

Hernando County School District Benefit Plans



Please visit www.FloridaBlue.com for a complete listing of In-network Providers, Hospitals, Emergency Care Centers, and Durable Medical Equipment Suppliers.



Financial Features		BlueOptions PPO 05770	BlueCare HMO 60	BlueCare HMO 54
Calendar Year Deductible (CYD)				
(Individual/Family)	In-Network	\$750 / \$1,250	\$500 / \$500	\$5,000/\$10,000
	Out-of-Network	\$3,000 / \$5,000	Not Covered	Not Covered
Coinsurance				
	In-Network	30%	20%	30%
	Out-of-Network	50%	Not Covered	Not Covered
Out of Pocket Maximum (In-Network/Out-of-Network)				
(Individual/Family)	In-Network	\$4,000 / \$8,000	\$3,000 / \$6,000	\$6,350/\$12,700
	Out-of-Network	\$7,000 / \$14,000	Not Covered	Not Covered

Services		BlueOptions PPO 05770	BlueCare HMO 60	BlueCare HMO 54
Teledoc				
	In-Network	\$10 Copay	\$10 Copay	\$10 Copay
Office Services				
	In-Network Family Physician	\$25 Copay	\$25 Copay	\$40 Copay
	In-Network Specialist	\$50 Copay	\$50 Copay	\$65 Copay
	Out-of-Network Providers	DED + 50%	Not Covered	Not Covered
Independent Clinical Laboratory				
	In-Network	\$0 Copay	\$0 Copay	\$0 Copay
	Out-of-Network	DED + 50%	Not Covered	Not Covered
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)				
Physician Office or Independent Diagnostic Testing Center	In-Network	\$200 Copay \$200 Copay	\$200 Copay \$200 Copay	\$300 Copay \$200 Copay
	Out-of-Network	DED + 50%	Not Covered	Not Covered
Outpatient Hospital Facility	In-Network	DED + 30%	\$275 Copay	30% after Ded
	Out-of-Network	DED + 50%	Not Covered	Not Covered
Outpatient Therapy				
	In-Network Family Physician	\$25 Copay	\$10 Copay	\$40 Copay
	In-Network Specialist	\$45 Copay	\$10 Copay	\$65 Copay
	Out-of-Network	DED + 50%	Not Covered	Not Covered
Provider Services at Hospital & ER				
	In-Network	\$100 Copay	\$0 Copay	30% after Ded
	Out-of-Network	\$100 Copay	Not Covered	Not Covered
Hospital Services				
Inpatient	In-Network	\$1,000 copay	\$325 per Day / \$1,625 max	30% after Ded
	Out-of-Network	\$3,500 copay	Not Covered	Not Covered
Outpatient	In-Network	DED + 30%	\$275 Copayment	30% after Ded
	Out-of-Network	DED + 50%	Not Covered	Not Covered
Emergency Room Services				
	In-Network	\$200 Copay	\$200 Copay	\$300 Copay
	Out-of-Network	\$200 Copay	\$200 Copay	\$300 Copay
Urgent Care Services				
	In-Network	\$50 Copay	\$45 Copay	\$85 Copay
	Out-of-Network	DED + \$50 Copayment	Not Covered	Not Covered
Convenient Care Center				
	In-Network	\$25 Copay	\$25 Copay	\$40 Copay
	Out-of-Network	DED + 50%	Not Covered	Not Covered
Ambulance Services				
	In-Network	30% after Ded	Out of Network only covered for Emergencies 20% after Ded	30% after Ded
	Out-of-Network	INN DED + 30%	INN DED + 20%	INN DED + 30%
Preventive Health				
	Mammograms	\$0 Copay	\$0 Copay	\$0 Copay
	Well Child	\$0 Copay	\$0 Copay	\$0 Copay
	Adult Wellness In-Network	\$0 Copay	\$0 Copay	\$0 Copay
	Adult Wellness Out-of-Network	50%	Not Covered	Not Covered
Mental Health And Substance Dependency Services				
	In-Network	\$0 Copay	\$0 Copay	\$0 Copay
	Out-of-Network	50%	Not Covered	Not Covered
	Inpatient Hospital Out-of-Network	\$500 Copay	Not Covered	Not Covered
Prescription Drug Copays:				
		BlueOptions PPO 05770	BlueCare HMO 60	BlueCare HMO 54
	Deductible	\$0	\$0	\$0
	Generic	\$10	\$10	\$10
	Brand	\$30	\$30	\$50
	Non-formulary	\$50	\$50	\$80
		Mail Order is 2x Copay for 90 day supply		2.5x for 90 days supply
Diabetes Supplies - Insulin Pumps - Insulin Pump Supplies (except for Insulin) - Continuous Glucose Monitor Devices		CareCentrix 877-561-9910 *You can get Diabetic supplies, such as strips, needles and meters, from your local in-network retail pharmacy or sign up for home delivery.		