

**CAPITAL HEALTH PLAN  
LEON COUNTY  
2009 COMPARISON CHART**

Alternative	A	B
<b>Physician Services</b>	<b>Leon County Current Plan Renewal Required Copayments</b>	<b>Leon County Premier Plus Required Copayments</b>
Office visit(s) for services provided by member's primary care physician or other CHP personnel during regular office hours	\$10	\$15
Office visit(s) for services provided by a member's primary care physician or other CHP personnel after regular office hours (including evenings and weekends)	\$15	\$25
Office visit(s) for services provided by a participating provider when authorized by the primary care physician	\$10	\$25
Outpatient surgical procedures, surgical services, and other medical care provided by a participating provider when authorized by the primary care physician	\$10	\$25
Behavioral health outpatient care for short-term evaluative or crisis intervention for 20 visits per calendar year when authorized by the primary care physician	\$20	\$25
<b>Hospital Services</b>		
All hospital benefits covered under this agreement	\$0	\$250 per admission
Outpatient surgical procedures performed in a hospital or ambulatory surgical center	\$0	\$50
Mental health inpatient care for crisis intervention for 31 days per calendar year	\$0	\$250 per admission

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	Leon County Current Plan Renewal Required Copayments	Leon County Premier Plus Required Copayments
<b>Maternity Services</b>		
Physician Services		
Office visit(s) for services provided by a member's primary care physician	\$10	\$15
Office visit(s) for services provided by a participating provider when authorized by the primary care physician or non-plan provider when authorized by the Medical Director of CHP	\$10	\$25
Hospital services: All maternity inpatient care	\$0	\$250 per admission
<b>Emergency Services</b>		
Emergency room visits	\$100 per episode	\$100 per episode
Emergency services outside the service area	\$100 per episode	\$100 per episode
<b>Other Benefits</b>		
Home health services	0	0
Hospice home care	0	0
Hospice outpatient care	0	0
Hospice inpatient care	0	0
Skilled nursing facility for up to 60 days per admission with subsequent admission available following 180 days from discharge date of the previous admission	0	0

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	<b>Leon County Current Plan Renewal Required Copayments</b>	<b>Leon County Premier Plus Required Copayments</b>
Alcohol and drug abuse	See Behavioral Health Outpatient Benefit	See Behavioral Health Outpatient Benefit
Durable medical equipment and prosthetic medical appliances	0	0
Diagnostic MRI, PET, and CT Scans	0	\$50 copay
Outpatient prescription drugs	\$7/\$20/\$35	\$10/\$25/\$40
Visits for short-term physical/speech or other rehabilitation therapies	\$10 per visit	\$10 per visit
Routine eye exams for vision correction	\$10	\$15
The maximum amount of copayment required in any calendar year, excluding prescription drug copayments, is limited to	\$1500 per member and \$3000 per family	\$2000 per member and \$4500 per family

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**Rates effective 1/1/09-12/31/09**

<b>CHP Leon County Current Renewal Plan</b>	<b>7/20/35</b>
Employee	\$435.60
Employee + One	\$901.70
Family	\$1154.30

<b>Leon County Premier Plus Plan</b>	<b>10/25/40</b>
Employee	\$420.50
Employee + One	\$870.40
Family	\$1114.30

The same rates will apply if any of these CHP plans are offered as a dual option with BCBS Blue Options Plan 1551.

