

Holmes County School District

October 1, 2012 - BLUE OPTIONS PLAN 3769

BCBSF is currently reviewing all health care reform legislation—the Patient Protection and Affordable Care Act and the Health Care and Education Affordability Reconciliation Act—which includes numerous provisions to expand access to health insurance, improve the quality and comprehensiveness of coverage, and make coverage more affordable for all Americans. Although some major elements of reform begin in 2010, others will be implemented over the next several years. Therefore, the information in our enrollment materials is subject to change based on the final result of this legislation.

| COST SHARING | BlueOptions Predictable Cost 3769 |
|--|---|
| Maximums shown are Per Benefit Period (BPM) unless noted | |
| Deductible (DED) (Per Person/Family Agg) | |
| In-Network | |
| Out-of-Network | \$500 / \$1,500 |
| Coinsurance (Member Responsibility) | |
| In-Network | |
| Out-of-Network | 20% |
| Out of Pocket Maximum (Per Person/Family Agg) | |
| In-Network | Includes DED, Coins, Copays; Excludes Rx \$3,000 / \$6,000 |
| Out-of-Network | \$6,000 / \$12,000 |
| Lifetime Maximum | |
| | No Maximum |
| PROFESSIONAL PROVIDER SERVICES | |
| Allergy Injections | |
| In-Network Family Physician | \$10 |
| In-Network Specialist | \$10 |
| Out-of-Network | DED + 50% |
| E-Office Visit Services | |
| In-Network Family Physician | \$10 |
| In-Network Specialist | \$10 |
| Out-of-Network | DED + 50% |
| Office Services | |
| In-Network Family Physician | \$25 FP |
| In-Network Specialist | \$60 SP |
| Out-of-Network | DED + 50% |
| Provider Services at Hospital and ER | |
| In-Network Family Physician | \$100 |
| In-Network Specialist | \$100 |
| Out-of-Network | \$100 |
| Provider Services at Other Locations | |
| In-Network Family Physician | \$25 FP |
| In-Network Specialist | \$60 SP |
| Out-of-Network | DED + 50% |
| Radiology, Pathology and Anesthesiology Provider Services at Hospital or Ambulatory Surgical Center | |
| In-Network Specialist | \$60 SP |
| Out-of-Network | In-Ntwk \$60 SP |
| PREVENTIVE CARE | |
| Adult Wellness Office Services | |
| In-Network Family Physician | \$25 FP |
| In-Network Specialist | \$60 SP |
| Out-of-Network | 50% (No DED) |
| Colonoscopies (Routine) | |
| In-Network | Age 50+ then Frequency Schedule Applies |
| Out-of-Network | \$0 |
| Mammograms (Routine and Dx) | |
| In-Network | \$0 |
| Out-of-Network | \$0 |
| Well Child Office Visits (No BPM) | |
| In-Network Family Physician | \$25 FP |
| In-Network Specialist | \$60 SP |
| Out-of-Network | 50% (No DED) |
| EMERGENCY/URGENT/CONVENIENT CARE | |
| Ambulance Maximum (per Day) | |
| In-Network | \$5,500 |
| Out-of-Network | DED + 20% |
| Convenient Care Centers (CCC) | |
| In-Network | \$25 FP |
| Out-of-Network | DED + 50% |



