

# Medical Insurance

SDMC offers three medical insurance plans: one Health Maintenance Organizations (HMOs) and two Preferred Provider Organizations (PPOs) through Florida Blue. Before choosing a plan, please review the medical plan comparison chart to see each plan's major provisions.



## Understanding How Metallic Plans Differ

The lower Metallic Plans offer lower payroll deductions, but have higher out-of-pocket costs for deductibles, copays and/or coinsurance. The higher Metallic Plans offer higher payroll deductions but have lower out-of-pocket costs. When evaluating the plans, you should consider how often you will use the plan, plus your payroll deductions.

## BlueCare HMO Plan

Enrolling in an HMO entitles you to receive care from physicians, hospitals, or other high-quality providers who participate in the plan's network. You will need to select a primary care physician (PCP) from the network who will help you manage all aspects of your health care. A PCP can be found at [www.bcbsfl.com](http://www.bcbsfl.com) under Find a Doctor. Like all HMOs, there is no coverage for services received from out-of-network providers, except for qualified emergencies.

## BlueOptions PPO Plans

A PPO is a group of providers (doctors, hospitals, and other medical facilities) who have agreed to provide services at discounted rates. A significant difference between an HMO and a PPO is that a PPO allows you to use providers who are not in the network. When you use an in-network provider, the percentage you pay out-of-pocket will be based on a negotiated fee, which is usually lower than the actual charges. If you use an out-of-network provider, you are subject to a deductible and coinsurance, as well as any charges that are higher than what is considered reasonable and customary (R&C) by Florida Blue, and you could pay substantially more out-of-pocket. Accessing out-of-network services may also subject you to plan limitations that might be avoided when you receive care from in-network providers.

## Reasonable and Customary Amounts

Reasonable and customary (R&C) amounts are the fees the insurance carrier considers appropriate for a medical expense based on the typical rates charged by other providers for a comparable service within the provider's zip code. If you go to an out-of-network provider who charges more than the allowable amounts established by the insurance carrier, the provider may bill you for the remaining balance.



If you need assistance with the new health plan options, please reach out to your Compass Health Pro. You can reach Lindsey Webster toll-free at 1.855.769.4382 or send her an email - [manateeschools@compassphs.com](mailto:manateeschools@compassphs.com). Please make sure you identify yourself as a Manatee County School District employee.

# 2015 Medical Insurance Rates

<b>Florida Blue – Gold PPO (BlueOptions Plan)</b>			
	Monthly Contract Premium	Employee Cost Per Pay (20)	Employee Cost Per Pay (24)
Employee Only	\$520.00	\$61.20	\$51.00
Employee + 1	\$1,042.00	\$220.80	\$184.00
Employee + Family	\$1,458.00	\$315.60	\$263.00

<b>Florida Blue – Silver PPO (BlueOptions Plan)</b>			
	Monthly Contract Premium	Employee Cost Per Pay (20)	Employee Cost Per Pay (24)
Employee Only	\$482.00	\$38.40	\$32.00
Employee + 1	\$964.00	\$174.00	\$145.00
Employee + Family	\$1,348.00	\$249.60	\$208.00

<b>Florida Blue – Bronze HMO (BlueCare Plan)</b>			
	Monthly Contract Premium	Employee Cost Per Pay (20)	Employee Cost Per Pay (24)
Employee Only	\$450.00	\$19.20	\$16.00
Employee + 1	\$900.00	\$96.00	\$80.00
Employee + Family	\$1,260.00	\$150.00	\$125.00

