

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

Office Services	BlueCare 16	Blue Care 112	Predictable Cost Plan 1749	Predictable Cost Plan 1351	HSA-Compatible Plan 1168	HSA-Compatible Plan 1169
-Network Family Physician / PCP:	\$15 Copav	\$15 Copay	\$15 Copay	\$20 Copay	CYD	CYD
Network Specialist:	\$45 Copay	\$15 Copay	\$25 Copay	CYD + Coins	CYD	CYD
ut-of-Network Providers:	Not Covered	Not Covered	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins
Network e-Office Visit Family Physician:	\$15 Copay	\$15 Copay	\$10 Copay	\$10 Copay	CYP	CYD
Network e-Office Visit Specialist:	\$45 Copay	\$15 Copay	\$10 Copay	\$10 Copay	CYD	CYD
it-of-Network e-Office Visit:	Not Covered	Not Covered	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins
Network Family Physician Advanced Imaging	\$0 X-ray; \$15 Dx Testing	\$0 X-ray; \$15 Dx Testing	\$15 Copay	\$20 Copay	CYD	CYD
rvices:		-		• •		
-Network Specialist Advanced Imaging	\$0 X-ray; \$45 Dx Testing	\$0 X-ray; \$15 Dx Testing	\$25 Copay	CYD + Coins	CYD	CYD
rivices: ut-of-Network Providers Advanced Imaging	Not Covered	Not Covered	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins
ervices:						
lergy Injection In-Network:	\$5 Copay	\$5 Copay	\$10 Copay	\$10 Copay (Family Physician)	CYD	CYD
eventive Health						
ammograms:	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
ell Child:	\$15 Copay	\$15 Copay	Copay or Coins	Copay or Coins	Coins	Coins
ult 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
utine Colonoscopy (Age 50+ then frequency	Based on Location of Service	Based on Location of Service	See Adult Wellness	See Adult Wellness	See Adult Wellness	See Adult Wellness
n. applies):						
spital Services						
atient 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)
atient Out-of-Network:	Not Covered	Not Covered	\$900 Copay	\$1,750 Copay	CYD + Coins	CYD + Coins
patient 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)
tpatient 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)
tpatient Out-of-Network: Therapy Services /	Not Covered	Not Covered	\$300 Copay	\$350 Copay	CYD + Coins	CYD + Coins
other Services:	not obtained	not covered	wood dopay	φοσο σοραγ	01D + 00m3	01D + 00m3
ent Care Centers In-Network:	\$45 Copay	\$15 Copay	\$25 Copay	CYD + Coins	CYD	CYD
gent Care Centers III-Network:	Not Covered	Not Covered	\$25 Copay CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins
					CYD + Coins	CYD + Coins CYD
ergency Room - In-Network:	\$100 Copay	\$100 Copay Per Visit	\$100 Copay	\$100 Copay + Coins		
nergency Room - Out-of-Network:	\$100 Copay	\$100 Copay Per Visit	\$200 Copay	\$100 Copay + Coins	CYD + Coins	CYD + Coins
ovider 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
eductible						
-Network (per person/family):	N/A	N/A	\$0 / \$0	\$500 / \$1,500	\$2,100 / N/A	\$4,200 / \$4,200
ut-of-Network (per person/family):	N/A	N/A	\$500 / \$1,500	Combined w/In-Ntwk	\$4,200 / N/A	\$8,400 / \$8,400
pinsurance						
-Network:	N/A	N/A	10%	20%	0%	0%
ut-of-Network:	N/A	N/A	40%	40%	20%	20%
ut-of-Pocket Maximum						
-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
ıt-of-Network:	N/A	N/A	\$4,000 / \$8,000	Combined w/ln-Ntwk	\$8,400 / N/A	\$16,800 / \$16,800
nefit Maximums	1471	1471	¥ 1,000 / ¥0,000		40,10071471	Ψ10,000, Ψ10,000
etime Maximum:						
	Unlimited	Unlimited	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
hstance Dependency:	Unlimited No Maximum	Unlimited No Maximum	\$5,000,000 No Maximum	\$5,000,000 No Maximum	\$5,000,000 No Maximum	\$5,000,000 No Maximum
	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
ental Health:	No Maximum No Maximum	No Maximum No Maximum	No Maximum No Maximum	No Maximum No Maximum	No Maximum No Maximum	No Maximum No Maximum
ental Health: espice:	No Maximum No Maximum Unlimited \$0 Copay	No Maximum No Maximum Unlimited \$0 Copay	No Maximum No Maximum \$7,500 LTM	No Maximum No Maximum \$7,500 LTM	No Maximum No Maximum \$7,500 LTM	No Maximum No Maximum \$7,500 LTM
ental Health: espice: eme Health Care:	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay	No Maximum No Maximum \$7,500 LTM \$2,500 CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM
ental Health: spice: me Health Care: illed Nursing Facility:	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM
ntal Health: spice: me Health Care: lled Nursing Facility: tpatient Therapy and Spinal Manipulations:	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay	No Maximum No Maximum \$7,500 LTM \$2,500 CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM
ntal Health: spice: spice: Iled Nursing Facility: tpatient Therapy and Spinal Manipulations: ner	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay Within 62-day period; \$5 Copay	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay Within 62-day period; \$5 Copay	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM
ntal Health: spice: spice: lled Nursing Facility: tpatient Therapy and Spinal Manipulations: her ependent Clinical Labs:	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay Within 62-day period; \$5 Copay	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay Within 62-day period; \$5 Copay	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM \$2,500 CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM \$2,500 CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM CYD In-Ntwk; CYD + Coins Out-of-Ntwk	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM CYD In-Ntwk; CYD + Coins Out-of-N
ntal Health: spice: spice: lled Nursing Facility: tpatient Therapy and Spinal Manipulations: ler ependent Clinical Labs:	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay Within 62-day period; \$5 Copay \$0 Copay In-Ntwk \$0 Copay for X-rays; applicable Provider Copay	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay Within 62-day period; \$5 Copay \$0 Copay In-Ntwk \$0 Copay for X-rays; applicable	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM CYD In-Ntwk; CYD + Coins Out-of-N
ntal Health: spice: me Health Care: illed Nursing Facility: tpatient Therapy and Spinal Manipulations: ner lependent Clinical Labs: lependent Diagnostic Testing Facility:	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay Within 62-day period; \$5 Copay \$0 Copay In-Ntwk \$0 Copay for X-rays; applicable Provider Copay for Dx Testing	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay Within 62-day period; \$5 Copay \$0 Copay In-Ntwk \$0 Copay for X-rays; applicable Provider Copay for Dx Testing	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM \$2,500 CYM \$1,500 CYM \$2,500 CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM \$2,500 CYM \$0 In-Ntwk; CYD + Coins Out-of-Ntwk \$100 Copay In-Ntwk; CYD + Coins Out-of-Ntwk	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM CYD In-Ntwk; CYD + Coins Out-of-Ntwk CYD In-Ntwk; CYD+ Coins Out-of-Ntwk	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM CYD In-Ntwk; CYD + Coins Out-of-N CYD In-Ntwk; CYD+ Coins Out-of-N
ntal Health: spice: me Health Care: illed Nursing Facility: tpatient Therapy and Spinal Manipulations: ner lependent Clinical Labs: lependent Diagnostic Testing Facility: rable Medical Equipment:	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay Within 62-day period; \$5 Copay \$0 Copay In-Ntwk \$0 Copay for X-rays; applicable Provider Copay	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay Within 62-day period; \$5 Copay \$0 Copay In-Ntwk \$0 Copay for X-rays; applicable	No Maximum No Maximum \$7,500 LTM \$2,500 CYM \$0 Days CYM \$2,500 CYM \$1,500 CYM \$2,500 CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM \$2,500 CYM \$100 Copay In-Ntwk; CYD + Coins Out-of-Ntwk CYD + Coins In and Out-of-Ntwk CYD + In-Ntwk Coins up to \$400 Per Day Ground &	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM CYD In-Ntwk; CYD + Coins Out-of-Ntwk CYD In-Ntwk; CYD+ Coins Out-of-Ntwk CYD In-Ntwk; CYD+ Coins Out-of-Ntwk CYD In-Ntwk; CYD+ Coins Out-of-Ntwk	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM CYD In-Ntwk; CYD + Coins Out-of-N