# BlueOptions

For Large Groups  
Health Benefit Summary Plan 1551

## Benefits for Covered Services

## Amount Member Pays

Benefits for Covered Services	Amount Member Pays
<b>Office Services</b>	
<b>Physician Office Services</b> In-Network Family Physician In-Network Specialist Out-of-Network Office Visit In-Network e-Office Visit Out-of-Network e-Office Visit	<i>Network Blue</i> <i>Traditional network</i> \$15 Copayment \$30 Copayment CYD + 40% Coinsurance \$10 Copayment CYD + 40% Coinsurance
<b>Maternity Initial Visit</b> In-Network Specialist Out-of-Network	\$30 Copayment CYD + 40% Coinsurance
<b>Allergy Injections</b> (rendered by an In-Network Physician)	\$10 Copayment
<b>Preventive Care</b>	
<b>Adult Wellness Benefit Maximum</b> (PCY <sup>2</sup> max. Includes Well Woman and Routine Adult Physical Exam and Immunizations)	<del>MAX GYN</del> \$150 / <i>can be billed with no difference</i>
<b>Routine Adult Physical Exam and Immunizations</b> (Applies towards Adult Wellness PCY max) In-Network Family Physician In-Network Specialist Out-of-Network	\$15 Copayment \$30 Copayment 40% Coinsurance
<b>Well Woman Exam</b> (e.g. Annual GYN) (Applies towards Adult Wellness PCY max) In-Network Family Physician In-Network Specialist Out-of-Network	\$15 Copayment \$30 Copayment 40% Coinsurance
<b>Mammograms</b> (Covered at 100% of Allowed Amount, In- and Out-of-Network)	\$0
<b>Well Child</b> (No PCY max) In-Network Family Physician In-Network Specialist Out-of-Network	\$15 Copayment \$30 Copayment 40% Coinsurance
<b>Emergency Medical Care</b>	
<b>Urgent Care Centers</b> In-Network / Out-of-Network	\$30 Copayment / CYD + 40% Coinsurance
<b>Emergency Room Facility Services</b> (per visit) (copayment waived if admitted) In-Network Out-of-Network	\$100 Copayment + 10% Coinsurance \$100 Copayment + 40% Coinsurance
<b>Ambulance Services</b> (Ground travel / Air and water travel, per day maximum)	CYD + 10% Coinsurance \$400 / \$4,000
<b>Outpatient Diagnostic Services</b>	
<b>Independent Diagnostic Testing Facility Services</b> (per visit) (e.g. X-rays) (Includes Provider Services) In-Network / Out-of-Network	\$75 Copayment / CYD + 40% Coinsurance
<b>Independent Clinical Lab</b> (e.g. Blood Work) In-Network / Out-of-Network	\$0 / CYD + 40% Coinsurance
<b>Outpatient Hospital Facility Services</b> (per visit) (e.g. Blood Work and X-rays) In-Network (Option 1 / Option 2) Out-of-Network	\$100 Copayment / \$200 Copayment \$300 Copayment

1 CYD = Calendar Year Deductible  
 2 PCY = Per Calendar Year  
 Note: Out-of-Network services may be subject to balance billing.

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## Benefits for Covered Services

## Amount Member Pays

Mental Health/Substance Dependency	
<b>Mental Health (PCY)</b> Inpatient Hospital Facility Services (per admit) In-Network (Option 1 / Option 2) Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network	30 Inpatient days; 20 Outpatient visits \$400 Copayment / \$800 Copayment \$1,200 Copayment \$30 Copayment CYD + 40% Coinsurance
<b>Substance Dependency (Lifetime max)</b> Inpatient Hospital Facility Services (per admit) In-Network (Option 1 / Option 2) Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network	\$2,500 \$400 Copayment / \$800 Copayment \$1,200 Copayment \$30 Copayment CYD + 40% Coinsurance
Other Provider Services	
<b>Provider Services at Hospital and ER</b> In-Network and Out-of-Network	CYD + 10% Coinsurance
<b>Provider Services at Locations other than Office, Hospital and ER</b> In-Network Family Physician In-Network Specialist Out-of-Network	CYD + 10% Coinsurance CYD + 10% Coinsurance CYD + 40% Coinsurance
Other Special Services	
<b>Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PCY max)</b> In-Network Locations other than Hospital and Physician's Office Out-of-Network Locations other than Hospital Outpatient Hospital Facility Services (per visit) In-Network (Option 1 / Option 2) Out-of-Network	\$2,500 \$30 Copayment CYD + 40% Coinsurance \$100 Copayment / \$200 Copayment \$300 Copayment
<b>Durable Medical Equipment</b> In-Network Out-of-Network	CYD + 10% Coinsurance CYD + 40% Coinsurance
<b>Home Health Care (PCY max)</b> In-Network Out-of-Network	\$2,500 CYD + 10% Coinsurance CYD + 40% Coinsurance
<b>Skilled Nursing Facility (PCY)</b> In-Network Out-of-Network	60 days CYD + 10% Coinsurance CYD + 40% Coinsurance
<b>Hospice (Lifetime max)</b> In-Network Out-of-Network	\$7,500 CYD + 10% Coinsurance CYD + 40% Coinsurance
Hospital/Surgical	
<b>Ambulatory Surgical Center Facility (ASC)</b> In-Network / Out-of-Network	\$75 Copayment / CYD + 40% Coinsurance
<b>Inpatient Hospital Facility and Rehabilitation Services (per admit)</b> In-Network (Option 1 / Option 2) Out-of-Network	Rehabilitation Services limit - 21 days PCY \$400 Copayment / (\$800) Copayment \$1,200 Copayment

