

Summary of Benefits for Covered Services Amount Member Pays
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)	\$300 per person \$600 per family	NA per person NA per family
Inpatient Hospital Facility Services Per Admission Deductible (PAD)	\$0	NA
Coinsurance (Coinsurance is the percentage the member pays for services)	30% of the allowed amount	NA
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$2,500 per person \$5,000 per family	NA per person NA per family
Office Services		
Virtual Visits ³ Primary Care Physician Specialist	\$25 Copay \$35 Copay	Not Covered Not Covered
Physician Office Services Primary Care Physician Specialist	\$25 Copay \$35 Copay	Not Covered Not Covered
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$25 Copay \$35 Copay	Not Covered Not Covered
Allergy Injections (per visit) Primary Care Physician Specialist	\$25 Copay \$35 Copay	Not Covered Not Covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$300 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	No Max No Max	NA NA
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.

Amount Member Pays

In-Network Out-of-Network

Summary of Benefits for Covered Services	In-Network	Out-of-Network
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0 Copay	Not Covered
Mammograms	\$0 Copay	Not Covered
Colonoscopy (Routine for age 50+ then frequency schedule applies)	\$0 Copay	Not Covered
Emergency Medical Care		
Urgent Care Centers	\$30 Copay	Not Covered
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$300 Copay + 30%	\$300 Copay + 30%
Ambulance Services	\$200 Copay	\$200 Copay
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)	\$30 Copay \$300 Copay	Not Covered Not Covered
Independent Clinical Lab (e.g., Blood Work)	\$0 Copay	Not Covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	\$30 Copay	Not Covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	DED + 30%	Not Covered
Outpatient Hospital Facility Services (per visit) Therapy Services All other Services	\$35 Copay DED + 30%	Not Covered Not Covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)	DED + 30%	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.

Mental Health / Substance Dependency		
Virtual Visits³		
Primary Care Physician	\$25 Copay	Not Covered
Specialist	\$35 Copay	Not Covered
Physician Office Services		
Primary Care Physician	\$25 Copay	Not Covered
Specialist	\$35 Copay	Not Covered
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$300 Copay + 30%	\$0 Copay
Outpatient Hospitalization Facility Service (per visit)	\$25 Copay	Not Covered
Inpatient Hospitalization Facility Services (per admit)	DED + 30%	Not Covered
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$35 Copay	Not Covered
Outpatient Hospital Facility Services (per visit)	\$35 Copay	Not Covered
Durable Medical Equipment, Prosthetics and Orthotics		
Motorized Wheelchair	\$500 Copay	Not Covered
All Other	\$30 Copay	Not Covered
Home Health Care	\$20 Copay	Not Covered
Skilled Nursing Facility	DED + 30%	Not Covered
Hospice	\$20 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	No Max
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	60 Visits PBP
Spinal Manipulations	20 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	No Max

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.

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.