

Lake- Sumter Medical Society Health Plan
Benefit Comparison - Physician Plans

Effective: January 1, 2009



BlueCross BlueShield
of Florida

An Independent Licensee of the
Blue Cross and Blue Shield Association

	Plan F (Physicians) BlueOptions [®] Consumer Choice HSA-compatible Plan	Plan D (Physicians) BlueChoice [®] Plan	Plan E (Physicians) BlueOptions Consumer Choice Plan
Network	NetworkBlue SM Provider Network	PPO Provider Network	NetworkBlue Provider Network
Annual Calendar Year Deductible (CYD)	Individual <ul style="list-style-type: none"> In-Network \$2,500 Out-of-Network \$5,000 Family <ul style="list-style-type: none"> In-Network \$5,000 Out-of-Network \$10,000 	Individual \$2,500 Family \$5,000 In and Out-of-Network combined	Individual \$1,000 Family \$3,000 In and Out-of-Network combined
Coinsurance (Percentage Reimbursement)	In-Network 80%* Out-of-Network 60%	In-Network 80% Out-of-Network 50%	In-Network 80% Out-of-Network 70%
Annual Maximum Out-of-Pocket	Individual <ul style="list-style-type: none"> In-Network \$5,000 Out-of-Network \$10,000 Includes CYD, medical, and Rx coinsurance Family <ul style="list-style-type: none"> In-Network \$10,000 Out-of-Network \$20,000 Includes CYD, medical, and Rx coinsurance	Individual \$2,500 Family \$5,000 In and Out-of-Network combined Includes medical and Mediscript Rx coinsurance only – does not include CYD	Individual \$2,000 Family \$6,000 In and Out-of-Network combined Includes CYD, medical coinsurance, and copays – does not include RX
Prescription Drugs	BlueScript[®] <ul style="list-style-type: none"> Subject to CYD, then member pays <ul style="list-style-type: none"> –20% Generic –30% Preferred Brand –50% Non Preferred Brand Days Supply <ul style="list-style-type: none"> – 30 days or – 90 day supply available at select retail pharmacies No mail order	MediScript <ul style="list-style-type: none"> Subject to CYD, then pays at 50% 30 day supply Member pays for Rx and then files claims to BCBSF No mail order	BlueScript <ul style="list-style-type: none"> No RX Deductible 20% Generic 30% Preferred Brand 40% Non Preferred Brand <ul style="list-style-type: none"> Days Supply <ul style="list-style-type: none"> – 30 days or – 90 day supply available at select retail pharmacies Mail order: \$20 Generic \$80 Preferred Brand \$140 Non Preferred Brand
Hospital Facility Services			
Inpatient & Outpatient	<u>Option 1:</u> CYD, then 80% Coinsurance <u>Option 2:</u> CYD, then 75%* Coinsurance <u>Out-of-Network:</u> CYD, then 60% Coinsurance	CYD, then 80%/50% Coinsurance	CYD, then 80%/70% Coinsurance
Emergency Room	CYD, then 80%/60% Coinsurance	CYD, then 80%/50% Coinsurance	CYD, then 80%/70% Coinsurance

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Physician Services, Preventive Health and Other Services			
Physician Services	CYD, then 80%/60% Coinsurance	CYD, then 80%/50% Coinsurance	CYD, then 80%/70% Coinsurance
Mammograms (Routine & Diagnostic)	Waive Deductible, 100% of Allowance	Waive Deductible, 100% of Allowance	Waive Deductible, 100% of Allowance
Colonoscopy (Routine for age 50+)	Waive Deductible, 100% of Allowance	Routine Not Covered	Waive Deductible, 100% of Allowance
Adult Routine Physicals	Waive Deductible, then 80%/60% Coinsurance Unlimited Annual Benefit	Routine Not Covered	Waive Deductible, then 80%/70% Coinsurance Unlimited Annual Benefit
Well Child Care	Waive Deductible, then 80%/60% Coinsurance	Waive Deductible, then 80%/50% Coinsurance	Waive Deductible, then 80%/70% Coinsurance
Accidents	Paid as any other illness	Waive CYD	Waive CYD
Independent Clinical Labs*	CYD, then 80% Coinsurance at Quest Diagnostics/CYD and 60% Coinsurance at all other providers	CYD, then 80%/50% Coinsurance	\$-0- Quest Diagnostics/CYD & 70% Coinsurance at all other providers
Independent Diagnostic Testing Facility	CYD, then 80%/60% Coinsurance	CYD, then 80%/50% Coinsurance	In Network AIS Services \$100 Copay
AIS – Advance Imaging Services			In Network Diagnostic Services (except AIS) \$50 Copay Out of Network CYD, then 70% Coins
Benefit Maximums			
Lifetime Maximum	\$5,000,000	\$5,000,000	\$5,000,000
Substance Dependency	\$10,000 LTM	\$10,000 LTM	\$10,000 LTM
Mental & Nervous Disorders	30 Inpatient Days per CY 20 Outpatient Visits per CY	30 Inpatient Days per CY 20 Outpatient Visits per CY	30 Inpatient Days per CY 20 Outpatient Visits per CY
Home Health Care	\$2,500 Per Calendar Year	\$1,000 Per Calendar Year	\$1,000 Per Calendar Year
Outpatient Therapy & Spinal Manipulations	\$10,000 Per Calendar Year	\$10,000 Per Calendar Year	\$10,000 per Calendar Year

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.