

**Benefits 1500 Option
for Lynchburg City Schools, Effective 10/01/12**

Benefits	PPO Product	
	In-Plan	Out-of-Plan
Annual Deductible		
Individual	\$1,500	\$2,500
Family	\$3,000	\$5,000
Annual Out-of-Pocket		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance	80%	60%
Physician Family PractriceOffice Visits	100% after \$25 Copayment	60% after deductible
Labs	100%	60% after deductible
Xrays and all other services in Office	80% after deductible	60% after deductible
Physician Specialist Office Visits	100% after \$45 Copayment	60% after deductible
Labs	100%	60% after deductible
Xrays and all other services in Office	80% after deductible	60% after deductible
Allergy Injections	100% after \$3 Copayment	60% after deductible
Preventive Care		
Routine physical exams- Adult	100%	Not Covered
Pediatric Wellness Exams	100%	Not Covered
Pediatric immunizations	100%	Not Covered
Screening Mammograms	100%	60% after deductible
Screening Colonscopies	100%	60% after deductible
Emergency Room Services	100% after \$200 Copayment (waived if admitted)	60% after deductible
Hospital Expenses (Inpatient and Outpatient)	80% after deductible	60% after deductible
Medical/Surgical Expenses	80% after deductible	60% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible
Ambulance	80% after deductible	60% after deductible
Mental Health		
Inpatient	80% after deductible	60% after deductible
Outpatient Facility	80% after deductible	60% after deductible
Outpatient Office Visit	100% after \$25 Copayment	60% after deductible
Substance Abuse		
Inpatient	80% after deductible	60% after deductible
Outpatient Facility	80% after deductible	60% after deductible
Outpatient Office Visit	100% after \$25 Copayment	60% after deductible
Skilled Nursing Facility Care	80% after deductible	60% after deductible
Home Health Care (100 visits per calendar year)	80% after deductible	60% after deductible
Hospice	80% after deductible	60% after deductible
Private Duty Nursing	80% after deductible	60% after deductible
Early Intervention Services Maximum	\$5,000 per year up to age 3	

Authorization Required PPO Plan: Inpatient Admission, Outpatient Surgery, and High Diagno: