



Medical Plan Offerings– Florida Blue 2026*

*Carrier availability is based on client headquartered location, as well as client selection.

Information shown in this document does not include all plan details or changes. Refer to the Carrier Certificate on TriNet (login.trinet.com).

**CHOICES
THAT
MATTER**

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Plan Offerings

Plan Highlights	FL Blue HDHP 2000	FL Blue HDHP 4000	FL Blue HDHP 6350	FL Blue HMO 20	FL Blue HMO 40	FL Blue PPO 1000
Network Name	FL: Blue Options; nationally except Hawaii through Blue Card	FL: Blue Options; nationally except Hawaii through Blue Card	FL: Blue Options; nationally except Hawaii & Massachusetts through Blue Card	Blue Care	Blue Care	FL: Blue Options; nationally except Hawaii through Blue Card
Deductible						
Single (In-Network/OON)	\$2,000 / \$5,000	\$4,000 / \$8,000	\$6,350 / \$12,700	\$0 / Not Covered	\$5,000 / Not Covered	\$1,000 / \$2,000
Family (In-Network/OON)	\$4,000 / \$10,000	\$8,000 / \$16,000	\$12,700 / \$25,400	\$0 / Not Covered	\$10,000 / Not Covered	\$2,000 / \$4,000
Out-of-Pocket Max						
Single (In-Network/OON)	\$4,000 / \$10,000	\$6,850 / \$14,000	\$6,350 / \$25,400	\$2,000 / Not Covered	\$5,000 / Not Covered	\$2,500 / \$4,000
Family (In-Network/OON)	\$7,500 / \$20,000	\$13,700 / \$28,000	\$12,700 / \$50,800	\$4,000 / Not Covered	\$10,000 / Not Covered	\$5,000 / \$8,000
Coinsurance (In-Network/OON)	10% / 50%	10% / 40%	0% / 50%	0% / Not Covered	0% / Not Covered	20% / 40%
Primary / Specialist	10% after ded / 10% after ded	10% after ded / 10% after ded	0% after ded / 0% after ded	\$20 / \$35	\$40 / \$65	\$30 / \$45
Lab & X-Ray	10% after ded	10% after ded	0% after ded	0%	\$65	\$50
Urgent Care Visit	10% after ded	10% after ded	0% after ded	\$50	\$85	\$45
Emergency Room Visit	10% after ded	10% after ded	0% after ded	\$100	\$300	\$250
Hospital Outpatient (Facility / Surgery)	10% after ded / 10% after ded	10% after ded / 10% after ded	0% after ded / 0% after ded	\$100 / 0%	0% after ded / 0% after ded	20% after ded / \$45
Hospital Inpatient	10% after ded	10% after ded	0% after ded	\$250	0% after ded	20% after ded
Rx Deductible (Non-Generic)	Integrated with Med	Integrated with Med	Integrated with Med	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	\$10 after ded / \$40 after ded / \$60 after ded	\$10 after ded / \$40 after ded / \$60 after ded	0% after ded / 0% after ded / 0% after ded	\$10 / \$40 / \$60	\$10 / \$40 / \$60	\$10 / \$40 / \$60

Plan Offerings

Plan Highlights	FL Blue PPO 1500	FL Blue PPO 2000	FL Blue PPO 5500 Copay	FL Blue PPO 750
Network Name	FL: Blue Options; nationally except Hawaii through Blue Card	FL: Blue Options; nationally except Hawaii through Blue Card	FL: Blue Options; nationally except Hawaii through Blue Card	FL: Blue Options; nationally except Hawaii through Blue Card
Deductible				
Single (In-Network/OON)	\$1,500 / \$3,000	\$2,000 / \$4,000	\$5,500 / \$11,000	\$750 / \$2,250
Family (In-Network/OON)	\$3,000 / \$6,000	\$4,000 / \$8,000	\$11,000 / \$22,000	\$1,875 / \$6,750
Out-of-Pocket Max				
Single (In-Network/OON)	\$3,500 / \$6,000	\$5,000 / \$16,000	\$6,850 / \$20,000	\$2,000 / \$4,000
Family (In-Network/OON)	\$7,000 / \$12,000	\$10,000 / \$32,000	\$13,700 / \$40,000	\$3,000 / \$8,000
Coinsurance (In-Network/OON)	30% / 50%	30% / 50%	30% / 50%	10% / 30%
Primary / Specialist	\$35 / \$50	\$35 / \$50	\$50 / \$75	\$25 / \$40
Lab & X-Ray	\$50	\$50	30% after ded	\$50
Urgent Care Visit	\$50	\$50	\$75	\$75
Emergency Room Visit	\$250	\$250	\$500	\$350
Hospital Outpatient (Facility / Surgery)	30% after ded / 30% after ded	30% after ded / 30% after ded	30% after ded / 30% after ded	10% after ded / \$0
Hospital Inpatient	30% after ded	30% after ded	30% after ded	10% after ded
Rx Deductible (Non-Generic)	N/A	N/A	\$100/\$100	N/A
Prescriptions (Tier 1 / 2 / 3)	\$10 / \$40 / \$60	\$10 / \$40 / \$60	\$10 / \$60 after Rx ded / \$100 after Rx ded	\$10 / \$35 / \$50