Levy County School Board
Effective January 1, 2016

Florida Blue
In the pursuit of health®

Plan Name 05360	BlueOptions® $1,500 Deductible Plan
Plan Highlights	Features $25 Co-pay for In- Network Family Physician Office Visits, $35 Co-pay for In-Network Urgent Care Centers, & No Deductible for generic drugs.
Financial Features — Amount You Pay	
Calendar Year Deductible (CYD) Per Person/Family Aggregate In-Network Out-of-Network	 $1500 / $4,500 $3,000 / $9,000
Coinsurance (Coins) Percentage of covered services you pay In-Network Out-of-Network -Subject to balance billing	 20% 40%
Office Visits In-Network Family Physician* In-Network Specialist Out-of-Network Provider Physician Administered Medication at Office In-Network Physician Administered Medication at Office Out-of-Network **Note: Physician Administered Medication costs are in addition to other office service costs**	 $25 Co-pay CYD + Coins CYD + Coins 20% Coins up to $200 mo. CYD + 50% Coins
Out-of-Pocket Maximum Per Person/Family Aggregate In-Network Out-of-Network	Includes CYD, Coins, Co-pays; Rx $3,000/ $ 6,000 $5,000 / $10,000
Lifetime Maximum	Unlimited
Pharmacy Services - Amount You Pay	
Retail (Day supply = 30 days) RX Deductible **(**Applies to Retail, Specialty Drugs & Mail Order) Generic/Preferred Brand/Non-Preferred **Self Administered (SA) **Specialty Drugs:** **(Exclusive In-Network Provider= CareMark)**	 $200 Brand Only, then 20% / 40% / 50% Rx deductible, then 50% SA Specialty Drugs
Mail Order (Day supply = 90 days) Generic/Preferred Brand/Non-Preferred **Note: Specialty Drugs not covered through Mail Order**	 Rx deductible, then $20 / $50 / $80
Other Pharmacy Provisions Out of Network Pharmacy Benefit (including specialty drugs) Mandatory Generic Substitution: Brand chosen when a generic equivalent is available Drug Exclusion Provision***	 Rx deductible, then 50% of Allowance Brand cost share plus difference between Brand & Generic cost

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Preventive Care - Amount You Pay	
Routine Adult Physical Exams and Immunizations (No Annual Maximum)	
In-Network Family Physician	You pay $0
In-Network Specialist	You pay $0
Out-of-Network Provider	You pay Coins (No CYD)
Well Woman Exam (e.g., Annual Gynecological Exam)	
In-Network Family Physician	You pay $0
In-Network Specialist	You pay $0
Out-of-Network Provider	You pay Coins (No CYD)
Mammograms (Member cost In-network and Out-of-Network) Coverage 100% of allowance In-network and Out-of-Network	You pay $0
Colonoscopy (Member cost In-network and Out-of-Network) When performed as routine screening only for age 50+. Coverage 100% of allowance In-network and Out-of-Network A routine colonoscopy is performed and paid as routine when there are no signs or symptoms of abnormal colon health, no prior history of polyps, colon cancer, or other abnormal growths, there has been at least 10 years since your last routine colonoscopy.	You pay $0
Well Child Care Services (No Annual Maximum)	
In-Network Family Physician	You pay $0
In-Network Specialist	You pay $0
Out-of-Network Provider	You pay Coins (No CYD)
Other Office Services- Amount You Pay	
E-Online Visits	
In-Network Family Physician or Specialist	$10 Co-pay
Out-of-Network Provider	CYD + Coins
Advanced Imaging Services**** **(MRI, MRA, PET, CT, Nuclear Medicine)**	
In-Network Family Physician	CYD + Coins
In-Network Specialist	CYD + Coins
Out-of-Network Provider	CYD + Coins
Maternity	
In-Network Specialist	CYD + Coins
Out-of-Network Provider	CYD + Coins
Allergy Injections	
In-Network Family Physician	$10 Co-pay
In-Network Specialist	CYD + Coins
Out-of-Network Provider	CYD + Coins

