



www.CoverFloridaHealthCare.com

United Healthcare

Available Statewide

Toll-free Phone Number: 1-800-809-9831

Web Site: <http://www.coverflorida-uhc.com>

	Available Statewide (Individual)		Available Statewide (Group)	
	Preventive	Catastrophic	Preventive	Catastrophic
Benefits	\$0 deductible Medical benefits up to: \$500,000 lifetime	\$500 deductible Medical benefits up to: \$500,000 lifetime	\$0 deductible Medical benefits up to: \$500,000 lifetime	\$500 deductible Medical benefits up to: \$500,000 lifetime
Doctor Visits	\$10 co-pay Up to \$450 in office visits per year for in-network physicians	\$20 co-pay Up to \$1,000 in office visits per year for in-network physicians	\$10 co-pay Up to \$450 in office visits per year for in-network physicians	\$20 co-pay Up to \$1,000 in office visits per year for in-network physicians
Preventive Care	No co-pay for preventive services including 1 annual adult exam, 1 annual gynecological, prostate, colorectal, cervical cancer screenings and mammograms.	No co-pay for preventive services including 1 annual adult exam, 1 annual gynecological, prostate, colorectal, cervical cancer screenings and mammograms.	No co-pay for preventive services including 1 annual adult exam, 1 annual gynecological, prostate, colorectal, cervical cancer screenings and mammograms.	No co-pay for preventive services including 1 annual adult exam, 1 annual gynecological, prostate, colorectal, cervical cancer screenings and mammograms.
Hospital Inpatient Services	N/A	10 days of inpatient hospital stays per year Services up to \$2,000 per day (in-network) and \$1,000 per day (out-of-network) \$500 annual deductible	N/A	10 days of inpatient hospital stays per year Services up to \$2,000 per day (in-network) and \$1,000 per day (out-of-network) \$500 annual deductible
Hospital Outpatient Services	100% in network coverage up to \$600 per year, for preventive services only	Coverage up to \$600 per year in preventive services (100% of charges covered in-network) and \$400 per year in non-preventive services (80% of charges covered in-network)	100% in network coverage up to \$600 per year, for preventive services only	Coverage up to \$600 per year in preventive services (100% of charges covered in-network) and \$400 per year in non-preventive services (80% of charges covered in-network)
Emergency Care	N/A	Hospital ER services up to \$1,500 per year; 80% of charges covered for accident, trauma, heart attack, stroke Coverage for ambulance services up to \$500 per year (\$100 co-pay for ambulance services)	N/A	Hospital ER services up to \$1,500 per year; 80% of charges covered for accident, trauma, heart attack, stroke Coverage for ambulance services up to \$500 per year (\$100 co-pay for ambulance services)
Prescription Drugs	\$10 co-pay for generic drugs, up to \$500 per year.	\$10 co-pay for generic drugs, up to \$500 per year.	\$10 co-pay for generic drugs, up to \$500 per year.	\$10 co-pay for generic drugs, up to \$500 per year.
Other Services Included in Plans	Durable Medical Equipment: 80% of charges covered (in-network); up to \$500 per yr Behavioral Health: \$40 co-pay (5 office visits/yr) Diabetic Supplies: \$25 co-pay (in-network), \$100 per year coverage.	Durable Medical Equipment: 80% of charges covered (in-network); up to \$500 per yr Diagnostic Services: 80% of charges covered up to \$500 with no co-pay for X-ray and other diagnostic services Behavioral Health: \$40 co-pay (5 office visits/yr) \$500 co-pay (inpatient hospital; coverage limited to 5 days) Diabetic Supplies: \$25 co-pay (in-network), \$100 per year coverage.	Durable Medical Equipment: 80% of charges covered (in-network); up to \$500 per yr Behavioral Health: \$40 co-pay (5 office visits/yr) Diabetic Supplies: \$25 co-pay (in-network), \$100 per year coverage.	Durable Medical Equipment: 80% of charges covered (in-network); up to \$500 per yr Diagnostic Services: 80% of charges covered up to \$500 with no co-pay for X-ray and other diagnostic services Behavioral Health: \$40 co-pay (5 office visits/yr) \$500 co-pay (inpatient hospital; coverage limited to 5 days) Diabetic Supplies: \$25 co-pay (in-network), \$100 per year coverage.
Monthly Rates (by age)	Female 0 - 18 \$88.95 19 - 29 \$134.68 30 - 39 \$141.77 to \$144.14 40 - 49 \$142.64 to \$145.84 50 - 59 \$157.75 to \$192.46 60 - 64 \$192.46 65+ \$192.46	Male 0 - 18 \$88.95 19 - 29 \$81.82 30 - 39 \$86.12 to \$104.40 40 - 49 \$113.85 to \$127.72 50 - 59 \$149.85 to \$191.69 60 - 64 \$191.69 65+ \$191.69	Female 0 - 18 \$232.07 19 - 29 \$351.39 30 - 39 \$369.88 to \$376.05 40 - 49 \$372.15 to \$380.51 50 - 59 \$411.57 to \$502.14 60 - 64 \$502.14 65+ \$502.14	Male 0 - 18 \$232.07 19 - 29 \$213.46 30 - 39 \$224.69 to \$272.39 40 - 49 \$297.03 to \$333.22 50 - 59 \$390.96 to \$500.11 60 - 64 \$500.11 65+ \$500.11
Average Rate	\$125.44	\$327.27	\$83.62	\$218.18

