


Lake Sumter County Medical Society Health Plan Comparison

Effective January 1, 2010 (Employees)



BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association

Employee Plan A BlueOptions®		Employee Plan B BlueOptions		Employee Plan C BlueOptions		Employee HSA Compatible BlueOptions	
Provider Network	NetworkBlue SM	Provider Network	NetworkBlue	Provider Network	NetworkBlue	Provider Network	NetworkBlue
Calendar Year Deductible (CYD) <i>(2x per family)</i> (Amount you pay)	Single \$750 Family \$1,500 In Network and Out of Network Combined	Calendar Year Deductible (CYD) <i>(3x per family)</i> (Amount you pay)	Single \$500 Family \$1,500 In Network and Out of Network Combined	Calendar Year Deductible (CYD) <i>(2x per family)</i> (Amount you pay)	Single \$500 Family \$1,000 In Network and Out of Network Combined	Calendar Year Deductible (CYD) <i>(Per person/per family)</i> (Amount you pay)	Single In Network \$1,250/ Out of Network \$1,250 Family In Network \$2,500/ Out of Network \$2,500
Coinsurance (Amount you pay)	In Network 20% Out Of Network 40%	Coinsurance (Amount you pay)	In Network 20% Out Of Network 50%	Coinsurance (Amount you pay)	In Network 20% Out Of Network 40%	Coinsurance (Amount you pay)	In Network 20%/25* Out Of Network 40%
Annual Maximum Out-of-Pocket per Calendar Year (Amount you pay) <i>Includes Co-pays, Deductibles, Coinsurance (Excludes RX)</i>	Individual In Network \$2,500 Out of Network \$5,000 Family In Network \$5,000 Out of Network \$10,000	Annual Maximum Out-of-Pocket per Calendar Year (Amount you pay) <i>Includes Co-pays, Deductibles, Coinsurance (Excludes RX)</i>	Individual In Network \$2,500 Out of Network \$5,000 Family In Network \$5,000 Out of Network \$10,000	Annual Maximum Out-of-Pocket per Calendar Year (Amount you pay) <i>Includes Co-pays, Deductibles, Coinsurance (Excludes RX)</i>	Individual In Network \$2,500 Out of Network \$5,000 Family In Network \$5,000 Out of Network \$10,000	Annual Maximum Out-of-Pocket per Calendar Year (Amount you pay) <i>Includes Deductibles, Coinsurance & RX</i>	Individual In Network \$2,500 Out of Network \$5,000 Family In Network \$5,000 Out of Network \$10,000
Lifetime Maximum Per covered member	\$ 5,000,000	Lifetime Maximum Per covered member	\$ 5,000,000	Lifetime Maximum Per covered member	\$ 5,000,000	Lifetime Maximum Per covered member	\$ 5,000,000
Office Visits In-Network (Amount you pay)	\$15 Co-payment Family Physician ¹ \$30 Co-payment Specialist	Office Visits In-Network (Amount you pay)	\$20 Co-payment Family Physician ¹ CYD, then 20% coinsurance Specialist	Office Visits In-Network (Amount you pay)	CYD, then 20% coinsurance Family Physician and Specialist	Office Visits In-Network (Amount you pay)	CYD, then 20% coinsurance Family Physician and Specialist
	In Office Physician Administered Medications: Amount you Pay In-Network. In-Network: 20% coinsurance up to member maximum monthly out of pocket \$200. Exception: HSA plan CYD applies. Out of Network: CYD, then 50% coinsurance (no monthly member maximum out of network pocket)						

¹ In-Network Family Practice, General Practice, Internal Medicine and Pediatrician. Out of Network family physicians & specialists subject to CYD, then member pays out of network Coinsurance. * 25% applicable at Option 2 Hospital Facility In-Patient or Out Patient. See BCBSF Provider Directory for hospital facility tier status.

www.bcbsfl.com

Note: Out of Network providers can balance bill for amount above BCBSF allowance. In Network Providers not permitted to balance bill.

