FLORIDA OFFICE OF Insurance Regulation

CHOICES:

Insurance Rate Comparison Search Systems

Family/Individual Health Insurance

Instructions/User Guide

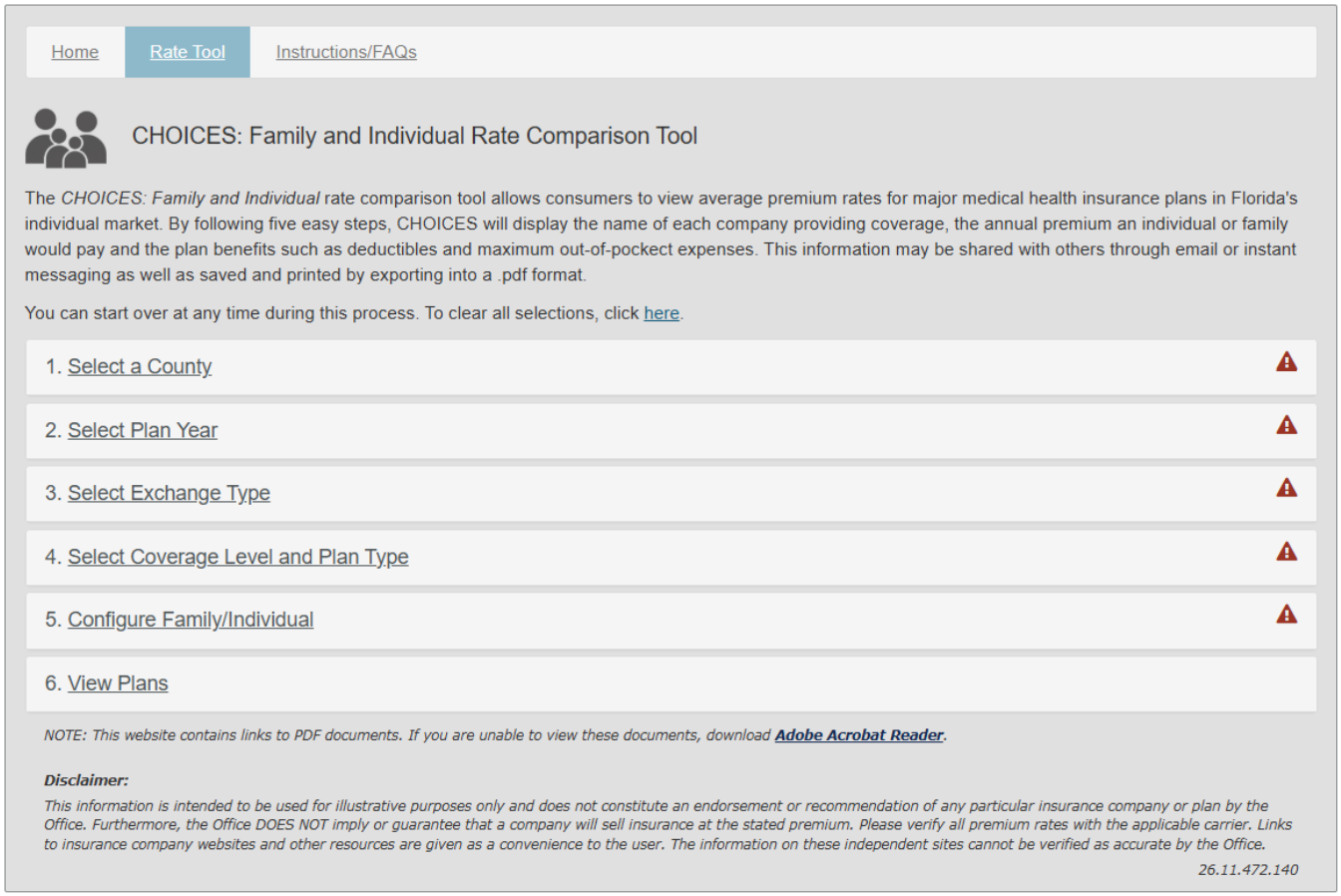
October 2026

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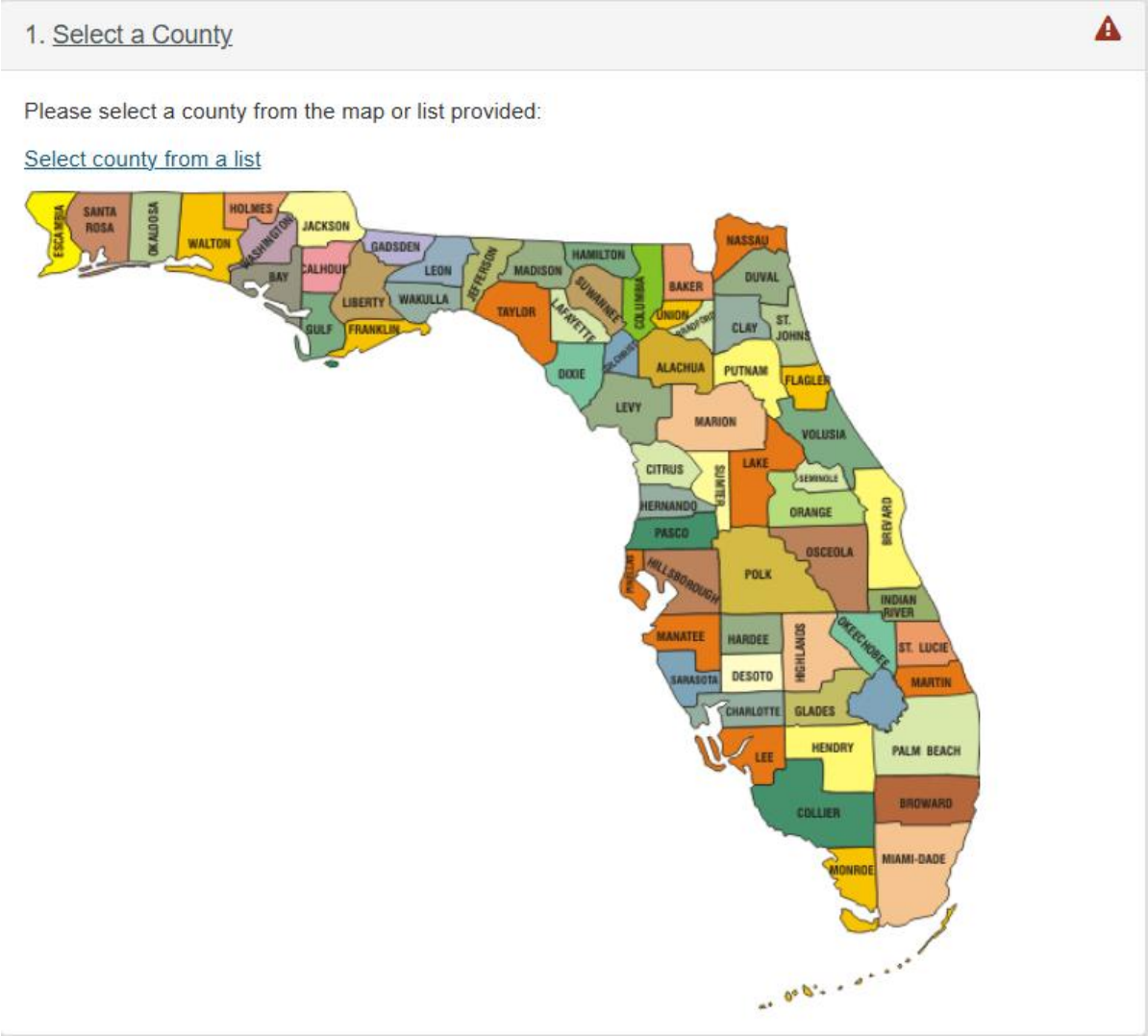
Introduction

With five easy steps, you will be able to view current premium information from health insurance companies offering family/individual health insurance in Florida. The information is based on each