

**The School District of Desoto County**  
**Summary of Benefits**  
**1/01/2009**

	2010 plan year	2010 plan year
	BlueCare 16 (HMO)	BlueOptions Plan 3748
<b>Office Services</b>		
In-Network Family Physician / PCP:	\$15 Copay	\$20 Copay
In-Network Specialist:	\$45 Copay	\$35 Copay
Out-of-Network Providers:	Not Covered	CYD + Coinsurance
In-Network e-Office Visit Family Physician:	\$15 Copayment	\$10 Copayment
In-Network e-Office Visit Specialist:	\$45 Copayment	\$10 Copayment
Out-of-Network e-Office Visit:	Not Covered	CYD + Coinsurance
In-Network Family Physician Advanced Imaging Services:	\$0 X-ray; \$15 Dx Testing	\$100 Copayment
In-Network Specialist Advanced Imaging Services:	\$0 X-ray; \$45 Dx Testing	\$100 Copayment
Out-of-Network Providers Advanced Imaging Services:	Not Covered	CYD + Coinsurance
Allergy Injection In-Network:	\$5 Copay	\$10 Copay
<b>Preventive Health</b>		
Mammograms:	\$0 Copay	\$0 Copay
Well Child:	\$15 Copay	Copay or Coinsurance
Adult Wellness:	\$15/\$45 (OB/GYN Annual Exam) Copay	Copay No Maximum In-Ntwk; Coins \$150 CY MAX Out-of-Ntwk
Routine Colonoscopy (Age 50+ then frequency sch. applies):	Based on Location of Service	\$0 In and Out-of-Ntwk
<b>Hospital Services</b>		
Inpatient In-Network:	\$300 Per Day -- 5 Day Max	\$250/\$500 Copay
Inpatient Out-of-Network:	Not Covered	\$750 Copay
Outpatient In-Network - Therapy Services:	\$5 Copayment	\$45/\$60 Copay
Outpatient In-Network - All other Services:	\$300 Copayment	\$150/\$250 Copay
Outpatient In-Network - All other Services:	Not Covered	CYD + Coinsurance/\$300 Copay
Urgent Care Centers In-Network:	\$45 Copayment	\$75 Copayment
Urgent Care Centers Out-of-Network:	Not Covered	CYD + Coinsurance
Emergency Room - In-Network:	\$100 Copay	\$100 Copay
Emergency Room - Out-of-Network:	\$100 Copay	\$200 Copay
Provider Services at Hospital and ER:	\$0 In-Ntwk; Not Covered Out-of-Ntwk	\$0 In and Out-of-Ntwk
<b>Calendar Year Deductible</b>		
In-Network (per person/family):	N/A	\$0 / \$0
Out-of-Network (per person/family):	N/A	\$500 / \$1,500
<b>Coinsurance</b>		
In-Network:	N/A	10%
Out-of-Network:	N/A	40%
<b>Out-of-Pocket Maximum</b>		
In-Network:	\$1,500 / \$3,000	\$1,500 / \$3,000
Out-of-Network:	N/A	\$3,000 / \$6,000
<b>Benefit Maximums</b>		
Lifetime Maximum:	Unlimited	\$5,000,000
Substance Dependency:	IP Detox Only; 20 OP Visits CYM (\$35 Copay)	\$2,500 LTM
Mental Health:	30 IP / 20 OP CYM (\$50 Copay)	30 IP / 20 OP CYM
Hospice:	\$0 Copay	No Maximum
Home Health Care:	\$0 Copay	\$2,500 CYM
Skilled Nursing Facility:	90 Days CYM; \$0 Copay	60 Days CYM
Outpatient Therapy and Spinal Manipulations:	Within 62-day period; \$5 Copay	\$2,500 CYM
<b>Other</b>		
Independent Clinical Labs:	\$0 Copay In-Ntwk	\$0 In-Ntwk; CYD + Coins Out-of-Ntwk
Independent Diagnostic Testing Facility:	\$0 Copay for X-rays; applicable Provider Copay for Dx Testing	\$50 (x-ray) \$100 (AIS) Copay In-Ntwk; CYD + Coins Out-of-Ntwk
Contraceptive Injections:	Not Covered	Copay In-Ntwk; CYD + Coins Out-of-Ntwk
Prosthetics & Orthotics:	\$0 Copay	CYD + Coinsurance In and Out-of-Ntwk
Durable Medical Equipment:	\$0 Copay	CYD + Coinsurance In and Out-of-Ntwk
Ambulance Services:	\$0 Copay	CYD + In-Ntwk Coins up to \$5,000 Per Day Combined Ground & Air/Water Max
Ambulatory Surgical Center:	\$300 Copay	\$150 Copay In-Ntwk; CYD + Coins Out-of-Ntwk
Radiology, Pathology & Anesthesiology Provider Services (Ambulatory Surgical Center):	\$0 In-Ntwk; Not Covered Out-of-Ntwk	\$35 Copay In and Out-of-Ntwk
Provider Services at Locations Other than Office, Hospital and ER:	\$0 In-Ntwk; Not Covered Out-of-Ntwk	\$20 FP/\$35 Specialist Copay In-Ntwk; CYD + Coins Out-of-Ntwk
Pharmacy: Retail / Mail Order	\$10/\$30/\$45 / \$20/\$60/\$90	\$10/\$30/\$45 / \$20/\$60/\$90