



2025 Healthcare Plan Design Comparison Chart

Coverage	OAP EXTENDED NETWORK PLAN		LOCALPLUS FOCUSED NETWORK PLAN		SUREFIT NETWORK PLAN (Referrals No Longer Required)
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Medical Network Basis	OAP Network		LocalPlus Network		TriCounty ¹ SureFit Network
PCP Coordination of Medical Care	No		No		No
Medical Benefits					
» Deductible (Individual/Family)	\$650/\$1,300	\$1,300/\$2,600	\$1,000/\$2,000	\$2,000/\$4,000	\$150/\$250
» Out of Pocket Max (Ind/Fam)(incl ded. & copay & Rx)	\$3,300/\$6,600	\$6,600/\$13,200	\$4,500/\$9,000	\$9,000/\$18,000	\$1,500/\$3,000
» Coinsurance	30%	50%	30%	50%	30%
» Telemedicine	\$0	N/A	\$0	N/A	\$0
» Primary Care Physician OV	\$25/ \$0 M-DCPS Clinic	50% AD	\$30/ \$0 M-DCPS Clinic	50% AD	\$20/ \$0 M-DCPS Clinic
» Tier 1 Specialist	\$50	50% AD	\$60	50% AD	\$50
» Non-Tier 1 Specialist	\$70	50% AD	\$60	50% AD	N.A.
» Behavioral Health OV	\$0	50% AD	\$0	50% AD	\$0
» Physical Therapy	\$35		\$55		\$35
» Speech & Occupational Therapies (40 days per year)	\$55 ST, OT	50% AD	\$60 ST, OT	50% AD	\$20 PCP/ \$50 SCP
» Pulmonary Cardiac Therapy (40 days per year)	\$55	50% AD	\$70	50% AD	\$45
» Chiropractic Care (30 days per year)	\$60	50% AD	\$70	50% AD	\$45
» Convenience Care Centers	\$10	50% AD	\$15	50% AD	\$10
» Urgent Care	\$45		\$45		\$40
» Imaging	30% AD, or \$100 at non-hospital based	50% AD	30% AD, or \$100 at non-hospital based	50% AD	30% AD, or \$100 at non-hospital based
» Inpatient Hospital	30% AD	50% AD	30% AD	50% AD	30% AD
» Outpatient Hospital and Major Diagnostics	30% AD or \$150 at affiliated Non-hospital	50% AD	30% AD or \$150 at affiliated Non-hospital	50% AD	30% AD or \$100 at affiliated Non-hospital
» Emergency Room	\$375/\$225 preferred facilities		\$425/\$225 preferred facilities		\$300/\$150 preferred facilities
» Other - Hearing Aides	\$65 visit/ 30% AD for devices	Not covered	\$70 visit/ 30% AD for devices	Not covered	\$50 visit/ 30% AD for devices
» Other - Bariatric Surgery	30% AD	Not covered	Not covered	Not covered	Not covered
Prescription Drug Benefits (50% Retail only out-of-network benefit)					
» Prescription Drug Deductible (Ind/Fam)	N/A		N/A		N/A
» Formulary	Same across all plans		Same across all plans		Same across all plans
» Other - Insulin Copay Waiver	Yes		Yes		Yes
Retail & Mail Prescription (30 Day Supply)					
» Generic Seven Drug Classes ²	\$0	50%	\$0	50%	\$0
» Generic	\$20		\$20		\$15
» Generic ADD & ADHD	\$15		\$15		\$15
» Preferred Brand	\$55		\$65		\$40
» Non-Preferred Brand	\$150		\$175		\$125
» Specialty	\$150 Min/\$250 Max, 30% Coinsurance		\$175 Min/\$275 Max, 30% Coinsurance		\$125 Min/\$225 Max, 30% Coinsurance
Retail & Mail Prescription (90 Day Supply)					
» Generic Seven Drug Classes ²	\$0	N/A	\$0	N/A	\$0
» Generic	\$40		\$40		\$30
» Generic ADD & ADHD	\$30		\$30		\$30
» Preferred Brand	\$140		\$160		\$80
» Non-Preferred Brand	\$375		\$435		\$315
» Specialty	N/A		N/A		N/A

¹ Broward, Dade and Palm Beach Counties, FL 2 90-Day supply on Seven Drug Classes related to the following conditions: Asthma, Blood Pressure, Blood Thinner, Cholesterol, Diabetes, Osteoporosis, Prenatal Vitamins

AD = after deductible, OV = office visit