Lake Sumter County Medical Society Health Plan Comparison

Effective January 1, 2010 (Employees)



**BlueCross BlueShield
of Florida**

An Independent Licensee of the
Blue Cross and Blue Shield Association

Employee Plan A BlueOptions®		Employee Plan B BlueOptions		Employee Plan C BlueOptions		Employee HSA Compatible BlueOptions	
Urgent Care Centers (Amount you pay)	\$40 Co-payment In-network CYD, then 40% Coinsurance Out of Network	Urgent Care Centers (Amount you pay)	\$40 Co-payment In-network CYD, then 50% Coinsurance Out of Network	Urgent Care Centers (Amount you pay)	CYD, then 20% Coinsurance In-Network CYD, then 40% Coinsurance Out of Network	Urgent Care Centers (Amount you pay)	CYD, then 20% Coinsurance In-Network CYD, then 40% Coinsurance Out of Network
Radiology Services at Physician Office: (MRI, MRA, PET, CT, Nuclear Medicine) (Amount you pay) <i>Subject to Prior Authorization</i>	\$ 100 Co-payment In-Network CYD, then 40% Coinsurance Out of Network	Radiology Services at Physician Office: (MRI, MRA, PET, CT, Nuclear Medicine) (Amount you pay) <i>Subject to Prior Authorization</i>	\$ 100 Co-payment In-Network CYD, then 50% Coinsurance Out of Network	Radiology Services at Physician Office: (MRI, MRA, PET, CT, Nuclear Medicine) (Amount you pay) <i>Subject to Prior Authorization</i>	\$ 100 Co-payment In-Network CYD, then 40% Coinsurance Out of Network	Radiology Services at Physician Office: (MRI, MRA, PET, CT, Nuclear Medicine) (Amount you pay) <i>Subject to Prior Authorization</i>	CYD, then 20% Coinsurance In-Network CYD, then 40% Coinsurance Out of Network
Hospital Facility In Patient and Outpatient (Amount you pay)	CYD, then 20% Coinsurance In-Network CYD, then 40% Coinsurance Out of Network	Hospital Facility In Patient and Outpatient (Amount you pay)	CYD, then 20% Coinsurance In-Network CYD, then 50% Coinsurance Out of Network	Hospital Facility In Patient and Outpatient (Amount you pay)	CYD, then 20% Coinsurance In-Network CYD, then 40% Coinsurance Out of Network	Hospital Facility In Patient and Outpatient (Amount you pay)	CYD, then 20%/25%* Coinsurance In-Network CYD, then 40% Coinsurance Out of Network
Hospital Emergency Room Facility (Amount you pay)	\$ 100 Co-payment In-Network \$200 Co-payment Out of Network (Co-payments waived if admitted)	Hospital Emergency Room Facility (Amount you pay)	\$ 100 Co-payment In-Network \$200 Co-payment Out of Network (Co-payments waived if admitted)	Hospital Emergency Room Facility (Amount you pay)	\$ 100 Co-payment In-Network \$200 Co-payment Out of Network (Co-payments waived if admitted)	Hospital Emergency Room Facility (Amount you pay)	CYD, then 20% Coinsurance In-Network CYD, then 40% Coinsurance Out of Network
Physician Services in Hospital & Emergency Room Facility (Amount you pay)	CYD, then 20% Coinsurance In-Network CYD, then 40% Coinsurance Out of Network	Physician Services in Hospital & Emergency Room Facility (Amount you pay)	CYD, then 20% Coinsurance In-Network CYD, then 50% Coinsurance Out of Network	Physician Services in Hospital & Emergency Room Facility (Amount you pay)	CYD, then 20% Coinsurance In-Network CYD, then 40% Coinsurance Out of Network	Physician Services in Hospital & Emergency Room Facility (Amount you pay)	CYD, then 20% Coinsurance In-Network CYD, then 40% Coinsurance Out of Network

* 25% Option 2 Hospital Facility In-Patient or Out Patient. See BCBSF Provider Directory for hospital facility tier status.