insurance company's current premium rates as submitted to the Florida Office of Insurance Regulation (Office). At any time during the process, you can re-start the process by clicking "here" in the sentence above the first step.

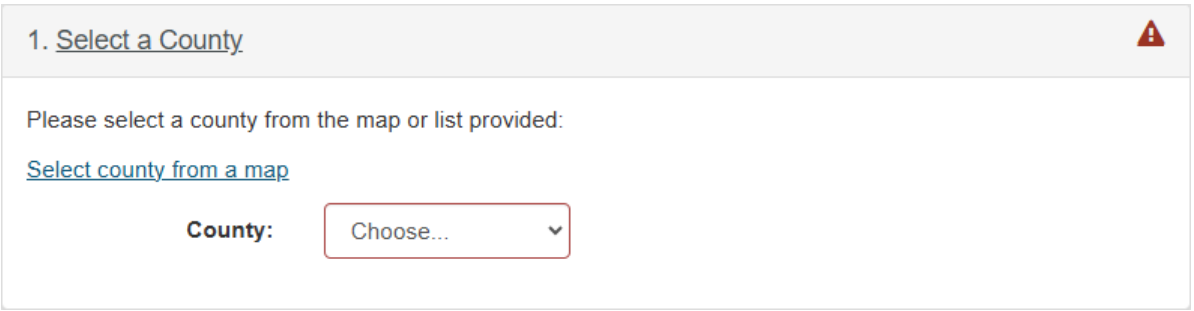


Step 1: Select a County

Select the county from the interactive map of Florida where your company's primary business address is located. A green check mark will appear to the right of the selection indicating you can now move to the next step.

