

2020 Dixie County School Board Rate Sheet				
Benefits	Blue Options PPO Plan 5180/5181 H S A	Blue Care HMO Plan 130/131 HSA	Blue Care HMO Plan 54	Blue Care HMO Plan 70
	Out of Network Benefits			
<b>OFFICE SERVICES</b>				
PCP/Specialist In-Network	DED + Coinsurance	DED + Coinsurance	\$40/\$65 copay	\$50/\$75
PCP/Specialist Out of Network	DED + Coinsurance	N/A	N/A	N/A
Preventive Care <b>In Network</b>	DED + Coinsurance	100% covered	100% covered	100% covered
<b>HOSPITAL SERVICES</b>				
Inpatient In-Network	DED + Coinsurance	DED + Coinsurance	DED + Coinsurance	DED + 30%
Inpatient Out-of-Network	DED +INN Coinsurance	N/A	N/A	N/A
ER Services	DED + Coinsurance	DED + Coinsurance	\$300 copay	\$500 copay
<b>OUTPATIENT SERVICES</b>				
Surgery In-Network	DED + Coinsurance	DED + Coinsurance	DED + Coinsurance	DED + 30%
Surgery Out-of-Network	DED + Coinsurance	N/A	N/A	N/A
Simple Diagnostic Services In-Network	DED + Coinsurance	DED + Coinsurance	\$65	\$75
Simple Diagnostic Services Out-of-Network	DED + Coinsurance	N/A	N/A	N/A
Complex Diagnostic Services In-Network	DED + Coinsurance	DED + Coinsurance	\$200	DED + 30%
Complex Diagnostic Services Out-of-Network	DED + Coinsurance	N/A	N/A	N/A
Urgent Care Services	DED + 10%	DED + Coinsurance	\$85	\$80
<b>Rx</b>				
Rx	\$10/\$50/\$80 after Ded	\$10/\$50/\$80 After Ded	\$10/\$50/\$80 Retail Only	\$10/\$50/\$80 Retail Only
<b>CY DEDUCTIBLE (CYD)</b>				
Individual/Family In-Network	\$1,500 / NA	\$1,500 / NA(130) \$3,000/\$3,000 (131)	\$5,000/\$10,000	\$5,500/\$11,000
Individual/Family Out-of-Network	\$3,000 / NA	N/A (130 +131)	N/A	N/A
<b>OUT-OF-POCKET MAXIMUM</b>				
Individual/Family In-Network	\$3,000 / NA	\$4,500 / NA (130) \$6,850 / \$9,000 (131)	\$6,350 / \$12,700	\$7,350 / \$14,500
Individual/Family Out-of-Network	\$6,000 / NA	N/A	N/A	N/A
<b>COINSURANCE</b>				
In Network	90% / 10%	80% / 20%	70% / 30%	70% / 30%
Out-of-Network	60%/40%	N/A	N/A	N/A
<b>Employee Only 18 Pay</b>				
Employee Only 18 Pay	\$ 145.20	\$ 0.00	\$ 15.63	\$ 0.00
<b>Employee &amp; Spouse 18 Pay</b>				
Employee & Spouse 18 Pay	\$ 855.39	\$ 572.90	\$ 589.19	\$ 545.39
<b>Employee &amp; Children 18 Pay</b>				
Employee & Children 18 Pay	\$ 570.56	\$ 352.15	\$ 364.76	\$ 330.89
<b>Family 18 Pay</b>				
Family 18 Pay	\$ 1245.72	\$ 875.39	\$ 896.75	\$ 839.33