

BlueCare

For Pasco Schools

Health Benefit Summary Comparison

Benefits for Covered Services



Amount Member Pays

Office Services	Standard	Premium
Physician Office Services In-Network Only Family Physician In-Network Only Specialist In-Network Only e-Office Visit	\$30 Copayment \$50 Copayment \$10 Copayment	\$30 Copayment \$50 Copayment \$10 Copayment
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine) In-Network	\$30/\$50 Copayment	\$30/\$50 Copayment
Maternity Initial Visit In-Network Only Family Physician In-Network Only Specialist	\$30 Copayment \$50 Copayment	\$30 Copayment \$50 Copayment
Allergy Injections (per visit) In-Network Only	\$10 Copayment	\$20 Copayment
Convenient Care Centers In-Network Only	\$30 Copayment	\$30 Copayment
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations In-Network Only	\$0	\$0
Mammograms In-Network Only	\$0	\$0
Colonoscopy (Routine for age 50+ then frequency schedule applies) In-Network Only	\$0	\$0
Emergency Medical Care		
Urgent Care Centers In-Network Only	\$60 Copayment	\$50 Copayment
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network and Out-of-Network	\$250 Copayment	\$200 Copayment
Ambulance Services In-Network and Out-of-Network	No Maximum \$100 Copayment	No Maximum \$100 Copayment
Outpatient Diagnostic Services		
Independent Diagnostic Testing Center Services (per visit) (e.g. X-rays) (Includes Provider Services) In-Network only Diagnostic Services (except AIS) In-Network only Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$50 Copayment \$50 Copayment	\$0 Copayment \$50 Copayment
Independent Clinical Lab (e.g. Blood Work) In-Network (Quest Diagnostics only)	\$0	\$0
Outpatient Hospital Facility Services (per visit) In-Network *Any Surgical or Non-Surgical Service, i.e., Labs, X-rays	\$400 Copayment	\$500 Copayment
Other Provider Services		
Provider Services at Hospital and ER In-Network Only Out-of-Network (Emergency Services Only)	DED + 10% Coinsurance DED + 10% Coinsurance	\$0 \$0
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC) In-Network Specialist	\$50 Copayment	\$0 Copayment

BlueCare
For Pasco Schools
Health Benefit Summary Comparison
Benefits for Covered Services



Amount Member Pays

Other Provider Services Continued	Standard	Premium
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician In-Network Specialist	\$30 Copayment \$50 Copayment	\$0 Copayment \$0 Copayment
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PBP ³ Max) Locations other than Physician’s Office and Hospital In-Network Outpatient Hospital Facility Services (per visit) In-Network	35 Visits \$50 Copayment \$50 Copayment	62 Visits \$30 Copayment \$50 Copayment
Durable Medical Equipment, Prosthetics and Orthotics In-Network – Motorized Wheelchair In-Network – All Other	\$500 Copayment \$0	\$500 Copayment \$0
Home Health Care (20 visits PBP Max) In-Network	\$0	\$0
Skilled Nursing Facility (60 days PBP Max) In-Network Only	DED + 10% Coinsurance	\$0
Hospice In-Network Only	DED + 10% Coinsurance	\$0
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC) In-Network	\$200 Copayment	\$400 Copayment
Inpatient Hospital Facility and Rehabilitation Services (per admit) (PBP Max) In-Network Only	Rehabilitation Services limit - 21 days DED + 10% Coinsurance	Rehabilitation Services limit - 21 days \$500 day/ \$2,500 max
Outpatient Hospital Facility Services (per visit) In-Network Only– Therapy Services In-Network Only– All other Services* *Any Surgical or Non-Surgical Service, i.e., Labs, X-rays	\$50 Copayment \$400 Copayment	\$50 Copayment \$500 Copayment
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network and Out-of-Network	\$250 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 Florida Blue pays)	\$1,500 / \$4,500 Not Covered	\$0 Not Covered
Coinsurance In-Network Out-of-Network (Coinsurance is the percentage the member pays for services)	10% Not Covered	0% Not Covered
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)	\$4,000/\$8,000 Not Covered	\$3,000/\$9,000 Not Covered

BlueCare

For Pasco Schools

Health Benefit Summary Comparison



Benefits for Covered Services

Amount Member Pays

Total Lifetime Maximum Benefit	Unlimited	Unlimited
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NEW BENEFIT APPLIES TO STANDARD HMO PLAN ONLY:

Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) In-Network Monthly Out-of-Pocket (OOP) Maximum ¹ In-Network Provider Out-of-Network	\$200 20% Coinsurance Not Covered
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.	

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.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.
- **Florida Blue** 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 Florida Blue. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue's BlueCare Benefit Booklet and Schedule of Benefits; its terms prevail.

* As a courtesy, Florida Blue 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 Florida Blue nor its vendors provide medical care or advice.

** 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.

Office Services	Standard PPO	Premium PPO
Physician Office Services In-Network Only Family Physician In-Network Only Specialist Out-of-Network Office Visit In-Network Only e-Office Visit Out-of-Network e-Office Visit	\$30 Copayment \$50 Copayment DED + 40% Coins \$10 Copayment DED + 40% Coins	\$20 Copayment \$35 Copayment DED + 40% Coins \$10 Copayment DED + 40% Coins
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine) In-Network Out-of-Network	\$200 Copayment DED + 40% Coins	\$150 Copayment DED + 40% Coins
Maternity Initial Visit In-Network Specialist Out-of-Network	\$50 Copayment DED + 40% Coins	\$35 Copayment DED + 40% Coins
Allergy Injections (per visit) In-Network PCP or Specialist Out-of-Network	\$20 Copayment DED + 40% Coins	\$10 Copayment DED + 40% Coins
Convenient Care Centers In-Network Out-of-Network	\$30 Copayment DED + 40% Coins	\$20 Copayment DED + 40% Coins
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations In-Network Out-of-Network	\$0 40% Coinsurance	\$0 40% Coinsurance
Mammograms In-Network and Out-of-Network	\$0	\$0
Colonoscopy (Routine for age 50+ then frequency schedule applies) In-Network and Out-of-Network	\$0	\$0
Emergency Medical Care		
Urgent Care Centers In-Network Out-of-Network	\$50 Copayment DED + 40% Coins	\$45 Copayment DED + 40% Coins
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network and Out-of-Network	\$100 Copayment	\$100 Copayment
Ambulance Services up to \$5,500 maximum paid by Florida Blue per day In-Network and Out-of-Network	DED + 20% Coins	20% Coinsurance
Outpatient Diagnostic Services		
Independent Diagnostic Testing Center Services (per visit) (e.g. X-rays) (Includes Provider Services) In-Network Diagnostic Services (except AIS) Out-of-Network In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine) Out-of-Network	\$50 Copayment DED + 40% Coins \$200 Copayment DED + 40% Coins	\$50 Copayment DED + 40% Coins \$150 Copayment DED + 40% Coins
Independent Clinical Lab (e.g. Blood Work) In-Network (Quest Diagnostics) Out-of-Network	\$0 DED + 40% Coins	\$0 DED + 40% Coins
Outpatient Hospital Facility Services (per visit) In-Network Out-of-Network Any Surgical or Non-Surgical Service, i.e., Labs & X-rays	\$300 Copayment DED + 40% Coins	\$200 Copayment DED + 40% Coins

For Pasco Schools

PPO Health Benefit Summary Comparison

Benefits for Covered Services

Amount Member Pays

Other Provider Services		
Provider Services at Hospital and ER In-Network and Out-of-Network	\$50 Copayment	\$0
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC) In-Network and Out-of-Network	\$50 Copayment	\$35 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% Coins	\$20 Copayment \$35 Copayment DED + 40% Coins
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PBP ³ Max) Locations other than Physician's Office and Hospital In-Network Out-of-Network Outpatient Hospital Facility Services (per visit) In-Network Out-of-Network	35 Visits \$30 Copayment DED + 40% Coins \$50 Copayment DED + 40% Coins	35 Visits \$35 Copayment DED + 40% Coins \$45 Copayment DED + 40% Coins
Durable Medical Equipment, Prosthetics and Orthotics In-Network Out-of-Network	DED + 20% Coins DED + 40% Coins	20% Coinsurance DED + 40% Coins
Home Health Care (20 visits PBP Max) In-Network Out-of-Network	20 Visits DED + 20% Coins DED + 40% Coins	20 Visits 20% Coinsurance DED + 40% Coins
Skilled Nursing Facility (60 days PBP Max) In-Network Out-of-Network	60 Days DED + 20% Coins DED + 40% Coins	60 Days 20% Coinsurance DED + 40% Coins
Hospice In-Network Out-of-Network	DED + 20% Coins DED + 40% Coins	20% Coinsurance DED + 40% Coins
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC) In-Network Out-of-Network	\$200 Copayment DED + 40% Coins	\$100 Copayment DED + 40% Coins
Inpatient Hospital Facility and Rehabilitation Services (per admit) (PBP Max) Rehabilitation Services Limit – 21 Days In-Network Out-of-Network	DED + 20% Coins DED + 40% Coins	\$600 Copayment DED + 40% Coins
Outpatient Hospital Facility Services (per visit) In-Network – Therapy Services Out-of-Network In-Network – All other Services Out-of-Network *Any Surgical or Non-Surgical Service, i.e., Labs & X-rays	\$50 Copayment DED + 40% Coins \$300 Copayment DED + 40% Coins	\$45 Copayment DED + 40% Coins \$200 Copayment DED + 40% Coins
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network and Out-of-Network	\$100 Copayment	\$100 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 Florida Blue pays)	\$250 / \$750 \$1,000 / \$3,000	\$0 / \$0 \$500 / \$1,500
Coinsurance (Coinsurance is the percentage the member pays for services) In-Network Out-of-Network	20% 40%	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	\$2,500 / \$5,000 \$5,000 / \$10,000
Total Lifetime Maximum Benefit	Unlimited	Unlimited

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