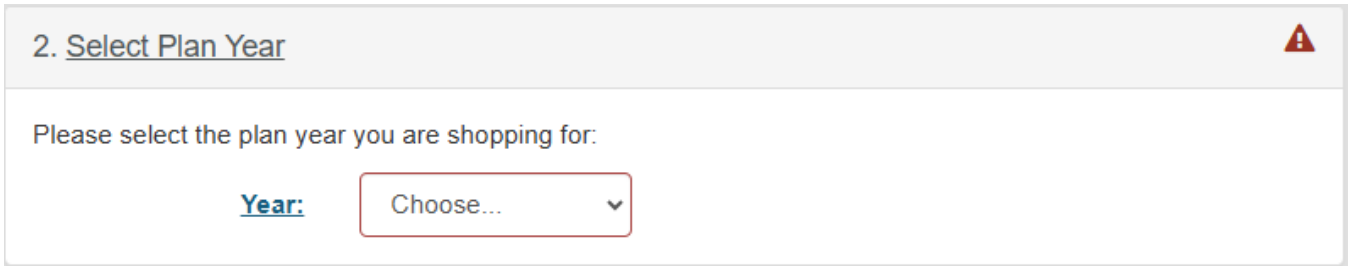


To select a county from a list, click the link above the map to show the list of counties.



Step 2: Select Plan Year

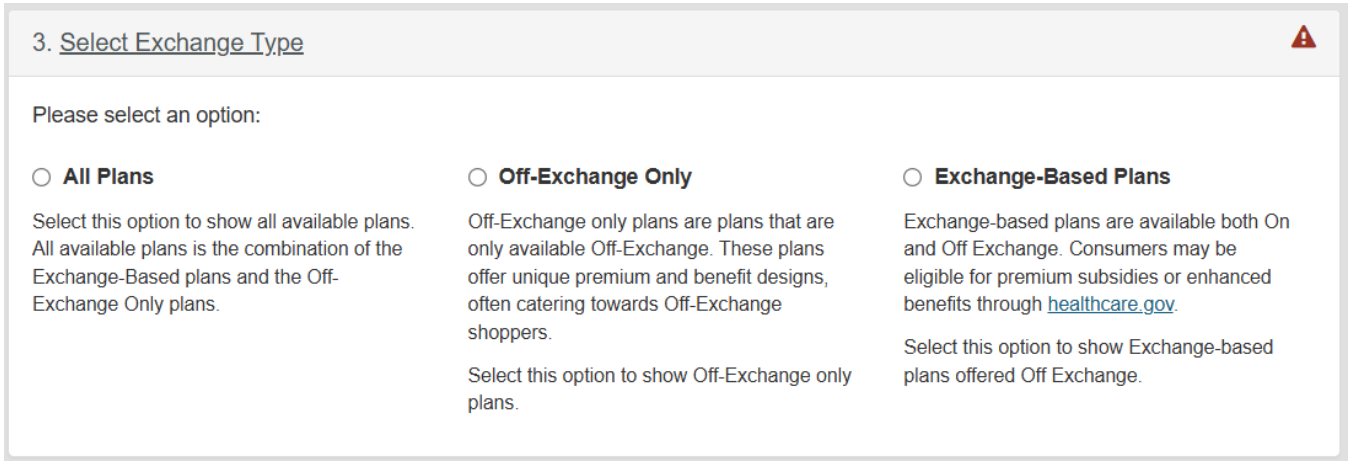
Select the plan year from the list below.



If multiple years are listed, they will be for the current year and upcoming calendar year once plans are received and approved by the Office.

Step 3: Select Exchange Type

Select exchange type from the list of options below.

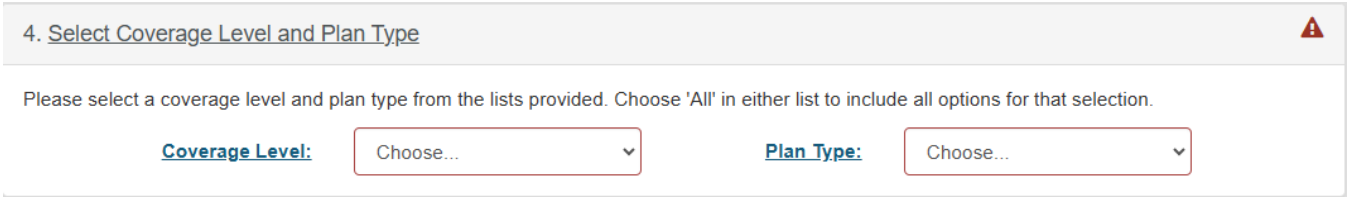


Exchange Types

- **All Plans** – All available plans is the combination of the Exchange-Based plans and the Off-Exchange Only plans.
- **Off-Exchange Only** – Off-Exchange only plans are plans that are only available off the exchange. These plans offer unique premium and benefit designs, often catering towards Off-Exchange shoppers.
- **Exchange-Based Plans** – Exchange-based plans are available both On and Off Exchange. Consumers may be eligible for premium subsidies or enhanced benefits through healthcare.gov.