# Medical Plan Comparison

BENEFIT	GOLD (Blue Options PPO)	
	In Network	Out of Network
<b>Deductible</b> <i>(Single/Family)</i>	\$1,000 / \$2,000	
<b>Coinsurance</b>	10%	50%
<b>Annual Out-of-Pocket Maximum</b> <sup>1</sup> <i>(Single/Family)</i>	\$3,000 / \$6,000	
<b>Physician Services/Office Visits</b>		
PCMH / PCP	\$10 copay	50% after deductible
Specialist	\$20 copay	50% after deductible
<b>Preventive Care</b>		
Adult Wellness, Routine ObGyn, Mammograms, Well Child Care, Dermatology Screening	Covered 100%	Covered 100%
<b>Facility Services</b> <i>(including Maternity)</i>		
Inpatient	\$200 copay	50% after deductible
Outpatient Surgery	10% after deductible	50% after deductible
Ambulatory Surgery Center	10% after deductible	50% after deductible
<b>Emergency Room</b> <sup>2</sup>	\$1,000 copay	\$1,000 copay
<b>Diagnostic Services</b>		
Independent Clinical Lab	\$0 copay	50% after deductible
Advanced Imaging/IDTF Services <sup>3</sup>	10% after deductible	50% after deductible
<b>Durable Medical Equipment</b> <sup>4</sup>	10% after deductible	50% after deductible
<b>Home Health Care</b> <i>(20 visits max)</i>	10% after deductible	50% after deductible
<b>Prescription Drugs – Retail</b> <i>(30-day supply)</i>		
Generic	\$10 copay	N/A
Preferred Brand	\$30 copay	N/A
Non-Preferred Brand	\$60 copay	N/A
<b>Prescription Drugs – Mail Order</b> <i>(90-Day supply)</i>		
Generic	2.5x Retail Copay	50%
<b>Mental/Nervous and Substance Abuse</b>		
Inpatient services	Covered 100%	50%, deductible waived
Outpatient services	Covered 100%	50%, deductible waived
<b>Outpatient Therapy</b> <i>(35 visit max - authorization needed)</i>		
Physical, Occupational, Speech, Chiropractic	\$20 copay	50% after deductible

<sup>1</sup> Out of Pocket Maximum includes annual deductible, copayments, and prescription drug costs.

<sup>2</sup> Copay waived if admitted.

<sup>3</sup> Services performed in an Independent Diagnostic Testing Facility.

<sup>4</sup> Diabetic supplies (lancets, strips, etc.) are covered under the Rx benefits; Supplies and equipment (insulin pumps, tubing) are covered under the medical benefit as DME.

BENEFIT	SILVER (BlueOptions PPO)		BRONZE (BlueCare HMO)
	Description	In Network	Out of Network
<b>Deductible</b> <i>(Single/Family)</i>	\$1,500 / \$3,000		\$2,500 / \$5,000
<b>Coinsurance</b>	20%	50%	30%
<b>Annual Out-of-Pocket Maximum</b> <sup>1</sup> <i>(Single/Family)</i>	\$4,000 / \$8,000		\$5,000 / \$10,000
<b>Physician Services/Office Visits</b>			
PCMH / PCP	\$25 copay	50% after deductible	\$15 copay / \$30 copay
Specialist	\$50 copay	50% after deductible	\$60 copay
<b>Preventive Care</b>			
Adult Wellness, Routine ObGyn, Mammograms, Well Child Care, Dermatology Screening	Covered 100%	Covered 100%	Covered 100%
<b>Facility Services</b> <i>(including Maternity)</i>			
Inpatient	\$250 copay	50% after deductible	\$300 copay
Outpatient Surgery	20% after deductible	50% after deductible	30% after deductible
Ambulatory Surgery Center	20% after deductible	50% after deductible	30% after deductible
<b>Emergency Room</b> <sup>2</sup>	\$1,500 copay	\$1,500 copay	\$2,000 copay
<b>Diagnostic Services</b>			
Independent Clinical Lab	\$0 copay	50% after deductible	Covered 100%
Advanced Imaging/IDTF Services <sup>3</sup>	20% after deductible	50% after deductible	30% after deductible
<b>Durable Medical Equipment</b> <sup>4</sup>	20% after deductible	50% after deductible	30% after deductible
<b>Home Health Care</b> <i>(20 visits max)</i>	20% after deductible	50% after deductible	30% after deductible
<b>Prescription Drugs – Retail</b> <i>(30-day supply)</i>			
Generic	\$10 copay		\$10 copay
Preferred Brand	\$30 copay		\$30 copay
Non-Preferred Brand	\$60 copay		\$60 copay
<b>Prescription Drugs – Mail Order</b> <i>(90-Day supply)</i>			
Generic	2.5x Retail Copay	50%	2.5x Retail Copay
<b>Mental/Nervous and Substance Abuse</b>			
Inpatient services	Covered 100%	50%, deductible waived	Covered 100%
Outpatient services	Covered 100%	50%, deductible waived	Covered 100%
<b>Outpatient Therapy</b> <i>(35 visit max - authorization needed)</i>			
Physical, Occupational, Speech, Chiropractic	\$50 copay	50% after deductible	\$60 copay