# BlueOptions

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## Benefits for Covered Services

## Amount Member Pays

<b>Hospital/Surgical (Continued)</b>	
<b>Outpatient Hospital Facility Services</b> (per visit) In-Network (Option 1 / Option 2) Out-of-Network	\$100 Copayment / \$200 Copayment \$300 Copayment
<b>Emergency Room Facility Services</b> (per visit) (copayment waived if admitted) In-Network Out-of-Network	\$100 Copayment + 10% Coinsurance \$100 Copayment + 40% Coinsurance
<b>Financial Features</b>	
<b>Calendar Year Deductible (CYD)</b> (per person / family aggregate) In-Network Out-of-Network (CYD is the amount the member is responsible for before BCBSF pays)	\$500 / \$1,500 Combined w/ In-Network
<b>Coinsurance</b> In-Network / Out-of-Network (Coinsurance is the percentage the member pays for services)	10% / 40%
<b>Out-of-Pocket Maximum</b> (per person / family aggregate) In-Network Out-of-Network (Out-of-Pocket Maximum includes CYD, Coinsurance and Copayments, Excludes Prescription Drugs)	\$2,500 / \$7,500 Combined w/ In-Network
<b>Total Lifetime Maximum Benefit</b>	\$5,000,000

## Additional Benefits and Features

### BlueScript Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Blue Cross and Blue Shield of Florida, you'll find a Pharmacy Program information sheet enclosed. Please review it carefully, as you'll find it contains an overview of your benefits and how to utilize them.

### An Array of Value-Added Programs and Services\*

- **Access to valuable health information and resources**, including care decision support, our online provider directory at [www.bcbsfl.com](http://www.bcbsfl.com) and other interactive web-based support tools
- **MyBlueService**, our 24/7 online member self-service, where you can request extra ID cards, review benefits, check claims status, print forms and more
- **Discounts** on vision care, hearing care, alternative care, fitness clubs, bicycle helmets and more through our BlueComplements program
- Online access to participating physician offices for **e-office visits**, consultations, appointment scheduling or cancellation, prescription refills and much more\*\*
- A quarterly **Personal Health Report**, and programs to reward you for staying healthy and participating in sports

### Access to Our Strong Networks

**NetworkBlue<sup>SM</sup>** is the Preferred Provider Network designated as "In-Network" for BlueOptions. However, you will have **protection from balance billing** when you receive covered services from a provider in our Traditional Program Network. You may also receive **out-of-state coverage through the BlueCard<sup>®</sup>** Program with access to the participating providers of independent Blue Cross and/or Blue Shield organizations across the country.