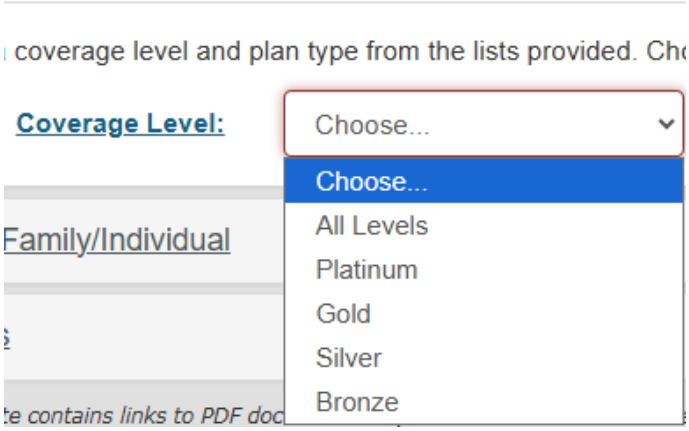
Step 4: Select Coverage Level and Plan Type

Select both the level of coverage and plan type.



Levels of Coverage

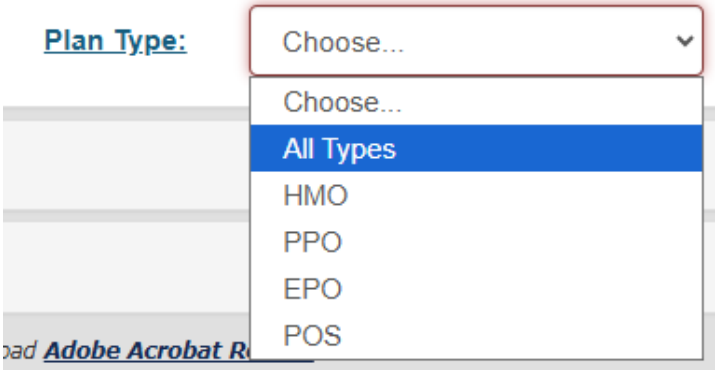
There are five levels of coverage to choose from. The information below explains what you can expect as far as levels of coverage, the percentages each plan will pay, and your out-of-pocket costs. Placing your cursor over “Coverage Level” in blue will show another box with brief explanations of each.



- **All Levels:** All coverage levels.
- **Platinum Plans**: The Platinum Plan will pay 90% of the health care service, leaving you with an out-of-pocket cost of 10% after the deductible.
- **Gold Plans:** The Gold Plan will pay 80% of the health care service, leaving you with an out-of-pocket cost of 20% after the deductible.
- **Silver Plans**: The Silver Plan will pay 70% of the health care service, leaving you with an out-of-pocket cost of 30% after the deductible.
- **Bronze Plans**: The Bronze Plan will pay 60% of the health care service, leaving you with an out-of-pocket cost of 40% after the deductible.

Plan Types

There are six types of plans to choose from in the drop-down box. Placing your cursor over “Plan Type” in blue will show another box with brief explanations of each.



- **All Types –** All plan types.

- **Health Maintenance Organization (HMO) -** An HMO is a health insurance plan that limits coverage to only the providers within their network. HMOs generally do not cover out-of-network services except in an emergency. You will receive most of your health care from a primary care physician that you have selected and services from specialists will often require a referral from your primary care physician. HMOs may also require you to live or work within a service area to be eligible for coverage. This type of health insurance plan often provides integrated care and focuses on prevention and wellness.

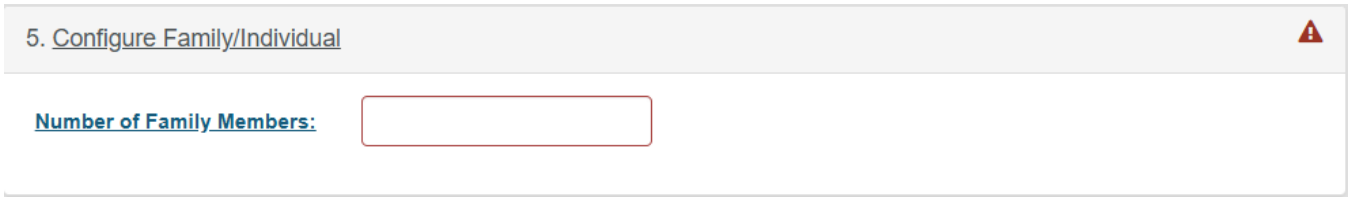
- **Preferred Provider Organization (PPO)** - A PPO is a health insurance plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan’s network. You can use doctors, hospitals, and providers outside of the network for an additional cost such as higher deductibles, co-payments and co-insurance as well as being subject to balance billing by the provider.

