

Adult Sample Quotes...Healthcare Is Affordable!!



BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association. Serving Residents and Businesses of Florida.

Blue Cross Blue Shield (PLAN 3)

	<u>Blue Options – Network Blue*</u>
Non-Specialist Office Visit	\$25
Specialist Office Visit	\$45
Hospital (In-Patient)	\$1,500
Out-of-Pocket Maximum	\$1,500
Rx Drug Retail:	
Generic	\$15
Brand Name	\$200 Deductible + 40% Co-Insurance

<u>Hillsborough County</u>		
Age	Male	Female
25	\$137	\$170
30	\$160	\$189
35	\$183	\$204
40	\$204	\$213
45	\$227	\$251
50	\$268	\$291
55	\$344	\$331

* Out-Of-Network coverage is available – Subject to higher Deductibles and Co-Pays



BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association. Serving Residents and Businesses of Florida.

Blue Cross Blue Shield (HSA-36)

	<u>Blue Options – Network Blue*</u>
Non-Specialist Office Visit	Subject to \$1,500 Deductible
Specialist Office Visit	Subject to \$1,500 Deductible
Hospital (In-Patient)	Subject to \$1,500 Deductible
Out-of-Pocket Max	Subject to \$1,500 Deductible
Rx Drug Retail “Integrated”:	
Generic	Subject to \$1,500 Deductible
Brand Name	Subject to \$1,500 Deductible
	Subject to \$1,500 Deductible

<u>Hillsborough County</u>		
Age	Male	Female
25	\$103	\$128
30	\$120	\$142
35	\$138	\$154
40	\$154	\$160
45	\$171	\$188
50	\$201	\$219
55	\$259	\$249

* Out-Of-Network coverage is available – Subject to higher Deductibles and Co-Pays



BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association. Serving Residents and Businesses of Florida.

Blue Cross Blue Shield (PLAN 70)

	<u>Blue Options – Network Blue*</u>
<u>HOSPITAL/SURGERY ONLY!!</u>	
Calendar Year Deductible (CYD)	\$250
Co-Insurance	20%
Inpatient Hospital Facility	CYD + 20% Co-Insurance
Out-of-Pocket Maximum	\$2,500
Rx Drug Retail:	
Generic	Discounts Only
Brand Name	Discounts Only

<u>Hillsborough County</u>		
Age	Male	Female
25	\$32	\$38
30	\$37	\$43
35	\$44	\$52
40	\$54	\$62
45	\$66	\$76
50	\$86	\$94
55	\$123	\$109

* Out-Of-Network coverage is available – Subject to higher Deductibles and Co-Pays

ASSUMPTIONS: Non-Smoker, Good Health, Hillsborough County Resident

DISCLOSURE: For a full list of benefit coverage and exclusions refer to the plan documents.

Insurance & Benefits Consultants (IBC)

Sarasota (941)955-2133 Venice (941)484-2133 Bradenton (941)739-2133 Tampa (813)878-2133

Child Sample Quotes...Healthcare Is Affordable!!



BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association. Serving Residents and Businesses of Florida.

Blue Cross Blue Shield (PLAN 3)

	<u>Blue Options – Network Blue*</u>
Non-Specialist Office Visit	\$25
Specialist Office Visit	\$45
Hospital (In-Patient)	\$1,500
Out-of-Pocket Maximum	\$1,500
Rx Drug Retail:	
Generic	\$15
Brand Name	\$200 Deductible + 40% Co-Insurance

<u>Hillsborough County</u>		
Age	Male	Female
5	\$80	\$71
10	\$67	\$52
15	\$88	\$88
20	\$113	\$128

* Out-Of-Network coverage is available – Subject to higher Deductibles and Co-Pays



BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association. Serving Residents and Businesses of Florida.

Blue Cross Blue Shield (HSA-36)

	<u>Blue Options – Network Blue*</u>
Non-Specialist Office Visit	Subject to \$1,500 Deductible
Specialist Office Visit	Subject to \$1,500 Deductible
Hospital (In-Patient)	Subject to \$1,500 Deductible
Out-of-Pocket Max	Subject to \$1,500 Deductible
Rx Drug Retail “Integrated”:	
Generic	Subject to \$1,500 Deductible
Brand Name	Subject to \$1,500 Deductible

<u>Hillsborough County</u>		
Age	Male	Female
20	\$85	\$96

* Out-Of-Network coverage is available – Subject to higher Deductibles and Co-Pays



BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association. Serving Residents and Businesses of Florida.

Blue Cross Blue Shield (PLAN 70)

	<u>Blue Options – Network Blue*</u>
<u>HOSPITAL/SURGERY ONLY!!</u>	
Calendar Year Deductible (CYD)	\$250
Co-Insurance	20%
Inpatient Hospital Facility	CYD + 20% Co-Insurance
Out-of-Pocket Maximum	\$2,500
Rx Drug Retail:	
Generic	Discounts Only
Brand Name	Discounts Only

<u>Hillsborough County</u>		
Age	Male	Female
5	\$36	\$36
10	\$25	\$25
15	\$27	\$28
20	\$29	\$33

* Out-Of-Network coverage is available – Subject to higher Deductibles and Co-Pays

ASSUMPTIONS: Non-Smoker, Good Health, Hillsborough County Resident

DISCLOSURE: For a full list of benefit coverage and exclusions refer to the plan documents.

Insurance & Benefits Consultants (IBC)

Sarasota (941)955-2133 Venice (941)484-2133 Bradenton (941)739-2133 Tampa (813)878-2133