



Attachment C - Medical Plan Schedule of Benefits for Nassau County School Board

	BlueCare 16	Blue Care 112	Predictable Cost Plan 1749	Predictable Cost Plan 1351	HSA-Compatible Plan 1168	HSA-Compatible Plan 1169
Office Services						
In-Network Family Physician / PCP:	\$15 Copay	\$15 Copay	\$15 Copay	\$20 Copay	CYD	CYD
In-Network Specialist:	\$45 Copay	\$15 Copay	\$25 Copay	CYD + Coins	CYD	CYD
Out-of-Network Providers:	Not Covered	Not Covered	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins
In-Network e-Office Visit Family Physician:	\$15 Copay	\$15 Copay	\$10 Copay	\$10 Copay	CYD	CYD
In-Network e-Office Visit Specialist:	\$45 Copay	\$15 Copay	\$10 Copay	\$10 Copay	CYD	CYD
Out-of-Network e-Office Visit:	Not Covered	Not Covered	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins
In-Network Family Physician Advanced Imaging Services:	\$0 X-ray; \$15 Dx Testing	\$0 X-ray; \$15 Dx Testing	\$15 Copay	\$20 Copay	CYD	CYD
In-Network Specialist Advanced Imaging Services:	\$0 X-ray; \$45 Dx Testing	\$0 X-ray; \$15 Dx Testing	\$25 Copay	CYD + Coins	CYD	CYD
Out-of-Network Providers Advanced Imaging Services:	Not Covered	Not Covered	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins
Allergy Injection In-Network:	\$5 Copay	\$5 Copay	\$10 Copay	\$10 Copay (Family Physician)	CYD	CYD
Preventive Health						
Mammograms:	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Well Child:	\$15 Copay	\$15 Copay	Copay or Coins	Copay or Coins	Coins	Coins
Adult Wellness:	\$15/\$45 (OB/GYN Annual Exam) Copay	\$15/\$15 Copay	Copay or Coins up to \$250 CYM	Copay or Coins up to \$150 CYM	Coins up to \$250 CYM	Coins up to \$250 CYM
Routine Colonoscopy (Age 50+ then frequency sch. applies):	Based on Location of Service	Based on Location of Service	See Adult Wellness	See Adult Wellness	See Adult Wellness	See Adult Wellness
Hospital Services						
Inpatient In-Network:	\$300 Per Day -- 5 Day Max	\$450 Per Admission	Option 1/2 - \$300/\$600 Copay	Option 1/2 - \$500/\$1,000 Copay	CYD (All Options)	CYD (All Options)
Inpatient Out-of-Network:	Not Covered	Not Covered	\$900 Copay	\$1,750 Copay	CYD + Coins	CYD + Coins
Outpatient In-Network - Therapy Services:	\$5 Copay	\$5 Copay	Option 1/2 - \$100/\$200 Copay	Option 1/2 - \$150/\$250 Copay	CYD (All Options)	CYD (All Options)
Outpatient In-Network - All other Services:	\$300 Copay	\$200 Copay	Option 1/2 - \$100/\$200 Copay	Option 1/2 - \$150/\$250 Copay	CYD (All Options)	CYD (All Options)
Outpatient Out-of-Network: Therapy Services / All other Services:	Not Covered	Not Covered	\$300 Copay	\$350 Copay	CYD + Coins	CYD + Coins
Urgent Care Centers In-Network:	\$45 Copay	\$15 Copay	\$25 Copay	CYD + Coins	CYD	CYD
Urgent Care Centers Out-of-Network:	Not Covered	Not Covered	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins
Emergency Room - In-Network:	\$100 Copay	\$100 Copay Per Visit	\$100 Copay	\$100 Copay + Coins	CYD	CYD
Emergency Room - Out-of-Network:	\$100 Copay	\$100 Copay Per Visit	\$200 Copay	\$100 Copay + Coins	CYD + Coins	CYD + Coins
Provider Services at Hospital and ER:	\$0 In-Ntwk; Not Covered Out-of-Ntwk	\$0 In-Ntwk; Not Covered Out-of-Ntwk	\$0 In and Out-of-Ntwk	CYD + Coins In-Ntwk; CYD + In-Ntwk Coins Out-of-Ntwk	CYD In and Out-of-Ntwk	CYD In and Out-of-Ntwk
Deductible						