- **Exclusive Provider Organization (EPO)** - An EPO is a health insurance plan where services are covered only if you go to doctors, specialists, or hospitals in the plan’s network except in an emergency. Like HMOs, services outside of the network will not be covered. The EPO is part of a PPO in which you select a provider to serve as your primary care physician, who serves as a gatekeeper in approving the maximum level of benefits you are entitled to.

- **Point of Service (POS) -** A POS plan is an HMO plan that includes an out-of-network rider attached to the contract. You can choose, at the time of service, to seek services in network or out-of-network. You will be subject to higher deductible and higher co-insurance amounts if you use doctors, hospitals, and other health care providers that do not belong to the plan's network.

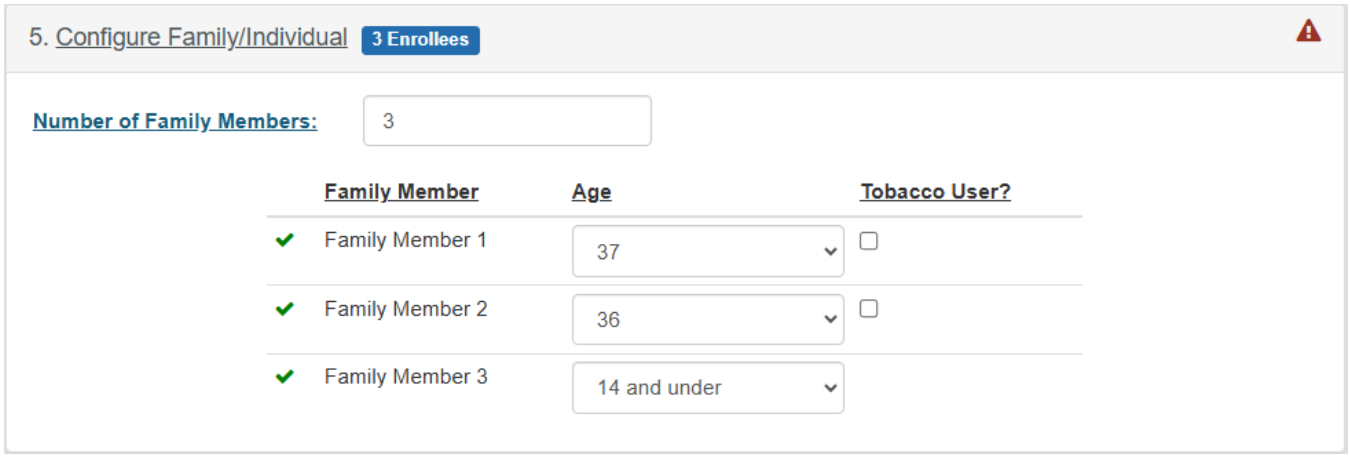
Step 5: Configure Family/Individual

Provide basic family/individual information.

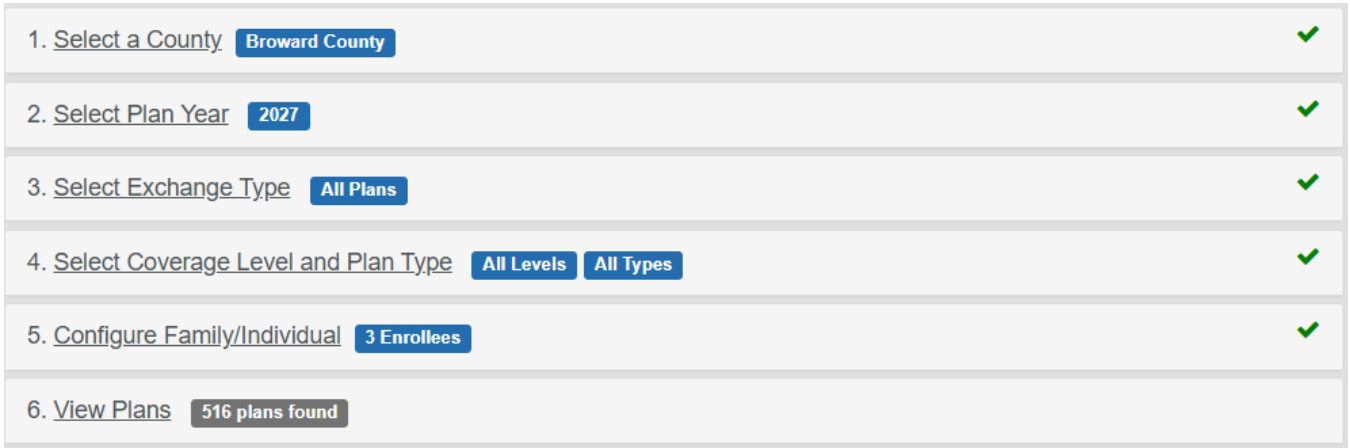


You will be asked to enter the number of family members.

