

	Amount Member Pays	
Summary of Benefits for Covered Services	In-Network	Out-of-Network

Financial Features		
Deductible (DED) ¹ (PBP) ² (DED is the amount the member is responsible for before Florida Blue HMO pays)	NA per person NA per family	NA per person NA per family
Coinsurance (Coinsurance is the percentage the member pays for services)	NA	NA
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$2,000 per person \$6,000 per family	NA per person NA per family
Office Services		
Virtual Visits ³ Primary Care Physician Specialist	\$0 Copay \$50 Copay	Not Covered Not Covered
Physician Office Services Value Choice Primary Care Physician ⁴ Value Choice Specialist ⁴ Primary Care Physician Specialist	\$0 Copay \$20 Copay \$20 Copay \$50 Copay	Not Covered Not Covered Not Covered Not Covered
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$20 Copay \$50 Copay	Not Covered Not Covered
Allergy Injections (per visit) Primary Care Physician Specialist	\$10 Copay \$10 Copay	Not Covered Not Covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$0 Copay	Not Covered
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) Monthly Out-of-Pocket (OOP) Maximum ⁵ Preferred Non-Preferred Provider Preferred Non-Preferred	NA NA \$0 Copay \$0 Copay	NA NA Not Covered Not Covered
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.		

¹DED = Deductible / ²PBP = Per Benefit Period / ³Virtual Visit services are only covered for In-Network providers. / ⁴Value Choice Providers are only available in select counties. See the Agent Toolkit for a full list of counties where they are available. / ⁵In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

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	\$20 Copay	Not Covered
Mammograms	\$0 Copay	Not Covered
Colonoscopy (Routine for age 45+)	\$300 Copay	Not Covered
Emergency Medical Care		
Urgent Care Centers Value Choice Provider ⁴	\$0 Copay - Visits 1-2 PBP \$50 Copay for Remaining Visits PBP \$50 Copay	Not Covered
All Other Providers		Not Covered
Emergency Room (per visit) (ER cost share waived if admitted) Facility Physician Services	\$200 Copay \$0 Copay	\$200 Copay \$0 Copay
Ambulance Services	\$100 Copay	\$100 Copay
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (Includes Provider Services) Diagnostic Services (e.g., X-rays) Advanced Imaging Services (e.g., MRI, PET, CT)	\$0 Copay \$0 Copay	Not Covered Not Covered
Independent Clinical Lab (e.g., Blood Work)	\$0 Copay	Not Covered
Outpatient Hospital Facility	\$0 Copay	Not Covered
Hospital / Surgical		
Ambulatory Surgical Center Facility Facility (per visit) Provider Services	\$300 Copay \$0 Copay	Not Covered Not Covered
Outpatient Hospital Facility (per visit) Therapy Services All other Services	\$20 Copay \$300 Copay	Not Covered Not Covered
Inpatient Hospital and Rehabilitation Facility Services (per admit)	\$300 per day (\$1500 Max)	Not Covered
Provider Services at Inpatient and Outpatient Facility Radiologists, Anesthesiologists, and Pathologists All other Providers	\$0 Copay \$0 Copay	Not Covered Not Covered

⁴Value Choice Providers are only available in select counties. See the Agent Toolkit for a full list of counties where they are available.

Amount Member Pays

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Mental Health / Substance Dependency		
Virtual Visits³		
Primary Care Physician	\$0 Copay	Not Covered
Specialist	\$0 Copay	Not Covered
Physician Office Services		
Primary Care Physician	\$0 Copay	Not Covered
Specialist	\$0 Copay	Not Covered
Emergency Room Facility Services (per visit)	\$0 Copay	\$0 Copay
Outpatient Hospitalization Facility Services (per visit)	\$0 Copay	Not Covered
Inpatient Hospitalization Facility Services (per admit)	\$0 Copay	Not Covered
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$20 Copay	Not Covered
Outpatient Hospital Facility Services (per visit)	\$20 Copay	Not Covered
Durable Medical Equipment, Prosthetics and Orthotics		
Motorized Wheelchair	\$500 Copay	Not Covered
All Other	\$0 Copay	Not Covered
Home Health Care	\$0 Copay	Not Covered
Skilled Nursing Facility	\$0 Copay	Not Covered
Hospice	\$0 Copay	Not Covered

³Virtual Visit services are only covered for In-Network providers.

Preauthorization for select services: Members don't need a referral to see a participating specialist, however authorizations are required for certain services such as CT/MRI scans and select injectables, as well as other medical services like hospitalization, rehabilitation services, home health care, and select durable medical equipment. Ensure members know that **before an appointment** they should visit floridablue.com/Authorization or call the toll-free number on their member ID card to see if a prior authorization is required.

Benefit Maximums	
Home Health Care	60 Visits PBP
Inpatient Rehabilitation Therapy	NA
Outpatient Therapy	NA
Spinal Manipulations	NA (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	90 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 HMO, 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.

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

This summary is only a partial description of the many benefits and services covered by Florida Blue HMO, an 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 Florida Blue HMO BlueCare Benefit Booklet and Schedule of Benefits; its terms prevail.