

BlueCare

For Pasco County Schools
HMO Health Plan Benefit Summary



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 Family Physician / Specialist Out-of-Network e-Office Visit	\$30 Copayment \$50 Copayment Not Covered \$30 Copayment / \$50 Copayment Not Covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine) In-Network Out-of-Network	\$30/\$50 Copayment Not Covered
Maternity Initial Visit In-Network Family Physician In-Network Specialist Out-of-Network	\$30 Copayment \$50 Copayment Not Covered
Allergy Injections (per visit) In-Network Out-of-Network	\$20 Copayment Not Covered
Convenient Care Centers In-Network Out-of-Network	\$30 Copayment Not Covered
Preventive Care	
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations In-Network Out-of-Network	\$0 Not Covered
Mammograms In-Network Out-of-Network	\$0 Not Covered
Colonoscopy (Routine for age 50+ then frequency schedule applies) In-Network Out-of-Network	\$0 Not Covered
Emergency Medical Care	
Urgent Care Centers In-Network Out-of-Network	\$50 Copayment Not Covered
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	\$100 Copayment
Outpatient Diagnostic Services	
Independent Diagnostic Testing Center 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 Medicine) Out-of-Network	\$0 Copayment (x-rays only) \$30 Copayment \$50 Copayment Not Covered
Independent Clinical Lab (e.g. Blood Work) In-Network Out-of-Network	\$0 Not Covered

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Outpatient Diagnostic Services (Continued)	
Outpatient Hospital Facility Services (per visit)	
In-Network - All (Any Surgical or Non-Surgical Service)	\$500
Out-of-Network	Not Covered
Other Provider Services	
Provider Services at Hospital and ER	
In-Network	\$0
Out-of-Network	Not Covered
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	
In-Network Specialist	\$0
Out-of-Network	Not Covered
Provider Services at Locations other than Office, Hospital and ER	
In-Network Family Physician	\$0
In-Network Specialist	\$0
Out-of-Network	Not Covered
Other Special Services	
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations	
Locations other than Physician's Office and Hospital	
In-Network	\$30
Out-of-Network	Not Covered
Outpatient Hospital Facility Services (per visit)	
In-Network	\$50 Copayment
Out-of-Network	Not Covered
Durable Medical Equipment, Prosthetics and Orthotics	
In-Network – Motorized Wheelchair	\$500 Copayment
In-Network – All Other	\$0 Copayment
Out-of-Network	Not Covered
Home Health Care	
In-Network	\$0
Out-of-Network	Not Covered
Skilled Nursing Facility (PBP ² Max)	
In-Network	60 days
Out-of-Network	\$0
	Not Covered
Hospice	
In-Network	\$0
Out-of-Network	Not Covered
Hospital / Surgical	
Ambulatory Surgical Center Facility (ASC)	
In-Network	\$400 Copayment
Out-of-Network	Not Covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)	
In-Network	\$500 per day / \$2,500 Maximum
Out-of-Network	Not Covered
Outpatient Hospital Facility Services (per visit)	
In-Network – Therapy Services	\$30 Copayment
In-Network – All other (Any Surgical or Non-Surgical Service)	\$500 Copayment
Out-of-Network	Not Covered

² PBP = Per Benefit Period

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Hospital / Surgical (Continued)	
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network and Out-of-Network	\$200 Copayment
Financial Features	
Out-of-Pocket Maximum (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (Out-of-Pocket Maximum includes Copayments for Covered Services)	\$3,000 / \$9,000 Not Covered
Total Lifetime Maximum Benefit	Unlimited

Additional Benefits and Features

An Array of Value-Added Programs and Services*

- **Access to valuable health information and resources**, including care decision support, our online provider directory at www.bcbsfl.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.
- **MyBlueService** is your online gateway to everything about your health benefit plan as well as all of our self-service tools, now including an enhanced **WebMD** website especially for our members only.
- Online access to participating physician offices for **e-office visits**, consultations, appointment scheduling or cancellation, prescription refills and much more.**
- BlueCare members receive a **Member Health Statement** that summarizes your health care activity for the preceding month.

Should it become necessary, a grievance procedure is available to all Members as detailed in the Master Policy.

Referrals to participating providers are not required, however authorizations are required for certain medical services like hospitalization, rehabilitation services, home care, select DME, and certain office based services such as CT scans, MRIs/MRAs, cardiac nuclear medicine studies, and select injectables, etc. Additional information related to access to providers can be found in the Provider Directory. This summary is only a partial description of the many benefits and services covered by Health Options, the HMO subsidiary of Blue Cross and Blue Shield of Florida, Inc. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Blue Cross and Blue Shield of Florida's BlueCare Benefit Booklet and Schedule of Benefits; its terms prevail.

* As a courtesy, Blue Cross and Blue Shield of Florida, Inc. has entered into arrangements with various vendors to provide value-added features that include care decision support tools and services to its members. These programs are not part of insurance coverage. All decisions that members make pertaining to medical/clinical judgment should be made in conjunction with their Physician since neither BCBSF nor its vendors provide medical care or advice.

** As a courtesy, Blue Cross and Blue Shield of Florida, Inc. 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.