Once the number is entered, you will be asked to enter their corresponding ages, and whether they are tobacco users.



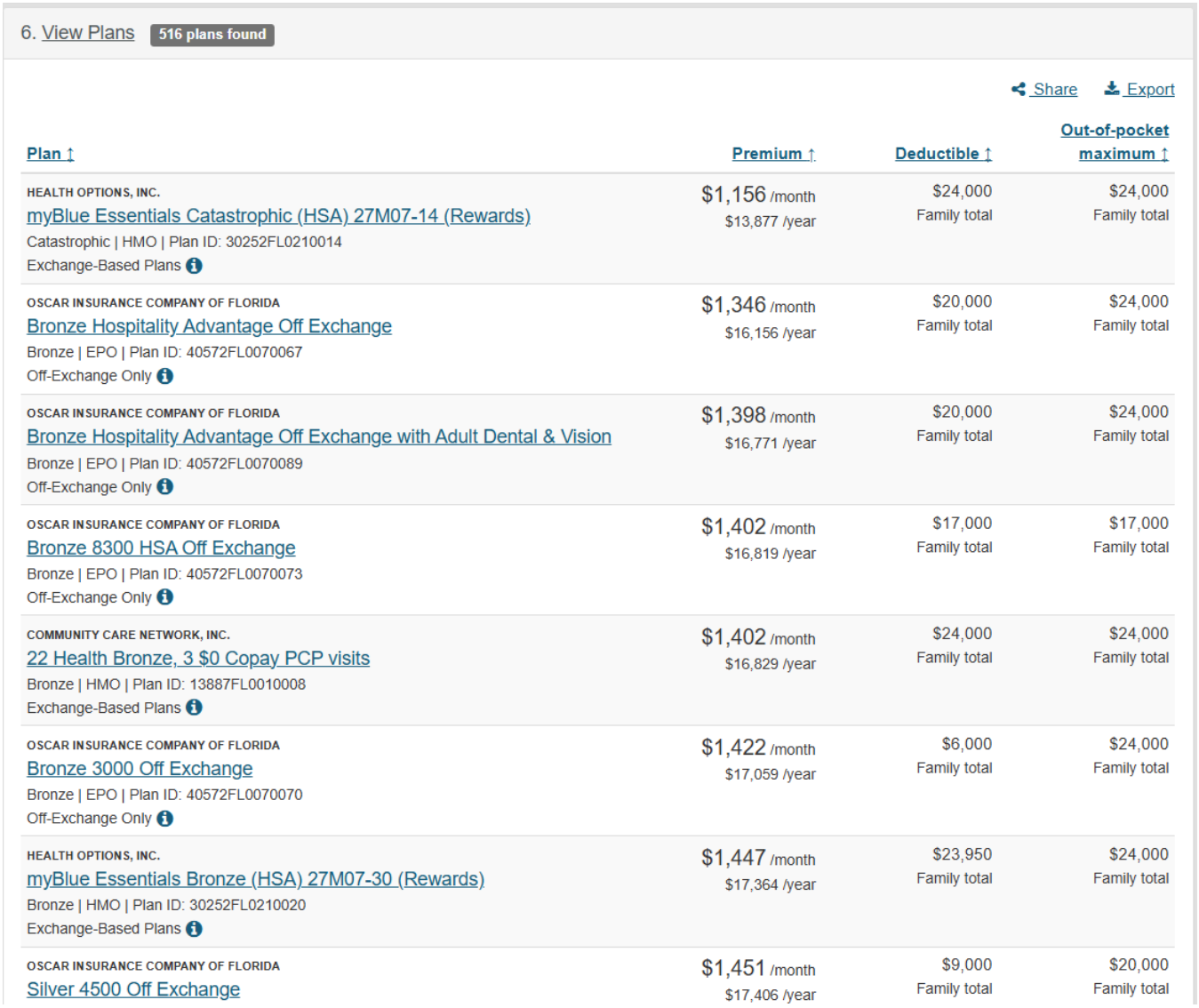
Once you have completed the fifth step, check to see if each step has a green check mark on the right-hand side of the page. If so, click on the “View Plans” link in step six.



Step 6: View Plans

Review the results.

A table listing all plan information will appear. The Plan column will contain company name, plan name, coverage level and plan type, HIOS Plan ID, and exchange type. The Premium column lists the total monthly and annual premium. The Deductible column shows the plan deductible and type (family or individual), and the Out-of-pocket maximum column shows the plan out-of-pocket expenses for family or individual.



