

2022 Pinellas County Medical Plans Comparison & Cost

Item	Choice Fund Open Access Plus HSA			Open Access Plus (OAP) <i>previously called Point of Service</i>	
	Employee Only	Employee +1	Employee + 2 or More	Employee Only	Employee + 1 or More
Annual Deductible	\$1,400	\$2,800 <i>(pooled deductible for all family members on the plan)</i>		\$600	\$1,200 <i>(two individual deductibles of \$600 each)</i>
County HSA Contribution (must have HSA Bank account)	\$400	\$1,200	\$1,200	N/A	N/A
Out-of-Pocket Maximum (includes medical and Rx; after you spend this amount, the health plan pays 100%)	\$3,000	\$4,000	\$6,000	\$2,600	\$5,200

In-Network Benefit*	Choice Fund Open Access Plus HSA	Open Access Plus (OAP) <i>previously called Point of Service</i>
Preventive Medical	\$0	\$0
Primary Care Physician	20% after deductible	\$25 copay
Behavioral Health	20% after deductible	\$25 copay
Specialist	20% after deductible	\$35 copay
Virtual Doctor Visit	\$55 then 20% after deductible	\$15 copay
Convenience Care Clinics/Urgent Care	20% after deductible	\$25 copay
Emergency Room	20% after deductible	\$250 copay
Non-Preventive Medical (labs and imaging)	20% after deductible	20% after deductible
Preventive Rx	\$0 (see preventive medications list)	\$15 copay for generic or coinsurance for preferred or non-preferred (see below)
Rx Generic (up to 30 days)	20% after deductible	\$15 copay
Rx Preferred Brand (up to 30 days), <i>italics indicates specialty medications</i>	20% after deductible	20% coinsurance min: \$30 (\$60), max: \$60 (\$120)
Rx Non-Preferred Brand (up to 30 days) <i>italics indicates specialty medications</i>	20% after deductible	40% coinsurance min: \$45 (\$90), max: \$90 (\$180)
Rx (up to 90 days), use Smart90 Program at Walgreens or home delivery	20% after deductible	Cost of 30-day supply (specialty), 2x cost of 30-day (non-specialty)

* Out-of-network benefits are also available. Deductibles, coinsurance and out-of-pocket maximums are higher.

Coverage	Biweekly Premiums (same for both plans)
Employee only	\$ 11.43
Employee and Spouse/Domestic Partner	\$131.90
Employee and Child(ren)	\$105.23
Family	\$216.12