

Citrus County School Board 2022 Health Benefits	Blue Options 03359	Blue Options HSA Compatible 05168 / 05169	Blue Options HSA Compatible 05172 / 05173
In-Network			
Deductible (Per Person / Family Aggregate)	\$1,000 / \$2,000	\$1,500 / \$3,000	\$6,500 / \$13,100
Coinsurance (Member Responsibility)	20%	10%	0%
Out of Pocket Maximum (Per Person / Family)	\$5,000 / \$10,000	\$4,500 / \$6,000	\$6,500 / \$13,100
Lifetime Maximum	No Maximum	No Maximum	No Maximum
Professional Provider Services			
Primary Care Physician (Family Physician)	\$20	Deductible + 10%	Deductible
Specialist	Deductible + 20%	Deductible + 10%	Deductible
E - Primary Care Physician (Family Physician)	\$10	Deductible + 10%	Deductible
E - Specialist	Deductible + 20%	Deductible + 10%	Deductible
Preventative Care (Adult Wellness Office Services)			
Primary Care Physician (Family Physician)	\$0	\$0	\$0
Specialist	\$0	\$0	\$0
Emergency/Urgent Care/Convenient Care			
Emergency Room Facility Services	\$100	Deductible + 10%	Deductible
Urgent Care Centers (UCC)	Deductible + 20%	Deductible + 10%	Deductible
Convenient Care Centers (CCC)	\$20	Deductible + 10%	Deductible
Facility Services - Hosp/Surg/ICL/IFFT			
Ambulatory Surgical Center	\$100	Deductible + 10%	Deductible
Independent Clinical Lab	\$0	Deductible + 10%	Deductible
Independent Diagnostic Testing Facility			
Advanced Imaging Services (AIS)	\$125	Deductible + 10%	Deductible
Other Diagnostic Services	\$50	Deductible + 10%	Deductible
Inpatient Hospital (per admission)	Option 1 \$600 / Option 2 \$900	Deductible + 10%	Deductible
Prescription Drugs			
Retail (30 Days)	\$250 Deductible	Deductible	Deductible
Generic / Preferred Brand / Non-	20% / 30% / 40%	then Covered at 100%	then \$10 / \$30 / \$50
Mail Order (90 Days)			Deductible
Generic / Preferred Brand / Non-	\$20 / \$50 / \$80	Not Covered	then \$25 / \$75 / \$125
Out of Network:			
Deductible (Per Person / Family Aggregate)	Combined with In-Network	\$3,000 / \$6,000	\$10,000 / \$20,000
Coinsurance (Member Responsibility)	20%	20%	20%
Out of Pocket Maximum (Per Person / Family)	Combined with In-Network	\$6,000 / \$12,000	\$10,000 / \$20,000
Lifetime Maximum	No Maximum	No Maximum	No Maximum
Professional Provider Services			
Primary Care Physician (Family Physician)	Deductible + 40%	Deductible + 20%	Deductible + 20%
Specialist	Deductible + 40%	Deductible + 20%	Deductible + 20%
E - Primary Care Physician (Family Physician)	Not Covered	Not Covered	Not Covered
E - Specialist	Not Covered	Not Covered	Not Covered
Preventative Care (Adult Wellness Office Services)			
Primary Care Physician (Family Physician)	40%	20%	20%
Specialist	40%	20%	20%
Emergency/Urgent Care/Convenient Care			
Emergency Room Facility Services	\$100	Deductible + 20%	Deductible
Urgent Care Centers (UCC)	Deductible + 20%	Deductible + 20%	Deductible
Convenient Care Centers (CCC)	Deductible + 40%	Deductible + 20%	Deductible + 20%
Facility Services - Hosp/Surg/ICL/IFFT			
Ambulatory Surgical Center	Deductible + 40%	Deductible + 20%	Deductible + 20%
Independent Clinical Lab	Deductible + 40%	Deductible + 20%	Deductible + 20%
Independent Diagnostic Testing Facility	Deductible + 40%	Deductible + 20%	Deductible + 20%
Inpatient Hospital (per admission)	Deductible + 40%	Deductible + 20%	Deductible + 20%

Plans 05172/05173 do not include access to the Wellness Center.

This is not an insurance contract or Benefit Booklet. This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue Benefit Booklets and Schedule of Benefits; its terms prevail.