DON'T PAY MORE THAN YOU SHOULD
We can help you calculate your covered and non-covered expenses

Florida Health Care Plans offers the services of our Coinsurance Estimator Center to help members estimate out-of-pocket expenses for a wide range of medical and surgical procedures, before receiving treatment.

Florida Health Care Plans

An Independent Licensee of the Blue Cross and Blue Shield Association

Locally trusted. Nationally recognized.

Quick and convenient.

- Speak with a Coinsurance Estimator and get an estimate of the total cost, as well as member responsibility.
- Cost estimates are based on your plan features such as deductible, coinsurance and out-of pocket maximum.

Know where to go.

- The cost for medical services can vary depending on where they are received. Know your cost before hand by comparing multiple providers.
- Receive the benefits available on Physician Administered Medications.
- Use FHCP Extended Hours Centers for urgently needed care and save on out of pocket costs.

Call.

386-615-5068 or toll-free **800-352-9824, ext. 5068**. Monday through Friday, 7:00 a.m. to 4:00 p.m. voicemail is available for after-hours or weekend calls.

Click.

FHCP.com - click the Members tab and then the Member Services link.

Office Visit Cost Example

Primary or Specialist *Choose Family Medicine, Gynecology, Dermatology or Specialists requiring referral*	**Cost Range** Your actual cost can be estimated by a Coinsurance Estimator
Primary Care Office A	Copayment/Deductible/Coinsurance
Primary Care Office B	Copayment/Deductible/Coinsurance
FHCP Extended Hours	$10

Imaging Cost Example

MRI, Scan or X-Ray *Get costs on all types of imaging*	**Cost Range** Based on particular procedure code(s) and site of service
Health Care Facility A	$1,000 - $1,500
Health Care Facility B	$500 - $1000
Health Care Facility C	$350 - $500

Surgery Cost Example

Inpatient or Outpatient *Get costs on all types of surgeries*	**Cost Range** Out-of-pocket costs can vary by site of service, IP, OP, ASC
Health Care Facility A	$6,000 - $8,000
Health Care Facility B	$4,000 - $6,000
Health Care Facility C	$2,000 - $4,000

This is for informational purposes only and is not a guarantee of payment and is based on the Member's coverage and status and other information provided. Actual costs may vary based on the specific health plan, the Member's status, the location where the service is received and services actually provided.

LP 03-310-46

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