

## DIOCESE OF PALM BEACH 2011

	<b>STANDARD BlueChoice PPO 703</b>	<b>PREMIUM BlueChoice PPO 702</b>
<b>COST SHARING</b> <i>Maximums shown are Per Benefit Period (BPM) unless noted</i>		
<b>Deductible (DED) (Per Person/Family Agg)</b>		
<i>In-Network</i>	\$300 / \$900	\$250 / \$700
<i>Out-of-Network</i>	\$500/\$1,500	Combined w/In-Ntwk
<b>Coinsurance (Member Responsibility)</b>		
<i>In-Network</i>	20%	10%
<i>Out-of-Network</i>	50%	30%
<b>Out of Pocket Maximum (Per Person/Family Agg)</b>	<i>Includes only Coins; Excludes Rx</i>	<i>Includes only Coins; Excludes Rx</i>
<i>In-Network</i>	\$2,500 / \$5,000	\$1,500 / \$4,500
<i>Out-of-Network</i>	Combined w/In-Ntwk	Combined w/In-Ntwk
<b>Lifetime Maximum</b>	No Maximum	No Maximum
<b>PROFESSIONAL PROVIDER SERVICES</b>		
<b>Allergy Injections</b>		
<i>In-Network Family Physician</i>	\$5	\$5
<i>In-Network Specialist</i>	\$5	\$5
<i>Out-of-Network</i>	DED + 50%	DED + 30%
<b>E-Office Visit Services</b>		
<i>In-Network Family Physician</i>	\$15 FP	\$15 FP
<i>In-Network Specialist</i>	\$15 SP	\$15 SP
<i>Out-of-Network</i>	DED + 50%	DED + 30%
<b>Office Services</b>		
<i>In-Network Family Physician</i>	\$15 FP	\$15 FP
<i>In-Network Specialist</i>	\$15 SP	\$15 SP
<i>Out-of-Network</i>	DED + 50%	DED + 30%
<b>Provider Services at Hospital and ER</b>		
<i>In-Network Family Physician</i>	DED + 20%	DED + 10%
<i>In-Network Specialist</i>	DED + 20%	DED + 10%
<i>Out-of-Network</i>	DED + 50%	DED + 30%
<b>Provider Services at Other Locations</b>		
<i>In-Network Family Physician</i>	DED + 20%	DED + 10%
<i>In-Network Specialist</i>	DED + 20%	DED + 10%
<i>Out-of-Network</i>	DED + 50%	DED + 30%
<b>Radiology, Pathology and Anesthesiology Provider Services at Ambulatory Surgical Center</b>		
<i>In-Network Specialist</i>	DED + 20%	DED + 10%
<i>Out-of-Network</i>	DED + 50%	DED + 30%
<b>PREVENTIVE CARE</b>		
<b>Adult Wellness Office Services (\$750 MAX per CY)</b>		
<i>In-Network Family Physician</i>	\$15 FP	\$15 FP
<i>In-Network Specialist</i>	\$15 SP	\$15 SP
<i>Out-of-Network</i>	50% (No DED)	30% (No DED)
<b>Colonoscopies (Routine and Dx)</b>	<i>Age 50+ then Frequency Schedule Applies</i>	<i>Age 50+ then Frequency Schedule Applies</i>
<i>In-Network</i>	100% (No DED)	100% (No DED)
<i>Out-of-Network</i>	50% (No DED)	30% (No DED)
<b>Mammograms (Routine and Dx)</b>		
<i>In-Network</i>	\$0	\$0
<i>Out-of-Network</i>	\$0	\$0
<b>Well Child Office Visits</b>		
<i>In-Network Family Physician</i>	\$15 FP	\$15 FP
<i>In-Network Specialist</i>	\$15 SP	\$15 SP
<i>Out-of-Network</i>	50% (No DED)	30% (No DED)
<b>EMERGENCY/URGENT/CONVENIENT CARE</b>		
<b>Ambulance Maximum (per day)</b>	No Maximum	No Maximum
<i>In-Network</i>	20%	10%
<i>Out-of-Network</i>	20%	10%
<b>Convenient Care Centers (CCC)</b>		
<i>In-Network</i>	\$15 FP	\$15 FP
<i>Out-of-Network</i>	DED + 50%	DED + 30%
<b>Emergency Room Facility Services (also see Professional Provider Services)</b>	<i>ER deductible waived if admitted</i>	<i>ER deductible waived if admitted</i>
<i>In-Network</i>	\$50 PAD + DED + 20%	\$0 PAD + DED + 10%
<i>Out-of-Network</i>	\$50 PAD + DED + 50%	\$0 PAD + DED + 30%

