



# 2026 Healthcare Plan Design Comparison Chart

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

<sup>1</sup> 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