BlueOptions

Florida Blue

For Large Groups
Predictable Cost Health Benefit Plan 03559

Summary of Benefits for Covered Services	Amount Member Pays In-Network	Amount Member Pays Out-of-Network
Financial Features		
Deductible (DED[1]) (PBP[2]) (DED is the amount the member is responsible for before Florida Blue pays)	$750 per person $2,250 per family	$2,250 per person $4,500 per family
Coinsurance (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	40% of the allowed amount
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	$3,000 per person $6,000 per family	$4,500 per person $9,000 per family
Office Services		
Physician Office Services		
Primary Care Physician	$30 Copay	40% after Deductible
Specialist	20% after Deductible	40% after Deductible
Convenient Care	$30 Copay	40% after Deductible
e-Office Visit	$10 Copay	40% after Deductible
Maternity (Cost Share for initial visit only)		
Primary Care Physician	$30 Copay	40% after Deductible
Specialist	20% after Deductible	40% after Deductible
Allergy Injections (per visit)		
Primary Care Physician	$10 Copay	40% after Deductible
Specialist	$10 Copay	40% after Deductible
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	$150 Copay	40% after Deductible
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)		
In-Network Monthly Out-of-Pocket (OOP) Maximum[3]	$0	
Provider	0%	0%
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 the *medical* 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	$0	40%
Mammograms	$0	$0
Colonoscopy (Routine for age 50+ then frequency schedule applies)	$0	$0
Emergency Medical Care		
Urgent Care Centers	$40 Copay	$40 Copay after Deductible
Emergency Room Facility Services (per visit) (copayment waived if admitted)	$250 Copay	$250 Copay[4]
Ambulance Services	20% after Deductible	20% after In-Network Deductible

[1] DED = Deductible

[2] PBP = Per Benefit Period

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

[4] If admitted as an Inpatient from the Emergency Room member pays Out-of-Network DED and In-Network Emergency Room Copay.

Note: Out-of-Network services may be subject to balance billing.

69787-0516R E

BlueOptions
For Large Groups
Predictable Cost Health Benefit Plan 03559

Summary of Benefits for Covered Services	Amount Member Pays In-Network	Amount Member Pays Out-of-Network
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services)		
Diagnostic Services (except AIS)	$50 Copay	40% after Deductible
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	$250 Copay	40% after Deductible
Independent Clinical Lab (e.g., Blood Work)	$0	40% after Deductible
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)		
Option 1	20% after Deductible	40% after Deductible
Option 2	20% after Deductible	40% after Deductible
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	20% after Deductible	40% after Deductible
Outpatient Hospital Facility Services (per visit)		
Therapy Services Option 1	$30 Copay	40% after Deductible
Option 2	20% after Deductible	40% after Deductible
All other Services Option 1	20% after Deductible	40% after Deductible
Option 2	20% after Deductible	40% after Deductible
Inpatient Hospital Facility and Rehabilitation Services (per admit)		
Option 1	20% after Deductible	40% after Deductible[4]
Option 2	20% after Deductible	40% after Deductible[4]
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)		
Option 1 and Option 2	$0	40%[4]
Outpatient Hospitalization Facility Service (per visit)		
Option 1 and Option 2	$0	40%
Emergency Room Facility Services (per visit)	$0	$0
Provider Services at Hospital and ER		
Primary Care Physician / Specialist	$0	$0
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician / Specialist	$0	40%
Outpatient Office Visit		
Primary Care Physician / Specialist	$0	40%
Other Provider Services		
Provider Services at Hospital and ER	20% after Deductible	20% after In-Network Deductible
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	20% after Deductible	20% after In-Network Deductible
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician	20% after Deductible	40% after Deductible
Specialist	20% after Deductible	40% after Deductible
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	$40 Copay	40% after Deductible
Outpatient Hospital Facility Services (per visit) Option 1	$45 Copay	40% after Deductible
Option 2	$60 Copay	40% after Deductible
Durable Medical Equipment, Prosthetics and Orthotics	20% after Deductible	40% after Deductible

BlueOptions
For Large Groups
Predictable Cost Health Benefit Plan 03559

Summary of Benefits for Covered Services	Amount Member Pays In-Network	Amount Member Pays Out-of-Network
Other Special Services (continued)		
Home Health Care	20% after Deductible	40% after Deductible
Skilled Nursing Facility	20% after Deductible	40% after Deductible
Hospice	20% after Deductible	40% after Deductible

Important: To ensure quality care and to help you get the most value from your plan benefits, for certain medical services **you need to get an approval** from Florida Blue before your service or you'll have to **pay the entire cost** for the service. **Before an appointment**, visit floridablue.com/Authorization or call the toll-free number on your member ID card to see if a prior approval is needed and your next steps.

Benefit Maximums	
Home Health Care	20 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

Additional Benefits and Features

- We encourage you to call the care consultants team at 1-888-476-2227 to find out more about your benefits and/or treatment options. This can help you save time and money.
- You have online access to everything about your health benefit plan as well as all of our self-service tools at floridablue.com.
- Go to floridablue.com, click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in your plan's network and you don't need a referral to see a participating provider.

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. Important Note: Your health plan may include prescription drug coverage that only provides coverage at Exclusive Pharmacies except for emergency situations.

Access to Our Strong Networks

NetworkBlue℠ 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.**

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.

69787-0516R E