



2020 Retiree OAP SureFit Plan Design

Coverage	SureFit Plan
	In-Network Only
Medical Network Basis	TriCounty¹ SureFit Network
PCP Coordination of Medical Care	Yes
Medical Benefits	
Deductible (Individual/Family)	\$150/\$250
Out of Pocket Max (Ind/Fam)(incl ded. & copay & Rx)	\$1,500/\$3,000
Coinsurance	30%
Telemedicine	\$0
Primary Care Physician OV	\$20/ \$0 M-DCPS Clinic
CCN Specialist	\$50
Non-CCN Specialist	N.A.
Outpatient BH (1st 3 visits at \$0)	\$20
Physical, Speech & Occupational Therapies (40 days per year)	\$20 PCP/ \$50 SCP
Pulmonary Cardiac Therapy (40 days per year)	\$45
Chiropractic Care (30 days per year)	\$45
Convenience Care Centers	\$10
Urgent Care	\$50
Imaging	30% AD, or \$100 at non-hospital based
Inpatient Hospital	30% AD
Outpatient Hospital and Major Diagnostics	30% AD or \$100 at affiliated Non-hospital
Emergency Room	\$300/\$150 preferred facilities
Other - Hearing Aides	\$50 visit/ 30% AD for devices
Other - Bariatric Surgery	Not covered
Prescription Drug Benefits (50% Retail only out-of-network benefit)	
Prescription Drug Deductible (Ind/Fam)	N/A
Formulary	Same as OAP plans
Other - Insulin Copay Waiver	Yes
Retail Drug Network (no coverage for maintenance meds after 3rd fill)	
Generic Seven Drug Classes ²	\$0
Generic	\$15 - no coverage for maintenance meds after 3rd fill
Preferred Brand (Including Specialty Drugs)	\$40 - no coverage for maintenance meds after 3rd fill
Non-Preferred Brand (Including Specialty Drugs)	\$125 - no coverage for maintenance meds after 3rd fill
Mail Order Prescription (90 day supply)	
Generic Seven Drug Classes ²	\$0
Generic	\$30
Preferred Brand (Including Specialty Drugs)	\$80
Non-Preferred Brand (Including Specialty Drugs)	\$315

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