

BlueOptions

PPO Standard

Health Benefit Plan 03768



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED ¹) (PBP ²) (DED is the amount the member is responsible for before Florida Blue pays)	\$1,000 per person \$3,000 per family	\$3,000 per person \$9,000 per family
Coinsurance (Coinsurance is the percentage the member pays for services)	20%	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 \$9,000 per family	\$6,000 per person \$12,000 per family
Office Services		
Physician Office Services Value Choice Provider (in select counties) Primary Care Physician Specialist Convenient Care	\$0 Copay \$30 Copay \$50 Copay \$30 Copay	Not Covered 40% after Deductible 40% after Deductible 40% after Deductible
Virtual Visits Family Physician/Specialist	\$10 Copay/\$10 Copay	Not Covered
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$30 Copay \$50 Copay	40% after Deductible 40% after Deductible
Allergy Injections (per visit) Primary Care Physician Specialist	\$20 Copay \$20 Copay	40% after Deductible 40% after Deductible
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$200 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 Provider	\$0 0%	40% after Deductible
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 <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	\$0	40%
Mammograms (Routine & Diagnostic)	\$0	\$0
Colonoscopy (Routine for age 50+; no age criteria if high risk)	\$0	40%
Emergency Medical Care		
Urgent Care Centers	\$50 Copay	\$50 Copay after Deductible
Emergency Room Facility Services (per visit) (copayment waived if admitted)	\$300 Copay	\$300 Copay
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.

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

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. Florida Blue does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

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Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$50 Copay \$200 Copay	40% after Deductible 40% after Deductible
Independent Clinical Lab (e.g., Blood Work) Quest Diagnostics is preferred lab	\$0	40% after Deductible
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	\$300 Copay	40% after Deductible
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$200 Copay	40% after Deductible
Outpatient Hospital Facility Services (per visit) Therapy Services All other Services	\$50 Copay \$300 Copay	40% after Deductible 40% after Deductible
Inpatient Hospital Facility and Rehabilitation Services (per admit)	20% after Deductible ⁴	40% after Deductible ⁴
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)	20% after Deductible	40% ⁴
Outpatient Hospitalization Facility Service (per visit)	\$35 Copay	40%
Emergency Room Facility Services (per visit)	\$300 Copay	\$300 Copay
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	\$35 Copay	40%
Outpatient Office Visit Primary Care Physician / Specialist	\$35 Copay	40%
Other Provider Services		
Provider Services at Hospital and ER	\$50 Copay	\$50 Copay
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	\$50 Copay	\$50 Copay
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician Specialist	\$30 Copay \$50 Copay	40% 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 Outpatient Hospital Facility Services (per visit)	\$30 Copay \$50 Copay	40% after Deductible 40% after Deductible
Durable Medical Equipment, Prosthetics and Orthotics (Services coordinated by CareCentrix, call 1-877-561-9910)	20% after Deductible	40% after Deductible
Home Health Care (Services coordinated by CareCentrix, call 1-877-561-9910)	20% after Deductible	40% after Deductible

Summary of Benefits for Covered Services	Amount Member Pays	
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Other Special Services (continued)		
Skilled Nursing Facility	20% after Deductible	40% after Deductible
Hospice	20% after Deductible	40% after Deductible
Bariatric Surgery: Effective 1/1/2020 only Gastric Sleeve covered. Special Guidelines apply. Contact Patty Nguyen, Florida Blue On-site Rep. at 1-904-635-9221 for details.		

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

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.

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.