Indian River County Health Plan Options - 2A, 2B, 3B Effective October 1, 2020

Product	BlueOptions		BlueOptions			
Plan Number	Premier Gold Plan 03559	Premier Silver Plan 05302	Gold Option 2a	Silver Option 2a		
Actuarial Value	88.2%	79.6%	86.2%	77.8%	87.4%	79.1%
Savings % by Plan	N/A	N/A	-2.3%	-2.3%	-0.9%	-0.6%
Projected Claims	\$24,2	55,000	\$23,7	05,000	\$24,0	42,000
Savings \$	N/A		-\$55	0,000	-\$213,000	
vings % Total N/A			-2	.3%	-0.9%	
Cost Sharing Member's Responsibility						
Calendar Year Deductible (DED)	Single/Family	Single/Family	Single/Family	Single/Family	Single/Family	Single/Family
In-Network (INN)	\$400/\$800	\$800/\$1,600	\$1,500/\$3,000	\$2,500/\$5,000	\$600/\$1,200	\$1,000/\$2,000
Out-of-Network	\$800/\$1,600	\$1,600/\$3,200	\$3,000/\$6,000	\$5,000/\$10,000	\$1,200/\$2,400	\$2,000/\$4,000
Coinsurance (Member pays after Calendar Year DED)						
In-Network	20%	30%	20%	30%	20%	30%
Out-of-Network	30%	40%	30%	40%	30%	40%
Calendar Year Out of Pocket Maximum	Single/Family	Single/Family	Single/Family	Single/Family		
In-Network	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000
Out-of-Network	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000	\$8,000/\$16,000
Medical/Surgical Care by a Physician						
Office Services						
In-Network Family Physician	\$25 Copayment	\$35 Copayment	\$25 Copayment	\$35 Copayment	\$30 Copayment	\$40 Copayment
In-Network Specialist	\$45 Copayment	\$60 Copayment	\$45 Copayment	\$60 Copayment	\$50 Copayment	\$65 Copayment
Out-of-Network	DED + 30%	DED + 40%	DED + 30%	DED + 40%	DED + 30%	DED + 40%
Allergy Injections (Office)	·		·			·
In-Network Family Physician	\$5 Copayment	\$5 Copayment	\$5 Copayment	\$5 Copayment	\$5 Copayment	\$5 Copayment
In-Network Specialist	\$5 Copayment	\$5 Copayment	\$5 Copayment	\$5 Copayment	\$5 Copayment	\$5 Copayment
Out-of-Network	DED + 30%	DED + 40%	DED + 30%	DED + 40%	DED + 30%	DED + 40%
Convenient Care Center In-Network	\$25 Copayment	\$35 Copayment	\$25 Copayment	\$35 Copayment	\$30 Copayment	\$40 Copayment
In-Network Out-of-Network	DED + 30%	S35 Copayment DED + 40%	DED + 30%	DED + 40%	DED + 30%	DED + 40%
Inpatient Hospital Facility (per admin)	DED 1 30/0	DED 1 40/0	DED 1 30/0	DED 1 40/0	DED 1 30/0	DED 1 40/0
In-Network	PAD \$200 + DED + 20%	PAD \$500 + DED + 30%	PAD \$200 + DED + 20%	PAD \$500 + DED + 30%	PAD \$200 + DED + 20%	PAD \$500 + DED + 30%
	PAD \$400 + DED + 30%	PAD \$1,000 + DED + 40%	PAD \$400 + DED + 30%	PAD \$1,000 + DED + 40%	PAD \$400 + DED + 30%	PAD \$1,000 + DED + 40%
Physician Services at Hospital						
In-Network	DED + 20%	DED + 30%	DED + 20%	DED + 30%	DED + 20%	DED + 30%
Out-of-Network	INN DED + 20%	INN DED + 30%	INN DED + 20%	INN DED + 30%	INN DED + 20%	INN DED + 30%
Radiology, Pathology, and Anesthesiology Provider Services at Hospital						
In-Network	DED + 20%	DED + 30%	DED + 20%	DED + 30%	DED + 20%	DED + 30%
Out-of-Network	INN DED + 20%	INN DED + 30%	INN DED + 20%	INN DED + 30%	INN DED + 20%	INN DED + 30%
Services						
Office Services						
In-Network Family Physician/Specialist	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Out-of-Network		Ü		Ü	-	
Out-or-Network	30%	40%	30%	40%	30%	40%
	30%		30%	_		_
Non Hospital Services Freestanding Facility	30%		30%	_		_
	30% No Charge		30% No Charge	_		_
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest**		40%		40%	30%	40%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network	No Charge	40% No Charge	No Charge	40% No Charge	30% No Charge	40% No Charge
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center)	No Charge	40% No Charge	No Charge	40% No Charge	30% No Charge	40% No Charge
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network	No Charge DED + 30%	40% No Charge DED + 40%	No Charge DED + 30%	A0% No Charge DED + 40%	30% No Charge DED + 30%	40% No Charge DED + 40%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility	No Charge DED + 30% \$15 Copayment	No Charge DED + 40% \$25 Copayment	No Charge DED + 30% \$15 Copayment	No Charge DED + 40% \$25 Copayment	No Charge DED + 30% \$15 Copayment	No Charge DED + 40% \$25 Copayment
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical)	No Charge DED + 30% \$15 Copayment DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40%	No Charge DED + 30% \$15 Copayment DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40%	No Charge DED + 30% \$15 Copayment DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Out-of-Network	No Charge DED + 30% \$15 Copayment DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40%	No Charge DED + 30% \$15 Copayment DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40%	No Charge DED + 30% \$15 Copayment DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Out-of-Network Emergency and Urgent Care	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Out-of-Network	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40%	30% No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30%	40% No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Out-of-Network Emergency and Urgent Care	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20%	40% No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20%	40% No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30%	30% No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20%	40% No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 309
