

Holmes County School Board  
Insurance Rates  
Blue Cross Blue Shield  
FY 2010-11

Plan 3769

|                                    |          |   |        |
|------------------------------------|----------|---|--------|
| Single                             | 474.26   | Indemnity: Plan 1, idemnity, disability, & life | 327.93 |
| + 1 Dependent                      | 1,090.05 | Indemnity: Plan 2, life                         |        |
| + 2 Dependents                     | 1,327.80 | Life .26/1,000; For 5,000                       | 1.30   |
| Medicare: retiree                  | 285.63   | For 25,000                                      | 6.50   |
| Retiree & spouse both w/ Medi      | 592.59   | AD&D .04/1,000; For 5,000                       | 0.20   |
| Retiree & spouse 1 w/ & 1 w/o Medi | 796.47   | For 25,000                                      | 1.00   |
|                                    |          | Disability                                      | 18.82  |

|                           | 1 Emp         | 1 Emp<br>w/ Disab | 1 Emp<br>w/1 Dep | 1 Emp<br>w/1 Dep<br>& Disab | 1 Emp<br>w/2 Dep | 1 Emp<br>w/2 Dep<br>& Disab | 2 Emp<br>w/2 Dep | 2 Emp<br>w/2 Dep<br>& Disab | 2 Emp<br>w/2 Dep<br>& Disab's | Indemnity<br>Plan 1 |
|---------------------------|---------------|-------------------|------------------|-----------------------------|------------------|-----------------------------|------------------|-----------------------------|-------------------------------|---------------------|
| Major Medical             | 474.26        | 474.26            | 1,090.05         | 1,090.05                    | 1,327.80         | 1,327.80                    | 1,327.80         | 1,327.80                    | 1,327.80                      |                     |
| Life - 5,000              | 1.30          | 1.30              | 1.30             | 1.30                        | 1.30             | 1.30                        | 2.60             | 2.60                        | 2.60                          |                     |
| AD&D                      | 0.20          | 0.20              | 0.20             | 0.20                        | 0.20             | 0.20                        | 0.40             | 0.40                        | 0.40                          |                     |
| Disability                |               | 18.82             |                  | 18.82                       |                  | 18.82                       |                  | 18.82                       | 37.64                         |                     |
| Hospital Indemnity        |               |                   |                  |                             |                  |                             |                  |                             |                               | 327.93              |
| Life - 25,000             |               |                   |                  |                             |                  |                             |                  |                             |                               |                     |
| AD&D - 25,000             |               |                   |                  |                             |                  |                             |                  |                             |                               |                     |
| <b>Total Premium</b>      | <b>475.76</b> | <b>494.58</b>     | <b>1,091.55</b>  | <b>1,110.37</b>             | <b>1,329.30</b>  | <b>1,348.12</b>             | <b>1,330.80</b>  | <b>1,349.62</b>             | <b>1,368.44</b>               | <b>327.93</b>       |
| <b>Board Contribution</b> | <b>356.06</b> | <b>356.06</b>     | <b>356.06</b>    | <b>356.06</b>               | <b>356.06</b>    | <b>356.06</b>               | <b>712.12</b>    | <b>712.12</b>               | <b>712.12</b>                 | <b>327.93</b>       |
| <b>Employee - Monthly</b> | <b>119.70</b> | <b>138.52</b>     | <b>735.49</b>    | <b>754.31</b>               | <b>973.24</b>    | <b>992.06</b>               | <b>618.68</b>    | <b>637.50</b>               | <b>656.32</b>                 | <b>0.00</b>         |
| <b>Employee Semi-Mo</b>   | <b>59.85</b>  | <b>69.26</b>      | <b>367.75</b>    | <b>377.16</b>               | <b>486.62</b>    | <b>496.03</b>               | <b>309.34</b>    | <b>318.75</b>               | <b>328.16</b>                 | <b>0.00</b>         |

