



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED is the amount the member is responsible for before Florida Blue pays)	\$2,000 per person NA per family	\$6,000 per person NA per family
Coinsurance (Coinsurance is the percentage the member pays for services)	50% of the allowed amount	50% of the allowed amount
Out-of-Pocket Maximum (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$6,350 per person \$12,800 per family	\$12,800 per person \$25,600 per family
Office Services		
Physician Office Services – Including Virtual Visits Value Choice Primary Care Physician Value Choice Specialist Primary Care Physician Specialist	\$0 Copay \$35 Copay \$35 Copay \$75 Copay	DED + 50% DED + 50% DED + 50% DED + 50%
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$35 Copay \$75 Copay	DED + 50% DED + 50%
Allergy Injections (per visit) Primary Care Physician Specialist	\$10 Copay \$10 Copay	DED + 50% DED + 50%
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	DED + 50%	DED + 50%
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) Monthly Out-of-Pocket (OOP) Maximum Preferred Non-Preferred Provider Preferred Non-Preferred	 \$200 Combined with Preferred OOP PCP \$35 Copay Specialist Copay \$75 PCP \$35 Copay Specialist Copay \$75	 NA NA DED + 50% DED + 50%
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.		

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



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Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0 Copay	50%
Mammograms	\$0 Copay	\$0 Copay
Colonoscopy (Routine for age 45+)	\$0 Copay	\$0 Copay
Emergency Medical Care		
Urgent Care Centers Value Choice Provider	\$0 Copay - Visits 1-2 PBP \$75 for Remaining Visits PBP	NA
All Other Providers	\$75 Copay	\$75 Copay
Emergency Room (per visit) (cost share waived if admitted) Facility Physician Services	DED + 50% DED + 50%	INN DED + 50% INN DED + 50%
Ambulance Services	DED + 50%	INN DED + 50%
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)	\$50 Copay \$200 Copay	DED + 50% DED + 50%
Independent Clinical Lab (e.g., Blood Work)	\$0 Copay	DED + 50%
Outpatient Hospital Facility Option 1 Option 2	\$300 Copay \$400 Copay	DED + 50% DED + 50%
Hospital / Surgical		
Ambulatory Surgical Center (ASC) Facility Facility (per visit) ALL Physician/Provider Services at ASC	DED + 50% DED + 50%	DED + 50% INN DED + 50%
Outpatient Hospital Facility (per visit) Therapy Services Option 1 Option 2 All other Services Option 1 Option 2	\$80 Copay \$90 Copay \$300 Copay \$400 Copay	DED + 50% DED + 50%
Inpatient Hospital and Rehabilitation Facility Services (per admit) Option 1 Option 2	\$2,000 Copay \$3,000 Copay	DED + 50%
Provider Services at Inpatient and Outpatient Facility Radiologists, Anesthesiologists, and Pathologists All other Providers	DED + 50% DED + 50%	INN DED + 50% INN DED + 50%



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Mental Health / Substance Dependency		
Physician Office Services Primary Care Physician Specialist	\$35 Copay \$75 Copay	50% 50%
Emergency Room Facility Services (per visit)	DED	INN DED + 50%
Outpatient Hospitalization Facility Services (per visit) Option 1 Option 2	\$300 Copay \$400 Copay	50%
Inpatient Hospitalization Facility Services (per admit) Option 1 Option 2	\$2,000 Copay \$3,000 Copay	50%
Provider Services at Hospital	DED + 50%	INN DED + 50%
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations Outpatient Rehabilitation Therapy Center Outpatient Hospital Facility Services (per visit) Option 1 Option 2	\$75 Copay \$80 Copay \$90 Copay	DED + 50% DED + 50%
Durable Medical Equipment, Prosthetics and Orthotics	DED + 50%	DED + 50%
Home Health Care	DED + 50%	DED + 50%
Skilled Nursing Facility	DED + 50%	DED + 50%
Hospice	DED + 50%	DED + 50%

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	20 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

Prescription Drug Coverage	In-Network	Out-of-Network
Retail (30 days) generic / preferred brand / non-preferred brand/specialty / oral weight loss medications	\$10 / \$60 / \$100 / \$120 / 30% oral weight loss medications-plan paid maximum \$3,000	50% of allowance Oral weight loss medications-plan paid maximum \$3,000
Mail Order (90 days) generic / preferred brand / non-preferred brand / specialty / oral weight loss medications	\$30 / \$180 / \$300 / 30% oral weight loss medications-plan paid maximum \$3,000	50% of allowance Oral weight loss medications-plan paid maximum \$3,000



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.

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.