

LandrumHR
5/1/2017 Health Benefits



*OON = Out of Network

Carrier	Florida Blue						
	LandrumHR Plans						
Plan	BlueOptions Network 05770 PPO	BlueOptions Network HSA 03160-03161	BlueOptions Network 03900 PPO	BlueOptions Network 05902 PPO	BlueCare Network 60 HMO	BlueCare Network 53 HMO	BlueCare Network HSA 128-129 HMO
Calendar Year Deductible	\$1,000 Ind / \$3,000 Fam-In Network <i>\$3,000 Ind / \$6,000 Fam-OON</i>	\$1,500 Ind / \$3,000 Fam-In Network <i>\$3,000 Ind / \$6,000 Fam-OON</i> (Family Umbrella)	\$1,500 Per Individual-In Network <i>\$4,500 Per Individual-OON</i>	\$5,000 Per Individual-In Network <i>\$10,000 Per Individual-OON</i>	\$500 Individual \$1,000 Family	\$3,500 Individual \$5,000 Family	\$2,500 Individual \$5,000 Family (Family Umbrella)
Coinsurance	20% In Network / 50%-OON	20%-In Network / 40%-OON	50%-In Network / 50%-OON	50%-In Network / 50%-OON	20%	30%	20%
Family Physician Office Visit	\$35 Copay-In Network <i>Deductible & Coinsurance-OON</i>	Deductible & Coinsurance	\$35 Copay-In Network <i>Deductible & Coinsurance-OON</i>	\$35 Copay-In Network <i>Deductible & Coinsurance-OON</i>	\$20 Copay	\$40 Copay	Deductible & Coinsurance
Specialist Office Visit	\$50 Copay-In Network <i>Deductible & Coinsurance-OON</i>	Deductible & Coinsurance	\$75 Copay-In Network <i>Deductible & Coinsurance-OON</i>	Deductible & Coinsurance	\$40 Copay	\$65 Copay	Deductible & Coinsurance
Wellness	100% Covered In Network	100% Covered In Network	100% Covered In Network	100% Covered In Network	100% Covered In Network	100% Covered In Network	100% Covered In Network
Physician Services Outside Office	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	No Copay	Hospital & ER Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Center	\$50 Copay-In Network <i>Deductible plus \$50 Copay-OON</i>	Deductible & Coinsurance-In Network <i>Deductible & In Network Coinsurance-OON</i>	Deductible & Coinsurance-In Network <i>Deductible & In Network Coinsurance-OON</i>	Deductible & Coinsurance	\$40 Copay	\$85 Copay	Deductible & Coinsurance
Emergency Room	\$300 Copay	In Network Deductible & Coinsurance	In Network Deductible & Coinsurance	In Network Deductible & Coinsurance	\$100 Copay plus Coinsurance	\$300 Copay	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance Option 1 - 20% / Option 2 - 25% In Network	Option 1-\$2,000 / Option 2-\$3,000 Copay-In Network <i>Deductible & Coinsurance-OON</i>	Option 1-\$2,000 / Option 2-\$3,000 Copay-In Network <i>Deductible & Coinsurance-OON</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance Option 1 - 20% / Option 2 - 25% In Network	Option 1-\$300 / Option 2-\$400 Copay-In Network <i>Deductible & Coinsurance-OON</i>	Option 1-\$300 / Option 2-\$400 Copay-In Network <i>Deductible & Coinsurance-OON</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Ambulatory Surgical Center	\$150 Copay-In Network <i>Deductible & Coinsurance-OON</i>	Deductible & Coinsurance	\$250 Copay	\$250 Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Independent Diagnostic Testing Facility	Advanced Imaging \$200 Copay / X-Ray \$50 Copay-In Network <i>Deductible & Coinsurance-OON</i>	Deductible & Coinsurance	Advanced Imaging \$200 Copay / X-Ray Deductible & Coinsurance In Network <i>Deductible & Coinsurance-OON</i>	Advanced Imaging \$200 Copay / X-Ray Deductible & Coinsurance In Network <i>Deductible & Coinsurance-OON</i>	Advanced Imaging \$250 Copay / X-Ray \$50 Copay	Advance Imaging \$200 Copay X-Ray \$65 Copay	Deductible & Coinsurance
Freestanding Lab	Independent Clinical Lab \$0 Copay <i>Other Services & OON</i> <i>Deductible & Coinsurance</i>	Deductible-In Network <i>Other Services & OON</i> <i>Deductible & Coinsurance</i>	Independent Clinical Lab \$0 Copay <i>Other Services & OON</i> <i>Deductible & Coinsurance</i>	Independent Clinical Lab \$0 Copay <i>Other Services & OON</i> <i>Deductible & Coinsurance</i>	No Copay	No Copay	Deductible & Coinsurance
Pharmacy	Pharmacy Retail: No Deductible then, \$10/30/50 (Condition Care: Generic \$4; Preferred \$15) In Network <i>50% Coinsurance-OON</i> Medical: 20% Coinsurance to \$200	Pharmacy Retail: Deductible then, \$10/50/80 (Condition Care: No Deductible then, Generic \$4; Preferred \$25)-In Network <i>50% Coinsurance-OON</i> Medical: Deductible, then 20% Coinsurance to \$200	Pharmacy Retail: \$10 Generic \$800 Brand Ded. then \$60/100 (Condition Care: No Deductible, then Generic \$4; Preferred \$30)-In Network <i>50% Coinsurance-OON</i> Medical: 20% Coinsurance to \$200	Pharmacy Retail: No Deductible, then \$10 Generic; Select Brand Name 20% of the allowance or \$50, whichever is greater; Preferred Brand \$200 Max Cost Share Per Rx; Non-Preferred Not Covered-In Network <i>Not Covered-OON</i> Medical: 20% Coinsurance to \$200	Pharmacy Retail: No Deductible, then \$10/50/80 (Condition Care: Generic \$4; Preferred \$25) Medical: N/A	Pharmacy Retail: \$10 Generic \$300 Brand Ded. then \$50/80 (Condition Care: No Deductible then, Generic \$4; Preferred \$25) Medical: 20% Coinsurance to \$200	Pharmacy Retail: Deductible then, \$10/50/80 (Condition Care: No Deductible then, Generic \$4; Preferred \$25) Medical: Deductible, then Preferred 15% Coinsurance to \$200 Non-Preferred 35% to \$700
Out of Pocket Maximum	\$4,000 Ind / \$8,000 Fam-In Network <i>\$8,000 Ind / \$16,000 Fam-OON</i>	\$5,000 per Ind or Fam-In Network <i>\$10,000 per Ind or Fam-OON</i>	\$6,700 Ind / \$13,400 Fam-In Network <i>\$13,400 Ind / \$26,800 Fam-OON</i>	\$6,350 Ind / \$12,700 Fam-In Network <i>\$12,700 Ind / \$25,400 Fam-OON</i>	\$3,000 Ind \$6,000 Fam	\$6,350 Individual \$12,700 Family	\$5,000 Individual \$10,000 (\$6,850 Ind) Family