

BlueOptions

Pasco County Schools

Standard PPO Health Benefit Plan Summary

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	\$30 Copayment \$50 Copayment DED ¹ + 40% Coinsurance \$10 Copayment DED + 40% Coinsurance
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.) In-Network Out-of-Network	\$200 Copayment DED + 40% Coinsurance
Maternity Initial Visit In-Network Specialist Out-of-Network	\$50 Copayment DED + 40% Coinsurance
Allergy Injections (per visit) In-Network Family Physician In-Network Specialist Out-of-Network	\$20 Copayment \$20 Copayment DED + 40% Coinsurance
Preventive Care	
Adult Wellness Benefit Maximum (PBP ³ , includes Routine Adult Physical Exam and Immunizations & Well Woman) In-Network Out-of-Network	No Maximum No Maximum
Routine Adult Physical Exam and Immunizations In-Network Family Physician In-Network Specialist Out-of-Network	\$0 Copayment \$0 Copayment 40% Coinsurance
Well Woman Exam (e.g. Annual GYN) In-Network Family Physician In-Network Specialist Out-of-Network	\$0 Copayment \$0 Copayment 40% Coinsurance
Mammograms (Covered at 100% of Allowed Amount) In-Network and Out-of-Network	\$0
Colonoscopy (Routine for age 50+ then frequency schedule applies) (Covered at 100% of Allowed Amount) In-Network and Out-of-Network	\$0
Well Child (No PBP Max) In-Network Family Physician In-Network Specialist Out-of-Network	\$0 Copayment \$0 Copayment 40% Coinsurance
Emergency Medical Care	
Urgent Care Centers In-Network Out-of-Network	\$50 Copayment DED + 40% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network Out-of-Network	\$100 Copayment \$200 Copayment
Ambulance Services (Ground, air and water travel, combined per day maximum) In-Network and Out-of-Network	\$5,000 In-Network DED + 20% Coinsurance

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 + 40% Coinsurance
Independent Clinical Lab (e.g. Blood Work) In-Network Out-of-Network	\$0 DED + 40% Coinsurance
Outpatient Hospital Facility Services (per visit) (Any surgical or non-surgical services) In-Network Out-of Network	\$300 Copayment DED + 40% 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	\$50 Copayment
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician In-Network Specialist Out-of-Network	\$30 Copayment \$50 Copayment DED + 40% Coinsurance
Other Special Services	
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PBP Max) In-Network Locations other than Hospital and Physician's Office Out-of-Network Locations other than Hospital Outpatient Hospital Facility Services (per visit) In-Network Out-of-Network	\$2,500 \$50 Copayment DED + 40% Coinsurance \$50 Copayment DED + 40% Coinsurance
Durable Medical Equipment, Prosthetics and Orthotics In-Network Out-of-Network	DED + 20% Coinsurance DED + 40% Coinsurance
Home Health Care (PBP Max) In-Network Out-of-Network	\$2,500 DED + 20% Coinsurance DED + 40% Coinsurance
Skilled Nursing Facility (PBP Max) In-Network Out-of-Network	60 days DED + 20% Coinsurance DED + 40% Coinsurance
Hospice In-Network Out-of-Network	DED + 20% Coinsurance DED + 40% Coinsurance
Hospital/Surgical	
Ambulatory Surgical Center Facility (ASC) In-Network Out-of-Network	\$200 Copayment DED + 40% Coinsurance
Inpatient Hospital Facility and Rehabilitation Services (per admit) (PBP Max) In-Network Out-of-Network	Rehabilitation Services limit - 21 days DED + 20% Coinsurance DED + 40% Coinsurance
Outpatient Hospital Facility Services (per visit) In-Network – Therapy Services In-Network – All other Services Out-of-Network	\$50 Copayment \$300 Copayment DED + 40% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network Out-of-Network	\$100 Copayment \$200 Copayment

Financial Features	
Deductible (DED) (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (DED is the amount the member is responsible for before BCBSF pays)	\$250 / \$750 \$1,000 /\$3,000
Coinsurance In-Network Out-of-Network (Coinsurance is the percentage the member pays for services)	20% 40%
Out-of-Pocket Maximum (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (Out-of-Pocket Maximum includes DED, Coinsurance and Copayments; Excludes Prescription Drugs)	\$3,000 / \$6,000 \$6,000 / \$12,000
Total Lifetime Maximum Benefit	Unlimited

¹ DED = Deductible

³ PBP = Per Benefit Period

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.
- **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.
- **Expert advice on call.** For more personal assistance, you can call our care consultants for cost-effective, quality care options. Plus, health coaches are available 24/7 on your schedule.
- 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.

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, BCBSF 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 www.bcbsfl.com.

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.

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 BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.

Access to Our Strong Networks

NetworkBlueSM is the Preferred Provider Network designated as "In-Network" for BlueOptions. However, you will have **protection from balance billing** when you receive covered services from a provider in our Traditional Program 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.