

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)
Maximums shown are Per Benefit Period (BPM) unless noted					
Deductible (DED) (Per Person/Family Agg)					
In-Network	\$1,000 / \$2,000	\$1,600 / Not Applicable	\$3,200 / \$3,200	\$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
Coinsurance (Member Responsibility)					
In-Network	20%	10%	10%	0%	0%
Out-of-Network	40%	20%	20%	20%	20%
Out of Pocket Maximum (Per Person/Family Agg)	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
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Professional Provider Services					
Office Services					
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%
Virtual Office Visit Services					
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
Preventive Care					
Adult Wellness Office Services					
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)
Emergency/Urgent/Convenient Care					
Emergency Room Facility Services					
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
Urgent Care Centers (UCC)					
In-Network	DED + 20%	DED + 10%	DED + 10%	DED	DED
Out-of-Network	DED + 20%	DED + 10%	DED + 10%	DED	DED
Convenient Care Centers (CCC)					
In-Network	\$20 FP	DED + 10%	DED + 10%	DED	DED
Out-of-Network	DED + 40%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Facility Services - Hosp/Surg/ICL/IDTF					
Ambulatory Surgical Center					
In-Network	\$100	DED + 10%	DED + 10%	DED	DED
Out-of-Network	DED + 40%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Independent Clinical Lab					
In-Network	\$0	DED + 10%	DED + 10%	DED	DED
Out-of-Network	DED + 40%	DED + 20%	DED + 20%	DED + 20%	DED + 20%
Independent Diagnostic Testing Facility -					
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%
Inpatient Hospital (per admit)					
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%
Prescription Drugs					
In-Network					
Retail (30 days)	Deductible \$250	In Network DED then	In Network DED then	In Network DED then	In Network DED then
Generic/Preferred Brand/Non-Preferred	20%/30%/40%	Covered at 100%	Covered at 100%	\$10/\$30/\$50	\$10/\$30/\$50
Mail Order (90 days)					
Generic/Preferred Brand/Non-Preferred	\$20/\$50/\$80	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.