



Pre-tax Benefit

BCBSFL MEDICAL PLAN – EFFECTIVE OCTOBER 1, 2008

Medical coverage is provided through Blue Cross Blue Shield of Florida and only new enrollees will receive cards. All existing cards remain valid. If you do not have a BCBSF Identification card, please contact customer service at 1-800-322-2808.

Summary Schedule Of Benefits

Medical Benefit	\$5,000,000	
Lifetime Maximum	\$5,000,000	
	In-Network / YOU PAY	Out-of-Network* / YOU PAY
Calendar Year Deductible	Individual \$250 Family \$500	Individual \$1,000 Family \$2,000
Calendar Year Coinsurance Max	Individual \$2,500 Family \$5,000	Unlimited
Hospital Services Inpatient or Outpatient	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance
Emergency Room	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance
Urgent Care	\$20 Co pay	Deductible + 40% Coinsurance
Outpatient Surgery	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance
Family Physician Office Visit (Includes General Practice, Family Practice, Internal Medicine & Pediatrics)	\$20 Co pay	Deductible + 40% Coinsurance
Specialist Physician Office Visit (Includes all other physician specialties)	\$30 Co pay	Deductible + 40% Coinsurance
Outpatient Therapy (Includes Cardiac, Occupational, Physical, Speech & Massage Therapies and Chiropractic Visits)	\$30 Co pay for Office Visit Services (Plan pays up to \$5000 maximum benefit per calendar year)	Deductible + 40% Coinsurance (Plan pays up to \$5000 maximum benefit per calendar year)
Independent Clinical Lab (outside the office visit setting)	20% Coinsurance (Deductible is waived)	40% Coinsurance (Deductible is waived)
Adult Preventive Health & Screening Services (includes well-woman exam) Up to \$250 maximum benefit per calendar year	\$30 Co pay for office visit services 20% Coinsurance outside office visit setting Deductible is waived for these services only when they are preventive (not diagnostic)	40% Coinsurance Deductible is waived for these services only when they are preventive (not diagnostic)
Preventive or Diagnostic Mammogram	0% Coinsurance (Deductible is waived)	0% Coinsurance (Deductible is waived)
Prenatal Office Visit Services (Inpatient Services are covered like any other)	OB initial office visit subject to Co pay	Deductible + 40%
Mental Health Services	Inpatient: Up to 30 day benefit max Deductible + 20% Coinsurance Outpatient: Up to 20 visit benefit max Office visit Co pay will apply	Deductible + 40% Coinsurance (Benefit maximums apply)
Out-of-State Services	In-network benefits apply when accessing another state's BCBS PPO Network.	Out-of-network benefits apply

- Coinsurance is the percentage you pay after your calendar year deductible is met. The coinsurance percentage is based on the allowed amount established by BCBSF.
- Durable Medical Equipment, Prosthetics and Orthotics are not subject to the office visit co pay requirement, but are subject to the Calendar Year Deductible and Coinsurance responsibilities.
- Substance Dependency Care and Treatment (inpatient, outpatient or any combination) is limited to a \$10,000 LifetimeMaximum Benefit.
- This is only a summary of the benefits available under the health plan. All benefits are subject to the provisions, exclusions and limitations of the contract. Please refer to your Certificate of Coverage.

Non-Participating Providers (Out-of-Network Providers) are not contracted with BCBSF and may charge more than the BCBSF allowance. All coinsurance percentages are based on the BCBSF allowance. Non-Participating providers may bill you for the balance between the BCBSF allowance and their charge.

How To Use Your Benefits

You and your family receive the highest level of benefits when you use In-Network providers. There are no claim forms to file and you'll never be responsible for any balance billing by a Blue Cross Blue Shield provider other than your coinsurance or co-pay. The plan does allow you to self-refer to specialists. You won't be required to select a Primary Care Physician although, for your good health, it is always a good idea to allow your physician to help you coordinate your health care. Many specialties require a referral from your regular physician as part of their medical practice policy.

You also have benefits when you go out of the network but if the provider you see is not contracted with Blue Cross Blue Shield, they are not obligated to accept our payment allowance and may bill you for any unpaid balance. This balance generally exceeds your coinsurance by a substantial amount. When you travel out of state, you'll still have the protection of participating Blue Cross Providers. The Blue Cross Blue Shield logo is recognized nationwide.

If you have questions, please contact the Dedicated Customer Service Unit at 1-800-322-2808. A Blue Cross Blue Shield employee will be glad to help you.

YOUR PRE-TAX RATES FOR MEDICAL INSURANCE		
	<u>12 PAY</u>	<u>10 PAY</u>
Employee	\$0*	\$0*
Spouse	\$368.00	\$441.60
Child, Single	\$92.00	\$110.40
Children, 2 or More	\$184.00	\$220.80

*The Board funds the employee's portion of the medical plan at \$440.00 per month.

BENEFIT FOR THOSE TRAVELING

OR RESIDING OUT-OF-AREA INCLUDING COLLEGE STUDENTS

Covered persons residing outside of Polk County are eligible to receive covered services from any participating Blue Cross Blue Shield provider or facility and still be protected from balance billing for charges that are higher than the Blue Cross Blue Shield allowance. This also holds true while you are traveling throughout the country.