

Putnam County Public Schools

Effective January 1, 2009

	BlueOptions 3359 \$300 Deductible Plan A	BlueOptions 3359 \$500 Deductible Plan B	BlueOptions 3359 \$750 Deductible Plan C	BlueChoice Health Plan 108 Old Plan B
Financial Features				
Calendar Year Deductible (CYD) Per Person/Family Aggregate In-Network and Out-of-Network combined	\$300 / \$900	\$500 / \$1,500	\$750 / \$2,250	\$300 / \$900
Coinsurance (Coins) In-Network Out-of-Network	80% 60%	80% 60%	80% 60%	80% 70%
Out-of-Pocket Maximum Per Person/Family Aggregate In-Network and Out-of-Network combined	Includes CYD, Coins, Copays; Excludes Rx \$2,500 / \$5,000	Includes CYD, Coins, Copays; Excludes Rx \$3,000 / \$9,000	Includes CYD, Coins, Copays; Excludes Rx \$3,000 / \$9,000	Includes only Coins \$1,500 / \$4,500
Lifetime Maximum	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Annual Benefit Maximum	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Office Services				
Office visits In-Network Family Physician/PCP (FP) In-Network Specialist (SP) Out-of-Network	\$20 FP CYD + 80% CYD + 60%	\$20 FP CYD + 80% CYD + 60%	\$20 FP CYD + 80% CYD + 60%	CYD + 80% CYD + 80% CYD + 70%
Advanced Imaging Services (MRI, MRA, PET, CT, Nuclear Medicine) In-Network Family Physician/PCP In-Network Specialist Out-of-Network	\$100 \$100 CYD + 60%	\$125 \$125 CYD + 60%	\$125 \$125 CYD + 60%	CYD + 80% CYD + 80% CYD + 70%
Maternity (due at initial visit only) In-Network Specialist Out-of-Network	CYD + 80% CYD + 60%	CYD + 80% CYD + 60%	CYD + 80% CYD + 60%	CYD + 80% CYD + 70%
Allergy Injections (by In-Network Family Physician)	\$10	\$10	\$10	CYD + 80%
Hospital/Surgical				
Ambulatory Surgical Center Facility Services In-Network Out-of-Network	\$75 CYD + 60%	\$100 CYD + 60%	\$100 CYD + 60%	CYD + 80% CYD + 70%
Inpatient Hospital Facility Services In-Network Out-of-Network	CYD + 80% CYD + 60%	CYD + 80% CYD + 60%	CYD + 80% CYD + 60%	CYD + 80% \$300 PAD + CYD + 70%
Outpatient Hospital Facility Services In-Network Out-of-Network	CYD + 80% CYD + 60%	CYD + 80% CYD + 60%	CYD + 80% CYD + 60%	CYD + 80% CYD + 70%
Therapy at Outpatient Hospital In-Network Out-of-Network	Option 1 - \$45 Option 2 - \$60 CYD + 60%	Option 1 - \$45 Option 2 - \$60 CYD + 60%	Option 1 - \$45 Option 2 - \$60 CYD + 60%	CYD + 80% CYD + 70%



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Emergency Medical Care				
Urgent Care Centers				
In-Network	CYD + 80%	CYD + 80%	CYD + 80%	CYD + 80%
Out-of-Network	CYD + 60%	CYD + 60%	CYD + 60%	CYD + 70%
Emergency Room Facility Services (copay waived if admitted)				
In-Network	\$100 + 80%	\$100	\$100 + 80%	CYD + 80%
Out-of-Network	\$100 + 60%	\$200	\$100 + 60%	CYD + 70%
Ambulance				
Ground/Air & Water per day max	\$5,000 Combined	\$5,000 Combined	\$5,000 Combined	No Maximum
In-Network and Out-of-Network combined	CYD + 80%	CYD + 80%	CYD + 80%	CYD + 80%
Preventive Care				
Adult Wellness (CYM)				
In-Network	No Maximum	No Maximum	No Maximum	\$150 Maximum
Out-of-Network	\$150 Maximum	\$150 Maximum	\$150 Maximum	In & Out network combined
Routine Adult Physical Exams and Immunizations				
In-Network Family Physician/PCP				
In-Network Specialist	\$20 FP	\$20 FP	\$20 FP	80% (No CYD)
Out-of-Network	80% (No CYD)	80% (No CYD)	80% (No CYD)	80% (No CYD)
	60% (No CYD)	60% (No CYD)	60% (No CYD)	70% (No CYD)
Mammograms				
In- of-network	100%	100%	100%	100%
Out-of-network	100% of allowance may be balance billed	100% of allowance may be balance billed	100% of allowance may be balance billed	100% of allowance may be balance billed
Well Child (No CYM)				
In-Network Family Physician/PCP	\$20 FP	\$20 FP	\$20 FP	80% (No CYD)
In-Network Specialist	80% (No CYD)	80% (No CYD)	80% (No CYD)	80% (No CYD)
Out-of-Network	60% (No CYD)	60% (No CYD)	60% (No CYD)	70% (No CYD)
Colonoscopy	See note to left	See note to left	See note to left	CYD + Coins with diagnosis
BlueOptions: Routine screening only for age 50+ covered 100% of allowed amount; In – and Out of network w/ balance billing for out of network. With diagnosis: subject to deductible, coins or copay				Routine screening: subject to Adult Wellness calendar year maximum
Outpatient Diagnostic Services				
Independent Diagnostic Testing Facility (IDTF) (includes physician services)				
Advanced Imaging (MRI, MRA, PET, CT, Nuclear Medicine)				
In-Network	\$100	\$125	\$125	CYD + 80%
Out-of-Network	CYD + 60%	CYD + 60%	CYD + 60%	CYD + 70%
Other IDTF Services				
In-Network	\$50	\$50	\$50	CYD + 80%
Out-of-Network	CYD + 60%	CYD + 60%	CYD + 60%	CYD + 70%
Independent Clinical Lab				
In-Network	100%	100%	100%	CYD + 80%
Out-of-Network	CYD + 60%	CYD + 60%	CYD + 60%	CYD + 70%
Outpatient Hospital Facility Services	See Outpatient Hospital	See Outpatient Hospital	See Outpatient Hospital	See Outpatient Hospital