ental Health: spice: me Health Care: illed Nursing Facility: itpatient Therapy and Spinal Manipulations: her dependent Clinical Labs: dependent Diagnostic Testing Facility: rrable Medical Equipment: hobulance Services:	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay Within 62-day period; \$5 Copay \$0 Copay In-Ntwk \$0 Copay for X-rays; applicable Provider Copay for Dx Testing \$0 Copay	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay Within 62-day period; \$5 Copay \$0 Copay In-Ntwk \$0 Copay for X-rays; applicable Provider Copay for Dx Testing No Copay	No Maximum No Maximum \$7,500 LTM \$2,500 CYM \$2,500 CYM 60 Days CYM \$2,500 CYM \$2,500 CYM \$0 In-Ntwk; CYD + Coins Out-of-Ntwk \$75 Copay In-Ntwk; CYD + Coins Out-of-Ntwk	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM \$0 In-Ntwk; CYD + Coins Out-of-Ntwk \$100 Copay In-Ntwk; CYD + Coins Out-of-Ntwk CYD + Coins In and Out-of-Ntwk CYD + In-Ntwk Coins up to \$400 Per Day Ground & \$4,000 Per Day Air/Water Max	No Maximum No Maximum \$7,500 LTM \$2,500 CYM \$0 Days CYM \$2,500 CYM CYD In-Ntwk; CYD + Coins Out-of-Ntwk CYD In-Ntwk; CYD + Coins Out-of-Ntwk	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM CYD In-Ntwk; CYD + Coins Out-of-N CYD H-Ntwk Coins up to \$400 Per Day \$4,000 Per Day Air/Water Max
ental Health: spice: me Health Care: illed Nursing Facility: itpatient Therapy and Spinal Manipulations: her dependent Clinical Labs: dependent Diagnostic Testing Facility: irrable Medical Equipment: inbulance Services:	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay Within 62-day period; \$5 Copay \$0 Copay In-Ntwk \$0 Copay for X-rays; applicable Provider Copay for Dx Testing \$0 Copay	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay Within 62-day period; \$5 Copay \$0 Copay In-Ntwk \$0 Copay for X-rays; applicable Provider Copay for Dx Testing No Copay	No Maximum No Maximum \$7,500 LTM \$2,500 CYM \$0 Days CYM \$2,500 CYM \$1,500 CYM \$2,500 CYM	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM \$2,500 CYM \$100 Copay In-Ntwk; CYD + Coins Out-of-Ntwk CYD + Coins In and Out-of-Ntwk CYD + In-Ntwk Coins up to \$400 Per Day Ground &	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM CYD In-Ntwk; CYD + Coins Out-of-Ntwk CYD In-Ntwk; CYD+ Coins Out-of-Ntwk CYD In-Ntwk; CYD+ Coins Out-of-Ntwk CYD In-Ntwk; CYD+ Coins Out-of-Ntwk	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM CYD In-Ntwk; CYD + Coins Out-of-N CYD + In-Ntwk Coins up to \$400 Per Day \$4,000 Per Day Air/Water Max
ental Health: spice: pme Health Care: killed Nursing Facility: utpatient Therapy and Spinal Manipulations: cher dependent Clinical Labs: dependent Diagnostic Testing Facility: urable Medical Equipment: nbulance Services: nbulatory Surgical Center:	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay Within 62-day period; \$5 Copay \$0 Copay In-Ntwk \$0 Copay for X-rays; applicable Provider Copay for Dx Testing \$0 Copay \$0 Copay \$0 Copay	No Maximum No Maximum Unlimited \$0 Copay Unlimited \$0 Copay 90 Days CYM; \$0 Copay Within 62-day period; \$5 Copay \$0 Copay In-Ntwk \$0 Copay for X-rays; applicable Provider Copay for Dx Testing No Copay No Copay (medically necessary)	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM \$2,500 CYM \$0 In-Ntwk; CYD + Coins Out-of-Ntwk \$75 Copay In-Ntwk; CYD + Coins Out-of-Ntwk CYD + Coins In and Out-of-Ntwk CYD + In-Ntwk Coins up to \$400 Per Day Ground & \$4,000 Per Day Air/Water Max	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM \$0 In-Ntwk; CYD + Coins Out-of-Ntwk \$100 Copay In-Ntwk; CYD + Coins Out-of-Ntwk CYD + Coins In and Out-of-Ntwk CYD + In-Ntwk Coins up to \$400 Per Day Ground & \$4,000 Per Day Air/Water Max	No Maximum No Maximum \$7,500 LTM \$2,500 CYM 60 Days CYM \$2,500 CYM CYD In-Ntwk; CYD + Coins Out-of-Ntwk CYD In-Ntwk; CYD+ Coins Out-of-Ntwk CYD In-Ntwk; CYD+ Coins Out-of-Ntwk CYD + In-Ntwk COIns up to \$400 Per Day Ground &\$4,000 Per Day Air/Water Max	No Maximum No Maximum \$7,500 LTM \$2,500 CYM \$2,500 CYM 60 Days CYM \$2,500 CYM CYD In-Ntwk; CYD + Coins Out-of-N CYD In-Ntwk Coins up to \$400 Per Day of the CYD In-Ntwk; CYD + Coins Out-of-N CYD In-Ntwk; CYD + Coins Out-of-N CYD In-Ntwk; CYD + Coins Out-of-N
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