

Citrus County School Board

Cost Sharing	BlueOptions	BlueOptions	BlueOptions	BlueOptions	BlueOptions
Maximums shown are Per Benefit Period (BPM) unless noted	03359	HSA-Compatible 05168 (Single Coverage)	HSA-Compatible 05169 (Family Coverage)	HSA-Compatible 05172 (Single Coverage)	HSA-Compatible 05173 (Family Coverage)
Deductible (DED) (Per Person/Family Agg)					
In-Network	\$1,500 / \$3,000	\$2,000 / Not Applicable	\$4,000 / \$4,000	\$6,500 / Not Applicable	\$6,500 / \$13,000
Out-of-Network	Combined with In-Network	\$3,500 / Not Applicable	\$7,500 / \$7,500	\$10,000 / Not Applicable	\$20,000 / \$20,000
Coinurance (Member Responsibility)					
In-Network	20%	15%	15%	20%	20%
Out-of-Network	40%	30%	30%	30%	30%
Out of Pocket Maximum (Per Person/Family Agg)	Includes DED, Coins, Copays and RX	Includes DED, Coins, Copays and RX	Includes DED, Coins, Copays and RX	Includes DED, Coins, Copays and RX	Includes DED, Coins, Copays and RX
In-Network	\$6,000 / \$12,000	\$5,500 / Not Applicable	\$7,000 / \$7,000	\$8,500 / Not Applicable	\$8,500 / \$17,000
Out-of-Network	Combined with In-Network	\$7,000 / Not Applicable	\$14,000 / \$14,000	\$12,000 / Not Applicable	\$20,000 / \$20,000
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Professional Provider Services					
Office Services					
In-Network Family Physician	\$20 FP	DED +15%	DED +15%	DED +20%	DED +20%
In-Network Specialist	DED +20%	DED +15%	DED +15%	DED +20%	DED +20%
Out-of-Network	DED +40%	DED +30%	DED +30%	DED +30%	DED +30%
Virtual Office Visit Services					
In-Network Family Physician	\$10	DED +15%	DED +15%	DED +20%	DED +20%
In-Network Specialist	DED +20%	DED +15%	DED +15%	DED +20%	DED +20%
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Preventive Care					
Adult Wellness Office Services					
In-Network Family Physician	\$0	\$0	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0	\$0	\$0
Out-of-Network	40% (No DED)	30% (No DED)	30% (No DED)	30% (No DED)	30% (No DED)
Emergency/Urgent/Convenient Care					
Emergency Room Facility Services					
In-Network	DED +20%	DED +15%	DED +15%	DED +20%	DED +20%
Out-of-Network	In-Network DED +20%	In-Network DED +15%	In-Network DED +15%	In-Network DED +20%	In-Network DED +20%
Urgent Care Centers (UCC)					
In-Network	DED +20%	DED +15%	DED +15%	DED +20%	DED +20%
Out-of-Network	DED +20%	DED +15%	DED +15%	DED +20%	DED +20%
Convenient Care Centers (CCC)					
In-Network	\$20 FP	DED +15%	DED +15%	DED +20%	DED +20%
Out-of-Network	DED +40%	DED +30%	DED +30%	DED +30%	DED +30%
Facility Services - Hosp/Surg/ICL/IDTF					
Ambulatory Surgical Center					
In-Network	DED +20%	DED +15%	DED +15%	DED +20%	DED +20%
Out-of-Network	DED +40%	DED +30%	DED +30%	DED +30%	DED +30%
Independent Clinical Lab					
In-Network	\$0	DED +15%	DED +15%	DED +20%	DED +20%
Out-of-Network	DED +40%	DED +30%	DED +30%	DED +30%	DED +30%
Independent Diagnostic Testing Facility -					
In-Network - Advanced Imaging Services (AIS)	\$250	DED +15%	DED +15%	DED +20%	DED +20%
In-Network - Other Diagnostic Services	\$250	DED +15%	DED +15%	DED +20%	DED +20%
Out-of-Network	DED +40%	DED +30%	DED +30%	DED +30%	DED +30%
Inpatient Hospital (per admit)					
In-Network	DED +20%	DED +15%	DED +15%	DED +20%	DED +20%
Out-of-Network	DED +40%	DED +30%	DED +30%	DED +30%	DED +30%
Prescription Drugs					
In-Network					
Retail (30 days)	Deductible \$250	In Network DED then	In Network DED then	In Network DED then	In Network DED then
Generic/Preferred Brand/Non-Preferred	20%/30%/40%	20%/30%/40%/50%	20%/30%/40%/50%	20%/30%/40%/50%	20%/30%/40%/50%
Mail Order (90 days)					
Generic/Preferred Brand/Non-Preferred	\$20/\$50/\$80	Not Covered	Not Covered	In Network DED then \$25/\$75/\$125	In Network DED then \$25/\$75/\$125