*For example, if the doctor charges \$100 for a visit, BCBSF will pay \$50 for the visit and the Member is responsible for the remaining \$50.

** BCBSF Out-of-Network providers are those that do not participate in this plan but are within BCBSF's network of physicians.

*** JM Health Catastrophic Plans are not available for children aged 0 to 4. These prices are for plans for children 5 through 18.

Disclaimer: This sample benefit and premium information is for comparison purposes only. Consumers should carefully consider the benefits provided by each plan before purchasing. Additional information regarding each plan should be obtained by contacting the carrier directly.



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Blue Cross Blue Shield of Florida Available Statewide

Toll-free Phone Number: 1-877-872-6580

Web Site: <http://www.bcbsfl.com>

	Preventive	Catastrophic																																																
Benefits	\$0 deductible	\$3,000 deductible Medical Benefits up to: \$25,000 annually \$50,000 lifetime																																																
Doctor Visits	*BCBSF pays \$50 or the allowed amount (whichever is less). Member pays the difference between the allowed amount and the BCBSF maximum payment amount.	*BCBSF pays \$50 or the allowed amount (whichever is less). Member pays the difference between the allowed amount and the BCBSF maximum payment amount.																																																
Preventive Care	*Member pays difference between BCBSF payment and the allowed amount for cervical cancer screening, prostate screening and colorectal screening; Free annual mammogram	*Member pays difference between BCBSF payment and the allowed amount for cervical cancer screening, prostate screening and colorectal screening; Free annual mammogram																																																
Hospital Inpatient Services	N/A	<u>In-Network</u> : Member pays annual deductible + 20% of charges <u>Out-of-network**</u> : Member pays annual deductible + preadmission deductible + 20% of charges <u>Non-participating provider</u> : Member pays preadmission deductible + 40% of charges Rehabilitation up to 21 days per year																																																
Hospital Outpatient Services	N/A	<u>In-Network/Out-of-Network**</u> : Member pays annual deductible + 20% of charges <u>Non-participating provider</u> : Member pays annual deductible + portion of the charges that is not covered by BCBSF																																																
Emergency Care	N/A	<u>In-Network</u> : Member pays annual deductible + 20% of charges <u>Non-participating provider</u> : Member pays annual deductible + 40% of charges																																																
Prescription Drugs	BCBSF pays \$15 per covered prescription drugs and Member pays remainder.	BCBSF pays \$15 per covered prescription drugs and Member pays remainder.																																																
