

<b>Summary of Benefits for Covered Services</b>	Amount Member Pays	
	In-Network	Out-of-Network

Financial Features		
<b>Deductible</b> (EM DED) <sup>1</sup> (PBP) <sup>2</sup> (DED is the amount the member is responsible for before Florida Blue pays)	\$500 per person \$1,500 per family	\$1,500 per person \$4,500 per family
<b>Inpatient Hospital Facility Services Per Admission Deductible (PAD)</b>	\$0	\$0
<b>Coinsurance</b> (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	50% of the allowed amount
<b>Out-of-Pocket Maximum</b> (EM OOP) <sup>3</sup> (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$3,000 per person \$6,000 per family	\$6,000 per person \$12,000 per family
Office Services		
<b>Virtual Visits<sup>4</sup></b> Primary Care Physician Specialist	\$0 Copay \$60 Copay	Not Covered Not Covered
<b>Physician Office Services</b> Value Choice Primary Care Physician <sup>5</sup> Value Choice Specialist <sup>5</sup> Primary Care Physician Specialist	\$0 Copay \$20 Copay \$25 Copay \$60 Copay	DED + 50% DED + 50% DED + 50% DED + 50%
<b>Maternity</b> (Cost Share for initial visit only) Primary Care Physician Specialist	\$25 Copay \$60 Copay	DED + 50% DED + 50%
<b>Allergy Injections</b> (per visit) Primary Care Physician Specialist	\$10 Copay \$10 Copay	DED + 50% DED + 50%
<b>Advanced Imaging Services (AIS)</b> (MRI, MRA, PET, CT, Nuclear Medicine)	DED + 20%	DED + 50%
<b>Medical Pharmacy - Physician-Administered Medications</b> (applies to Office Setting and Specialty Pharmacy Vendors) <b>Monthly Out-of-Pocket (OOP) Maximum<sup>6</sup></b> Preferred Non-Preferred  <b>Provider</b> Preferred Non-Preferred	\$200 Combined with Preferred OOP  20% 20%	NA NA  DED + 50% DED + 50%
<b>Important Note:</b> 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.		

<sup>1</sup>EM DED = Deductible is Embedded: A covered member's family deductible costs are capped at the individual deductible amount on the family plan. / <sup>2</sup>PBP = Per Benefit Period / <sup>3</sup>EM 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. / <sup>4</sup>Virtual Visit services are only covered for In-Network providers. / <sup>5</sup>Value Choice Providers are only available in select counties. See the Agent Toolkit for a full list of counties where they are available. / <sup>6</sup>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.**

**BlueOptions**  
**For Large Groups**  
**Predictable Cost Health Plan 03769**



Amount Member Pays

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<b>Preventive Care</b>		
<b>Routine Adult &amp; Child Preventive Services, Wellness Services, and Immunizations</b>	\$0 Copay	50%
<b>Mammograms</b>	\$0 Copay	\$0 Copay
<b>Colonoscopy</b> (Routine for age 45+)	\$0 Copay	\$0 Copay
<b>Emergency Medical Care</b>		
<b>Urgent Care Centers</b> Value Choice Provider <sup>5</sup>	\$0 Copay - Visits 1-2 PBP \$65 Copay for Remaining Visits PBP \$65 Copay	DED + \$65
All Other Providers		DED + \$65
<b>Emergency Room</b> (per visit) (cost share waived if admitted) Facility <sup>7</sup> Physician Services	\$300 Copay \$100 Copay	\$300 Copay \$100 Copay
<b>Ambulance Services</b>	DED + 20%	INN DED + 20%
<b>Outpatient Diagnostic Services</b>		
<b>Independent Diagnostic Testing Facility Services</b> (Includes Provider Services) Diagnostic Services (e.g., X-rays) Advanced Imaging Services (e.g., MRI, PET, CT)	\$50 Copay DED + 20%	DED + 50% DED + 50%
<b>Independent Clinical Lab</b> (e.g., Blood Work)	\$0 Copay	DED + 50%
<b>Outpatient Hospital Facility*</b>	DED + 20%	DED + 50%
<b>Hospital / Surgical</b>		
<b>Ambulatory Surgical Center Facility</b> Facility (per visit) Provider Services	DED + 20% \$60 Copay	DED + 50% DED + 50%
<b>Outpatient Hospital Facility</b> (per visit) Therapy Services* All other Services*	\$45 Copay DED + 20%	DED + 50% DED + 50%
<b>Inpatient Hospital and Rehabilitation Facility Services<sup>7</sup></b> (per admit)*	DED + 20%	DED + 50%
<b>Provider Services at Inpatient and Outpatient Facility</b> Radiologists, Anesthesiologists, and Pathologists All other Providers	\$100 Copay \$100 Copay	\$100 Copay \$100 Copay

<sup>5</sup>Value Choice Providers are only available in select counties. See the Agent Toolkit for a full list of counties where they are available. / <sup>7</sup>If admitted as an Inpatient from the Emergency Room member pays the Option 1 In-Network Hospital cost share./ \*Option 1 cost share. Option 2 may have a higher cost share

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In-Network      Out-of-Network

**Summary of Benefits for Covered Services**

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<b>Mental Health / Substance Dependency</b>		
<b>Virtual Visits<sup>4</sup></b>		
Primary Care Physician	\$0 Copay	Not Covered
Specialist	\$0 Copay	Not Covered
<b>Physician Office Services</b>		
Primary Care Physician	\$0 Copay	50%
Specialist	\$0 Copay	50%
<b>Emergency Room Facility Services<sup>7</sup></b> (per visit) (cost share waived if admitted)	\$0 Copay	\$0 Copay
<b>Outpatient Hospitalization Facility Services</b> (per visit)*	\$0 Copay	50%
<b>Inpatient Hospitalization Facility Services<sup>7</sup></b> (per admit)*	\$0 Copay	50%
<b>Other Special Services</b>		
<b>Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations</b>		
Outpatient Rehabilitation Therapy Center	\$60 Copay	DED + 50%
Outpatient Hospital Facility Services (per visit)*	\$45 Copay	DED + 50%
<b>Durable Medical Equipment, Prosthetics and Orthotics</b>	DED + 20%	DED + 50%
<b>Home Health Care</b>	DED + 20%	DED + 50%
<b>Skilled Nursing Facility</b>	DED + 20%	DED + 50%
<b>Hospice</b>	DED + 20%	DED + 50%

<sup>4</sup>Virtual Visit services are only covered for In-Network providers. / <sup>7</sup>If admitted as an Inpatient from the Emergency Room member pays the Option 1 In-Network Hospital cost share. / \*Option 1 cost share. Option 2 Hospitals may have a higher cost share

**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](http://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
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](http://floridablue.com).
- Go to [floridablue.com](http://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

**NetworkBlue<sup>SM</sup>** 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<sup>®</sup>** 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](http://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.