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<b>Urgent Care Centers (UCC)</b> In-Network Out-of-Network	\$15 FP DED + 50%	\$15 FP DED + 30%
<b>FACILITY SERVICES - HOSP/SURG/ICL/IDTF</b> <i>Unless otherwise noted, physician services are in addition to facility services. See Professional Provider Services.</i>		
<b>Ambulatory Surgical Center</b> In-Network Out-of-Network	DED + 20% DED + 50%	DED + 10% DED + 30%
<b>Independent Clinical Lab</b> In-Network Out-of-Network	20% (No DED) DED + 50%	10% (No DED) DED + 30%
<b>Independent Diagnostic Testing Facility - Xrays and AIS (Includes Physician Services)</b> In-Network - Advanced Imaging Services (AIS) In-Network - Other Diagnostic Services Out-of-Network	DED + 20% DED + 20% DED + 50%	DED + 10% DED + 10% DED + 30%
<b>Inpatient Hospital (per admit)</b> In-Network Out-of-Network	\$0 PAD + DED + 20% \$500 PAD + DED + 50%	\$0 PAD + DED + 10% \$300 PAD + DED + 30%
<b>Inpatient Rehab Maximum</b>	21 days	21 days
<b>Outpatient Hospital (per visit)</b> In-Network Out-of-Network	DED + 20% DED + 50%	DED + 10% DED + 30%
<b>Therapy at Outpatient Hospital</b> In-Network Out-of-Network	DED + 20% DED + 50%	DED + 10% DED + 30%
<b>MENTAL HEALTH AND SUBSTANCE ABUSE</b>		
<b>Inpatient Hospitalization</b> In-Network Out-of-Network	\$0 50% (No DED)	DED + 10% DED + 30%
<b>Outpatient Hospital (per visit)</b> In-Network Out-of-Network	\$0 50% (No DED)	\$15 DED + 30%
<b>Provider Services at Hospital and ER</b> In-Network Family Physician or Specialist Out-of-Network Provider	\$0 \$0	DED + 10% DED + 30%
<b>Physician Office Visit</b> In-Network Family Physician or Specialist Out-of-Network Provider	\$0 50% (No DED)	\$15 DED + 30%
<b>Emergency Room Facility Services (per visit)</b> In-Network Out-of-Network	\$0 \$0	DED + 10% DED + 10%
<b>Provider Services at Locations other than Hospital and ER</b> In-Network Family Physician In-Network Specialist Out-of-Network Provider	\$0 \$0 50% (No DED)	\$15 \$15 DED + 30%
<b>OTHER SPECIAL SERVICES AND LOCATIONS</b>		
<b>Advanced Imaging Services in Physician's Office</b> In-Network Family Physician In-Network Specialist Out-of-Network	DED + 20% DED + 20% DED + 50%	DED + 10% DED + 10% DED + 30%
<b>Birthing Center</b> In-Network Out-of-Network	DED + 20% DED + 50%	DED + 10% DED + 30%
<b>Durable Medical Equipment, Prosthetics, Orthotics BPM</b> In-Network Out-of-Network	Enteral Formulas:\$2,500 All Other: No Maximum DED + 20% DED + 50%	Enteral Formulas:\$2,500 All Other: No Maximum DED + 10% DED + 30%
<b>Home Health Care BPM</b> In-Network Out-of-Network	<b>22 Visits</b> DED + 20% DED + 50%	<b>30 Visits</b> DED + 10% DED + 30%
<b>Hospice LTM</b> In-Network	<b>(\$7,500 LTM)</b> DED + 20%	<b>(\$10,000)</b> DED + 10%



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<i>Out-of-Network</i>	<i>DED + 50%</i>	<i>DED + 30%</i>
<b>Outpatient Therapy and Spinal Manipulations BPM</b>	<b>75 Visits (Includes up to 26 Spinal Manipulations)</b>	<b>75 Visits (Includes up to 26 Spinal Manipulations)</b>
<b>Skilled Nursing Facility BPM</b>	<b>90 days</b>	<b>120 days</b>
<i>In-Network</i>	<i>DED + 20%</i>	<i>DED + 10%</i>
<i>Out-of-Network</i>	<i>DED + 50%</i>	<i>DED + 30%</i>

**This is not an insurance contract or Benefit Booklet.** The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.