*Change*

# BlueOptions

For Large Groups

Health Benefit Summary Plan 1551

Attachment # 1  
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## Physician Discount

Many NetworkBlue physicians offer BlueOptions members a rate which is at least 25 percent below the usual fees charged for services that are **not Covered Services** under your health plan. By taking advantage of this discount, you get the care you need from the doctor you trust. However, BCBSF does not guarantee that a physician will honor the discount. Since you pay out-of-pocket for any non-covered services, it's your responsibility to discuss the costs and discounted rates for non-covered services with your physician **before** you receive services. 'Physician Discount' is not part of your insurance coverage or a discount medical plan. For more information, please refer to the online Provider Directory at [www.bcbsfl.com](http://www.bcbsfl.com).

\* As a courtesy, Blue Cross and Blue Shield of Florida, Inc. has entered into arrangements with various vendors to provide value-added features that include care decision support tools and services to its members. These programs are not part of insurance coverage. All decisions that members make pertaining to medical/clinical judgment should be made in conjunction with their Physician since neither BCBSF nor its vendors provide medical care or advice.

\*\* As a courtesy, Blue Cross and Blue Shield of Florida, Inc. has an arrangement with a vendor to provide secure online communication between its members and participating physicians as a value-added feature. The written terms of your policy, certificate or benefit booklet determine what is covered.

**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 BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.

# BlueScript Pharmacy Benefits

## Your Prescription Drug Benefit Plan - 15/30/50 (Mail Order Available)

The BlueOptions health benefit plan your employer is offering you is paired with our BlueScript® Pharmacy Program. With a large network of Participating Pharmacies statewide and nationally, you can obtain Prescription Drugs at a location convenient to you.

You may also be able to receive more savings on Prescription Drugs by purchasing your Drugs through the mail order program.

See below for your specific plan details.

<b>Benefit Details (amount you pay):</b>	
Deductible .....	\$0
Preferred Generic Prescription Drugs .....	\$15 Copayment (\$30 Mail Order Copayment)
Preferred Brand Name Prescription Drugs .....	\$30 Copayment (\$60 Mail Order Copayment)
Non-Preferred Prescription Drugs .....	\$50 Copayment (\$100 Mail Order Copayment)

### Advantages of our Pharmacy Program:

With our BlueScript Pharmacy Program, you'll receive coverage for Preferred Generic Prescription Drugs, Preferred Brand Name Prescription Drugs and Non-Preferred Prescription Drugs, easy access to Participating Pharmacies throughout Florida and access to National Network Pharmacies which have over 50,000 Participating Pharmacy locations.

### Save when purchasing your Prescription Drugs:

You can reduce your out-of-pocket costs by purchasing Covered Prescription Drugs listed on our Preferred Medication List. These Prescription Drugs should cost you less than Prescription Drugs that are not on the list. For even greater savings, you will pay a lower cost for Generic Prescription Drugs that appear on the Preferred Medication List. The Preferred Medication List, which is part of the Medication Guide, will be delivered in your member package after you enroll. When reviewing the Preferred Medication List with your doctor, ask your provider to consider a Prescription Drug from the Preferred Medication List, particularly a Preferred Generic Prescription Drug.

### The National Pharmacy Network:

The National Pharmacy Network includes more than 50,000 chain and independent Pharmacies across the United States. These National Network Pharmacies are available to our members traveling or residing outside of Florida. Simply present your member ID card at time of purchase.

### Save through the convenient mail order program:

If you are taking, or plan on taking, Prescription Drugs for more than a three-month period, the mail order program offers you a convenient and cost-effective way to fill these Prescriptions. This program allows covered members taking Prescription Drugs to receive up to a full 90-day supply for one Mail Order Copayment. Prescription Drugs ordered through this program are provided by Prime Therapeutics® mail order facility, PrimeMail®.