Lake Sumter County Medical Society Health Plan Comparison

Effective January 1, 2010 (Employees)



BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association

Employee Plan A BlueOptions®		Employee Plan B BlueOptions		Employee Plan C BlueOptions		Employee HSA Compatible BlueOptions	
Ambulatory Surgical Center (Amount you pay)	\$ 100 Co-payment In-Network CYD, then 40% Coinsurance Out of Network	Ambulatory Surgical Center (Amount you pay)	\$ 100 Co-payment In-Network CYD, then 50% Coinsurance Out of Network	Ambulatory Surgical Center (Amount you pay)	\$ 100 Co-payment In-Network CYD, then 40% Coinsurance Out of Network	Ambulatory Surgical Center (Amount you pay)	CYD, then 20% Coinsurance In Network CYD, then 40% Coinsurance Out of Network
Independent Diagnostic Testing Facility Services (Amount you pay) (MRI, MRA, PET, CT, Nuclear Medicine) – Subject to Prior Authorization (Other Radiology Diagnostic Services)	Radiology Services \$ 100 Co-payment In-Network \$50 Co-payment In-Network Out of Network Radiology CYD, then 40% Coinsurance	Independent Diagnostic Testing Facility Services (Amount you pay) (MRI, MRA, PET, CT, Nuclear Medicine) – Subject to Prior Approval (Other Radiology Diagnostic Services)	Radiology Services \$ 100 Co-payment In-Network \$50 Co-payment In-Network Out of Network Radiology CYD, then 50% Coinsurance	Independent Diagnostic Testing Facility Services (Amount you pay) (MRI, MRA, PET, CT, Nuclear Medicine) – Subject to Prior Approval (Other Radiology Diagnostic Services)	Radiology Services \$ 100 Co-payment In-Network \$50 Co-payment In-Network Out of Network Radiology CYD, then 40% Coinsurance	Independent Diagnostic Testing Facility Services (Amount you pay) (MRI, MRA, PET, CT, Nuclear Medicine) – Subject to Prior Approval (Other Radiology Diagnostic Services)	Radiology Services CYD, then 20% Coinsurance In-Network CYD, then 20% Coinsurance In-Network Out of Network Radiology CYD, then 40% Coinsurance
Independent Clinical Lab Services (Amount you pay)	\$-0- Member cost In-Network (Quest Diagnostics) Out of Network CYD, then 40% Coinsurance	Independent Clinical Lab Services (Amount you pay)	\$-0- Member cost In-Network (Quest Diagnostics) Out of Network CYD, then 50% Coinsurance	Independent Clinical Lab Services (Amount you pay)	\$-0- Member cost In-Network (Quest Diagnostics) Out of Network CYD, then 40% Coinsurance	Independent Clinical Lab Services (Amount you pay)	\$-0- Member cost In-Network after CYD (Quest Diagnostics) Out of Network CYD, then 40% Coinsurance
	Current In-Network Independent Clinical Lab Provider: Quest Diagnostics. Log-on to www.questdiagnostics.com or call 1-800-377-8448 to find locations, schedule an appointment, receive reminders, visit on-line library, more.						

Note: Out of Network providers can balance bill for amount above BCBSF allowance. In Network Providers not permitted to balance bill.


Lake Sumter County Medical Society Health Plan Comparison

Effective January 1, 2010 (Employees)