Other Services Included in Plans	<u>Diagnostic Services</u> : No co-pay for Mammograms and Osteoporosis Screening <u>Durable Medical Equipment</u> : Member pays annual deductible + 20% of charges (this covers DME related to surgery only) <u>Behavioral Health</u> : limited to \$500 per year with a \$10,000 lifetime maximum	<u>Diagnostic Services</u> : No co-pay for Mammograms and Osteoporosis Screening <u>Durable Medical Equipment</u> : Member pays annual deductible + 20% of charges (this covers DME related to surgery only) <u>Behavioral Health</u> : limited to \$500 per year with a \$10,000 lifetime maximum																																																
Monthly Rates (by age)	<table border="0"> <tr> <td></td> <td>Female</td> <td>Male</td> </tr> <tr> <td>0 - 18</td> <td>Not Offered</td> <td>Not Offered</td> </tr> <tr> <td>19 - 29</td> <td>\$23.70 to \$40.51</td> <td>\$23.70 to \$40.51</td> </tr> <tr> <td>30 - 39</td> <td>\$41.64 to \$48.96</td> <td>\$41.64 to \$48.96</td> </tr> <tr> <td>40 - 49</td> <td>\$49.56 to \$54.57</td> <td>\$49.56 to \$54.57</td> </tr> <tr> <td>50 - 59</td> <td>\$55.19 to \$62.85</td> <td>\$55.19 to \$62.85</td> </tr> <tr> <td>60 - 64</td> <td>\$64.03 to \$69.71</td> <td>\$64.03 to \$69.71</td> </tr> <tr> <td>65+</td> <td>-</td> <td>-</td> </tr> </table>		Female	Male	0 - 18	Not Offered	Not Offered	19 - 29	\$23.70 to \$40.51	\$23.70 to \$40.51	30 - 39	\$41.64 to \$48.96	\$41.64 to \$48.96	40 - 49	\$49.56 to \$54.57	\$49.56 to \$54.57	50 - 59	\$55.19 to \$62.85	\$55.19 to \$62.85	60 - 64	\$64.03 to \$69.71	\$64.03 to \$69.71	65+	-	-	<table border="0"> <tr> <td></td> <td>Female</td> <td>Male</td> </tr> <tr> <td>0 - 18</td> <td>Not Offered</td> <td>Not Offered</td> </tr> <tr> <td>19 - 29</td> <td>\$67.39 to \$106.63</td> <td>\$57.91 to \$89.90</td> </tr> <tr> <td>30 - 39</td> <td>\$109.59 to \$133.44</td> <td>\$92.41 to \$116.26</td> </tr> <tr> <td>40 - 49</td> <td>\$135.96 to \$159.95</td> <td>\$119.66 to \$162.32</td> </tr> <tr> <td>50 - 59</td> <td>\$163.06 to \$198.01</td> <td>\$168.83 to \$253.10</td> </tr> <tr> <td>60 - 64</td> <td>\$203.05 to \$225.41</td> <td>\$265.69 to \$323.30</td> </tr> <tr> <td>65+</td> <td>-</td> <td>-</td> </tr> </table>		Female	Male	0 - 18	Not Offered	Not Offered	19 - 29	\$67.39 to \$106.63	\$57.91 to \$89.90	30 - 39	\$109.59 to \$133.44	\$92.41 to \$116.26	40 - 49	\$135.96 to \$159.95	\$119.66 to \$162.32	50 - 59	\$163.06 to \$198.01	\$168.83 to \$253.10	60 - 64	\$203.05 to \$225.41	\$265.69 to \$323.30	65+	-	-
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Average Rate	\$50.75	\$148.08																																																

*For example, if the doctor charges \$100 for a visit, BCBSF will pay \$50 for the visit and the Member is responsible for the remaining \$50.

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*** JMH Catastrophic Plans are not available for children aged 0 to 4. These prices are for plans for children 5 through 18.



