

## Schedule of Benefits

Lake County BOCC	BlueChoice PPO Physician Copay Plan <i>Amount Member Pays</i>
<b>Calendar Year Deductible (CYD)</b> <i>Waived for independent clinical laboratory services</i> Per Person/Family Aggregate Emergency Room Per Visit (all Hospitals)	\$750 / \$2,250 \$50
<b>Coinsurance (Coins)</b> Percentage of covered services paid by member In-Network Out-of-Network	20% 40%
<b>Out-of-Pocket Maximum (Includes only Coinsurance)</b> Per Person/Family Aggregate <i>Out of Pocket Max does not include any deductibles, copays, any benefit penalty reduction, non-covered charges or any charges in excess of the allowed amount.</i>	\$2,000 / \$6,000
<b>Lifetime Maximum (LTM)</b>	\$2,000,000
<b>Office Services</b>	
<b>Office visits</b> In-Network Family Physician/PCP In-Network Specialist Out-of-Network Provider	\$20 \$35 CYD + Coins
<b>Advanced Imaging Services</b> (MRI, MRA, PET, CT, Nuclear Medicine) In-Network Family Physician/PCP In-Network Specialist Out-of-Network Provider	Family Physician Copay Specialist Copay CYD + Coins
<b>Maternity (due at initial visit only)</b> In-Network Specialist Out-of-Network Provider	\$20 CYD + Coins
<b>Allergy Injections</b> In-Network Out-of-Network	\$0 CYD + Coins
<b>Hospital/Surgical</b>	
<b>Ambulatory Surgical Center</b> In-Network Out-of-Network	CYD + Coins CYD + Coins
<b>Inpatient Hospital Facility Services (per admit)</b> In-Network Out-of-Network	CYD + Coins CYD + Coins
<b>Outpatient Hospital Facility Services (per visit)</b> In-Network Out-of-Network	CYD + Coins CYD + Coins
<b>Therapy at Outpatient Hospital</b> In-Network Out-of-Network	CYD + Coins CYD + Coins
<b>Preventive Care</b>	
<b>Adult Wellness Annual Benefit Maximum</b>	\$200
<b>Routine Adult Physical Exams and Immunizations &amp; Flu Shots</b> In-Network Family Physician/PCP In-Network Specialist Out-of-Network Provider	Family Physician Copay Specialist Copay Coins (No CYD)
<b>Well Woman Exam (e.g., Annual GYN)</b> <i>Applies to Adult Wellness CYM</i> In-Network Family Physician/PCP In-Network Specialist Out-of-Network Provider	Family Physician Copay Specialist Copay Coins (No CYD)
<b>Mammograms (In and Out-of-network)</b> <i>Mammograms will <u>not</u> accumulate to the Adult Wellness Calendar Year Maximum.</i>	\$0
<b>Well Child (No CYM)</b> In-Network Family Physician/PCP In-Network Specialist Out-of-Network Provider	Family Physician Copay Specialist Copay Coins (No CYD)

# Lake County BOCC

## BlueChoice PPO Physician Copay Plan

### Prescription Drugs

<b>Retail (31 days)</b> Generic/Preferred Brand/Non-Preferred/	\$15 / \$25 / \$40
<b>Mail Order (90 days)</b> Generic/Preferred Brand/Non-Preferred	\$30 / \$50 / \$80

### Emergency Medical Care

<b>Urgent Care Centers</b>	
In-Network	\$20
Out-of-Network	CYD + Coins

<b>Emergency Room Facility Services</b> <i>Waived if admitted</i>	
In-Network	\$50
Out-of-Network	\$50

<b>Ambulance</b>	
Ground/Air & Water per day max	No Maximum
In-Network	CYD + Coins
Out-of-Network	In-Network CYD + Coins

### Outpatient Diagnostic Services

<b>Independent Diagnostic Testing Facility</b> (includes physician services)	
<b>Advanced Imaging Services</b> (MRI, MRA, PET, CT, Nuclear Medicine)	
In-Network	Specialist Copay
Out-of-Network Provider	CYD + Coins
<b>Other IDTF Services</b>	
In-Network	Specialist Copay
Out-of-Network Provider	CYD + Coins

<b>Independent Clinical Lab</b>	
In-Network	Coins (No CYD)
Out-of-Network	Coins (No CYD)

### Mental Health and Substance Abuse

<b>Mental Health</b> – Calendar Year Max	30 days/20 visits
<b>Inpatient Hospital Facility Services</b> (per admit)	
In-Network	CYD + Coins
Out-of-Network	CYD + Coins
<b>Outpatient Office Visit</b> (20 visits)	
In-Network Family Physician/PCP	\$20
In-Network Specialist	\$35
Out-of-Network Provider	CYD + Coins

<b>Substance Dependency Care &amp; Treatment (LTM)</b>	\$2,500
<b>Inpatient Hospital Facility Services</b> (per admit)	
In-Network	CYD + Coins
Out-of-Network	CYD + Coins
<b>Outpatient Office Visit</b>	
In-Network Family Physician/PCP	\$20
In-Network Specialist	\$35
Out-of-Network Provider	CYD + Coins

### Other Provider Services

<b>Provider Services at Hospital and ER</b>	
In-Network	CYD + Coins
Out-of-Network	CYD + Coins

<b>Radiology, Pathology, Anesthesiology Provider Services at an Ambulatory Surgical Center</b>	
In-Network	CYD + Coins
Out-of-Network	CYD + Coins

<b>Combined Outpatient, Cardiac, Occupational, Physical, Speech &amp; Massage Therapies and Spinal Manipulations</b> (Maximum of 60 Visits Combined)	
<b>Spinal Manipulations (CYM)</b>	\$500
In-Network	CYD + Coins
Out-of-Network	CYD + Coins

<b>Home Health Care (CYM)</b>	\$5,000
In-Network	CYD + Coins
Out-of-Network	CYD + Coins

<b>Hospice (LTM)</b>	\$5,000
<i>Combined Inpatient, Outpatient, Home</i>	
In-Network	CYD + Coins
Out-of-Network	CYD + Coins



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<b>Skilled Nursing Facility (CYM)</b> In-Network Out-of-Network	90 days CYD + Coins CYD + Coins
<b>Enteral Formulas/Low Protein Food Products</b>	\$2,500 per Insured, per Calendar Year
<b>Durable Medical Equipment, Prosthetics and Orthotics</b> In-Network Out-of-Network	CYD + Coins CYD + Coins

**This is not an insurance contract or Benefit Booklet.** The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.