**BlueCross BlueShield
of Florida**

An Independent Licensee of the
Blue Cross and Blue Shield Association

Employee Plan A BlueOptions®		Employee Plan B BlueOptions		Employee Plan C BlueOptions		Employee HSA Compatible BlueOptions	
Routine Well Care							
Well Child Care Birth through Age 16	Waive CYD, subject to applicable Co-payment or Coinsurance	Well Child Care Birth through Age 16	Waive CYD, subject to applicable Co-payment or Coinsurance	Well Child Care Birth through Age 16	Waive CYD, subject to applicable Coinsurance	Well Child Care Birth through Age 16	Waive CYD, subject to applicable Coinsurance
Adult Routine Physical Exam In-Network Out of Network Maximum annual benefit \$150	Unlimited Annual Benefit Waive CYD, subject to applicable Co-payment or Coinsurance	Adult Routine Physical Exam In-Network Out of Network Maximum annual benefit \$150	Unlimited Annual Benefit Waive CYD, subject to applicable Co-payment or Coinsurance	Adult Routine Physical Exam In-Network Out of Network Maximum annual benefit \$150	Unlimited Annual Benefit Waive CYD, subject to applicable Coinsurance	Adult Routine Physical Exam In-Network Out of Network Maximum annual benefit \$150	Unlimited Annual Benefit Waive CYD, subject to applicable Coinsurance
Mammograms (Routine and Diagnostic)	Waive Deductible, Paid at 100% of Allowance	Mammograms (Routine and Diagnostic)	Waive Deductible, Paid at 100% of Allowance	Mammograms (Routine and Diagnostic)	Waive Deductible, Paid at 100% of Allowance	Mammograms (Routine and Diagnostic)	Waive Deductible, Paid at 100% of Allowance
Colonoscopy (Routine for age 50+)	Waive Deductible, Paid at 100% of Allowance.	Colonoscopy (Routine for age 50+)	Waive Deductible, Paid at 100% of Allowance	Colonoscopy (Routine for age 50+)	Waive Deductible, Paid at 100% of Allowance	Colonoscopy (Routine for age 50+)	Waive Deductible, Paid at 100% of Allowance
	Adult Routine Wellness services include annual routine physicals, screenings, related blood work, family planning, and immunizations. Visit BCBSF website for information on wellness and services routinely performed for you based on your age, gender, and family history. www.bcbsfl.com						

4 Note: Out of Network providers can balance bill for amount above BCBSF allowance. In Network Providers not permitted to balance bill.


Lake Sumter County Medical Society Health Plan Comparison

Effective January 1, 2010 (Employees)



BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association

Employee Plan A BlueOptions®		Employee Plan B BlueOptions		Employee Plan C BlueOptions		Employee HSA Compatible BlueOptions	
Other Services, Provisions and Maximum Benefits							
Outpatient Rehabilitative Services	Plan pays up to \$10,000 Per Calendar Year Office Co-payment, Coinsurance and/or CYD apply	Outpatient Rehabilitative Services	Plan pays up to \$10,000 Per Calendar Year Office Co-payment, Coinsurance and/or CYD apply	Outpatient Rehabilitative Services	Plan pays up to \$10,000 Per Calendar Year Coinsurance and/or CYD apply	Outpatient Rehabilitative Services	Plan pays up to \$10,000 Per Calendar Year Coinsurance and/or CYD apply
Outpatient Rehabilitative Services include:		Medically Necessary Chiropractic, Physical Therapy, Massage Therapy, Speech Therapy, and Occupational Therapy. Medical Policy Guidelines apply.					
Hospice	Unlimited CYD, then applicable Coinsurance	Hospice	Unlimited CYD, then applicable Coinsurance	Hospice	Unlimited CYD, then applicable Coinsurance	Hospice	Unlimited CYD, then applicable Coinsurance
Accidents	Waive CYD Co-payment or Coinsurance apply	Accidents	Waive CYD Co-payment or Coinsurance apply	Accidents	Waive CYD Coinsurance applies	Accidents	CYD, then Coinsurance Applies
Durable Medical Equipment	CYD, then applicable Coinsurance	Durable Medical Equipment	CYD, then applicable Coinsurance	Durable Medical Equipment	CYD, then applicable Coinsurance	Durable Medical Equipment	CYD, then applicable Coinsurance
Home Health Care	CYD, then applicable Coinsurance	Home Health Care	CYD, then applicable Coinsurance	Home Health Care	CYD, then applicable Coinsurance	Home Health Care	CYD, then applicable Coinsurance
Mental and Nervous Services <i>Prior Authorization applies</i>	Paid as any other condition due to Mental Health Parity Federal Mandate	Mental and Nervous Services <i>Prior Authorization applies</i>	Paid as any other condition due to Mental Health Parity Federal Mandate	Mental and Nervous Services <i>Prior Authorization applies</i>	Paid as any other condition due to Mental Health Parity Federal Mandate	Mental and Nervous Services <i>Prior Authorization applies</i>	Paid as any other condition due to Mental Health Parity Federal Mandate
Substance Dependency Services <i>Prior Authorization applies</i>	 Paid as any other condition due to Mental Health Parity Federal Mandate	Substance Dependency Services <i>Prior Authorization applies</i>	Paid as any other condition due to Mental Health Parity Federal Mandate	Substance Dependency Services <i>Prior Authorization applies</i>	Paid as any other condition due to Mental Health Parity Federal Mandate	Substance Dependency Services <i>Prior Authorization applies</i>	Paid as any other condition due to Mental Health Parity Federal Mandate

