



2027 SureFit Network Plan Design

(Referrals No Longer Required)

Coverage	In-Network Only
Medical Network Basis	TriCounty¹ SureFit Network
PCP Coordination of Medical Care	No
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
» Tier 1 Specialist	\$50
» Non-Tier 1 Specialist	N.A.
» Behavioral Health OV	\$0
» Physical Therapy	\$35
» 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	\$40
» 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
Prescription Drug Benefits (50% Retail only out-of-network benefit)	
» Prescription Drug Deductible (Ind/Fam)	N/A
» Formulary	Same across all plans
» Other - Insulin Copay Waiver	Yes
Retail & Mail Prescription (30 Day Supply)	
» Generic Seven Drug Classes ²	\$0
» Generic	\$15
» Generic ADD & ADHD	\$15
» Preferred Brand	\$40
» Non-Preferred Brand	\$125
» Specialty	\$125 Min/\$225 Max, 30% Coinsurance
Retail & Mail Prescription (90 Day Supply)	
» Generic Seven Drug Classes ²	\$0
» Generic	\$30
» Generic ADD & ADHD	\$30
» Preferred Brand	\$80
» Non-Preferred Brand	\$315
» Specialty	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