

Understanding the PPO Standard Plan

If your doctor does not participate in the BlueCare HMO network or you have family members who participate and live out-of-state, you might want to consider enrollment in the PPO standard plan.

A PPO is a group of providers (doctors, hospitals, and other medical facilities) who have agreed to provide services at discounted rates. A significant difference between an HMO and a PPO is that a PPO allows you to use providers who are not in the network.

When you use an in-network provider, the percentage you pay out-of-pocket will be based on a negotiated fee, which is usually lower than the actual charges. If you use an out-of-network provider, you are subject to a deductible and coinsurance, as well as any charges that are higher than what is considered reasonable and customary (R&C) by Florida Blue, and you could pay substantially more out-of-pocket.

Accessing out-of-network services may also subject you to plan limitations that might be avoided when you receive care from in-network providers.

Always remember to verify a provider’s participation status prior to receiving health care services. Access www.floridablue.com and click on the “Find a Doctor” link. Select “BlueOptions” for your plan. Out of state providers, skip “Select a Plan”. Scroll down to the bottom of the page and under “Other Provider Searches”, click on “Doctors & Hospitals Nationally”.

As a PPO participant, you must be proactive and check on the status of all providers that will be involved in your care/treatment. For example, if you are having surgery, verify with the surgeon if he or she will be using an assistant surgeon. If so, make sure he/she is participating in the BlueOptions network. Also, make sure the anesthesiologist, pathologist or radiologist is participating. This could save you significant out-of-pocket expenses. If any of these providers are out-of-network, then a \$4,000 deductible and 40% coinsurance would apply. You would be responsible for the difference of what the provider bills and what Florida Blue allows, in addition to the out-of-network deductible and coinsurance. This is called out-of-network provider balance billing and it can be expensive.

An additional advantage of enrolling in a PPO plan is that you can receive treatment outside of the state of Florida, as long as the provider is a participant of the Independent Blue Cross and/or Blue Shield organization in that state. This is referred to as the “BlueCard PPO Program”. Covered services will pay at the in-network benefit rate. For example, your Florida specialist recommends a specialist in New York. That specialist participates with Empire Blue Cross Blue Shield of New York. Just make your appointment with the New York specialist and pay your specialist copay of \$80 per visit.

If you travel nationwide or have residence in another state, you have the peace of mind that you have coverage for “routine” as well as “emergency” visits.

PPO Standard- Pay Per Deduction		
Coverage Selected	24-Deduct	20-Deduct
Employee Only	\$ 117.50	\$ 141.00
Employee Plus Child(ren)	\$ 427.60	\$ 513.12
Employee Plus Spouse	\$ 639.74	\$ 767.69
Employee Plus Spouse & Child(ren)	\$ 949.84	\$1,139.81
2 Married Employees of Board Plus Child(ren)	\$ 394.55	\$ 473.46

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (EM DED) ¹ (PBP) ² (DED is the amount the member is responsible for before Florida Blue pays)	\$2,500 per person \$7,500 per family	\$4,000 per person \$12,000 per family
Inpatient Hospital Facility Services Per Admission Deductible (PAD)	\$0	\$0
Coinsurance (Coinsurance is the percentage the member pays for services)	30% of the allowed amount	40% of the allowed amount
Out-of-Pocket Maximum (EM OOP) ³ (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$5,500 per person \$11,000 per family	\$8,250 per person \$16,500 per family
Office Services		
Virtual Visits⁴ Primary Care Physician Specialist	\$0 Copay \$45 Copay	Not Covered Not Covered
Physician Office Services Value Choice Primary Care Physician ⁵ Value Choice Specialist ⁵ Primary Care Physician Specialist (includes Chiropractor) Convenient Care (Advent Health Express Care in Walgreens)	\$0 Copay \$20 Copay \$40 Copay \$80 Copay \$40 Copay	DED + 40% DED + 40% DED + 40% DED + 40% DED + 40%
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$40 Copay \$80 Copay	DED + 40% DED + 40%
Allergy Injections (per visit) Primary Care Physician Specialist	\$20 Copay \$20 Copay	DED + 40% DED + 40%
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$300 Copay	DED + 40%
Medical Pharmacy - Physician-Administered Medications (applies to Office/Home Setting and Specialty Pharmacy Vendors) Monthly Out-of-Pocket (OOP) Maximum Preferred Non-Preferred	\$0 Combined with Preferred OOP	NA NA
Provider Preferred Non-Preferred	0% 0%	DED + 40% DED + 40%
Important Note: Physician-Administered 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 benefit</i> . Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		

