



BOARD OF SUMTER COUNTY COMMISSIONERS

Chairman - Doug Gilpin - District 2
Vice Chairman - Don Burgess - District 3
2nd Vice Chairman - Randy Mask - District 5
Richard Hoffman - District 1
Garry Breeden - District 4

February 16, 2010
5:00 PM

PLEASE TURN OFF ALL CELL PHONES AND PAGERS

ANY PERSON WHO MAY FEEL THE NEED TO APPEAL A BOARD DECISION IS HEREBY NOTIFIED THAT IT WILL BE NECESSARY FOR YOU TO PROVIDE YOUR OWN VERBATIM RECORDING OF THE BOARD'S MINUTES OR ANY PORTION THEREOF

Any person requiring reasonable accommodation at this meeting because of a disability or physical impairment should contact the County Administrator's Office, 910 North Main Street, Bushnell, FL 33513 (352) 793-0200 or 1-866-8-Sumter at least two days before the meeting.

Sumter County Government Office's (910 North Main Street, Room 142, Bushnell, FL 33513)

AGENDA

THE MEETING IS CALLED TO ORDER BY THE CHAIRMAN

INVOCATION
FLAG SALUTE

1. City of Webster Recreation Property Request
 - a. Letter from The City of Webster regarding recreation property

Documents: 10.22.09 Letter from City of Webster to all Commissioners regarding Sumter County Parks.pdf

- b. Proposed sites for Fire & Rescue Station in Webster

Documents: memo.pdf, map.pdf

2. Discussion of Proposed Amendment to Land Development Code and Code of Ordinances Clarifying and Regulating the Conditions for the Allowance of Temporary Commercial and Noncommercial Activities, Temporary Uses, and the Regulation and Timing of Private Fairs and Carnivals

Documents: Executive Summary Form TUP Ordinance.pdf, Fair Board Letter.pdf

3. Sumter Fire Rescue ALS Contract Options

Documents: ALS Partner Pro-Con (2).doc

4. Employee Benefits
 - a. Employee Benefit Reduction Matrix

Documents: Impact on Take Home Pay.pdf

- b. Health Plan Design

Documents: October 2009 Benefits Summary.pdf, 2010MedicationGuide.pdf, Health Plan Review.pdf, Responsible Rx.pdf, Responsible Rx FAQs.pdf

Current Benefits Effective 10/01/2009
Sumter County Board of County Commissioners

BlueOptions 3559 \$500 Deductible	
Financial Features - Amount Member Pays	
Calendar Year Deductible (CYD) Per Person/Family Aggregate In-Network Out-of-Network	\$500 / \$1,500 \$750 / \$2,250
Coinsurance (Coins) Percentage of covered services paid by member In-Network Out-of-Network	20% 40%
Out-of-Pocket Maximum Per Person/Family Aggregate per Calendar Year In-Network Out-of-Network	Includes CYD, Coins, Copays; Excludes Rx \$2,500 / \$5,000 \$5,000 / \$10,000
Lifetime Maximum	\$5,000,000
Office Services	
Office visits In-Network Family Physician/PCP (FP) In-Network Specialist Out-of-Network Provider	\$20 \$40 CYD + Coins
Advanced Imaging Services (MRI, MRA, PET, CT, Nuclear Medicine) In-Network Out-of-Network Provider	\$150 CYD + Coins
Maternity (due at initial visit only) In-Network Specialist Out-of-Network Provider	Specialist Copay CYD + Coins
Allergy Injections (by In-Network Family Physician)	\$10
Prescription Drugs (Includes mandatory generic, step therapy, responsible dose, responsible quantity and other pharmacy management programs)	
Retail (31 days) Generic/Preferred Brand/Non-Preferred	\$5 / \$25 / \$50
Mail Order (90 days) Generic/Preferred Brand/Non-Preferred	\$10 / \$50 / \$100
Hospital/Surgical	
Ambulatory Surgical Center Facility Services In-Network Out-of-Network	\$100 CYD + Coins
Inpatient Hospital Facility Services (per admit) In-Network Out-of-Network	Option 1 - \$600 Option 2 - \$1,000 CYD + Coins
Outpatient Hospital Facility Services (per visit) In-Network Out-of-Network	Option 1 - \$200 Option 2 - \$300 CYD + Coins
Therapy at Outpatient Hospital (GYM) In-Network Out-of-Network	\$5,000 Option 1 - \$45 Option 2 - \$60 CYD + Coins
Emergency Medical Care	
Urgent Care Centers In-Network Out-of-Network	\$45 CYD + Coins
Emergency Room Facility Services In-Network Out-of-Network	\$100 \$200
Ambulance Ground/Air & Water per day max In-Network Out-of-Network	\$5,000 Combined CYD + Coins In-Network CYD + Coins
Preventive Care	