# Holmes County School District

## October 1, 2010 - 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.

| <b>BlueOptions</b><br>Predictable Cost 3769  |  |
|--|--|
| <b>COST SHARING</b>  |  |
| Maximums shown are Per Benefit Period (BPM) unless noted   |  |
| <b>Deductible (DED) (Per Person/Family Agg)</b>  |  |
| In-Network   | \$500 / \$1,500                          |
| Out-of-Network   | \$1,500 / \$4,500                        |
| <b>Coinsurance (Member Responsibility)</b>   |  |
| In-Network   | 20%                                      |
| Out-of-Network   | 50%                                      |
| <b>Out of Pocket Maximum (Per Person/Family Agg)</b>   | Includes DED, Coins, Copays; Excludes Rx |
| In-Network   | \$3,000 / \$6,000                        |
| Out-of-Network   | \$6,000 / \$12,000                       |
| <b>Lifetime Maximum</b>  | No Maximum                               |
| <b>PROFESSIONAL PROVIDER SERVICES</b>  |  |
| <b>Allergy Injections</b>  |  |
| In-Network Family Physician  | \$10                                     |
| In-Network Specialist  | \$10                                     |
| Out-of-Network   | DED + 50%                                |
| <b>E-Office Visit Services</b>   |  |
| In-Network Family Physician  | \$10                                     |
| In-Network Specialist  | \$10                                     |
| Out-of-Network   | DED + 50%                                |
| <b>Office Services</b>   |  |
| In-Network Family Physician  | \$25 FP                                  |
| In-Network Specialist  | \$60 SP                                  |
| Out-of-Network   | DED + 50%                                |
| <b>Provider Services at Hospital and ER</b>  |  |
| In-Network Family Physician  | \$100                                    |
| In-Network Specialist  | \$100                                    |
| Out-of-Network   | \$100                                    |
| <b>Provider Services at Other Locations</b>  |  |
| In-Network Family Physician  | \$25 FP                                  |
| In-Network Specialist  | \$60 SP                                  |
| Out-of-Network   | DED + 50%                                |
| <b>Radiology, Pathology and Anesthesiology Provider Services at Hospital or Ambulatory Surgical Center</b> |  |
| In-Network Specialist  | \$60 SP                                  |
| Out-of-Network   | In-Ntwk \$60 SP                          |
| <b>PREVENTIVE CARE</b>   |  |
| <b>Adult Wellness Office Services</b>  |  |
| In-Network Family Physician  | \$25 FP                                  |
| In-Network Specialist  | \$60 SP                                  |
| Out-of-Network   | 50% (No DED)                             |
| <b>Colonoscopies (Routine)</b>   | Age 50+ then Frequency Schedule Applies  |
| In-Network   | \$0                                      |
| Out-of-Network   | \$0                                      |
| <b>Mammograms (Routine and Dx)</b>   |  |
| In-Network   | \$0                                      |
| Out-of-Network   | \$0                                      |
| <b>Well Child Office Visits (No BPM)</b>   |  |
| In-Network Family Physician  | \$25 FP                                  |
| In-Network Specialist  | \$60 SP                                  |
| Out-of-Network   | 50% (No DED)                             |
| <b>EMERGENCY/URGENT/CONVENIENT CARE</b>  |  |
| <b>Ambulance Maximum (per Day)</b>   | \$5,000                                  |
| In-Network   | DED + 20%                                |
| Out-of-Network   | In-Ntwk DED + 20%                        |
| <b>Convenient Care Centers (CCC)</b>   |  |
| In-Network   | \$25 FP                                  |
| Out-of-Network   | DED + 50%                                |





