

# Indian River County School District

Cost Sharing	BlueChoice
Maximums shown are Per Benefit Period (BPM) unless noted	117
<b>Deductible (DED) (Per Person/Family Agg)</b>	
In-Network	\$0
Out-of-Network	\$800 / \$1,600
<b>Coinsurance (Member Responsibility)</b>	
In-Network	0%
Out-of-Network	
<b>Out of Pocket Maximum (Per Person/Family Agg)</b>	Includes DED, Coins, Copays and RX
In-Network	\$2,500 / \$5,000
Out-of-Network	Combined with In-Network
<b>Lifetime Maximum</b>	No Maximum
<b>Professional Provider Services</b>	
<b>Office Services</b>	
In-Network Family Physician	\$0
In-Network Specialist	\$0
Out-of-Network	DED + 40%
<b>Preventive Care</b>	
<b>Adult Wellness Office Services</b>	
In-Network Family Physician	\$0
In-Network Specialist	\$0
Out-of-Network	DED + 40%
<b>Emergency/Urgent/Convenient Care</b>	
<b>Emergency Room Facility Services</b>	
In-Network	\$0
Out-of-Network	\$0
<b>Urgent Care Centers (UCC)</b>	
In-Network	\$0
Out-of-Network	DED
<b>Facility Services - Hosp/Surg/ICL/IDTF</b>	
<b>Ambulatory Surgical Center</b>	
In-Network	\$0
Out-of-Network	DED + 40%
<b>Independent Clinical Lab</b>	
In-Network	\$0
Out-of-Network	DED + 40%
<b>Independent Diagnostic Testing Facility -</b>	
In-Network - Advanced Imaging Services (AIS)	\$0
In-Network - Other Diagnostic Services	\$0
Out-of-Network	DED + 40%
<b>Inpatient Hospital (per admit)</b>	
In-Network	\$0
Out-of-Network	DED + 40%
<b>Prescription Drugs</b>	
<b>Deductible</b>	No Coverage
<b>In-Network</b>	
<b>Retail (30 days)</b>	
Generic/Preferred Brand/Non-Preferred	
<b>Mail Order (90 days)</b>	
Generic/Preferred Brand/Non-Preferred	

**This is not an insurance contract or Benefit Booklet.** This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue Benefit Booklets and Schedule of Benefits; its terms prevail.