In-Network (per person/family):	N/A	N/A	\$0 / \$0	\$500 / \$1,500	\$2,100 / N/A	\$4,200 / \$4,200
Out-of-Network (per person/family):	N/A	N/A	\$500 / \$1,500	Combined w/In-Ntwk	\$4,200 / N/A	\$8,400 / \$8,400
Coinsurance						
In-Network:	N/A	N/A	10%	20%	0%	0%
Out-of-Network:	N/A	N/A	40%	40%	20%	20%
Out-of-Pocket Maximum						
In-Network:	\$1,500 / \$3,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$9,000	\$2,100 / N/A	\$4,200 / \$4,200
Out-of-Network:	N/A	N/A	\$4,000 / \$8,000	Combined w/In-Ntwk	\$8,400 / N/A	\$16,800 / \$16,800
Benefit Maximums						
Lifetime Maximum:	Unlimited	Unlimited	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Substance Dependency:	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Mental Health:	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
Hospice:	Unlimited \$0 Copay	Unlimited \$0 Copay	\$7,500 LTM	\$7,500 LTM	\$7,500 LTM	\$7,500 LTM
Home Health Care:	Unlimited \$0 Copay	Unlimited \$0 Copay	\$2,500 CYM	\$2,500 CYM	\$2,500 CYM	\$2,500 CYM
Skilled Nursing Facility:	90 Days CYM; \$0 Copay	90 Days CYM; \$0 Copay	60 Days CYM	60 Days CYM	60 Days CYM	60 Days CYM
Outpatient Therapy and Spinal Manipulations:	Within 62-day period; \$5 Copay	Within 62-day period; \$5 Copay	\$2,500 CYM	\$2,500 CYM	\$2,500 CYM	\$2,500 CYM
Other						
Independent Clinical Labs:	\$0 Copay In-Ntwk	\$0 Copay In-Ntwk	\$0 In-Ntwk; CYD + Coins Out-of-Ntwk	\$0 In-Ntwk; CYD + Coins Out-of-Ntwk	CYD In-Ntwk; CYD + Coins Out-of-Ntwk	CYD In-Ntwk; CYD + Coins Out-of-Ntwk
Independent Diagnostic Testing Facility:	\$0 Copay for X-rays; applicable Provider Copay for Dx Testing	\$0 Copay for X-rays; applicable Provider Copay for Dx Testing	\$75 Copay In-Ntwk; CYD + Coins Out-of-Ntwk	\$100 Copay In-Ntwk; CYD + Coins Out-of-Ntwk	CYD In-Ntwk; CYD+ Coins Out-of-Ntwk	CYD In-Ntwk; CYD+ Coins Out-of-Ntwk
Durable Medical Equipment:	\$0 Copay	No Copay	CYD + Coins In and Out-of-Ntwk	CYD + Coins In and Out-of-Ntwk	CYD In-Ntwk; CYD + Coins Out-of-Ntwk	CYD In-Ntwk; CYD + Coins Out-of-Ntwk
Ambulance Services:	\$0 Copay	No Copay (medically necessary)	CYD + In-Ntwk Coins up to \$400 Per Day Ground & \$4,000 Per Day Air/Water Max	CYD + In-Ntwk Coins up to \$400 Per Day Ground & \$4,000 Per Day Air/Water Max	CYD + In-Ntwk Coins up to \$400 Per Day Ground & \$4,000 Per Day Air/Water Max	CYD + In-Ntwk Coins up to \$400 Per Day Ground & \$4,000 Per Day Air/Water Max
Ambulatory Surgical Center:	\$300 Copay	\$200 Copay	\$75 Copay In-Ntwk; CYD + Coins Out-of-Ntwk	\$100 Copay In-Ntwk; CYD + Coins Out-of-Ntwk	CYD In-Ntwk; CYD+ Coins Out-of-Ntwk	CYD In-Ntwk; CYD+ Coins Out-of-Ntwk
Radiology, Pathology & Anesthesiology Provider Services (Ambulatory Surgical Center):	\$0 In-Ntwk; Not Covered Out-of-Ntwk	\$0 In-Ntwk; Not Covered Out-of-Ntwk	\$25 Copay In-Ntwk; CYD + Coins Out-of-Ntwk	CYD + Coins In and Out-of-Ntwk	CYD In-Ntwk; CYD + Coins Out-of-Ntwk	CYD In-Ntwk; CYD + Coins Out-of-Ntwk
Provider Services at Locations Other than Office, Hospital and ER:	\$0 In-Ntwk; Not Covered Out-of-Ntwk	\$0 In-Ntwk; Not Covered Out-of-Ntwk	\$15 FP/\$25 Specialist Copay In-Ntwk; CYD + Coins Out-of-Ntwk	CYD + Coins In and Out-of-Ntwk	CYD In-Ntwk; CYD + Coins Out-of-Ntwk	CYD In-Ntwk; CYD + Coins Out-of-Ntwk
Pharmacy:	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50	\$15/\$30/\$50	CYD then 100%	CYD then 100%