

Charlotte County Public Schools Proposed Plan Designs

2011 HEALTH INSURANCE PLANS

		<i>PPO1000</i>	<i>PPO1500(H.S.A.)</i>		<i>PPO3000(H.S.A.)</i>
Benefits		In-Network	In-Network	Out-of-Network	In-Network
Deductible					
Single		\$1,000	\$1,500	\$3,000	\$3,000
Family		\$3,000	\$3,000	\$6,000	\$6,000
Coinsurance		80% / 20%	90% / 10%	70% / 30%	80% / 20%
Out-of-Pocket Limit					
Single		\$3,000	\$2,500	\$6,000	\$4,000
Family		\$6,000	\$5,000	\$12,000	\$8,000
Lifetime Maximum		UNLIMITED	UNLIMITED		UNLIMITED
Physician Services					
PCP Office Visits		\$25 Copay	10% after CYD	30% after CYD	20% after CYD
Specialist Visits		\$40 Copay	10% after CYD	30% after CYD	20% after CYD
Injections received in Physician Office		\$10 Copay	10% after CYD	30% after CYD	
Preventive Care		UNLIMITED	UNLIMITED		UNLIMITED
Routine Physical Exam		\$25 Copay	\$0 Copay	30% no CYD	\$0 Copay
Adult Immunizations		\$25 Copay	\$0 Copay	\$150 Copay	\$0 Copay
Well Woman/GYN Exam		\$25 Copay	\$0 Copay	30% no CYD	\$0 Copay
Mammograms		100%	\$0 Copay	May be balance billed	\$0 Copay
Well Child Care		\$25 Copay	\$0 Copay	30% no CYD	\$0 Copay
Pediatric Immunizations		\$25 Copay	\$0 Copay	30% no CYD	\$0 Copay
Hospital Services					
Inpatient		20% after CYD	10% after CYD	30% after CYD	20% after CYD
Outpatient Surgery		20% after CYD	10% after CYD	30% after CYD	20% after CYD
Emergency Services					
Emergency Room		\$200 Copay	10% after CYD	30% after CYD	20% after CYD
Urgent Care Center		\$55 Copay	10% after CYD	30% after CYD	20% after CYD
Ambulance		20% Coinsurance + CYD			
Ground Travel		\$400 per day	10% after CYD	30% after CYD	20% after CYD
Air and Water Travel		\$4,000 per day			
Diagnostic X-ray/Lab					
Physician Office		\$50 Copay	10% after CYD	30% after CYD	20% after CYD
Hospital or Free Standing Facility		20% after CYD	10% after CYD	30% after CYD	20% after CYD
Mental Health					
Inpatient		20% after CYD	10% after CYD	30% after CYD	20% after CYD
Outpatient		\$40 Copay	10% after CYD	30% after CYD	20% after CYD
Substance Abuse					
Inpatient		20% after CYD	10% after CYD	30% after CYD	20% after CYD
Outpatient		\$55 Copay	10% after CYD	30% after CYD	20% after CYD

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Benefits		In-Network	In-Network	Out-of-Network	In-Network
Outpatient Therapy					
Physical, Occupational, Speech Therapy		\$10 copay deduct waived 60 day per incid	10% after CYD	30% after CYD	20% after CYD
Spinal Manipulation		\$40 Copay	10% after CYD	30% after CYD	20% after CYD
Vision Benefit					
Exam		\$40 Copay	\$0 Copay	30% after CYD	\$0 Copay
Miscellaneous Services					
Home Health Care		20% Coinsurance + CYD UNLIMITED	10% after CYD	30% after CYD	\$0 Copay
Hospice		20% Coinsurance + CYD UNLIMITED	10% after CYD	30% after CYD	Inpatient: 20% after CYD Outpatient: \$0 Copay
Skilled Nursing		20% Coinsurance + CYD 60 days PCY max	10% after CYD	30% after CYD	20% after CYD
Durable Medical Equipment		20% Coinsurance + CYD	10% after CYD	30% after CYD	20% after CYD
Prescription Drugs					
Retail					
Tier 1		\$10 Copay	\$15 Copay after CYD		\$20 Copay after CYD
Tier 2		\$25 Copay	\$30 Copay after CYD		\$35 Copay after CYD
Tier 3		\$50 Copay	\$50 Copay after CYD		\$50 Copay after CYD
Tier 4		N/A			N/A
Day Supply		up to 31			30 day
Mail Order					
Tier 1		\$20 Copay	\$30 Copay after CYD		\$40 Copay after CYD
Tier 2		\$50 Copay	\$60 Copay after CYD		\$70 Copay after CYD
Tier 3		\$100 Copay	\$100 Copay after CYD		\$100 Copay after CYD
Tier 4		N/A			N/A
Day Supply		31 - 90			31-90