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit)	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40%	30% No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30%	40% No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted)	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted)	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted)	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$5500 Copayment + DED + 30% (Copayment Waived if Admitted)	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted)	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 309 (Copayment Waived if Admitted)
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit)	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted)	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$5500 Copayment + DED + 30% (Copayment Waived if Admitted)	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted)
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED +	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED +	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED +	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED +	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED +	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 309 (Copayment Waived if Admitted) \$500 Copayment + INN DED +
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED +	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED +	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED +	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED +	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED +	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 309 (Copayment Waived if Admitted) \$500 Copayment + INN DED + 1000
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Out-of-Network In-Network Out-of-Network In-Network Out-of-Network In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Urgent Care Centers In-Network	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network Out-of-Network Out-of-Network Urgent Care Centers In-Network	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$250 Copayment + INN DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$250 Copayment + INN DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$30 Copayment	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 309 (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$40 Copayment
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network Ungent Care Centers In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Ambulance In-Network	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$30 Copayment \$30 Copayment DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 309 (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$40 Copayment S40 Copayment DED + 30%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network Out-of-Network Out-of-Network Urgent Care Centers In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment + S25 Copayment \$25 Copayment	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$30 Copayment \$30 Copayment	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$40 Copayment \$40 Copayment
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network In-Network Out-of-Network Urgent Care Centers In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Ambulance In-Network Out-of-Network Advanced Imaging	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$30 Copayment \$30 Copayment DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$40 Copayment S40 Copayment DED + 30%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network Urgent Care Centers In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Ambulance In-Network Out-of-Network Advanced Imaging (MRI, MRA, PET, CT & Nuclear Medicine)	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$30 Copayment \$30 Copayment DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 309 (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$40 Copayment S40 Copayment DED + 30%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network In-Network Out-of-Network Urgent Care Centers In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Ambulance In-Network Out-of-Network Advanced Imaging	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment S35 Copayment S35 Copayment S35 Copayment S35 Copayment	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment \$35 Copayment \$35 Copayment \$35 Copayment	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$30 Copayment \$30 Copayment DED + 20% INN DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 309 (Copayment Waived if Admitted) \$500 Copayment + INN DED - 30% \$40 Copayment \$40 Copayment DED + 30% INN DED + 30%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network Urgent Care Centers In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Ambulance In-Network Out-of-Network Out-of-Network Advanced Imaging (MRI, MRA, PET, CT & Nuclear Medicine)	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$30 Copayment \$30 Copayment DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 309 (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$40 Copayment S40 Copayment DED + 30%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network Urgent Care Centers In-Network Out-of-Network Urgent Care Centers In-Network Out-of-Network Out-of-Network Out-of-Network Abvancee In-Network Out-of-Network Out-of-Network Out-of-Network Advanced Imaging (MRI, MRA, PET, CT & Nuclear Medicine) Physician Office In-Network Family Physician or Specialist	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment S35 Copayment S35 Copayment S35 Copayment S35 Copayment	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment \$35 Copayment \$35 Copayment \$35 Copayment	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$30 Copayment \$30 Copayment DED + 20% INN DED + 20%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 309 (Copayment Waived if Admitted) \$500 Copayment + INN DED - 30% \$40 Copayment \$40 Copayment DED + 30% INN DED + 30%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network Urgent Care Centers In-Network Out-of-Network Urgent Care Centers In-Network Out-of-Network	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment S35 Copayment DED + 30% INN DED + 30% 30%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment S35 Copayment \$35 Copayment \$35 Copayment \$35 Copayment \$35 Copayment \$35 Copayment	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$30 Copayment S30 Copayment DED + 20% INN DED + 20% \$200 Copayment	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 309 (Copayment Waived if Admitted) \$500 Copayment + INN DED - 30% \$40 Copayment \$40 Copayment S40 Copayment S40 Copayment DED + 30% INN DED + 30% 30%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Advanced Imaging (MRI, MRA, PET, CT & Nuclear Medicine) Physician Office In-Network Family Physician or Specialist Out-of-Network	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment DED + 20% INN DED + 20% \$200 Copayment DED + 30% \$200 Copayment	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment DED + 30% INN DED + 30% 30% DED + 40% 30%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment DED + 20% INN DED + 20% \$200 Copayment DED + 30% \$200 Copayment	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment DED + 30% INN DED + 30% INN DED + 30% 30% DED + 40%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$30 Copayment S30 Copayment DED + 20% INN DED + 20% \$200 Copayment DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$40 Copayment DED + 30% INN DED + 30% 30% DED + 40% 30%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network In-Network Out-of-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network Urgent Care Centers In-Network Out-of-Network Ambulance In-Network Out-of-Network Out-of-Network Ambulance In-Network Out-of-Network Out-of-Network Out-of-Network Awanced Imaging (MRJ, MRA, PET, CT & Nuclear Medicine) Physician Office In-Network Family Physician or Specialist Out-of-Network Independent Diagnostic Testing Center In-Network Out-of-Network	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment + Sepayment \$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment DED + 20% INN DED + 20% \$200 Copayment DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment DED + 30% INN DED + 30%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment + Sepayment \$25 Copayment DED + 20% INN DED + 20% \$200 Copayment DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment \$100 Copayment \$35 Copayment \$35 Copayment \$35 Copayment \$35 Copayment \$35 Copayment \$35 Copayment DED + 30% INN DED + 30% BED + 40%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$30 Copayment \$30 Copayment DED + 20% INN DED + 20% \$200 Copayment DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 309 (Copayment Waived if Admitted) \$500 Copayment + INN DED - 30% \$40 Copayment \$40 Copayment DED + 30% INN DED + 30% INN DED + 30% 30% DED + 40%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network Urgent Care Centers In-Network Out-of-Network Urgent Care Centers In-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network Out-of-Network In-Network Out-of-Network Out-of-Network Out-of-Network In-Network Out-of-Network Out-of-Network In-Network Family Physician or Specialist Out-of-Network	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$250 Copayment \$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment DED + 20% INN DED + 20% \$200 Copayment DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment S35 Copayment DED + 30% INN DED + 30% OED + 40% 30% DED + 40%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment \$25 Copayment DED + 20% INN DED + 20% \$200 Copayment DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment \$35 Copayment \$1NN DED + 30% INN DED + 30% DED + 40% 30% DED + 40%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$30 Copayment B30 Copayment S30 Copayment DED + 20% INN DED + 20% \$200 Copayment DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 309 (Copayment Waived if Admitted) \$500 Copayment + INN DED - 30% \$40 Copayment S40 Copayment S40 Copayment DED + 30% INN DED + 30% DED + 40% 30% DED + 40%