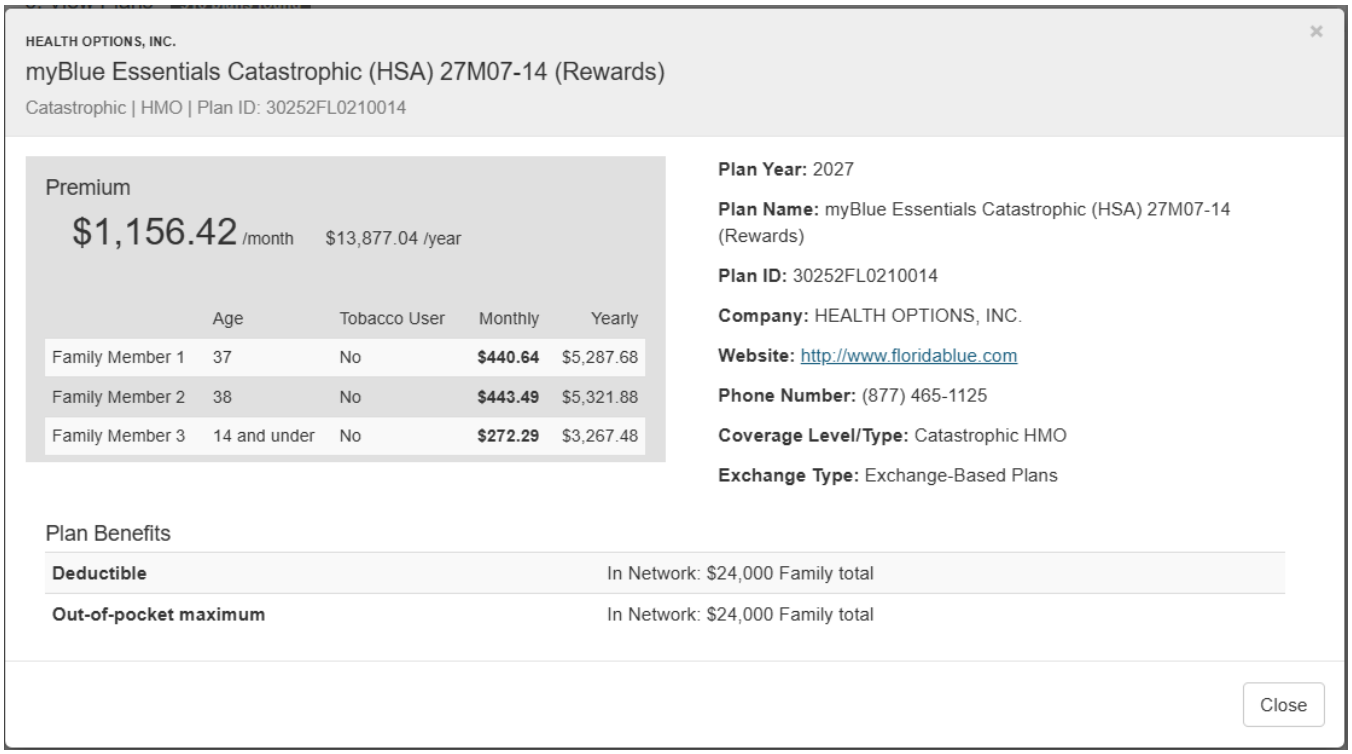
6. View Plans **516 plans found**

Share Export

Plan ↕	Premium ↕	Deductible ↕	Out-of-pocket maximum ↕
HEALTH OPTIONS, INC. myBlue Essentials Catastrophic (HSA) 27M07-14 (Rewards) Catastrophic | HMO | Plan ID: 30252FL0210014 Exchange-Based Plans	$1,156 /month $13,877 /year	$24,000 Family total	$24,000 Family total
OSCAR INSURANCE COMPANY OF FLORIDA Bronze Hospitality Advantage Off Exchange Bronze | EPO | Plan ID: 40572FL0070067 Off-Exchange Only	$1,346 /month $16,156 /year	$20,000 Family total	$24,000 Family total
OSCAR INSURANCE COMPANY OF FLORIDA Bronze Hospitality Advantage Off Exchange with Adult Dental & Vision Bronze | EPO | Plan ID: 40572FL0070089 Off-Exchange Only	$1,398 /month $16,771 /year	$20,000 Family total	$24,000 Family total
OSCAR INSURANCE COMPANY OF FLORIDA Bronze 8300 HSA Off Exchange Bronze | EPO | Plan ID: 40572FL0070073 Off-Exchange Only	$1,402 /month $16,819 /year	$17,000 Family total	$17,000 Family total
COMMUNITY CARE NETWORK, INC. 22 Health Bronze, 3 $0 Copay PCP visits Bronze | HMO | Plan ID: 13887FL0010008 Exchange-Based Plans	$1,402 /month $16,829 /year	$24,000 Family total	$24,000 Family total
OSCAR INSURANCE COMPANY OF FLORIDA Bronze 3000 Off Exchange Bronze | EPO | Plan ID: 40572FL0070070 Off-Exchange Only	$1,422 /month $17,059 /year	$6,000 Family total	$24,000 Family total
HEALTH OPTIONS, INC. myBlue Essentials Bronze (HSA) 27M07-30 (Rewards) Bronze | HMO | Plan ID: 30252FL0210020 Exchange-Based Plans	$1,447 /month $17,364 /year	$23,950 Family total	$24,000 Family total
OSCAR INSURANCE COMPANY OF FLORIDA Silver 4500 Off Exchange	$1,451 /month $17,406 /year	$9,000 Family total	$20,000 Family total

