

BlueOptions

For Large Groups

Health Benefit Plan 03768



An Independent Licensee of the
Blue Cross and Blue Shield Association

Summary of Benefits for Covered Services

Amount Member Pays

Office Services	
Physician Office Services In-Network Family Physician In-Network Specialist Out-of-Network Office Visit In-Network e-Office Visit Out-of-Network e-Office Visit	\$20 Copayment \$45 Copayment DED ¹ + 50% Coinsurance \$10 Copayment DED + 50% Coinsurance
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.) In-Network Out-of-Network	\$200 Copayment DED + 50% Coinsurance
Maternity Initial Visit In-Network Specialist Out-of-Network	\$45 Copayment DED + 50% Coinsurance
Allergy Injections (per visit) In-Network Family Physician In-Network Specialist Out-of-Network	\$10 Copayment \$10 Copayment DED + 50% Coinsurance
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) In-Network Monthly Out-of-Pocket (OOP) Maximum ² In-Network Provider Out-of-Network	\$200 20% Coinsurance DED + 50% Coinsurance
Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under your <i>medical</i> benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.	
Preventive Care	
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations In-Network Out-of-Network	\$0 50% Coinsurance
Mammograms In-Network and Out-of-Network	\$0
Colonoscopy (Routine for age 50+ then frequency schedule applies) In-Network and Out-of-Network	\$0
Emergency Medical Care	
Urgent Care Centers In-Network Out-of-Network	\$50 Copayment DED + 50% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network and Out-of-Network	\$200 Copayment
Ambulance Services In-Network and Out-of-Network	In-Network DED

¹ DED = Deductible

² In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

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Outpatient Diagnostic Services	
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) In-Network Diagnostic Services (except AIS) In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.) Out-of-Network	\$50 Copayment \$200 Copayment DED + 50% Coinsurance
Independent Clinical Lab (e.g. Blood Work) In-Network Out-of-Network	\$0 DED + 50% Coinsurance
Outpatient Hospital Facility Services (per visit) (e.g. Blood Work and X-rays) In-Network (Option 1 / Option 2) Out-of Network	\$300 Copayment / \$600 Copayment DED + 50% Coinsurance
Other Provider Services	
Provider Services at Hospital and ER In-Network and Out-of-Network	\$50 Copayment
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC) In-Network and Out-of-Network	\$45 Copayment
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician In-Network Specialist Out-of-Network	\$20 Copayment \$45 Copayment DED + 50% Coinsurance
Other Special Services	
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PBP ³ Max) Outpatient Rehab Therapy Center In-Network Out-of-Network Outpatient Hospital Facility Services (per visit) In-Network (Option 1 / Option 2) Out-of-Network	35 Visits \$45 Copayment DED + 50% Coinsurance \$45 Copayment / \$60 Copayment DED + 50% Coinsurance
Durable Medical Equipment, Prosthetics and Orthotics In-Network Out-of-Network	DED DED + 50% Coinsurance
Home Health Care (PBP Max) In-Network Out-of-Network	20 Visits DED DED + 50% Coinsurance
Skilled Nursing Facility (PBP Max) In-Network Out-of-Network	60 days DED DED + 50% Coinsurance
Hospice In-Network Out-of-Network	DED DED + 50% Coinsurance
Hospital/Surgical	
Ambulatory Surgical Center Facility (ASC) In-Network Out-of-Network	\$200 Copayment DED + 50% Coinsurance

³ PBP = Per Benefit Period

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Hospital/Surgical (Continued)	
Inpatient Hospital Facility and Rehabilitation Services (per admit) (PBP Max) In-Network (Option 1 / Option 2) Out-of-Network	Rehabilitation Services limit - 30 days \$700 Copayment / \$1,000 Copayment DED + 50% Coinsurance
Outpatient Hospital Facility Services (per visit) In-Network – Therapy Services (Option 1 / Option 2) In-Network – All other Services (Option 1 / Option 2) Out-of-Network	\$45 Copayment / \$60 Copayment \$300 Copayment / \$600 Copayment DED + 50% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network and Out-of-Network	\$200 Copayment
Mental Health/Substance Dependency	
Inpatient Hospital Facility Services (per admit) In-Network (Option 1 and Option 2) Out-of-Network	\$0 50% Coinsurance
Outpatient Hospitalization Facility Service (per visit) In-Network (Option 1 and Option 2) Out-of-Network	\$0 50% Coinsurance
Emergency Room Facility Services (per visit) In-Network and Out-of-Network	\$0
Provider Services at Hospital and ER In-Network Family Physician / Specialist Out-of-Network	\$0 \$0
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician / Specialist Out-of-Network	\$0 50% Coinsurance
Outpatient Office Visit In-Network Family Physician / Specialist Out-of-Network	\$0 50% Coinsurance
Financial Features	
Deductible (DED) (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (DED is the amount the member is responsible for before Florida Blue pays)	\$250 / \$750 \$1,000 / \$3,000
Coinsurance In-Network Out-of-Network (Coinsurance is the percentage the member pays for services)	0% 50%
Out-of-Pocket Maximum (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$3,000 / \$6,000 \$6,000 / \$12,000
Total Lifetime Maximum Benefit	No Maximum

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Additional Benefits and Features

BlueScript Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Florida Blue, 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 floridablue.com and other interactive web-based support tools.
- **Expert advice on call.** We encourage you to call our care consultants team at 1-888-476-2227 to find out how much they can help you SAVE. Whether comparing the cost of your medications between local pharmacies or researching the quality and cost of treatment options before you make a decision, we can help you shop for the best value for you and your family.
- Online access to everything about your health benefit plan as well as all of our self-service tools.
- Online access to participating physician offices for **e-office visits**, consultations, appointment scheduling or cancellation, prescription refills and much more.*
- BlueOptions members receive a **Member Health Statement** that summarizes your health care activity for the preceding month.

Access to Our Strong Networks

NetworkBlueSM is the Preferred Provider Network designated as "In-Network" for BlueOptions. While In-Network providers remain the best value, members are still **protected from balance billing** if they go Out-of-Network to someone who is part of our Traditional Provider Network. You may also receive **out-of-state coverage through the BlueCard[®]** Program with access to the participating providers of independent Blue Cross and/or Blue Shield organizations across the country.

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, Florida Blue 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 floridablue.com.

* As a courtesy, Florida Blue 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. 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 BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.