

SCHOOL DISTRICT OF LEE COUNTY

Blue Cross Blue Shield PPO Plan Comparison

BENEFIT DESCRIPTION	CURRENT 927 PLAN		CURRENT 903 PLAN		NEW 706 PLAN		CURRENT 118 PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
INDIVIDUAL MAXIMUM LIFETIME	\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000	
DEDUCTIBLE-CALENDAR YR (CYD)					In and Out Combined		In and Out Combined	
Individual	\$300	\$500	None	\$200	\$300		\$500	
Family	\$600	\$1,000	None	\$400	\$600		\$1,000	
PER HOSPITAL ADMISSION DED. (PAD)	None	\$500	None	\$500	None	\$300	\$150	\$300
OUT-OF-POCKET MAXIMUM	In and Out Combined		In and Out Combined		In and Out Combined		In and Out Combined	
Individual (Excludes CYD)	\$1,000		\$1,000		\$2,000		\$2,000	
Family (Excludes CYD)	\$2,000		\$2,000		\$4,000		\$4,000	
HOSPITAL SERVICES - Inpatient	85% after CYD	65% after \$500 PAD & CYD	80% no CYD	50% after \$500 PAD & CYD	80% after CYD	50% after \$300 PAD & CYD	80% after \$150 PAD & CYD	60% after \$300 PAD & CYD
HOSPITAL SERVICES - Outpatient	85% after CYD	65% after CYD	80% no CYD	50% after CYD	80% after CYD	50% after CYD	80% after CYD	60% after CYD
EMERGENCY ROOM	85% after CYD	65% after CYD	80% no CYD	50% after CYD	80% after CYD	50% after CYD	80% after CYD	60% after CYD
PHYSICIAN SERVICES	\$10 Copay PCP \$20 Copay Spec.	65% after CYD	\$10 Copay	50% after CYD	\$15 Copay	50% after CYD	80% after CYD	60% after CYD
OFFICE SURGICAL PROCEDURES	\$10 Copay PCP \$20 Copay Spec.	65% after CYD	\$10 Copay	50% after CYD	\$15 Copay	50% after CYD	80% after CYD	60% after CYD
OUTPATIENT & INPATIENT SURGERY	85% after CYD	65% after CYD	80% no CYD	50% after CYD	80% after CYD	50% after CYD	80% after CYD	60% after CYD
RADIOLOGY, ANESTHESIOLOGY & PATHOLOGY	85% after CYD	65% after CYD	80% no CYD	50% after CYD	80% after CYD	50% after CYD	80% after CYD	60% after CYD
PREVENTIVE SERVICES	Combined \$500 CYM applies to Well Woman & Routine Physical Exams Only		Combined \$500 CYM applies to Well Woman & Routine Physical Exams Only		Combined \$500 CYM applies to Well Woman & Routine Physical Exams Only		Combined \$200 CYM applies to Well Woman & Routine Physical Exams Only	
Routine Physical Exam - Office Visit	\$10 Copay PCP \$20 Copay Spec.	65% no CYD	\$10 Copay	50% no CYD	\$15 Copay	50% no CYD	80% no CYD	60% no CYD
Well Woman Exam - Office Visit	\$10 Copay PCP \$20 Copay Spec.	65% no CYD	\$10 Copay	50% no CYD	\$15 Copay	50% no CYD	80% no CYD	60% no CYD
Diagnostic/Routine Mammograms	100% no CYD	100% of allowed amount, no CYD	100% no CYD	100% of allowed amount, no CYD	100% no CYD	100% of allowed amount, no CYD	100% no CYD	100% of allowed amount, no CYD
Well Child Care Services - Office Visit	\$10 Copay PCP \$20 Copay Spec.	65% no CYD	\$10 Copay	50% no CYD	\$15 Copay	50% no CYD	80% no CYD	60% no CYD
THERAPY - Outpatient Cardiac, Occupational, Physical, Speech, Massage Therapy & Spinal Manipulations	\$10,000 Combined CYM		\$10,000 Combined CYM		\$10,000 Combined CYM		\$5,000 Combined CYM	
Physician's Office	\$20 Copay	65% after CYD	\$10 Copay	50% after CYD	\$15 Copay	50% after CYD	80% after CYD	60% after CYD
Outpatient Facility	85% after CYD	65% after CYD	80% no CYD	50% after CYD	80% after CYD	50% after CYD	80% after CYD	60% after CYD

