

2017 Health Plans Comparison Chart



12/30/16

PLANS	Consumer Driven Plan (CDHP) with a Health Savings Account (HSA)		Point of Service Plan (POS)	
	Network	Out-of-Network	Network	Out-of-Network
	Optional Health Care Accounts			
Health Care Account Type(s)	Health Savings Account (HSA) & Limited Flexible Spending Account (FSA)		Flexible Spending Account (FSA)	
County Health Care Account Contribution	\$400 Employee ¹ / \$1,200 Family ¹ to HSA		None	
Maximum Annual Health Care Account Contribution	HSA: \$3,400 ² Employee / \$6,750 ² Family Limited FSA ³ : \$260 - \$2,600		FSA: \$260 - \$2,600	
Dependent Care FSA	\$260 min; \$5,000 max ⁴		\$260 min; \$5,000 max ⁴	
Coinsurance (after meeting deductible)	20%	40%	20%	40%
Out-of-Pocket Responsibility				
Primary Care Office Visit	Deductible/Coinsurance	Deductible/Coinsurance	\$25 copay	Deductible/Coinsurance
Specialist Office Visit	Deductible/Coinsurance	Deductible/Coinsurance	\$35 copay	Deductible/Coinsurance
Preventive Care Visit	\$0	\$0	\$0	\$0
Preventive Lab/X-Ray	\$0	\$0	\$0	\$0
Emergency Room Visit	Deductible/Coinsurance	Deductible/Coinsurance	\$250 copay	\$250 copay
Annual Deductible				
Employee	\$1,300	\$2,600	\$600	\$1,200
Family (2 or more)	\$2,600 ⁵	\$5,200 ⁵	\$1,200	\$2,400
Out-of-Pocket Maximum (includes deductible) once Out-of-Pocket maximum is reached, plans pay 100% for the year				
Employee	\$3,000	\$4,200	\$2,600	\$5,200
Employee+Spouse/Domestic Partner	\$4,000	\$5,600	\$5,200	\$10,400
Employee + Child(ren)	\$4,000	\$5,600	\$5,200	\$10,400
Family	\$6,000	\$8,400	\$5,200	\$10,400
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Prescription with Express Scripts	Up to 30 Days Retail	Up to 90 Days Retail	Up to 30 Days Retail	Up to 90 Days Retail
Preventive	\$0	\$0	Varies per drug class	2x 30 day cost
Generic	Deductible/Coinsurance	Deductible/Coinsurance	\$15 copay	2x 30 day cost
Preferred	Deductible/Coinsurance	Deductible/Coinsurance	20% coinsurance \$30-\$60	2x 30 day cost
Non-Preferred	Deductible/Coinsurance	Deductible/Coinsurance	40% coinsurance \$45-\$90	2x 30 day cost
Specialty-Preferred	Deductible/Coinsurance	Deductible/Coinsurance	20% coinsurance \$60-\$120	20% coinsurance \$60-\$120
Specialty-Non-Preferred	Deductible/Coinsurance	Deductible/Coinsurance	40% coinsurance \$90-\$180	40% coinsurance \$90-\$180
EAP/Mental Health with ComPsych				
EAP Visits	Up to 6 per person per year, no copay		Up to 6 per person per year, no copay	
Mental Health Office Visits	Deductible/20% Coinsurance		\$10 copay	
In-Patient Care	Deductible/20% Coinsurance		\$100 deductible/10% Coinsurance	
Employee Bi-Weekly Premium (Deductions may be pre-tax)				
Employee	\$8.36		\$8.36	
Employee + Child(ren)	\$91.64		\$91.64	
Employee+Spouse/Domestic Partner	\$107.69		\$107.69	
Family	\$181.29		\$181.29	

1. You must open an HSA with Optum Bank to receive or make contributions. Employees 55+ may contribute an additional \$1,000.

2. Maximum annual contribution includes Pinellas County's contribution.

3. Limited to vision/dental and converts to standard FSA if medical deductible is met.

4. Used for day care, not for dependent health expenses

5. If two (2) or more people are covered, Family Deductible must be met before benefits are paid for any covered family member.