City of Lake City **BCBS Options Eff 10/1/11** **Financial Features - *Amount Member Pays***	**BlueOptions Plan 03559**	**BlueOptions Plan 03359**	**BlueOptions HSA-Compatible Plan 03160/03161**
Calendar Year Deductible (CYD) Per Person/Family Aggregate In-Network Out-of-Network	 $500 / $1,500 $750 / $2,250	 $1,000 / $3,000 $2,000 / $6,000	 $1,250 / $2,500 $2,500 / $5,000
Coinsurance (Coins) Percentage of covered services paid by member In-Network Out-of-Network	 20% 40%	 20% 40%	 20% 40%
Out-of-Pocket Maximum Per Person/Family Aggregate In-Network Out-of-Network	Includes CYD, Coins, Copays; Excludes Rx $2,500 / $5,000 $5,000 / $10,000	Includes CYD, Coins, Copays; Excludes Rx $3,000 / $6,000 $5,000 / $10,000	Includes CYD, Coins, Copays; Excludes Rx $5,000 / $5,000 $10,000 / $10,000
Lifetime Maximum	No Maximum	No Maximum	No Maximum
Office Services			
Office visits In-Network Family Physician/PCP (FP) In-Network Specialist (SP) Out-of-Network Provider	 $20 $40 CYD + 40% Coins	 $25 CYD + 20% Coins CYD + 40% Coins	 CYD + 20% Coins CYD + 20% Coins CYD + 40% Coins
Advanced Imaging Services (MRI, MRA, PET, CT, Nuclear Medicine) In-Network Out-of-Network Provider	 $150 CYD + 40% Coins	 $125 CYD + 40% Coins	 CYD + 20% Coins CYD + 40% Coins
Maternity In-Network Specialist Out-of-Network Provider	 $40 CYD + 40% Coins	 CYD + 20% Coins CYD + 40% Coins	 CYD + 20% Coins CYD + 40% Coins
Allergy Injections (by In-Network Family Physician)	$10	$10	CYD + 20% Coins
Physician-Administered Drugs or "Medical Pharmacy" Does not apply to allergy injections and immunizations. Separate member cost-share for the RX is in addition to the office visit cost share **In-Network Monthly Out-of-Pocket Maximum** **In-Network Provider** **Out-of-Network Provider**	 $200 20% CYD + 50%	 $200 20% CYD + 50%	 NA CYD + 20% CYD + 50%
Hospital/Surgical			
Ambulatory Surgical Center In-Network Out-of-Network	 $100 CYD + 40% Coins	 $100 CYD + 40% Coins	 CYD + 20% Coins CYD + 40% Coins
Inpatient Hospital Facility Services (per admit) In-Network Out-of-Network	 Option 1 - $600 Option 2 - $1,000 CYD + 40% Coins	 Option 1 - $750 Option 2 - $1,000 CYD + 40% Coins	 Option 1 - CYD + 20% Coins Option 2 - CYD + 20% Coins CYD + 40% Coins
Outpatient Hospital Facility Services (per visit) In-Network Out-of-Network	 Option 1 - $200 Option 2 - $300 CYD + 40% Coins	 Option 1 - $150 Option 2 - $250 CYD + 40% Coins	 Option 1 - CYD + 20% Coins Option 2 - CYD + 20% Coins CYD + 40% Coins
Therapy at Outpatient Hospital In-Network Out-of-Network	 Option 1 - $45 Option 2 - $60 CYD + 40% Coins	 Option 1 - $45 Option 2 - $60 CYD + 40% Coins	 Option 1 - CYD + 20% Coins Option 2 - CYD + 20% Coins CYD + 40% Coins
Emergency Room Facility Services (per visit; waived if admitted) In-Network Out-of-Network	 $100 $100	 $200 $200	 CYD + 20% Coins CYD + 20% Coins
Preventive Care			
Adult Wellness Annual Benefit Maximum	No Maximum	No Maximum	No Maximum
Routine Adult Physical Exams and Immunizations In-Network Family Physician/PCP In-Network Specialist Out-of-Network Provider	 $0 $0 40% Coins (No CYD)	 $0 $0 40% Coins (No CYD)	 $0 $0 40% Coins (No CYD)