BENEFIT DESCRIPTION	CURRENT 927 PLAN		CURRENT 903 PLAN		NEW 706 PLAN		CURRENT 118 PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
MISCELLANEOUS MEDICAL SERVICES	120 Days Maximum		60 Days Maximum		60 Days Maximum		60 Days Maximum	
Skilled Nursing Facility	85% after CYD	65% after CYD	80% no CYD	50% after CYD	80% after CYD	50% after CYD	80% after CYD	60% after CYD
Durable Medical Equipment	85% after CYD	65% after CYD	80% no CYD	50% after CYD	80% after CYD	50% after CYD	80% after CYD	60% after CYD
Hearing Aid Benefit	85% after CYD to Maximum of \$2,700 in 36 months		80%, no CYD to Maximum of \$2,700 in 36 months		None	None	None	None
Home Health Care	\$7,500 CYM		\$7,500 CYM		\$7,500 CYM		\$5,000 CYM	
	85% after CYD	65% after CYD	80%, no CYD	50% after CYD	80% after CYD	50% after CYD	80% after CYD	60% after CYD
Hospice Agency Services	\$7,500 LTM		\$7,500 LTM		\$7,500 LTM		\$5,000 LTM	
	85% after CYD	65% after CYD	80% no CYD	50%, after CYD	80% after CYD	50% after CYD	80% after CYD	60% after CYD
Allergy Injections	\$5 Copay	65% after CYD	\$5 Copay	50% after CYD	\$5 Copay	50% after CYD	80% after CYD	60% after CYD
Second Surgical Opinion	\$20 Copay	65% after CYD	\$10 Copay	50% after CYD	\$15 Copay	50% after CYD	80% after CYD	60% after CYD
Diagnostic X-Ray	85% after CYD	65% after CYD	80% no CYD	50% after CYD	80% after CYD	50% after CYD	80% after CYD	60% after CYD
Independent Clinical Lab Expenses	85% no CYD	65% after CYD	80% no CYD	50% after CYD	80% no CYD	50% after CYD	80% after CYD	60% after CYD
Preoperative Testing	85% after CYD	65% after CYD	80% no CYD	50% after CYD	80% after CYD	50% after CYD	80% after CYD	60% after CYD
National Medical Excellence Travel & Lodging Expenses	\$10,000 CYM 100% no CYD	N/A	\$10,000 CYM 100% no CYD	N/A	N/A	N/A	N/A	N/A
BEHAVIORAL HEALTH CARE								
	30 Days CYM Combined		30 Days CYM Combined		30 Days CYM Combined		30 Days CYM Combined	
Mental Health - Inpatient	85% after CYD	65% after \$500 PAD & CYD	80% no CYD	50% after \$500 PAD & CYD	80% after CYD	50% after \$300 PAD & CYD	80% after \$150 PAD & CYD	60% after \$300 PAD & CYD
	45 Visits CYM Combined		20 Visits CYM Combined		20 Visits CYM Combined		20 Visits CYM Combined	
Mental Health - Outpatient	\$20 Copay	65% after CYD	\$10 Copay	50% after CYD	\$15 Copay	50% after CYD	80% after CYD	60% after CYD
Substance Abuse	\$10,000 LTM Inpatient & Outpatient In & Out-of-Network Combined		\$10,000 LTM Inpatient & Outpatient In & Out-of-Network Combined		\$5,000 LTM Inpatient & Outpatient In & Out-of-Network Combined		\$5,000 LTM Inpatient & Outpatient In & Out-of-Network Combined	
Inpatient	85% after CYD	65% after \$500 PAD & CYD	80% no CYD	50% after \$500 PAD & CYD	80% after CYD	50% after \$300 PAD & CYD	80% after \$150 PAD & CYD	60% after \$300 PAD & CYD
Outpatient	\$20 Copay	65% after CYD	\$10 Copay	50% after CYD	\$15 Copay	50% after CYD	80% after CYD	60% after CYD
RETAIL PHARMACY (30 Day Supply)								
Generic	\$10 Copay	80% after Copay	\$10 Copay	80% after Copay	\$10 Copay	80% after Copay	\$10 Copay	80% after Copay
Brand	\$20 Copay	80% after Copay	\$20 Copay	80% after Copay	\$25 Copay	80% after Copay	\$25 Copay	80% after Copay
Non-Formulary (Non-Preferred)	N/A	N/A	N/A	N/A	\$40 Copay	80% after Copay	\$40 Copay	80% after Copay
MAIL ORDER PHARMACY (90 Day Supply)								
Generic	\$20 Copay	No Benefit	\$20 Copay	No Benefit	\$20 Copay	No Benefit	\$20 Copay	No Benefit
Brand	\$40 Copay	No Benefit	\$40 Copay	No Benefit	\$50 Copay	No Benefit	\$50 Copay	No Benefit
Non-Formulary (Non-Preferred)	N/A	N/A	N/A	N/A	\$80 Copay	No Benefit	\$80 Copay	No Benefit

Abbreviation Definitions:
CYD = Calendar Year Deductible
CYM = Calendar Year Maximum
LTM = Lifetime Maximum
PAD - Per Admission Deductible

PCP Doctors are: **General Practice**
Family Practice
Internal Medicine
Pediatricians