

# Sample Coverage by Health Plans

Choose a plan when you are a new employee, during Open Enrollment, or following a qualifying status change.

Department of  
**MANAGEMENT  
SERVICES**  
Division of State Group Insurance

**aetna**



Sample Service	Standard HMO		High Deductible HMO	
	Individual	Family	Individual	Family
Preventive-Routine	\$0	\$0	\$0	\$0
Specialist Visit	\$40/visit		20% after deductible	
Emergency Room	\$100/visit		20% after deductible	
Hospital	\$250/admission		20% after deductible	
Expenses				
Deductible	\$0	\$0	\$1,650	\$3,300
Out-of-Pocket Max.	\$1,500	\$3,000	\$3,000	\$6,000
Global Out-of-Pocket	\$9,200	\$18,400	\$3,000	\$6,000

## Aetna Benefits Guide

Summary of Benefits (SBC): [HMO](#) | [Spanish](#)  
Website: [AetnaStateofFlorida.com](#)

| [Spanish](#)

[HDHP HMO](#) | [Spanish](#)  
[Video](#) | [Spanish](#)

Sample Service	Standard HMO		High Deductible HMO	
	Individual	Family	Individual	Family
Preventive-Routine	\$20/visit		20% after deductible	
Specialist Visit	\$40/visit		20% after deductible	
Emergency Room	\$100/visit		20% after deductible	
Hospital	\$250/admission		20% after deductible	
Expenses				
Deductible	\$0	\$0	\$1,650	\$3,300
Out-of-Pocket Max.	\$1,500	\$3,000	\$3,000	\$6,000
Global Out-of-Pocket	\$9,450	\$18,900	\$3,000	\$6,000

## CHP Benefits Guide

SBC: [HMO](#) | [Spanish](#) | [HDHP HMO](#) | [Spanish](#)  
Website: [CapitalHealth.com/state](#)



Sample Service	Standard PPO		High Deductible PPO	
	Individual	Family	Individual	Family
Preventive-Routine	\$15/visit		No copay subject to CYD	
Specialist Visit	\$25/visit		No copay subject to CYD	
Emergency Room	\$100/visit: 80/60%*		CYD + 20% coinsuran	
Hospital	\$250 ded + 20% coins		CYD + 20/40% coins*	
Expenses				
Deductible Network	\$250	\$500	\$1,650	\$3,300
Deductible Non-Net	\$750	\$1,500	\$2,500	\$5,000
Global Network	\$9,200	\$18,400	\$4,650	\$9,300

\* Network/Non-Network

## Florida Blue Plan Brochure

SBC: [PPO](#) | [Spanish](#) | [HDHP PPO](#) | [Spanish](#)  
Website: [FloridaBlue.com/state-employees](#) | [Video](#) | [Spanish](#)

Sample Service	Choice HMO		High Deductible HMO	
	Individual	Family	Individual	Family
Preventive-Routine	\$0		20% after eligible expense	
Specialist Visit	\$40/visit		20% after eligible expense	
Emergency Room	\$100/visit		20% after eligible expense	
Hospital	\$250/admission		20% after eligible expense	
Expenses				
Deductible	NA	NA	\$1,650	\$3,300
Out-of-Pocket Max.	\$1,500	\$3,000	\$3,000	\$6,000
Global Out-of-Pocket	\$9,200	\$18,400	\$3,000	\$6,000

## UHC Benefits Guide

SBC: [HMO](#) | [Spanish](#) | [HDHP HMO](#) | [Spanish](#)  
Website: [WhyUHC.com/Florida](#) | [Video](#) | [Spanish](#)

For additional information about selecting your benefits, visit [MyBenefits.MyFlorida.com/MyHealth](#).