



Southland Utility Services
5/1/2015 Health Benefit Options



*OOV = Out of Network

| Carrier | BlueOptions 5465 PPO | Florida Blue | BlueOptions 5802 PPO |
|--|--|--|----------------------|
| Plan | | | |
| Calendar Year Deductible | \$1,000 Ind / \$3,000 Fam -In Network \$6,000 Ind / \$8,000 Fam-OOV | \$1,500 Per Individual-In Network \$4,500 Per Individual-OOV | |
| Coinsurance | 20%-In Network / 50%-OOV | 50%-In Network / 50%-OOV | |
| Family Physician Office Visit | \$20 Copay-In Network Deductible & Coinsurance-OOV | \$45 Copay-In Network Deductible & Coinsurance-OOV | |
| Specialist Office Visit | \$45 Copay-In Network Deductible & Coinsurance-OOV | Deductible & Coinsurance | |
| Wellness | 100% Covered In Network | 100% Covered In Network | |
| Physician Services Outside Office | Deductible & Coinsurance | Deductible & Coinsurance | |
| Urgent Care Center | \$60 Copay-In Network Deductible & Coinsurance-OOV | Deductible & Coinsurance | |
| Emergency Room | \$150 Copay | Deductible & In Network Coinsurance | |
| Inpatient Hospital | Option 1-\$800 / Option 2-\$1,200 Copay-In Network Deductible & Coinsurance-OOV | Deductible & Coinsurance | |
| Outpatient Hospital | Option 1-\$350 / Option 2-\$450 Copay-In Network Deductible & Coinsurance-OOV | Option 1-\$400 / Option 2-\$500 Copay-In Network Deductible & Coinsurance-OOV | |
| Ambulatory Surgical Center | \$200 Copay-In Network Deductible & Coinsurance-OOV | Deductible & Coinsurance | |
| Independent Diagnostic Testing Facility | Advanced Imaging \$200 Copay / X-Ray \$50 Copay-In Network Deductible & Coinsurance-OOV | Advanced Imaging \$250 Copay / X-Ray Deductible & Coinsurance In Network Deductible & Coinsurance-OOV | |
| Freestanding Lab | Independent Clinical Lab \$0 Copay Other Services & OOV Deductible & Coinsurance | Independent Clinical Lab \$0 Copay Other Services & OOV Deductible & Coinsurance | |
| Pharmacy | Retail: No Deductible, then \$10/30/50-In Network 50% Coinsurance-OOV Medical: 20% Coinsurance to \$200 | Retail: \$10 Generic \$800 Brand Ded. then \$60/100 In Network 50% Coinsurance-OOV Medical: 20% Coinsurance to \$200 | |
| Out of Pocket Maximum | \$4,000 Ind / \$8,000 Fam-In Network \$8,000 Ind / \$16,000 Fam-OOV (Excludes RX) | \$10,000 per Ind or Fam-In Network \$20,000 per Ind or Fam-OOV (Excludes RX) | |