¹EM DED = Deductible is Embedded: A covered member's family deductible costs are capped at the individual deductible amount on the family plan. / ²PBP = Per Benefit Period / ³EM OOP = Out-of-Pocket Maximum is Embedded: A covered family member's out-of-pocket costs are capped at the individual out-of-pocket maximum amount on the family plan. / ⁴Virtual Visit services are only covered for In-Network providers. / ⁵Value Choice Providers are only available in select counties.

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

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations (Adult & Child Physicals, one per calendar year)	\$0 Copay	40%
Mammograms (Routine and Diagnostic)	\$0 Copay	\$0 Copay
Colonoscopy (Routine for age 45+; Diagnostic, no age criteria)	\$0 Copay	\$0 Copay
Emergency Medical Care		
Urgent Care Centers Value Choice Provider ⁵	\$0 Copay - Visits 1-2 PBP \$50 Copay for Remaining Visits PBP	N/A
All Other Providers	\$50 Copay	DED + \$50 Copay
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$500 Copay	\$500 Copay
Ambulance Services	DED + 30%	INN DED + 30%
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 Medicine)	\$50 Copay	DED + 40%
	\$300 Copay	DED + 40%
Independent Clinical Lab (e.g., Blood Work) Quest Diagnostics	\$0 Copay	DED + 40%
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	\$300 Copay	DED + 40%
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$200 Copay	DED + 40%
Outpatient Hospital Facility Services (per visit) Therapy Services All other Services (Surgical or Non-Surgical)	\$80 Copay	DED + 40%
	\$300 Copay	DED + 40%
Inpatient Hospital Facility and Rehabilitation Services ⁷ (per admit)	DED + 30%	DED + 40%

⁵Value Choice Providers are only available in select counties.

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Mental Health / Substance Dependency		
Virtual Visits⁴		
Primary Care Physician	\$35 Copay	Not Covered
Specialist	\$35 Copay	Not Covered
Physician Office Services		
Primary Care Physician	\$40 Copay	40%
Specialist	\$40 Copay	40%
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$500 Copay	\$500 Copay
Outpatient Hospitalization Facility Service (per visit)	\$40 Copay	40%
Inpatient Hospitalization Facility Services (per admit)	DED + 30%	40%
Provider Services at Hospital	\$0 Copay	\$0 Copay
Provider Services at ER	\$0 Copay	\$0 Copay
Provider Services at Locations other than Office, Hospital & ER	\$40 Copay	40%
Other Provider Services		
Provider Services at Hospital	\$80 Copay	\$80 Copay
Provider Services at ER	\$80 Copay	\$80 Copay
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	\$80 Copay	\$80 Copay
Provider Services at Locations other than Office, Hospital & ER		
Primary Care Physician	\$40 Copay	DED + 40%
Specialist	\$80 Copay	DED + 40%
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$40 Copay	DED + 40%
Outpatient Hospital Facility Services (per visit)	\$80 Copay	DED + 40%
Durable Medical Equipment, Diabetic Equipment & Supplies, Prosthetics and Orthotics (Services coordinated by CareCentrix, call 1-877-561-9910.)	DED + 30%	DED + 40%
Home Health Care (Services coordinated by CareCentrix, call 1-877-561-9910.)	DED + 30%	DED + 40%
Skilled Nursing Facility	DED + 30%	DED + 40%
Hospice	DED + 30%	DED + 40%
Birthing Center or Dialysis Center	DED + 30%	DED + 40%
Bariatric Surgery: Effective 1/1/2020 only Gastric Sleeve covered. Special Guidelines apply. Contact Patty Nguyen, Florida Blue On-site Rep. at 813-794-2492 or 1-904-635-9221 for details.		

⁴Virtual Visit services are only covered for In-Network providers.

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	60 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Outpatient Therapy Modalities	4 per day (therapeutic exercises, electric stimulation, massage, etc.)
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.

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.