

Health Plans Benefits

See the summary of your medical and prescription benefits below. For complete details, exclusions and limitations, and out-of-network benefits, see the Certificates of Coverage which are available on your benefits website: <https://bay.k12.fl.us/bds-benefits>. All plans have access to Florida Blue's **BlueOptions** network.

	PPO 1	PPO 2	HDHP/HSA Employee Only	HDHP/HSA Employee + Dependent(s)
MEDICAL BENEFITS	In-Network	In-Network	In-Network	In-Network
Calendar Year Deductible (CYD) Per Individual Family	\$1,500 \$4,500	\$2,000 \$6,000	\$3,000 N/A	\$6,000 \$6,000
Out-of-Pocket Maximum Per Individual Family	\$4,500 \$13,500	\$6,350 \$12,700	\$6,000 N/A	\$6,850 \$12,000
Coinsurance (Coins) (% the member pays)	20%	30%	20%	20%
Preventive Services	\$0	\$0	\$0	\$0
Office Visits Primary Care Physician Specialist	\$25 copay \$55 copay	\$25 copay \$55 copay	CYD + Coins CYD + Coins	CYD + Coins CYD + Coins
Urgent Care	\$25 copay	\$55 copay	CYD + Coins	CYD + Coins
Emergency Room	\$250 + CYD + Coins	\$250 + CYD + Coins	CYD + Coins	CYD + Coins
Inpatient Hospital	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins
Outpatient Procedures Hospital Ambulatory Surgery Center	CYD + Coins CYD + Coins	Ded + Coins \$300 copay	CYD + Coins CYD + Coins	CYD + Coins CYD + Coins
Outpatient Diagnostic Tests Independent Clinical Lab Out-Patient Diagnostic Testing (Freestanding)	Coins CYD + Coins	\$0 CYD + Coins	CYD CYD + Coins	CYD CYD + Coins
Advanced Imaging at Independent Diagnostic Testing Center (MRI, CT, PET, etc.)	CYD + Coins	\$200 copay	CYD + Coins	CYD + Coins
PRESCRIPTION BENEFITS				
Retail Pharmacy (30-day supply) Generic / Preferred Brand / Non-Preferred Brand / Specialty	\$10 / \$30 / \$50 / \$100	\$10 / \$50 / \$100 / 20% of cost of Rx up to max of \$2,000	CYD, then \$10 / \$30 / \$50 / N/A	CYD, then \$10 / \$30 / \$50 / N/A
Mail Order (90-day supply) Generic / Preferred Brand or Non-Preferred Brand	\$25 / 20% (max \$150)	\$25 / 20% (max \$150)	CYD + Coins	CYD + Coins

Items highlighted in **bold** are changes to the plan effective 01/01/2026

Health Plan Premiums

Your employee contributions for this plan year are based on your choice of plan and coverage tier. Listed below are per-pay-period costs for you and your dependents effective January 1, 2026 – December 31, 2026:

	PPO 1	PPO 2	HDHP/HSA
EMPLOYEE PREMIUMS PER PAYCHECK			
Administrative (12x per year)			
Employee	\$289.55	\$25.53	\$0
Employee + Spouse	\$1,372.90	\$829.69	\$899.03
Employee + Child(ren)	\$766.25	\$379.38	\$528.31
Employee + Family	\$2,173.32	\$1,423.76	\$1,407.01
Instructional & Licensed (24x per year)			
Employee	\$144.78	\$12.77	\$0
Employee + Spouse	\$686.45	\$414.85	\$449.52
Employee + Child(ren)	\$383.13	\$189.69	\$264.16
Employee + Family	\$1,086.66	\$711.88	\$703.51
Support & Confidential (24x per year)			
Employee	\$130.20	\$0	\$0
Employee + Spouse	\$671.87	\$400.27	\$434.94
Employee + Child(ren)	\$368.55	\$175.11	\$249.58
Employee + Family	\$1,072.08	\$697.30	\$688.93

	PPO 1	PPO 2	HDHP/HSA
EMPLOYER CONTRIBUTIONS PER MONTH			
Administrative			
Employee	\$734.75	\$734.75	\$734.48
Employee + Spouse	\$734.75	\$734.75	\$734.75
Employee + Child(ren)	\$734.75	\$734.75	\$734.75
Employee + Family	\$734.75	\$734.75	\$734.75
Instructional & Licensed			
Employee	\$734.75	\$734.75	\$734.48
Employee + Spouse	\$734.75	\$734.75	\$734.75
Employee + Child(ren)	\$734.75	\$734.75	\$734.75
Employee + Family	\$734.75	\$734.75	\$734.75
Support & Confidential			
Employee	\$763.91	\$760.28	\$734.48 (to HSA \$29.43)
Employee + Spouse	\$763.91	\$763.91	\$763.91
Employee + Child(ren)	\$763.91	\$763.91	\$763.91
Employee + Family	\$763.91	\$763.91	\$763.91