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Hospital/Surgical Services - Amount You Pay	
Ambulatory Surgical Center	
In-Network	CYD + Coins
Out-of-Network	CYD + Coins
Inpatient Hospital Facility Services	
In-Network (Option 1 Hospital)	Option 1 - CYD + Coins
In-Network (Option 2 Hospital)	Option 2 - CYD + Coins
Out-of-Network	CYD + Coins
Outpatient Hospital Facility Services	
In-Network (Option 1 Hospital)	CYD + Coins
In-Network (Option 2 Hospital)	CYD + Coins
Out-of-Network	CYD + Coins
Physical Therapy at Outpatient Hospital	**(per visit)**
In-Network (Option 1 Hospital)	Option 1 - $45 Co-pay
In-Network (Option 2 Hospital)	Option 2 - $60 Co-pay
Out-of-Network	CYD + Coins
Emergency Medical Care - Amount You Pay	
Urgent Care Centers	
In-Network	$35 Co-pay
Out-of-Network	CYD + Coins
Emergency Room Facility Services	
In-Network	CYD + Coins
Out-of-Network	CYD + In-Network Coins
Ambulance	
Ground/Air & Water per day max	No Maximum
In-Network and Out-of-Network	In-Network CYD + Coins
Outpatient Diagnostic Services - Amount You Pay	
Independent Diagnostic Testing Facility (ITDF)	
(includes physician services)	
Advanced Imaging Services ****	
(MRI, MRA, PET, CT, Nuclear Medicine)	
In-Network	CYD + Coins
Out-of-Network Provider	CYD + Coins
Other IDTF Diagnostic Services	
In-Network	CYD + Coins
Out-of-Network Provider	CYD + Coins
Independent Clinical Lab	
In-Network **(Quest Diagnostics)**	$0 cost to you
Out-of-Network	CYD + Coins
Other Services - Amount You Pay/Amount Plan Pays	

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Mental Health & Substance Abuse Services **(Prior Authorization requirements apply)**	
Inpatient and Outpatient Hospital Facility Services (per admit)	
In-Network (Option 1 Facility)	CYD + Coins
In-Network (Option 2 Facility)	CYD + Coins
Out-of-Network	CYD + Coins
Emergency Room Services	
In-Network	CYD & In-Network Coins
Out-of-Network	CYD & In-Network Coins
Outpatient Office Visit	
In-Network Family Physician	Coins
In-Network Specialist	CYD + Coins
Out-of-Network Provider	CYD + Coins
Provider Services at Hospital and ER (In-Network and Out of Network)	CYD + Coins
Provider Services locations other than office, hospital, and ER – Family Physician and Specialist	
In-Network	CYD + Coins
Out-of-Network	CYD + Coins
Home Health Care (Calendar Year Maximum)	20 Visits per Calendar Year
In-Network	CYD + Coins
Out-of-Network	CYD + Coins
Outpatient Therapy and Spinal Manipulations Refer to location of service for payment details	35 Visits per Calendar Year
Skilled Nursing Facility	60 days per Calendar Year
In-Network	CYD + Coins
Out-of-Network	CYD + Coins
Hospice	No Maximum Benefit
In-Network	CYD + Coins
Out-of-Network	CYD + Coins

*Family Physician = Family Practice, General Practice, Internal Medicine & Pediatrician.** Specialty Drugs = We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a 'Specialty Drugs in the Medication Guide. To be covered under your pharmacy program at the In-Network cost share, they must be purchased at a CareMark. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications." Self-administered Drug (Specialty Drug) - An FDA-approved Prescription Drug that you may administer to yourself, as recommended by a Physician. ***Drug Exclusion Provision: Your pharmacy benefit does not cover select medications. Refer to BCBSF Medication Guide for a listing of drugs not covered. **** Advanced Imaging Services require Prior Authorization.

10/15/15 TR, revised 10/15MH/SA Inpatient/Outpatient