NOTE: All columns are sortable.

Clicking the plan name link will display the plan details as shown below.



HEALTH OPTIONS, INC.

myBlue Essentials Catastrophic (HSA) 27M07-14 (Rewards)

Catastrophic | HMO | Plan ID: 30252FL0210014

Premium

$1,156.42 /month $13,877.04 /year

	Age	Tobacco User	Monthly	Yearly
Family Member 1	37	No	**$440.64**	$5,287.68
Family Member 2	38	No	**$443.49**	$5,321.88
Family Member 3	14 and under	No	**$272.29**	$3,267.48

Plan Year: 2027

Plan Name: myBlue Essentials Catastrophic (HSA) 27M07-14 (Rewards)

Plan ID: 30252FL0210014

Company: HEALTH OPTIONS, INC.

Website: http://www.floridablue.com

Phone Number: (877) 465-1125

Coverage Level/Type: Catastrophic HMO

Exchange Type: Exchange-Based Plans

Plan Benefits

Deductible	In Network: $24,000 Family total
Out-of-pocket maximum	In Network: $24,000 Family total

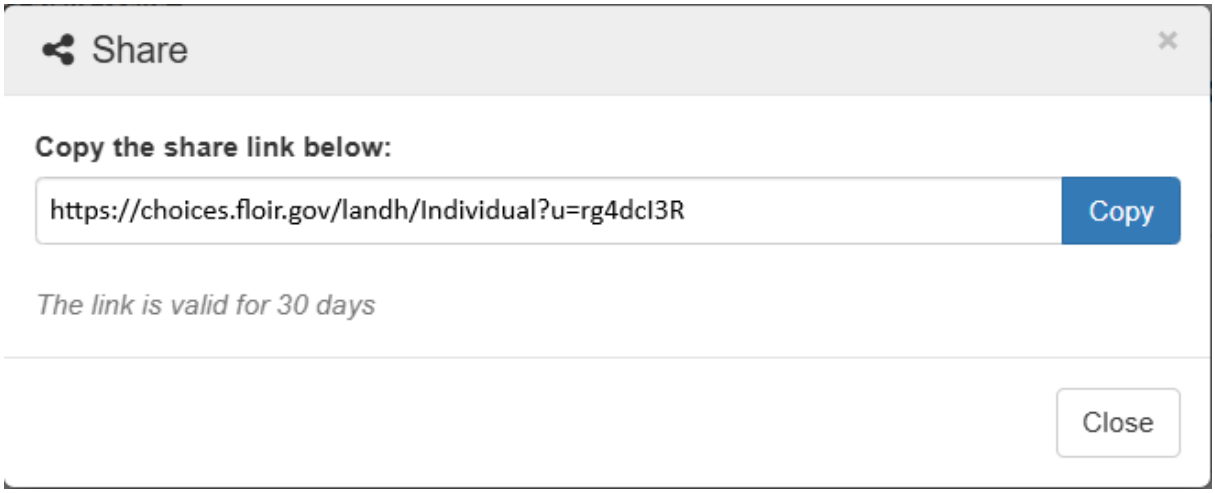
Close

The plan details show plan information including company website and phone number, premiums including breakdown by family member, deductible and out-of-pocket amounts.

Share/Export Information

There are two options available for either sharing or exporting the summary information presented in the "View Plans" section.

Share Option: The "Share" icon option allows users to copy the URL by clicking the Copy button. The URL is available for 30 days from the original shared date.



Export Option: The information can also be exported into a PDF or Excel document for printing or to save. Depending on the browser, options to "Open" or "Save" the document will appear. Company contact information such as website and phone number will appear in the exported document.

Disclaimer

This information presented in CHOICES – Family/Individual Health is intended for illustrative purposes only and does not constitute an endorsement or recommendation of any insurance company or plan by the Office. Furthermore, the Office DOES NOT imply or guarantee that a company will sell insurance at the stated premium. Please verify all premium rates with the applicable carrier. Links to insurance company websites and other resources are given as a convenience to the user. The information on these independent sites cannot be verified as accurate by the Office.