

The School Board of Polk County, FL 2011 BlueMedicare Group PPO* Health Benefits

Benefits	BlueMedicare Group PPO* Plan 1
Premium (per member, per month)	\$309.81
Deductible	\$100 (out-of-network)
Out-of-Pocket Max	\$1,000 all health plan services when received in/out of network
Physician Office	
Primary Care (per visit)	In Network \$10 copay Out-of-Network CYD & 20%
Specialist Care (per visit)	In Network \$25 copay Out-of-Network CYD & 20%
e-visit	In Network \$5 copay Out-of-Network CYD & 20%
Convenient Care Center	In/Out-of-Network \$25 copay
Podiatry Services (per visit) (Routine foot care up to 6 visits per year)	In Network \$25 copay Out-of-Network CYD & 20%
Chiropractic Services (per visit) For each Medicare covered visit (manual manipulation of the spine to correct subluxation)	In Network \$25 copay Out-of-Network CYD & 20%
Outpatient Mental Health Care (per visit) For individual or group therapy	In Network \$25 copay Out-of-Network CYD & 20%
Outpatient Substance Abuse Care (per visit)	In Network \$25 copay Out-of-Network CYD & 20%
Part B drugs (including Chemotherapy)	In Network 0% coinsurance Office visit or facility copay may apply Out-of-Network CYD & 20% Office visit or facility charges may apply
Allergy Injections	In Network \$5 copay Out-of-Network CYD & 20%
Other Services	
Outpatient Surgery	In Network <ul style="list-style-type: none"> • \$150 copay for each outpatient hospital facility visit • \$100 copay for each visit to an ambulatory surgical center • \$0 copay for Physician Services



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	Out-of-Network CYD & 20%	
Diagnostic Tests, X-Rays Office IDTF Lab Services Advanced Imaging (MRI, MRA, Cat Scan, Pet Scan & Nuclear Med) Office IDTF Outpatient Hospital	In Network \$0 copay Office visit copay may apply Out-of-Network CYD & 20% In Network \$0 copay Out-of-Network CYD & 20% In Network \$0 copay Office visit or facility copay may apply Out-of-Network CYD & 20% In Network \$75 copay Out-of-Network CYD & 20% In Network \$75 copay Out-of-Network CYD & 20% In Network \$150 copay Out-of-Network CYD& 20%	
Outpatient Hospital Services (per visit): <ul style="list-style-type: none"> • Occupational Therapy, Physical Therapy, Speech & Language Therapy and Cardiac Rehab • Radiation and Chemotherapy • Dialysis • Lab only • All other Diagnostic Tests, X-Rays Advanced Imaging, etc. 	In Network \$25 \$50 \$0 \$15 \$150	Out-of-Network CYD & 20% CYD & 20% \$0 CYD & 20% CYD & 20%
Urgently Needed Care (This is not emergency care, and in most cases is out of the service area.)	In Network or Out-of-Network \$25 copay	
Emergency Services	In Network or Out-of-Network \$50 copay Worldwide coverage	
Dental - Medicare approved (No Preventive)	In Network \$25 copay Out-of-Network CYD & 20%	
Home Health	In Network \$0 copay Out-of-Network CYD & 20%	
Ambulance	\$100 copay for Medicare covered ambulance services	



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Outpatient Medical Services and Supplies	
Durable Medical Equipment <ul style="list-style-type: none"> • Electric customized wheelchairs, electric scooters • All other Medicare-covered items 	In Network \$500 copay In Network \$0 copay Out-of-Network CYD & 20%
Prosthetic Devices	In Network \$0 copay for Medicare covered items Out-of-Network CYD & 20%
Outpatient Rehabilitation - Office or Free Standing Facility Services: <ul style="list-style-type: none"> • Occupational Therapy • Physical Therapy • Speech and Language Therapy • Cardiac Rehab 	In Network \$25 copay for each visit Out-of-Network CYD & 20%
Outpatient Rehabilitation – Outpatient Hospital Services: <ul style="list-style-type: none"> • Occupational Therapy • Physical Therapy • Speech and Language Therapy • Cardiac Rehab 	In Network \$25 copay for each visit Out-of-Network CYD & 20%
Renal Dialysis	In/Out-of-Network \$0 copay
Inpatient Care	
Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	In Network \$100 copay each day for day(s) 1-5 per benefit period for a Medicare-covered stay in a network hospital After the 5 th day, the plan pays 100% of covered expenses per benefit period. Out-of-Network CYD & 20%
Inpatient Mental Health Care (may also include Substance Abuse and Rehabilitation Services)	In Network \$100 copay each day for day(s) 1-5 per benefit period for a Medicare-covered stay in a network psychiatric hospital After the 5 th day, the plan pays 100% of covered expenses per benefit period. 190-day lifetime limit in a psychiatric hospital Out-of-Network CYD & 20%
Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	In Network \$0 copay each day for days 1-20 \$75 copay each day for days 21-100 per benefit period There is a limit of 100 days for each benefit period

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	3-day prior hospital stay is not required Out-of-Network CYD & 20%
Hospice	Member must receive care from a Medicare-certified hospice
Preventive Services	
Annual Screening Mammograms (for women with Medicare age 40 and older)	In Network: <ul style="list-style-type: none"> • \$0 copay for Medicare-covered Screening Mammogram • \$0 copay for each additional screening Out-of-Network CYD & 20%
Pap Smears and Pelvic Exams (for women with Medicare)	In Network: <ul style="list-style-type: none"> • \$0 copay per Pap smear • \$0 copay per pelvic exam • \$0 copay for each additional screening Out-of-Network CYD & 20%
Bone Mass Measurement (for people with Medicare who are at risk)	In Network: \$0 copay for each Medicare-covered Bone Mass Measurement Out-of-Network CYD & 20%
Colorectal Screening Exams (for people with Medicare age 50 and older)	In Network: <ul style="list-style-type: none"> • \$0 copay for Medicare-covered Colorectal screening exam • \$0 copay for each additional screening Out-of-Network CYD & 20%
Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	In Network: <ul style="list-style-type: none"> • \$0 copay for Medicare-covered Prostate Cancer Screening exams • \$0 copay for each additional screening Out-of-Network CYD & 20%

*BlueMedicare Group PPO out-of-pocket maximum includes all covered health services member cost share (excluding the deductible) rendered in/out of network on a calendar year basis.

*Deductible for out-of-network services is not applied towards the out-of-pocket maximum.
Part D costs are not applied to out-of-pocket maximum.



*Medicare Part B - the premium provided under this plan excludes the Medicare Part B premium payments. (Members must continue to pay the Medicare Part B premium unless paid by Medicaid or another third party.)

*Blue Cross and BlueShield of Florida is a Medicare Advantage organization with a Medicare contract and is a Medicare-approved Part D sponsor.

*This contract is renewed annually, and availability beyond the end of the current contract year is not guaranteed.