

FLORIDA INTERNATIONAL UNIVERSITY

HEALTH PLANS RATES COMPARISON

	VISTA HEALTH PLANS						PREFERRED MEDICAL PLAN						CARE ACCESS HEALTH PLAN			
AGE	PPO - HMO PLAN INCLUDES MEDICAL, HOSPITAL & PRESCRIPTIONS Counties: Miami-Dade and Broward. For Palm Beach and Maternity Rates visit the website: www.vistahealthplan.com						HMO PLANS INCLUDES HOSPITAL, PRESCRIPTIONS & MATERNITY Counties: Miami-Dade and Broward. www.pmphmo.com Dade County - Expanded Network/ Broward County - Plan B only						Care Access Health Plan - Medical and Prescriptions. www.mycareaccess.com Markel Health Insurance Co. - Hospital and Maternity Supplemental rider. Counties: Miami-Dade, Broward and Palm Beach			
	Plan 10 / Plan IFD20 1000 Open Access / Plan IFD30 B						Basic Plan A - Plan B / Plan B Expanded Network						Care Access Low Option and High Option Plan. Care Access and Markel combined rates			
	Male - Female /		Male - Female		Male - Female		Male - Female /		Male - Female /		Male - Female		Low Option Plan - Incl. Markel Hospital Plan /		High Option - Incl. Markel Hospital Plan	
18	\$157	\$264	\$119	\$200	\$84	\$141	\$86	\$86	\$104	\$104	\$112	\$112	\$69	\$108	\$79	\$118
19	159	276	121	209	85	147	86	92	104	112	112	120	69	108	79	118
20	164	279	124	211	88	149	86	100	104	122	112	131	69	108	79	118
21	167	281	126	213	89	150	86	102	104	124	112	133	69	108	79	118
22	172	284	130	215	92	151	86	104	104	126	112	136	69	108	79	118
23	179	294	136	222	96	157	86	106	104	127	112	137	69	108	79	118
24	182	304	138	230	97	162	89	108	108	131	116	141	69	108	79	118
25	187	319	141	241	99	170	91	110	110	134	118	144	69	108	79	118
26	192	336	145	255	102	179	92	113	112	136	120	147	79	122	89	132
27	197	354	149	268	105	188	94	114	114	138	123	149	79	122	89	132
28	199	359	151	272	106	191	97	120	117	146	127	157	79	122	89	132
29	207	349	157	264	110	186	100	122	121	151	130	162	79	122	89	132
30	212	346	160	262	113	184	102	124	124	156	133	168	79	122	89	132
31	214	336	162	255	114	179	105	127	127	156	137	174	79	122	89	132
32	219	334	166	253	117	178	106	128	128	156	138	174	79	122	89	132
33	224	329	170	249	119	175	107	128	130	156	140	174	79	122	89	132
34	227	324	172	245	121	172	109	128	132	157	142	174	79	122	89	132
35	234	326	177	247	125	174	110	129	133	157	143	177	79	122	89	132
36	237	324	179	245	126	172	111	131	135	159	145	179	91	148	111	158
37	242	321	183	243	129	171	116	133	140	161	151	182	91	148	111	158
38	249	321	189	243	133	171	118	136	145	165	156	183	91	148	111	158
39	254	321	192	243	135	171	119	139	151	169	156	183	91	148	111	158
40	264	321	200	243	141	171	123	143	153	173	162	188	91	148	111	158
41	269	321	204	243	143	171	126	146	154	177	167	193	91	148	111	158
42	276	326	209	247	147	174	130	150	158	182	172	198	91	148	111	158
43	289	336	219	255	154	179	134	156	164	189	177	205	91	148	111	158
44	299	346	226	262	159	184	139	158	169	191	184	208	91	148	111	158
45	309	354	234	268	165	188	142	160	174	195	188	212	91	148	111	158
46	321	364	243	275	171	194	147	163	178	198	194	215	109	185	120	196
47	331	374	251	283	176	199	152	166	185	201	201	218	109	185	120	196
48	346	381	262	288	184	203	156	168	189	204	206	222	109	185	120	196
49	359	388	272	294	191	207	161	172	194	207	212	227	109	185	120	196
50	373	398	282	302	199	212	169	179	204	214	222	233	109	185	120	196
51	388	406	294	307	207	216	175	181	211	217	229	237	109	185	120	196

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OPS Health Plans Comparison Report

	VISTA HEALTH PLANS						PREFERRED MEDICAL PLAN						CARE ACCESS HEALTH PLAN			
AGE	Rates for Miami-Dade and Broward County. For Palm Beach rates visit the website: www.vistahealthplan.com						HMO PLANS INCLUDES HOSPITAL, PRESCRIPTIONS & MATERNITY Dade County - Expanded Network/ Broward County - Plan B only						Care Access Low Option and High Option Plan. Care Access and Markel combined rates			
	Plan 10 / Plan IFD20 1000 Open Access / Plan IFD30 B			Basic Plan A - Plan B / Plan B Expanded Network			Care Access Low Option and High Option Plan. Care Access and Markel combined rates									
		Male - Female /	Male - Female	Male - Female	Male - Female	Male - Female / Male - Female /	Male - Female	Male - Female	Male - Female	Male - Female	Male - Female	Male - Female	Male - Female	Male - Female	Male - Female	Male - Female
52	\$406	\$413	\$307	\$313	\$216	\$220	\$180	\$185	\$218	\$221	\$237	\$241	109	185	120	196
53	418	421	317	319	223	224	187	189	226	226	246	247	109	185	120	196
54	434	433	328	328	231	231	193	193	233	231	255	252	109	185	120	196
55	449	441	340	334	239	235	201	196	242	235	264	257	155	279	165	289
56	467	453	353	343	249	241	207	201	250	240	274	263	155	279	165	289
57	482	461	365	349	257	245	214	205	258	245	283	269	155	279	165	289
58	517	493	392	373	276	263	222	211	266	251	294	277	155	279	165	289
59	553	525	419	398	295	280	233	221	275	262	306	287	155	279	165	289
60	591	563	447	426	315	300	256	241	310	291	334	314	155	279	165	289
61	634	600	480	454	338	320	265	249	320	302	345	325	155	279	165	289
62	677	640	513	485	361	341	274	259	332	313	357	337	155	279	165	289
63	725	685	549	518	386	365	284	269	343	326	370	351	155	279	165	289
64	776	732	588	554	413	390	294	281	356	339	383	365	155	279	165	289
65	NO COVERAGE FOR MEDICARE AGE 65+.						NO COVERAGE FOR MEDICARE AGE 65+. After Age 60 renewals only.						NO COVERGE FOR MEDICARE ELIGIBLE AGE 65+.			
	For rates age 6 months to 17 yrs old and Maternity, visit the Website: www.vistahealthplan.com						Age 1 to 18 years old from \$86 Plan A, \$104 Plan B Dade, \$112 Broward.						Rates for 0 - 25 from \$69. Some pre-existing conditions may be waived.			
	or call Vista Health Plans, Customer Service at 1-800-459-9913.						For rates visit the Website or call Preferred Medical Plan at 305-648-4008.						For hospital and maternity rates visit the Website or call Care Access at 305-614-3081.			
	*Above rates are based on 3 out of 16 different Vista Health Plans.															
	**Open Access plans do not require referrals to see a Specialist.															