Note: Out of Network providers can balance bill for amount above BCBSF allowance. In Network Providers not permitted to balance bill.

Lake Sumter County Medical Society Health Plan Comparison

Effective January 1, 2010 (Employees)



BlueCross BlueShield of Florida

An Independent Licensee of the Blue Cross and Blue Shield Association

Employee Plan A BlueOptions®		Employee Plan B BlueOptions		Employee Plan C BlueOptions		Employee HSA Compatible BlueOptions	
Pharmacy Benefits							
Prescription Drugs Amount you Pay Retail = 30 Day Supply In-Network Retail = 90 day Supply at In-Network Extended Supply Providers**	Bluescript® No Pharmacy Deductible Member Pays Generic 20% Preferred Brand 30% Non Preferred Brand 40% Specialty Drugs* \$100 Co-payment per 30 day supply at CareMark.	Prescription Drugs Amount you Pay Retail = 30 Day Supply In-Network Retail = 90 day Supply at In-Network Extended Supply Provider**	Bluescript No Pharmacy Deductible Member Pays Generic 20% Preferred Brand 40% Non Preferred Brand 40%	Prescription Drugs Amount you Pay Retail = 30 Day Supply In-Network Retail = 90 day Supply at In-Network Extended Supply Provider**	Bluescript Member pays, \$100 Pharmacy Calendar Year Deductible, then Generic 40% Preferred Brand 40% Non Preferred Brand 40%	Prescription Drugs Amount you Pay Retail = 30 Day Supply In-Network Retail = 90 day Supply at In-Network Extended Supply Provider**	Bluescript Subject to CYD, then member pays, Generic 20% Preferred Brand 30% Non Preferred Brand 50%
<ul style="list-style-type: none"> ✓ *Pharmacy Medication Guide available at www.bcbsfl.com, Current Listing of specialty drugs currently on page 10. ✓ Effective 1/1/10, CareMark is exclusive in-network specialty drug provider. ✓ Effective 1/1/10, all other providers (including Prime mail) are out of network providers for specialty drugs and subject to out of network pharmacy benefits. ✓ Effective 1/1/10 Out of Network Pharmacy services subject to pharmacy deductible (where applicable) and paid at 50% of allowance. ✓ Pharmacy Program includes Oral Contraceptives, diabetic supplies; self injected medications and specialty drugs. ✓ **90 day supply available at select retail extended supply pharmacies. Visit BCBSF website provider directory for retail pharmacy provider details and participation status. ✓ Pharmacy Utilization Programs (e.g.) Responsible RX, Mandatory Generic Rx (1/1/10), Drug Exclusion (1/1/10), apply to all plans. See BCBSF Medication Guide for more details. 							
Mail Order Amount you Pay Prime Therapeutics = 90 day Supply	Generic \$20 Preferred Brand \$80 Non-Preferred Brand \$140	No-Mail Order		No-Mail Order		No-Mail Order	

This is a summary of benefits and not a contract. All benefits are subject to the provisions, exclusions and limitations set forth in the master contract. To verify a provider's specialty or participation on status, the insured may contact the local BCBSF office, contact the provider's office, or review the most recent Provider Directory. It is the insured's sole responsibility to select and verify a provider's network participation status and the time services are rendered. 6/2/10 Revised JG