**Outcome:**

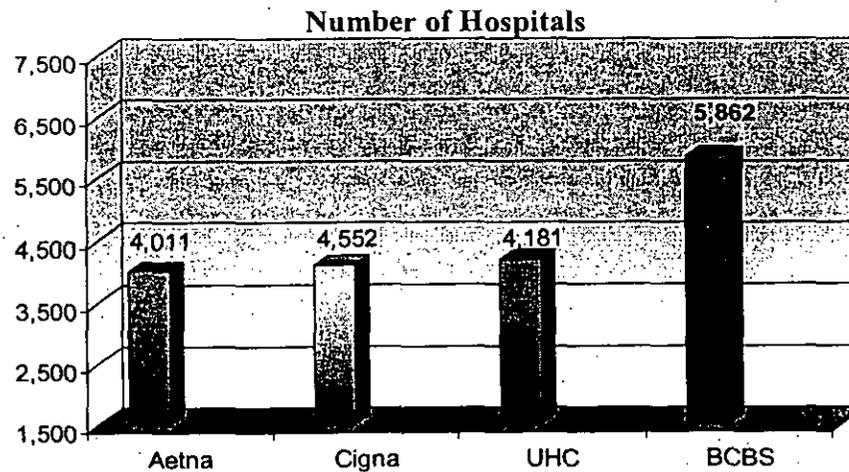
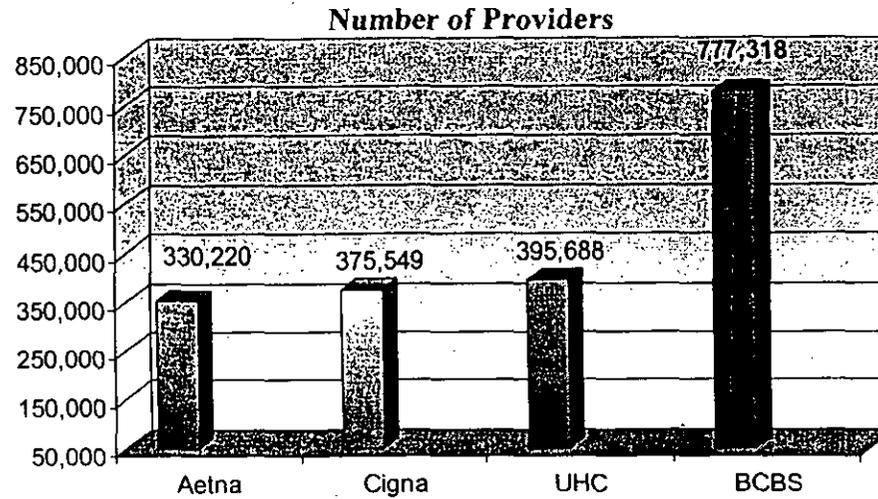
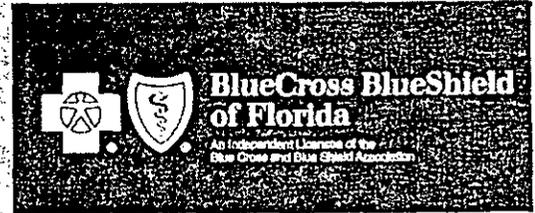
Primary Care Physicians:

Primary Care Physician Regional PPO Network Comparison			
Region	BCBS	Aetna	United
Central Region	82,900	32,917	36,995
Northeastern Region	96,525	35,212	42,834
Southern Region	66,352	26,450	36,082
Western Region	95,637	20,464	38,808
Nationwide	341,414	115,043	154,727

Hospital Facilities:

Hospital Facility Regional PPO Network Comparison			
Region	BCBS	Aetna	United
Central Region	1,975	1,108	1,045
Northeastern Region	1,790	898	707
Southern Region	1,966	1,035	1,215
Western Region	1,822	522	681
Nationwide	7,553	3,563	3,648

# More Providers, Better Choices, Greater Savings, Higher Employee Satisfaction



Source: Provider Data Repository, Updated 2/08  
Source: Consortium Health Plans, MarketQuest