Non Hospital Services Freestanding Facility Clinical Lab (Blood Work): Quest** In-Network Out-of-Network X rays (Independent Diagnostic Center) In-Network Out-of-Network Outpatient Hospital Facility (per visit) (Surgical) In-Network Out-of-Network Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network Urgent Care Centers In-Network Out-of-Network Ambulance In-Network Out-of-Network Advanced Imaging (NRI, MRA, PET, CT & Nuclear Medicine) Physician Office In-Network Family Physician or Specialist Out-of-Network Independent Diagnostic Testing Center In-Network Out-of-Network Independent Diagnostic Testing Center In-Network	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment DED + 20% INN DED + 20% \$200 Copayment DED + 30% \$200 Copayment	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment DED + 30% INN DED + 30% 30% DED + 40% 30%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$25 Copayment DED + 20% INN DED + 20% \$200 Copayment DED + 30% \$200 Copayment	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$35 Copayment DED + 30% INN DED + 30% INN DED + 30% 30% DED + 40%	No Charge DED + 30% \$15 Copayment DED + 30% Option 1: DED + 20% DED + 30% \$250 Copayment + DED + 20% (Copayment Waived if Admitted) \$250 Copayment + INN DED + 20% \$30 Copayment S30 Copayment DED + 20% INN DED + 20% \$200 Copayment DED + 30%	No Charge DED + 40% \$25 Copayment DED + 40% Option 1: DED + 30% DED + 40% \$500 Copayment + DED + 30% (Copayment Waived if Admitted) \$500 Copayment + INN DED + 30% \$40 Copayment DED + 30% INN DED + 30% 30% DED + 40% 30%

Indian River County Health Plan Options - 2A, 2B, 3B Effective October 1, 2020

Product	BlueOptions		BlueOptions		BlueOptions	
Plan Number	Premier Gold Plan 03559	Premier Silver Plan 05302	Gold Option 2a	Silver Option 2a	Gold Option 2b / 3b	Silver Option 2b / 3b
Actuarial Value	88.2%	79.6%	86.2%	77.8%	87.4%	79.1%
Savings % by Plan	N/A	N/A	-2.3%	-2.3%	-0.9%	-0.6%
Projected Claims	\$24,255,000		\$23,705,000		\$24,042,000	
Savings \$	N/A		-\$550,000		-\$213,000	
Savings % Total	N/A		-2.3%		-0.9%	
Mental Health/ Alcohol & Substance Abuse Services						
	PAD (Per Admission	PAD (Per Admission	PAD (Per Admission	PAD (Per Admission	PAD (Per Admission	PAD (Per Admission
Inpatient / Outpatient Hospital Facility	Deductible)	Deductible)	Deductible)	Deductible)	Deductible)	Deductible)
In-Network	PAD \$200 + DED + 20%	\$500 PAD + DED + 30%	PAD \$200 + DED + 20%	\$500 PAD + DED + 30%	PAD \$200 + DED + 20%	\$500 PAD + DED + 30%
Out-of-Network	PAD \$400 + DED + 30%	\$1,000 PAD + DED + 40%	PAD \$400 + DED + 30%	\$1,000 PAD + DED + 40%	PAD \$400 + DED + 30%	\$1,000 PAD + DED + 40%
Specialist Visits						
In-Network	\$45 Copayment	\$60 Copayment	\$45 Copayment	\$60 Copayment	\$45 Copayment	\$60 Copayment
Out-of-Network	DED + 30%	DED + 40%	DED + 30%	DED + 40%	DED + 30%	DED + 40%
Prescription Drugs (RX Administered through RX Benefits)						
1X Calendar Year Deductible Per Person	N/A	\$100 (must be met before Copays apply)	N/A	\$100 (must be met before Copays apply)	N/A	\$100 (must be met before Copays apply)
Generic	\$10 Copayment	\$5 Copayment	\$10 Copayment	\$5 Copayment	\$10 Copayment	\$5 Copayment
Preferred Brand Name	\$35 Copayment	\$50 Copayment	\$50 Copayment	\$65 Copayment	\$50 Copayment	\$65 Copayment
Non-Preferred Brand Name	\$50 Copayment	\$70 Copayment	\$65 Copayment	\$85 Copayment	\$75 Copayment	\$95 Copayment
Mail Order Drug (90-Day Supply)	Express Script 2x Retail Copayment	Express Script 2x Retail Copayment	Express Script 2x Retail Copayment	Express Script 2x Retail Copayment	Express Script 2x Retail Copayment	Express Script 2x Retail Copayment
, , , , ,	2x Copayment at Covered	2x Copayment at Covered	2x Copayment at Covered	2x Copayment at Covered	2x Copayment at Covered	2x Copayment at Covered
Maintepance Medication Man References: Out of Network Balance I	Pharmacies Billing: For Information regarding	Pharmacies Out of Network Balance	Pharmacies	Pharmacies	Pharmacies	Pharmacies
Billing that may be charged by an out-of-net	0 0	,				
section on the Summary of Coverage docum	nent.	**Quest Diagnostics				
is the preferred lab for bloodwork through F	lorida Blue. When using a lab ot	her than Quest, please be sure				