| COST SHARING   |  | BlueOptions<br>Predictable Cost 3769            |
|--|--|---|
| Maximums shown are Per Benefit Period (BPM) unless noted   |  |   |
| <b>Emergency Room Facility Services</b><br>(also see Professional Provider Services)                                 |  |   |
| In-Network   |  | \$300   |
| Out-of-Network   |  | DED + 50%                                       |
| <b>Urgent Care Centers (UCC)</b>   |  |   |
| In-Network   |  | \$65  |
| Out-of-Network   |  | DED + 50%                                       |
| <b>FACILITY SERVICES - HOSP/SURG/ICL/IDTF</b>  |  |   |
| Unless otherwise noted, physician services are in addition to facility services. See Professional Provider Services. |  |   |
| <b>Ambulatory Surgical Center</b>  |  |   |
| In-Network   |  | DED + 20%                                       |
| Out-of-Network   |  | DED + 50%                                       |
| <b>Independent Clinical Lab</b>  |  |   |
| In-Network   |  | \$0   |
| Out-of-Network   |  | DED + 50%                                       |
| <b>Independent Diagnostic Testing Facility - Xrays and AIS (Includes Physician Services)</b>                         |  |   |
| In-Network - Advanced Imaging Services (AIS)   |  | DED + 20%                                       |
| In-Network - Other Diagnostic Services   |  | \$50  |
| Out-of-Network   |  | DED + 50%                                       |
| <b>Inpatient Hospital (per admit)</b>  |  |   |
| In-Network   |  | Option 1 - DED + 20%                            |
| Out of State- In Network   |  | Option 2 - DED + 20%                            |
| Out-of-Network   |  | Option 1 - DED + 20%                            |
|  |  | \$3,000   |
| <b>Inpatient Rehab Maximum</b>   |  |   |
|  |  | 21 Days   |
| <b>Outpatient Hospital (per visit)</b>   |  |   |
| In-Network   |  | Option 1 - DED + 20%                            |
| Out of State In Network  |  | Option 2 - DED + 20%                            |
| Out-of-Network   |  | Option 1 - DED & 20%                            |
|  |  | DED + 50%                                       |
| <b>Therapy at Outpatient Hospital</b>  |  |   |
| In-Network   |  | Option 1 - \$45                                 |
| Out-of-Network   |  | Option 2 - \$60                                 |
|  |  | DED + 50%                                       |
| <b>MENTAL HEALTH AND SUBSTANCE ABUSE</b>   |  |   |
| <b>Inpatient Hospitalization</b>   |  |   |
| In-Network   |  | Option 1 - \$0                                  |
| Out-of-Network   |  | Option 2 - \$0                                  |
|  |  | 50% (No DED)                                    |
| <b>Outpatient Hospitalization (per visit)</b>  |  |   |
| In-Network   |  | Option 1 - \$0                                  |
| Out-of-Network   |  | Option 2 - \$0                                  |
|  |  | 50% (No DED)                                    |
| <b>Provider Services at Hospital and ER</b>  |  |   |
| In-Network Family Physician or Specialist  |  | \$0   |
| Out-of-Network Provider  |  | \$0   |
| <b>Physician Office Visit</b>  |  |   |
| In-Network Family Physician or Specialist  |  | \$0   |
| Out-of-Network Provider  |  | 50% (No DED)                                    |
| <b>Emergency Room Facility Services (per visit)</b>  |  |   |
| In-Network   |  | \$0   |
| Out-of-Network   |  | \$0   |
| <b>Provider Services at Locations other than Hospital and ER</b>   |  |   |
| In-Network Family Physician  |  | \$0   |
| In-Network Specialist  |  | \$0   |
| Out-of-Network Provider  |  | 50% (No DED)                                    |
| <b>OTHER SPECIAL SERVICES AND LOCATIONS</b>  |  |   |
| <b>Advanced Imaging Services in Physician's Office</b>   |  |   |
| In-Network Family Physician  |  | DED + 20%                                       |
| In-Network Specialist  |  | DED + 20%                                       |
| Out-of-Network   |  | DED + 50%                                       |
| <b>Birthing Center</b>   |  |   |
| In-Network   |  | DED + 20%                                       |
| Out-of-Network   |  | DED + 50%                                       |
| <b>Diabetic Equipment and Supplies*</b>  |  |   |
| In-Network   |  | DED + 20%                                       |
| Out-of-Network   |  | DED + 50%                                       |
| <b>Durable Medical Equipment, Prosthetics, Orthotics BPM</b>   |  |   |
|  |  | Enteral Formulas: \$2,500 All Other: No Maximum |



| <b>COST SHARING</b>                                      |  | <b>BlueOptions</b><br>Predictable Cost 3769        |
|--|--|--|
| Maximums shown are Per Benefit Period (BPM) unless noted |  |  |
| In-Network   |  | DED + 20%  |
| Out-of-Network   |  | DED + 50%  |
| <b>Home Health Care BPM</b>                              |  | 20 Visits  |
| In-Network   |  | DED + 20%  |
| Out-of-Network   |  | DED + 50%  |
| <b>Hospice LTM</b>                                       |  | No Maximum   |
| In-Network   |  | DED + 20%  |
| Out-of-Network   |  | DED + 50%  |
| <b>Outpatient Therapy and Spinal Manipulations BPM</b>   |  | 35 Visits (Includes up to 26 Spinal Manipulations) |
| <b>Skilled Nursing Facility BPM</b>                      |  | 60 Days  |
| In-Network   |  | DED + 20%  |
| Out-of-Network   |  | DED + 50%  |
| <b>PRESCRIPTION DRUGS</b>                                |  |  |
| <b>In-Network (30 day supply)</b>                        |  |  |
| Generic/Preferred Brand/Non-Preferred                    |  | \$15/\$30/\$50                                     |
| <b>Mail Order (90 Days supply)</b>                       |  |  |
| Generic/Preferred Brand/Non-Preferred                    |  | \$40/\$75/\$125                                    |
| <b>Medical Pharmacy (Provider-Administered Rx)**</b>     |  | \$200 Monthly OOP Max                              |
| In-Network   |  | 20% (No DED)                                       |
| Out-of-Network   |  | 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.