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Well Woman Exam (e.g., Annual GYN) Applies to Adult Wellness CYM, if applicable In-Network Family Physician/PCP In-Network Specialist Out-of-Network Provider	 $0 $0 40% Coins (No CYD)	 $0 $0 40% Coins (No CYD)	 $0 $0 40% Coins (No CYD)
Mammograms (member cost; In- and Out-of-Network)	$0	$0	$0
Colonoscopy BlueOptions: **Routine screening only** for age 50+ covered at 100% of allowed amount; In- and Out-of-Network. With diagnosis, subject to applicable deductible, coinsurance or copays.	$0 (See note far left column)	$0 (See note far left column)	$0 (See note far left column)
Well Child (No CYM) In-Network Family Physician/PCP In-Network Specialist Out-of-Network Provider	 $0 $0 40% Coins (No CYD)	 $0 $0 40% Coins (No CYD)	 $0 $0 50% Coins (No CYD)
Prescription Drugs			
Retail (30 days) Deductible Generic/Preferred Brand/Non-Preferred **Mail Order (90 days)** Generic/Preferred Brand/Non-Preferred **Specialty Pharmacy (30 day supply limit)** **In Network CareMark exclusively** **1 866 278 5108** **Out of Network – any pharmacy other than CareMark**	 $10 / $30 / $50 $25 / $75 / $125 Same as Retail RX Benefit above Subject to In-Network CYD, then 50% of RX allowance; balance billing may occur	 $10 / $30 / $50 $25 / $75 / $125 Same as Retail RX Benefit above Subject to In-Network CYD, then 50% of RX allowance; balance billing may occur	 In-Network CYD $10 / $50 / $80 $25 / $125 / $200 Same as Retail RX Benefit above Subject to In-Network CYD, then 50% of RX allowance; balance billing may occur
Emergency Medical Care			
Urgent Care Centers In-Network Out-of-Network	 $45 CYD + 40% Coins	 CYD + 20% Coins CYD + 40% Coins	 CYD + 20% Coins CYD + 40% Coins
Emergency Room Facility Services (per visit; waived if admitted) In-Network Out-of-Network	 $100 $100	 $200 $200	 CYD + 20% Coins CYD + 20% Coins
Ambulance Ground/Air & Water per day max In-Network Out-of-Network	 $5,000 Combined CYD + 20% Coins In-Network CYD + 20% Coins	 $5,000 Combined CYD + 20% Coins In-Network CYD + 20% Coins	 $5,000 Combined CYD + 20% Coins In-Network CYD + 20% Coins
Outpatient Diagnostic Services			
Independent Diagnostic Testing Facility (includes physician services) **Advanced Imaging Services** (MRI, MRA, PET, CT, Nuclear Medicine) In-Network Out-of-Network Provider **Other IDTF Services** In-Network Out-of-Network Provider	 $150 CYD + 40% Coins $50 CYD + 40% Coins	 $125 CYD + 40% Coins $50 CYD + 40% Coins	 CYD + 20% Coins CYD + 40% Coins CYD + 20% Coins CYD + 40% Coins
Independent Clinical Lab In-Network Out-of-Network	 $0 CYD + 40% Coins	 $0 CYD + 40% Coins	 CYD CYD + 40% Coins
Outpatient Hospital Facility Services (per visit) In-Network Out-of-Network	 Option 1 - $200 Option 2 - $300 CYD + 40% Coins	 Option 1 - $150 Copay Option 2 - $250 Copay CYD + 40% Coins	 Option 1 - CYD + 20% Coins Option 2 - CYD + 20% Coins CYD + 40% Coins

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Mental Health and Substance Abuse			
Mental Health & Substance Dependency Care & Treatment Inpatient Hospital Facility Services (per admit) In-Network Out-of-Network	 $0 CYD + 40%Coins	 $0 CYD + 40%Coins	 Option 1 - CYD + 20% Coins Option 2 - CYD + 25% Coins CYD + 40% Coins
Outpatient Office Visit In-Network Family Physician/PCP (FP) In-Network Specialist (SP) Out-of-Network Provider	 $0 $0 CYD + 40% Coins	 $0 $0 CYD + 40% Coins	 CYD + 20% Coins CYD + 20% Coins CYD + 40% Coins
Emergency Room Facility Services (per visit; waived if admitted) In-Network Out-of-Network	 $0 $0	 $0 $0	 CYD + 20% Coins CYD + 20% Coins
Other Provider Services			
Provider Services at Hospital and ER In-Network Out-of-Network	 CYD + 20% Coins In-Network CYD + 40% Coins	 CYD + 20% Coins In-Network CYD + 20% Coins	 CYD + 20% Coins In-Network CYD + 20% Coins
Radiology, Pathology, Anesthesiology Provider Services at an Ambulatory Surgical Center In-Network Out-of-Network	 CYD + 20% Coins In-Network CYD + 40% Coins	 CYD + 20% Coins In-Network CYD + 20% Coins	 CYD + 20% Coins In-Network CYD + 20% Coins
Provider Services at Locations other than Office, Hospital and Emergency Room In-Network Family Physician/PCP In-Network Specialist Out-of-Network Provider	 CYD + 20% Coins CYD + 20% Coins CYD + 40% Coins	 CYD + 20% Coins CYD + 20% Coins CYD + 40% Coins	 CYD + 20% Coins CYD + 20% Coins CYD + 40% Coins
Home Health Care (CYM) In-Network Out-of-Network	20 Visits CYD + 20% Coins CYD + 40% Coins	20 Visits CYD + 20% Coins CYD + 40% Coins	20 Visits CYD + 20% Coins CYD + 40% Coins
Outpatient Therapy and Spinal Manipulations (CYM) Refer to location of service for payment details	35 visits	35 visits	35 visits
Skilled Nursing Facility (CYM) In-Network Out-of-Network	60 days CYD + 20% Coins CYD + 40% Coins	60 days CYD + 20% Coins CYD + 40% Coins	60 days CYD + 20% Coins CYD + 40% Coins
Hospice (LTM) In-Network Out-of-Network	No Maximum CYD + 20% Coins CYD + 40% Coins	No Maximum CYD + 20% Coins CYD + 40% Coins	No Maximum CYD + 20% Coins CYD + 40% Coins

Premium Information

	Full Monthly Premium	City's Monthly Contribution	Employee's Monthly Contribution	Pay Deductions Per Pay Period
BlueOptions 03559				
Employee Only	$559.22	$472.23	$86.99	$43.50
Family	$1,314.67	$896.30	$418.37	$209.19
BlueOptions 03359				
Employee Only	$518.23	$472.23	$46.00	$23.00
Family	$1,218.30	$896.30	$322.00	$161.00
BlueOptions 03160/03161				
Employee Only	$406.06	$472.23	– $66.17	– $33.09*
Family	$948.89	$896.30	$52.59	$26.30

*Employees who choose employee only coverage on BlueOptions HSA Compatible Plan 03160 will have $33.09 per pay period deposited into a Health Savings Account if the employee chooses to open one. Any additional contributions made to the account will be made on a pre-tax basis.