

# Citrus County School Board

Cost Sharing	BlueOptions 03359	BlueOptions HSA-Compatible 05168 (Single Coverage)	BlueOptions HSA-Compatible 05169 (Family Coverage)	BlueOptions HSA-Compatible 05172 ** (Single Coverage)	BlueOptions HSA-Compatible 05173** (Family Coverage)
<b>Maximums shown are Per Benefit Period (BPM) unless noted</b>					
<b>Deductible (DED) (Per Person/Family Agg)</b>					
In-Network	\$1,000 / \$2,000	\$1,500 / Not Applicable	\$3,000 / \$3,000	\$6,500 / Not Applicable	\$6,500 / \$13,100
Out-of-Network	Combined with In-Network	\$3,000 / Not Applicable	\$6,000 / \$6,000	\$10,000 / Not Applicable	\$20,000 / \$20,000
<b>Coinsurance (Member Responsibility)</b>					
In-Network	20%	10%	10%	0%	0%
Out-of-Network	40%	20%	20%	20%	20%
<b>Out of Pocket Maximum (Per Person/Family Agg)</b>	Includes DED, Coins, Copays and RX	Includes DED, Coins, Copays and RX	Includes DED, Coins, Copays and RX	Includes DED, Coins, Copays and RX	Includes DED, Coins, Copays and RX
In-Network	\$5,000 / \$10,000	\$4,500 / Not Applicable	\$6,000 / \$6,000	\$6,500 / Not Applicable	\$6,500 / \$13,100
Out-of-Network	Combined with In-Network	\$6,000 / Not Applicable	\$12,000 / \$12,000	\$10,000 / Not Applicable	\$20,000 / \$20,000
<b>Lifetime Maximum</b>	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
<b>Professional Provider Services</b>					
<b>Office Services</b>					
In-Network Family Physician	\$20 FP	DED +10%	DED +10%	DED	DED
In-Network Specialist	DED + 20%	DED +10%	DED +10%	DED	DED
Out-of-Network	DED + 40%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
<b>Virtual Office Visit Services</b>					
In-Network Family Physician	\$10	DED + 10%	DED + 10%	DED	DED
In-Network Specialist	DED + 20%	DED + 10%	DED + 10%	DED	DED
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Preventive Care</b>					
<b>Adult Wellness Office Services</b>					
In-Network Family Physician	\$0	\$0	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0	\$0
Out-of-Network	40% (No DED)	20% (No DED)	20% (No DED)	20% (No DED)	20% (No DED)
<b>Emergency/Urgent/Convenient Care</b>					
<b>Emergency Room Facility Services</b>					
In-Network	\$100	DED + 10%	DED + 10%	DED	DED
Out-of-Network	\$100	In-Network DED + 10%	In-Network DED + 10%	In-Network DED	In-Network DED
<b>Urgent Care Centers (UCC)</b>					
In-Network	DED + 20%	DED + 10%	DED + 10%	DED	DED
Out-of-Network	DED + 20%	DED + 10%	DED + 10%	DED	DED
<b>Convenient Care Centers (CCC)</b>					
In-Network	\$20 FP	DED + 10%	DED + 10%	DED	DED
Out-of-Network	DED + 40%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
<b>Facility Services - Hosp/Surg/ICL/IDTF</b>					
<b>Ambulatory Surgical Center</b>					
In-Network	\$100	DED + 10%	DED + 10%	DED	DED
Out-of-Network	DED + 40%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
<b>Independent Clinical Lab</b>					
In-Network	\$0	DED + 10%	DED + 10%	DED	DED
Out-of-Network	DED + 40%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
<b>Independent Diagnostic Testing Facility -</b>					
In-Network - Advanced Imaging Services (AIS)	\$125	DED + 10%	DED + 10%	DED	DED
In-Network - Other Diagnostic Services	\$50	DED + 10%	DED + 10%	DED	DED
Out-of-Network	DED + 40%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
<b>Inpatient Hospital (per admit)</b>					
In-Network	Option 1 \$600/Option 2 \$900	DED + 10%	DED + 10%	DED	DED
Out-of-Network	DED + 40%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
<b>Prescription Drugs</b>					
<b>In-Network</b>					
<b>Retail (30 days)</b>	Deductible \$250 20%/30%/40%	In Network DED then Covered at 100%	In Network DED then Covered at 100%	In Network DED then \$10/\$30/\$50	In Network DED then \$10/\$30/\$50
<b>Mail Order (90 days)</b>	Generic/Preferred Brand/Non-Preferred	Not Covered	Not Covered	In Network DED then \$25/\$75/\$125	In Network DED then \$25/\$75/\$125

\*\* Plans 05172/05173 do not include the Wellness Center

This is not an insurance contract or Benefit Booklet. This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue Benefit Booklets and Schedule of Benefits; its terms prevail.