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Mental Health and Substance Abuse				
Mental Health				
Inpatient Hospital Facility (CYM)	30 days See Inpatient Hospital	30 days See Inpatient Hospital	30 days See Inpatient Hospital	30 days See Inpatient Hospital
Outpatient Office Visit (CYM)	20 visits \$20 FP	20 visits \$20 FP	20 visits \$20 FP	20 visits CYD + 80%
In-Network Family Physician/PCP (FP)	CYD + 80%	CYD + 80%	CYD + 80%	CYD + 80%
In-Network Specialist (SP)	CYD + 60%	CYD + 60%	CYD + 60%	CYD + 70%
Out-of-Network				
Substance Dependency (LTM)	\$2,500	\$2,500	\$2,500	\$2,000
Inpatient Hospital Facility	See Inpatient Hospital	See Inpatient Hospital	See Inpatient Hospital	See Inpatient Hospital
Outpatient Office Visit				
In-Network Family Physician/PCP (FP)	\$20 FP	\$20 FP	\$20 FP	CYD + 80%
In-Network Specialist (SP)	CYD + 80%	CYD + 80%	CYD + 80%	CYD + 80%
Out-of-Network	CYD + 60%	CYD + 60%	CYD + 60%	CYD + 70%
Other Provider Services				
Provider Services at Hospital and ER				
In-Network	CYD + 80%	CYD + 80%	CYD + 80%	CYD + 80%
Out-of-Network	CYD + 80%	CYD + 80%	CYD + 80%	CYD + 70%
Radiology, Pathology, Anesthesiology Provider Services at an Ambulatory Surgical Center				
In-Network	CYD + 80%	CYD + 80%	CYD + 80%	CYD + 80%
Out-of-Network	CYD + 80%	CYD + 80%	CYD + 80%	CYD + 70%
Provider Services at Locations other than Office, Hospital and Emergency Room				
In-Network Family Physician/PCP	CYD + 80%	CYD + 80%	CYD + 80%	CYD + 80%
In-Network Specialist	CYD + 80%	CYD + 80%	CYD + 80%	CYD + 80%
Out-of-Network	CYD + 60%	CYD + 60%	CYD + 60%	CYD + 70%
Home Health Care (CYM)	\$2,500	\$2,500	\$2,500	\$1,000
In-Network	CYD + 80%	CYD + 80%	CYD + 80%	CYD + 80%
Out-of-Network	CYD + 60%	CYD + 60%	CYD + 60%	CYD + 70%
Outpatient Therapy Spinal Manipulations				
Calendar Year Maximum (CYM)	\$2,500	\$2,500	\$2,500	\$1,000
Refer to location of service for payment details				
Skilled Nursing Facility (CYM)	60 days	60 days	60 days	60 days
In-Network	CYD + 80%	CYD + 80%	CYD + 80%	CYD + 80%
Out-of-Network	CYD + 60%	CYD + 60%	CYD + 60%	CYD + 70%
Hospice (LTM)	No Maximum	No Maximum	No Maximum	\$5,200
In-Network	CYD + 80%	CYD + 80%	CYD + 80%	CYD + 80%
Out-of-Network	CYD + 60%	CYD + 60%	CYD + 60%	CYD + 70%
Durable Medical Equipment (CYM)	No Maximum	No Maximum	No Maximum	No Maximum
In-Network	CYD + 80%	CYD + 80%	CYD + 80%	CYD + 80%
Out-of-Network	CYD + 60%	CYD + 60%	CYD + 60%	CYD + 70%
Prosthetics and Orthotics (CYM)	No Maximum	No Maximum	No Maximum	No Maximum
In-Network	CYD + 80%	CYD + 80%	CYD + 80%	CYD + 80%
Out-of-Network	CYD + 60%	CYD + 60%	CYD + 60%	CYD + 70%



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Prescription Drugs				
Retail (31 days)				
Deductible	\$100 (waived for generic)	\$100 (waived for generic)	\$100 (waived for generic)	CYD then 80%
Generic/Preferred Brand/Non-Preferred/Self-Inject	\$15 / \$30 / \$50	\$15 / \$30 / \$50	\$15 / \$30 / \$50	
Mail Order (90 days)				90 day supply at retail pharmacy
Generic/Preferred Brand/Non-Preferred	\$30 / \$60 / \$100	\$30 / \$60 / \$100	\$30 / \$60 / \$100	

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.

CYD – Calendar Year Deductible

PAD – Per Admission Deductible

CYM – Calendar Year Maximum

LTM – Life time Maximum

