

Town of Loxahatchee Groves
Renewal Evaluation - Medical
Effective Date: January 1, 2024



			RENEWAL - Florida Blue Age Banded Rates	
Schedule of Benefits			BlueCare 14304	
			<i>In Network Only</i>	
Deductible (Calendar Year - CYD)				
Single			\$1,500	
Family			\$3,000	
Coinsurance			\$0	
Maximum Out of Pocket (MOOP)				
Single			\$4,800	
Family			\$9,600	
Non-Hospital Services				
Virtual Visit (PCP/Spec) / Telemedicine			\$0 / \$40 / \$0	
Physician Office Visit			VCP: \$0 / \$10	
Specialist Visit			VCP: \$20 / \$40	
Independent Lab / X-Ray			ICL: No Charge / IDTC: \$50	
Advanced Imaging (MRI, PET, CT scans)			\$300	
Urgent Care Center			VCP: \$0 Visits 1-2; \$55/ \$55	
Hospital Services				
Inpatient			20% after CYD	
Outpatient Surgery			ASC: 20% / Hosp: 20% after CYD	
Emergency Room Visit			\$200	
Mental Health / Substance Abuse Services				
Inpatient			No Charge	
Outpatient			No Charge	
Prescription Drug Benefits				
Tier 1 - Generic			\$0 / \$4 / \$10	
Tier 2 - Preferred Brand			\$15 / \$30	
Tier 3 - Non-Preferred Brand			\$50	
Tier 4 - Specialty			\$150	
Mail Order (90 day supply)			2x Retail	
Age-Banded Rates	Tier	Employees	Town Cost	Florida Blue Gross Premium
Employee 1	EE	1	\$591.05	\$591.05
Employee 2	EE	1	\$684.98	\$684.98
Employee 3	EE	1	\$497.13	\$497.13
Employee 4	EE	1	\$925.95	\$925.95
Employee 5	EC	1	\$967.69	\$1,442.05
Employee 6	EE	1	\$485.74	\$485.74
Employee 7	EE	1	\$967.69	\$967.69
Employee 8	EE	1	\$1,423.08	\$1,423.08
Employee 9	EE	1	\$1,106.68	\$1,106.68
Employee 10	EC	1	\$591.05	\$953.94
Employee 11	Fam	1	\$606.23	\$1,911.68
Employee 12	EE	1	\$1,106.68	\$1,106.68
Employee 13	EE	1	\$711.54	\$711.54
Employee 14	ES	1	\$1,362.84	\$2,763.15
Employee 15	EE	1	\$925.95	\$925.95
Employee 16	EE	1	\$1,423.08	\$1,423.08
Monthly Premium		16	\$14,377	\$17,920
Annual Premium			\$172,528	\$215,044