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| Emergency Room Facility Services (also see Professional Provider Services) In-Network Out-of-Network | \$300 DED + 50% |
| Urgent Care Centers (UCC) In-Network Out-of-Network | \$65 DED + 50% |
| FACILITY SERVICES - HOSP/SURG/ICL/IDTF | |
| Unless otherwise noted, physician services are in addition to facility services. See Professional Provider Services. | |
| Ambulatory Surgical Center In-Network Out-of-Network | DED + 20% DED + 50% |
| Independent Clinical Lab In-Network Out-of-Network | \$0 DED + 50% |
| Independent Diagnostic Testing Facility - Xrays and AIS (Includes Physician Services) In-Network - Advanced Imaging Services (AIS) In-Network - Other Diagnostic Services Out-of-Network | DED + 20% \$50 DED + 50% |
| Inpatient Hospital (per admit) In-Network | Option 1 - DED + 20% Option 2 - DED + 20% Option 1 - DED + 20% \$3,000 |
| Out of State- In Network Out-of-Network | 21 Days |
| Inpatient Rehab Maximum Outpatient Hospital (per visit) In-Network | Option 1 - DED + 20% Option 2 - DED + 20% Option 1 - DED & 20% DED + 50% |
| Out of State In Network Out-of-Network | Option 1 - \$45 Option 2 - \$60 DED + 50% |
| Therapy at Outpatient Hospital In-Network | Option 1 - \$45 Option 2 - \$60 DED + 50% |
| Out-of-Network | Option 1 - \$45 Option 2 - \$60 DED + 50% |
| MENTAL HEALTH AND SUBSTANCE ABUSE | |
| Inpatient Hospitalization | Option 1 - \$0 Option 2 - \$0 50% (No DED) |
| In-Network Out-of-Network | Option 1 - \$0 Option 2 - \$0 50% (No DED) |
| Outpatient Hospitalization (per visit) | Option 1 - \$0 Option 2 - \$0 50% (No DED) |
| In-Network Out-of-Network | Option 1 - \$0 Option 2 - \$0 50% (No DED) |
| Provider Services at Hospital and ER In-Network Family Physician or Specialist Out-of-Network Provider | \$0 \$0 |
| Physician Office Visit In-Network Family Physician or Specialist Out-of-Network Provider | \$0 50% (No DED) |
| Emergency Room Facility Services (per visit) In-Network Out-of-Network | \$0 \$0 |
| Provider Services at Locations other than Hospital and ER In-Network Family Physician In-Network Specialist Out-of-Network Provider | \$0 \$0 50% (No DED) |
| OTHER SPECIAL SERVICES AND LOCATIONS | |
| Advanced Imaging Services in Physician's Office In-Network Family Physician In-Network Specialist Out-of-Network | DED + 20% DED + 20% DED + 50% |
| Birth Center In-Network Out-of-Network | DED + 20% DED + 50% |
| Diabetic Equipment and Supplies* In-Network Out-of-Network | DED + 20% DED + 50% |
| Durable Medical Equipment, Prosthetics, Orthotics BPM | Enteral Formulas: \$2,500 All Other: No Maximum |



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| In-Network | DED + 20% |
| Out-of-Network | DED + 50% |
| Home Health Care BPM | |
| In-Network | 20 Visits |
| Out-of-Network | DED + 20% |
| Hospice LTM | |
| In-Network | DED + 50% |
| Out-of-Network | No Maximum |
| Outpatient Therapy and Spinal Manipulations BPM | |
| | 35 Visits (Includes up to 26 Spinal Manipulations) |
| Skilled Nursing Facility BPM | |
| In-Network | 60 Days |
| Out-of-Network | DED + 20% |
| PRESCRIPTION DRUGS | |
| In-Network (30 day supply) | |
| Generic/Preferred Brand/Non-Preferred | \$15/\$30/\$50 |
| Mail Order (90 Days supply) | |
| Generic/Preferred Brand/Non-Preferred | \$40/\$75/\$125 |
| Medical Pharmacy (Provider-Administered Rx)** | |
| In-Network | \$200 Monthly OOP Max |
| Out-of-Network | 20% (No DED) DED + 50% |

* Diabetic Supplies (lancets, strips, etc.) are covered under the Rx benefit. Diabetic Equipment (insulin pumps, tubing) are always covered under the medical benefit.

** (1) Medical Pharmacy Monthly OOP Max includes the drug cost share and applies to the health plan OOP Max. (2) Physician Services are in addition to drug costs (separate cost share applies). (3) Separate drug cost share does not apply to allergy injections or immunizations; only office cost share applies.

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.

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