Be a Savvy Consumer…….

Compare pricing. Shop around. Non-urgent surgery such as tonsil removal may cost less at one surgical center than at another facility.

Ask if there are discounts for services not covered by your plan if you pay at the time of your visit.

Compare your Explanation of Benefits (EOB) form with your doctor bill before you pay it. Watch for double billing and overcharging. Call and question any charges you don't understand.

Take charge; seek a second opinion. You may not need an expensive test or surgery, or less-costly options may be tried first. Say: "Before I agree to this procedure, I'd like a second opinion."

Be informed. Say: "Doctor, could you refer me to a good Website that explains this condition?"

Explore alternative and complementary medicine such as physical therapy and acupuncture.

Ask for lower-cost generic drugs instead of a brand name when filling a prescription, if available and appropriate. Compare pricing.

Benefit Eligibility

Employees who work at least 30 hours per week are eligible for benefits on the 91st day of employment.

You may change your elections in the middle of the plan year ***only*** if you have an IRS qualifying event.

Please notify HR within 30 days of the event

Examples of qualifying events include: *Marriage, Divorce, Birth or Adoption of Child, Dependent eligibility status change*.

Dental - Principal	In Network	Out of Network
	Deductible	
Waived for Preventive	Yes	
Individual	$50	
Family	$150	
Calendar Year Maximum		
	$1,500 + Rollover	
Preventive Care	(Exams, Cleanings, X-Rays)	
Member Pays	0%	0%
Basic Care	(Fillings, Simple Surgery)	
Member Pays	20%	20%
Major Care	(Implants, Endo, Perio, Crowns, Dentures)	
Member Pays	50%	50%

Dental - Weekly Cost of Coverage	
Employee	$5.09
Employee & Spouse	$10.17
Employee & Child(ren)	$12.97
Employee & Family	$18.06

Questions?	
Medical - Florida Blue	
1-800-352-2583	www.floridablue.com
Dental - Principal	
1-800-247-4695	www.principal.com
Human Resources	
	813-286-4707

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DISCLAIMER: Not all of the plan provisions, limitations and exclusions are included in this publication. In the event of any conflict between the information contained in this publication and the plan provisions, the plan documents or insurance contracts, the latter will govern. Copies of the actual plan documents are available for your inspection in Human Resources.

MASONRY BUILDERS INC.

Employee Benefit Highlights 2026-2027

This Employee Benefit Highlight brochure is designed to provide a brief overview of the benefit plans that are available to employees of Masonry Builders Inc. and their families.

Medical - Florida Blue			
	*BlueCare 78	*BlueCare 71	BlueOptions 05301
Gatekeeper Required	No	No	No
Deductible	*PCP Designation Required	*PCP Designation Required	
In Network - Individual/Family	$500 per person	$4,400 / $8,800	$2,500 / $7,500
Out of Network - Individual/Family	Not Covered	Not Covered	$5,000 / $15,000
Coinsurance			
In Network	50%	20%	30%
Out of Network	Not Covered	Not Covered	50%
Maximum Out of Pocket			
In Network - Individual/Family	$8,700 / $17,400	$7,500 / $15,000	$6,950 / $13,600
Out of Network - Individual/Family	Not Covered	Not Covered	$13,000 / $26,000
Includes		Deductible, Coinsurance, Copays, Rx	
Physician Charges			
Office Visit - In Network	$35	$10	$25
Specialist Visit - In Network	$85	$100	$45
Office Visit - Out of Network	Not Covered	Not Covered	Deductible + 50%
Telemedicine - As low as	$0	$0	$0
Hospital Admission			
In Network	Deductible + 50%	Deductible + 20%	Deductible + 30%
Out of Network	Not Covered	Not Covered	Deductible + 50%
Freestanding Lab/X-ray	$0 / $85	$0 / Deductible + 20%	$0 / Deductible + 30%
MRI, CT, PET Scan @ Hospital	Deductible + 50%	Deductible + 20%	Deductible + 30%
MRI, CT, PET Scan @ Diag. Facility	Deductible + 50%	Deductible + 20%	Deductible + 30%
Urgent Care	$85	$75	$50
Outpatient Surgery	Deductible + 50%	Deductible + 20%	Deductible + 30%
Emergency Room - In Network	Deductible + 50%	Deductible + $250 + 20%	$300
Provider Network	**BlueCare HMO**	**BlueCare HMO**	**BlueOptions PPO**
Prescriptions			
Rx Deductible	N/A	N/A	N/A
Rx Retail Copays/Coins	$10/Brand 20% up to $200	$10/Brand 20% up to $200	$10/$50/$80
Specialty Medications	Included	Included	20%
Mail Order - 90 Day Supply	$25/Brand 20% up to $500; Spec: N/A	$25/Brand 20% up to $500; Spec: N/A	2.5X; Spec: N/A

Medical - Weekly Cost of Coverage	BlueCare 78	BlueCare 71	BlueOptions 05301
Employee	$47.80	$55.31	$122.76
Employee & Spouse	$197.50	$214.51	$368.31
Employee & Child(ren)	$164.76	$179.69	$314.60
Employee & Family	$305.06	$328.95	$544.80