

**Sumter School District
Blue Cross Blue Shield of Florida
Active Employee Benefits Plans
2017**

**This illustration is a SUMMARY of plan benefits.
All rates shown are in 24 payments.**

Insurance Contact Information

Please contact Leslie Paxton for questions concerning your plan at:
352-793-2315, x50229 or email Leslie.Paxton@sumter.k12.fl.us

"A-D-E-F" Annual Board Benefit-\$5,072.24/Per Paycheck -\$211.34

Plan A: alternate benefits for those employees who have medical coverage elsewhere.

Coverage	Amount
Life Insurance with AD&D	\$36,000
Vision and Dental coverage (dental includes orthodontic benefits)	see schedule
Keep in mind that Option A does not include medical benefits. The cost shown is the amount deducted from your paycheck.	
A Employee coverage	no cost
A2 Employee (A) & spouse dental and vision	\$18.71
A3 Employee (A) & children dental & vision	\$16.85
A4 Employee (A) & spouse and children dental & vision	\$20.85

BENEFITS

	BlueOptions (D)	BlueOptions (E)**	BlueCare (F)
Life Insurance with AD&D	\$36,000	\$36,000	\$36,000
Medical Lifetime Maximum	No Maximum	No Maximum	No Maximum
❖Co-pay for visits to PPO *PCP doctors	\$25.00	DED + 10%	\$30.00
❖Co-pay for visits PPO Specialists	\$35.00	DED + 10%	\$45.00
Deductible PCY (Per person/Family Agg)	\$1,000 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$4,500
Co-payment per hospital confinement	Option 1 - \$500/Option 2- \$1,000	Deductible + 10%	Deductible + 20%
In-Network			
Out-of-Network	Deductible + 40%	Deductible + 30%	Not Covered
Co-Insurance for PPO Providers	20%	10%	10%
Co-Insurance for <u>NON</u> PPO Providers	40%	30%	Not Covered
Maximum out-of-pocket Co-insurance	Includes DED, Coins, Copays \$4,000 / \$12,000 Combined w/In-Ntwk	Includes DED, Coins, Copays \$3,000 \$6,000	Includes, DED,,Coins, Copays \$4,500/\$9,000 N/A
In-Network			
Of-Network			
Prescription Medication - Retail Copay (See detail for mail order)	\$50 DED PCY, then \$20/\$40/\$60 (30 days)	In - Network DED then \$15/\$30/\$50 (30 days)	\$50 DED PCY, then \$20/\$50/\$80 (30 days)
Annual Routine Adult/Child Preventive Services & Immunizations	\$0 In-Network 40% coins Out-of-Network	\$0 In-Network 30% Out-Of-Network	\$0 In-Network Not Covered Out-of-Network

***BCBS PCP providers include Family Practitioners, General Practitioners, Internal Medicine and Pediatricians.**

❖Co-payment includes all covered services that occur at the time of the office visit and within the office visit only.

Dental/Vision Package added to Medical Plan	
Employee Coverage	\$23.71
Employee/Spouse Dental & Vision	\$37.06
Employee/Child(ren) Dental & Vision	\$35.56
Employee/Family Dental & Vision	\$39.56

Below are the 2017 insurance rates. The cost shown is reduced by the board contribution and is the amount deducted per paycheck.

Plan Coverage	Plan D	Plan E	Plan F
Employee medical, as listed above	<input type="checkbox"/> D \$ 43.61	<input type="checkbox"/> E \$ 52.02	<input type="checkbox"/> F \$ 20.55
EE Medical, dental & vision	<input type="checkbox"/> D1 \$ 67.32	<input type="checkbox"/> E1 \$ 75.73	<input type="checkbox"/> F1 \$ 44.26
EE/Spouse medical coverage	<input type="checkbox"/> D2 \$250.59	<input type="checkbox"/> E2 \$320.47	<input type="checkbox"/> F2 \$162.84
EE/Children medical coverage	<input type="checkbox"/> D3 \$250.59	<input type="checkbox"/> E3 N/A	<input type="checkbox"/> F3 \$162.84
EE/Family medical coverage	<input type="checkbox"/> D4 \$407.19	<input type="checkbox"/> E4 N/A	<input type="checkbox"/> F4 \$239.55
EE/Spouse, medical, dental & vision	<input type="checkbox"/> D5 \$287.65	<input type="checkbox"/> E5 \$357.53	<input type="checkbox"/> F5 \$199.90
EE/Child medical, dental & vision	<input type="checkbox"/> D6 \$286.15	<input type="checkbox"/> E6 N/A	<input type="checkbox"/> F6 \$198.40
EE/Family. Medical, dental & vision	<input type="checkbox"/> D7 \$446.75	<input type="checkbox"/> E7 N/A	<input type="checkbox"/> F7 \$279.11
EE Medical & EE / Sp Den & Vision	<input type="checkbox"/> D8 \$ 80.67	<input type="checkbox"/> E8 \$ 89.08	<input type="checkbox"/> F8 \$ 57.61
EE Medical & EE / Child Den & Vision	<input type="checkbox"/> D9 \$ 79.17	<input type="checkbox"/> E9 \$ 87.58	<input type="checkbox"/> F9 \$ 56.11
EE Medical & EE / Family Den & Vision	<input type="checkbox"/> D10 \$ 83.17	<input type="checkbox"/> E10 \$ 91.58	<input type="checkbox"/> F10 \$ 60.11

****Please note: Effective 1/1/2015, BlueOptions plan E is no longer available. Employees in Plan E prior to 1/1/2015 are grandfathered in.**