BlueOptions 3559 \$500 Deductible	
Adult Wellness Annual Benefit Maximum	
In-Network	No Maximum
Out-of-Network	\$150
Routine Adult Physical Exams and Immunizations	
In-Network Family Physician/PCP	\$20
In-Network Specialist	\$40
Out-of-Network Provider	Coins (No CYD)
Well Woman Exam (e.g., Annual GYN)	
In-Network Family Physician/PCP	\$20
In-Network Specialist	\$40
Out-of-Network Provider	Coins (No CYD)
Mammograms (member cost; In- and out-of-network) (Only allowed for age 40 and older)	\$0
Colonoscopy BlueOptions: Routine screening only for age 50+ covered at 100% of allowed amount; In and Out of Network. With diagnosis, subject to applicable deductible, coinsurance or copays.	\$0
Well Child	
In-Network Family Physician/PCP	\$20
In-Network Specialist	\$40
Out-of-Network Provider	Coins (No CYD)
Outpatient Diagnostic Services	
Independent Diagnostic Testing Facility (includes physician services)	
Advanced Imaging Services (MRI, MRA, PET, CT, Nuclear Medicine)	
In-Network	\$150
Out-of-Network Provider	CYD + Coins
Other IDTF Services (e.g. X-ray)	
In-Network	\$50
Out-of-Network Provider	CYD + Coins
Independent Clinical Lab (e.g. blood work)	
In-Network	\$0
Out-of-Network	CYD + Coins
Outpatient Hospital Facility Services (per visit)	
In-Network	\$200 / \$300
Out-of-Network	CYD + Coins
Mental Health and Substance Abuse	
Mental Health - CYM inpatient/outpatient	30 days/20 visits
Inpatient Hospital Facility Services (per admit)	
In-Network	Option 1 - \$600 Option 2 - \$1,000 CYD + Coins
Out-of-Network	
Outpatient Office Visit	
In-Network Specialist	\$40
Out-of-Network Provider	CYD + Coins
Substance Dependency Care & Treatment (LTM)	\$2,500
Inpatient Hospital Facility Services (per admit)	
In-Network	Option 1 - \$600 Option 2 - \$1,000 CYD + Coins
Out-of-Network	
Outpatient Office Visit	
In-Network Specialist	\$40
Out-of-Network Provider	CYD + Coins
Other Provider Services	
Provider Services at Hospital and ER	
In-Network & Out-of-Network	CYD + 20% Coins
Radiology, Pathology, Anesthesiology Provider Services at an Ambulatory Surgical Center	
In-Network & Out-of-Network	CYD + 20% Coins
Provider Services at Locations other than Office, Hospital and Emergency Room	
In-Network Family Physician/PCP	CYD + Coins
In-Network Specialist	CYD + Coins
Out-of-Network Provider	CYD + Coins



BlueOptions 3559 \$500 Deductible	
Home Health Care (CYM)	\$2,500
In-Network	CYD + Coins
Out-of-Network	CYD + Coins
Outpatient Therapy & Spinal Manipulations (CYM) Refer to location of service for payment details	\$5,000
Combined Cardiac, Occupational, Physical, Speech, Massage and Spinal Manipulations Benefit Maximum	
Skilled Nursing Facility (CYM)	60 days
In-Network	CYD + Coins
Out-of-Network	CYD + Coins
Hospice (LTM Combined Inpatient & Outpatient)	No Maximum
In-Network	CYD + Coins
Out-of-Network	CYD + Coins

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.

Dental Coverage		
Deductible		\$50 per person per calendar year
<i>Deductible does not apply to Class I Preventive Services</i>		
Calendar Year Maximum (per person)		\$1,500 per person
Orthodontic Lifetime Maximum (per person)		\$1,500 per person
Benefits	In Network	Out-Of-Network
Class I - Preventive Services	100%	100%
Oral examinations, routine cleanings, fluoride treatments		
Class II - Basic Services	80%	80%
Fillings, root canals, periodontal treatment and oral surgery		
Class III - Major Services	50%	50%
Crowns, bridges, partials and dentures		
Class IV- Orthodontic Services	50%	50%
(Child only to age 19)		
<ul style="list-style-type: none"> <i>In-Network benefits are payable based on the Plan's PPO Area Schedule for services provided by a contracted dentist.</i> <i>Out-of Network benefits are payable for services rendered by a dentist who is not a participating provider. Reimbursements are based on the 90th percentile of reasonable and customary charges.</i> <i>In-Network Orthodontic Providers provide a 20% discount of their usual & reasonable fees.</i> 		