	Florida Health Care Plan Available in Volusia & Flagler Counties Toll-free Phone Number: 1-800-232-0578 Web Site: http://www.fhcp.com		Medica Health Plan of Florida Available in Miami-Dade & Broward Counties Toll-free Phone Number: 1-866-260-5278 Web Site: http://www.mhpfl.com	
	Preventive	Catastrophic	Preventive	Catastrophic
Benefits	\$0 deductible plan \$250 deductible plan \$500 deductible plan	\$0 deductible plan \$250 deductible plan \$500 deductible plan	\$0 deductible Benefits up to \$25,000 per year	\$0 deductible Benefits up to \$50,000 per year
Doctor Visits	\$20 co-pay for primary care physicians \$75 co-pay for specialists	\$20 co-pay for primary care physicians \$75 co-pay for specialists	\$15 co-pay (primary care physician) \$30 co-pay (specialist)	\$25 co-pay (primary care physician) \$50 co-pay (specialist)
Preventive Care	1 annual adult exam (\$20 co-pay) 1 well woman assessment (\$20 co-pay for primary care physician and \$35 co-pay for OB/GYN) Well baby care and child health supervision services (\$20 co-pay)	1 annual adult exam (\$20 co-pay) 1 well woman assessment (\$20 co-pay for primary care physician and \$35 co-pay for OB/GYN) Well baby care and child health supervision services (\$20 co-pay)	1 annual adult exam 1 annual well woman exam \$15 co-pay (PCP); \$30 co-pay (specialist)	1 annual adult exam 1 annual well woman exam \$25 co-pay (PCP); \$50 co-pay (specialist)
Hospital Inpatient Services	N/A	\$750 per day co-pay Coverage up to 12 days per year	N/A	\$200 per day co-pay for first 5 days of admission
Hospital Outpatient Services	N/A	\$500 co-pay per visit for outpatient surgery	N/A	Rehabilitative Services (\$100 co-pay; up to 20 visits per year)
Emergency Care	N/A	\$250 co-pay per visit \$75 co-pay per urgent care visit	N/A	Urgent Care: \$50 co-pay Emergency: \$200 co-pay (waived if admitted)
Prescription Drugs	\$4 co-pay for generic, preferred drugs \$10 co-pay for generic, non-preferred drugs	\$4 co-pay for generic, preferred drugs \$10 co-pay for generic, non-preferred drugs	\$10 co-pay for generic drugs Plan discounts for brand drugs Benefit up to \$500 per year	\$10 co-pay for generic drugs Plan discounts for brand drugs Benefit up to \$500 per year
Other Services Included in Plans	<u>Office Surgery:</u> including anesthesia and supplies in provider's office \$500 co-pay per visit <u>Behavioral Health:</u> Individual/Group Therapy (\$50 co-pay individual; \$25 group); Medication Management (\$35 co-pay); Up to 12 outpatient visits per year <u>Diabetic Supplies:</u> glucometer covered in full; \$12 co-pay for lancets; \$12 co-pay for 50 test strips	<u>Office Surgery:</u> including anesthesia and supplies in provider's office \$500 co-pay per visit <u>Behavioral Health:</u> Individual/Group Therapy (\$50 co-pay individual; \$25 group); Medication Management (\$35 co-pay); Up to 12 outpatient visits per year <u>Diabetic Supplies:</u> glucometer covered in full; \$12 co-pay for lancets; \$12 co-pay for 50 test strips	<u>Behavioral Health:</u> \$30 co-pay for office counseling services Up to \$1,200 per year <u>Durable Medical Equipment:</u> No co-pay Up to \$500 per year <u>Diabetic Supplies:</u> 20% of charges for lancets, syringes, insulin, strips and monitor Up to \$1,500 per year	<u>Behavioral Health:</u> \$50 co-pay for office counseling services Up to \$1,200 per year <u>Durable Medical Equipment:</u> No co-pay Up to \$500 per year <u>Diabetic Supplies:</u> 20% of charges for lancets, syringes, insulin, strips and monitor Up to \$1,500 per year
Monthly Rates (by age)	Female Male	Female Male	Female Male	Female Male
0 - 18	\$43.72 to \$49.87	\$43.72 to \$49.87	\$109.48 to \$116.23	\$109.48 to \$116.23
19 - 29	\$63.52 to \$91.38	\$23.16 to \$39.50	\$143.83 to \$189.23	\$89.41 to \$107.76
30 - 39	\$82.19 to \$107.71	\$39.79 to \$60.68	\$192.61 to \$238.29	\$119.55 to \$159.92
40 - 49	\$103.68 to \$142.90	\$61.61 to \$94.59	\$249.86 to \$314.00	\$186.42 to \$264.55
50 - 59	\$149.27 to \$203.01	\$103.47 to \$161.51	\$361.27 to \$464.58	\$335.32 to \$484.91
60 - 64	\$200.43 to \$228.83	\$176.57 to \$202.84	\$542.38 to \$570.93	\$613.40 to \$639.46
65+	\$237.06 to \$266.83	\$241.73 to \$271.27	\$715.00 to \$744.84	\$819.22 to \$848.44
Average Rate	\$83.67 (\$500 deductible) \$87.37 (\$250 deductible) \$98.21 (\$0 deductible)	\$230.60 (\$500 deductible) \$234.86 (\$250 deductible) \$246.43 (\$0 deductible)	\$83.90	\$141.20

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		Total Health Choice Available in Miami-Dade & Broward Counties Toll-free Phone Numbers: 1-305-408-5825 within Miami-Dade County; 1-800-213-1133 outside Miami-Dade County; 1-800-955-8771 TDD Web Site: http://www.totalhealthchoiceonline.com		JMH Health Plan Available in Miami-Dade County Toll-free Phone Number: 1-800-721-2993 Web Site: http://www.jmhhp.com				
		Preventive (Plans I, II)	Catastrophic (Plans III, IV)	Preventive	Catastrophic	Combined		
Benefits	Plan I: No prescription drug benefit Plan II: Includes prescription drug benefit	Plan III: No prescription drug benefit Plan IV: Includes prescription drug benefit Medical benefits up to \$40,000 per year		\$0 deductible plan Medical Benefits up to: \$500,000 lifetime	\$500 deductible plan \$1,000 deductible plan \$2,500 deductible plan \$5,000 deductible plan Medical Benefits up to: \$15,000 annual \$500,000 lifetime	\$500 deductible plan \$1,000 deductible plan \$2,500 deductible plan \$5,000 deductible plan Medical Benefits up to: \$15,000 per year \$500,000 lifetime		
Doctor Visits	\$30 co-pay (primary care physician) \$50 co-pay (specialist) \$50 co-pay (allergy testing)	\$30 co-pay (primary care physician) \$50 co-pay (specialist) \$50 co-pay (allergy testing)		\$15 co-pay (primary care physician) \$25 co-pay (specialist)	N/A	\$15 co-pay (primary care physician) \$25 co-pay (specialist)		
Preventive Care	1 annual adult exam 1 annual well woman exam \$30 co-pay (No co-pay for mammograms, prostate, cervical cancer and colorectal screenings)	1 annual adult exam 1 annual well woman exam \$30 co-pay (No co-pay for mammograms, prostate, cervical cancer and colorectal screenings)		1 annual adult exam 1 annual well woman exam \$25 co-pay	N/A	1 annual adult exam 1 annual well woman exam \$25 co-pay		
Hospital Inpatient Services	N/A	\$500 per day co-pay for first 5 days		N/A	\$100 co-pay per day for first 5 days Up to 12 days per year	\$100 co-pay per day for first 5 days Up to 12 days of inpatient coverage per year		
Hospital Outpatient Services	Coverage for therapies, observation, chemotherapy and nuclear medicine in non-hospital outpatient setting Co-pays of \$500 (facilities), \$100 (nuclear medicine), \$50 (chemotherapy), \$30 (radiation therapy)	Coverage for therapies, observation, chemotherapy and nuclear medicine Co-pays of \$500 (facilities), \$100 (nuclear medicine), \$50 (chemotherapy), \$30 (radiation therapy)		N/A	\$50 co-pay for outpatient surgery \$25 co-pay for outpatient care services	\$50 co-pay for outpatient surgery \$25 co-pay for outpatient care services		
Emergency Care	\$250 co-pay (hospital in-network) \$500 co-pay (hospital out-of-network) \$50 co-pay (urgent care services) \$100 co-pay (ambulance services)	\$250 co-pay (hospital in-network) \$500 co-pay (hospital out-of-network) \$50 co-pay (urgent care services) \$100 co-pay (ambulance services)		N/A	Coverage for 3 hospital ER visits per year \$175 co-pay (in-network) \$200 co-pay + 40% of charges (out-of-network) Coverage for 6 urgent care visits per year \$50 co-pay for each visit	Coverage for 3 hospital ER visits per year \$175 co-pay (in-network) \$200 co-pay + 40% of charges (out-of-network) Coverage for 6 urgent care visits per year \$50 co-pay for each visit		
