Individual	Combined	Combined	\$1,500	\$1,400	\$750	\$250	\$1,500	\$1,400	\$750	\$250
Family	With Medical	With Medical	\$3,000	\$2,800	\$1,500	\$500	\$3,000	\$2,800	\$1,500	\$500
PCP Office Visit	Ded + 60%	Ded + 60%	Ded + 40%	Ded + 40%	Ded + 40%	Ded + 25%	Ded + 40%	Ded + 40%	Ded + 40%	Ded + 25%
Specialist Office Visit	Ded + 60%	Ded + 60%	Ded + 40%	Ded + 40%	Ded + 40%	Ded + 25%	Ded + 40%	Ded + 40%	Ded + 40%	Ded + 25%
ER Visit (waived/admit)	Ded + 60%	Ded + 60%	Ded + 40%	Ded + 40%	Ded + 40%	Ded + 25%	Ded + 40%	Ded + 40%	Ded + 40%	Ded + 25%
Urgent Care Visit	Ded + 60%	Ded + 60%	Ded + 40%	Ded + 40%	Ded + 40%	Ded + 25%	Ded + 40%	Ded + 40%	Ded + 40%	Ded + 25%
In-Patient	Ded + 60%	Ded + 60%	Ded + 40%	Ded + 40%	Ded + 40%	Ded + 25%	Ded + 40%	Ded + 40%	Ded + 40%	Ded + 25%
Out-Patient	Ded + 60%	Ded + 60%	Ded + 40%	Ded + 40%	Ded + 40%	Ded + 25%	Ded + 40%	Ded + 40%	Ded + 40%	Ded + 25%
X-ray/Advanced Imaging Lab	Ded + 60% 60% (no ded.)	Ded + 60% 60% (no ded.)	Ded + 40% 40% (no ded.)	Ded + 40% 40% (no ded.)	Ded + 40% 40% (no ded.)	Ded + 25% 25% (no ded.)	Ded + 40% 40% (no ded.)	Ded + 40% 40% (no ded.)	Ded + 40% 40% (no ded.)	Ded + 25% 25% (no ded.)
PHARMACY	After Ded.	After Ded.	After Ded.	After Ded.	After Ded.	After Ded.	After Ded.	After Ded.	After Ded.	After Ded.
Generic	\$3	\$3	\$3	\$3	\$3	\$3	\$3	\$3	\$3	\$3
Non-Preferred Generic	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Preferred Brand	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Non-Preferred Brand	\$55	\$55	\$55	\$55	\$55	\$55	\$55	\$55	\$55	\$55

ALL individual products have Rx. HMO plans have restricted access to Walgreens. This summary is not a contract. Please refer to the Benefits Summary for more information or contact FHCP Marketing.

Essential plans exclude: Infusion Therapy, Prosthetic Devices, Dialysis & Allergy Testing. Cost Variation Plans available to subsidy recipients ONLY.