

Current Benefits Effective 10/01/2009

Sumter County Board of County Commissioners

BlueOptions 3559 \$500 Deductible	
Financial Features - Amount Member Pays	
Calendar Year Deductible (CYD)	
Per Person/Family Aggregate	
In-Network	\$500 / \$1,500
Out-of-Network	\$750 / \$2,250
Coinsurance (Coins)	
Percentage of covered services paid by member	
In-Network	20%
Out-of-Network	40%
Out-of-Pocket Maximum	Includes CYD, Coins, Copays; Excludes Rx
Per Person/Family Aggregate per Calendar Year	
In-Network	\$2,500 / \$5,000
Out-of-Network	\$5,000 / \$10,000
Lifetime Maximum	\$5,000,000
Office Services	
Office visits	
In-Network Family Physician/PCP (FP)	\$20
In-Network Specialist	\$40
Out-of-Network Provider	CYD + Coins
Advanced Imaging Services (MRI, MRA, PET, CT, Nuclear Medicine)	
In-Network	\$150
Out-of-Network Provider	CYD + Coins
Maternity (due at initial visit only)	
In-Network Specialist	Specialist Copay
Out-of-Network Provider	CYD + Coins
Allergy Injections (by In-Network Family Physician)	\$10
Prescription Drugs (Includes mandatory generic, step therapy, responsible dose, responsible quantity and other pharmacy management programs)	
Retail (31 days)	
Generic/Preferred Brand/Non-Preferred	\$5 / \$25 / \$50
Mail Order (90 days)	
Generic/Preferred Brand/Non-Preferred	\$10 / \$50 / \$100
Hospital/Surgical	
Ambulatory Surgical Center Facility Services	
In-Network	\$100
Out-of-Network	CYD + Coins
Inpatient Hospital Facility Services (per admit)	
In-Network	Option 1 - \$600 Option 2 - \$1,000
Out-of-Network	CYD + Coins
Outpatient Hospital Facility Services (per visit)	
In-Network	Option 1 - \$200 Option 2 - \$300
Out-of-Network	CYD + Coins
Therapy at Outpatient Hospital (CYM)	\$5,000
In-Network	Option 1 - \$45 Option 2 - \$60
Out-of-Network	CYD + Coins
Emergency Medical Care	
Urgent Care Centers	
In-Network	\$45
Out-of-Network	CYD + Coins
Emergency Room Facility Services	
In-Network	\$100
Out-of-Network	\$200
Ambulance	
Ground/Air & Water per day max	\$5,000 Combined
In-Network	CYD + Coins
Out-of-Network	In-Network CYD + Coins
Preventive Care	



BlueOptions 3559 \$500 Deductible	
Adult Wellness Annual Benefit Maximum In-Network Out-of-Network	No Maximum \$150
Routine Adult Physical Exams and Immunizations In-Network Family Physician/PCP In-Network Specialist Out-of-Network Provider	\$20 \$40 Coins (No CYD)
Well Woman Exam (e.g., Annual GYN) In-Network Family Physician/PCP In-Network Specialist Out-of-Network Provider	\$20 \$40 Coins (No CYD)
Mammograms (member cost; in- and out-of-network) (Only allowed for age 40 and older)	\$0
Colonoscopy BlueOptions: Routine screening only for age 50+ covered at 100% of allowed amount; In and Out of Network. With diagnosis, subject to applicable deductible, coinsurance or copays.	\$0
Well Child In-Network Family Physician/PCP In-Network Specialist Out-of-Network Provider	\$20 \$40 Coins (No CYD)
Outpatient Diagnostic Services	
Independent Diagnostic Testing Facility (includes physician services) Advanced Imaging Services (MRI, MRA, PET, CT, Nuclear Medicine) In-Network Out-of-Network Provider Other IDTF Services (e.g. X-ray) In-Network Out-of-Network Provider	\$150 CYD + Coins \$50 CYD + Coins
Independent Clinical Lab (e.g. blood work) In-Network Out-of-Network	\$0 CYD + Coins
Outpatient Hospital Facility Services (per visit) In-Network Out-of-Network	\$200 / \$300 CYD + Coins
Mental Health and Substance Abuse	
Mental Health - CYM inpatient/outpatient Inpatient Hospital Facility Services (per admit) In-Network Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network Provider	30 days/20 visits Option 1 - \$600 Option 2 - \$1,000 CYD + Coins \$40 CYD + Coins
Substance Dependency Care & Treatment (LTM) Inpatient Hospital Facility Services (per admit) In-Network Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network Provider	\$2,500 Option 1 - \$600 Option 2 - \$1,000 CYD + Coins \$40 CYD + Coins
Other Provider Services	
Provider Services at Hospital and ER In-Network & Out-of-Network	CYD + 20% Coins
Radiology, Pathology, Anesthesiology Provider Services at an Ambulatory Surgical Center In-Network & Out-of-Network	CYD + 20% Coins
Provider Services at Locations other than Office, Hospital and Emergency Room In-Network Family Physician/PCP In-Network Specialist Out-of-Network Provider	CYD + Coins CYD + Coins CYD + Coins



BlueOptions 3559 \$500 Deductible	
Home Health Care (CYM)	\$2,500
In-Network	CYD + Coins
Out-of-Network	CYD + Coins
Outpatient Therapy & Spinal Manipulations (CYM) Refer to location of service for payment details Combined Cardiac, Occupational, Physical, Speech, Massage and Spinal Manipulations Benefit Maximum	\$5,000
Skilled Nursing Facility (CYM)	60 days
In-Network	CYD + Coins
Out-of-Network	CYD + Coins
Hospice (LTM Combined Inpatient & Outpatient)	No Maximum
In-Network	CYD + Coins
Out-of-Network	CYD + Coins

This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.

Dental Coverage		
Deductible <i>Deductible does not apply to Class I Preventive Services</i>	\$50 per person per calendar year	
Calendar Year Maximum (per person)	\$1,500 per person	
Orthodontic Lifetime Maximum (per person)	\$1,500 per person	
Benefits	In Network	Out-Of-Network
Class I - Preventive Services	100%	100%
Oral examinations, routine cleanings, fluoride treatments		
Class II - Basic Services	80%	80%
Fillings, root canals, periodontal treatment and oral surgery		
Class III - Major Services	50%	50%
Crowns, bridges, partials and dentures		
Class IV- Orthodontic Services	50%	50%
(Child only to age 19)		
<ul style="list-style-type: none"> • <i>In-Network benefits are payable based on the Plan's PPO Area Schedule for services provided by a contracted dentist.</i> • <i>Out-of Network benefits are payable for services rendered by a dentist who is not a participating provider. Reimbursements are based on the 90th percentile of reasonable and customary charges.</i> • <i>In-Network Orthodontic Providers provide a 20% discount of their usual & reasonable fees.</i> 		