Prescription Drugs	\$30 co-pay: generic drugs \$45 co-pay: brand drugs Up to \$1,000 per year Available in Plan II only (no drug coverage under Plan I but a pharmacy discount card allows purchase of drugs at a discount at participating pharmacies)	\$30 co-pay: generic drugs \$45 co-pay: brand drugs Up to \$1,000 per year Available in Plan IV only (no coverage under Plan III but a pharmacy discount drug card allows purchase of drugs at a discount at participating pharmacies)		\$5 co-pay for generic drugs Discount on brand drugs Up \$100 of coverage for drugs per month and \$1,200 per year	N/A	\$5 co-pay for generic drugs Discount on brand drugs Up \$100 of coverage for drugs per month and \$1,200 per year		
Other Services Included in Plans	Diagnostic Services: \$100 co-pay (CT scans, nuclear medicine, ultrasound) Diabetic Supplies: \$30 co-pay Behavioral Health: \$50 co-pay (not including substance abuse services) Up to 20 visits per year	Diagnostic Services: \$100 co-pay (CT scans, nuclear medicine, ultrasound) Diabetic Supplies: \$30 co-pay Behavioral Health: \$50 co-pay (not including substance abuse services) Up to 20 visits per year		Behavioral Health: \$35 co-pay; Up to 20 outpatient visits per year Durable Medical Equipment: \$25 co-pay; up to \$400 per year Diabetic Supplies: \$25 co-pay; coverage for 50 test strips per month	Diagnostic Services: \$25 co-pay	Diagnostic Services: \$25 co-pay Behavioral Health: \$35 co-pay; up to 20 outpatient visits per year Durable Medical Equipment: \$25 co-pay; up to \$400 per year Diabetic Supplies: \$25 co-pay; coverage for 50 test strips per month		
Monthly Rates (by age)	Female 0 - 18 Not Offered 19 - 29 \$72.19 to \$127.64 30 - 39 \$96.53 to \$123.74 40 - 49 \$98.32 to \$146.12 50 - 59 \$130.92 to \$190.40 60 - 64 \$167.64 to \$235.20 65+ \$404.83 to \$479.66	Male 0 - 18 Not Offered 19 - 29 \$57.32 to \$74.96 30 - 39 \$63.40 to \$86.92 40 - 49 \$74.87 to \$114.14 50 - 59 \$102.39 to \$227.25 60 - 64 \$203.40 to \$313.39 65+ \$404.83 to \$479.66	Female 0 - 18 Not Offered 19 - 29 \$147.66 to \$237.86 30 - 39 \$195.29 to \$230.59 40 - 49 \$198.92 to \$272.29 50 - 59 \$264.87 to \$354.82 60 - 64 \$339.16 to \$438.31 65+ \$819.03 to \$893.86	Male 0 - 18 Not Offered 19 - 29 \$115.97 to \$139.68 30 - 39 \$128.27 to \$161.98 40 - 49 \$151.48 to \$212.70 50 - 59 \$207.16 to \$423.49 60 - 64 \$411.52 to \$584.02 65+ \$819.03 to \$893.86	Female \$41.21 \$46.89 to \$63.17 \$64.81 to \$72.90 \$73.43 to \$86.88 \$89.10 to \$117.51 \$125.86 to \$163.73 \$251.17	Male \$41.21 \$35.65 to \$46.22 \$47.33 to \$56.81 \$59.03 to \$80.19 \$83.38 to \$123.65 \$132.15 to \$173.53 \$242.82	Female \$52.38 to \$103.06*** \$59.61 to \$157.98 \$82.38 to \$182.32 \$93.35 to \$217.28 \$113.26 to \$293.90 \$159.99 to \$409.50 \$319.28 to \$628.17 \$92.43 (\$5,000 deductible) \$119.75 (\$2,500 deductible) \$165.14 (\$1,000 deductible) \$190.07 (\$500 deductible)	Male \$52.38 to \$103.06*** \$45.31 to \$115.59 \$60.17 to \$142.07 \$75.04 to \$200.55 \$105.99 to \$309.26 \$167.98 to \$434.02 \$308.68 to \$607.31 \$153.93 (\$5,000 deductible) \$184.50 (\$2,500 deductible) \$220.04 (\$1,000 deductible) \$239.23 (\$500 deductible)
Average Rate	\$130.85 (Plan I) \$155.03 (Plan II)	\$264.72 (Plan III) \$288.91 (Plan IV)		\$70.53				

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