

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

<b>Financial Features</b>		
<b>Deductible (EM DED)<sup>1</sup> (PBP)<sup>2</sup></b> (DED is the amount the member is responsible for before Florida Blue pays)	\$750 per person \$1,500 per family	\$1,000 per person \$2,000 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)	30% of the allowed amount	50% of the allowed amount
<b>Out-of-Pocket Maximum (EM OOP)<sup>3</sup> (PBP)</b> (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$6,000 per person \$12,000 per family	\$9,000 per person \$18,000 per family
<b>Office Services</b>		
<b>Virtual Visits<sup>4</sup></b> Primary Care Physician Specialist	\$30 Copay \$40 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	\$30 Copay \$40 Copay \$30 Copay \$40 Copay	DED + 50% DED + 50% DED + 50% DED + 50%
<b>Maternity</b> (Cost Share for initial visit only) Primary Care Physician Specialist	\$30 Copay \$40 Copay	DED + 50% DED + 50%
<b>Allergy Injections</b> (per visit) Primary Care Physician Specialist	\$30 Copay \$40 Copay	DED + 50% DED + 50%
<b>Advanced Imaging Services (AIS)</b> (MRI, MRA, PET, CT, Nuclear Medicine)	\$300 Copay	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	No Max	NA NA
<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.**

Amount Member Pays

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
<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 50+ then frequency schedule applies)	\$0 Copay	\$0 Copay
<b>Emergency Medical Care</b>		
<b>Urgent Care Centers</b>	\$35 Copay	DED + \$35
<b>Emergency Room Facility Services<sup>7</sup></b> (per visit) (cost share waived if admitted)	\$300 Copay + 30%	\$300 Copay + 30%
<b>Ambulance Services</b>	\$200 Copay	\$200 Copay
<b>Outpatient Diagnostic Services</b>		
<b>Independent Diagnostic Testing Facility Services</b> (per visit) (e.g. X-rays) (Includes Provider Services) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$35 Copay	DED + 50%
	\$300 Copay	DED + 50%
	\$0 Copay	DED + 50%
<b>Independent Clinical Lab</b> (e.g., Blood Work)	\$0 Copay	DED + 50%
<b>Outpatient Hospital Facility Services</b> (per visit) (e.g., Blood Work and X-rays) Option 1 Option 2	\$35 Copay	DED + 50%
	\$35 Copay	DED + 50%
	\$35 Copay	DED + 50%
<b>Hospital / Surgical</b>		
<b>Ambulatory Surgical Center Facility (ASC)</b>	DED + 30%	DED + 50%
<b>Outpatient Hospital Facility Services</b> (per visit) Therapy Services All other Services	DED + 30%	DED + 50%
	DED + 30%	DED + 50%
<b>Inpatient Hospital Facility and Rehabilitation Services<sup>7</sup></b> (per admit)	DED + 30%	DED + 50%

<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.

<b>Mental Health / Substance Dependency</b>		
<b>Virtual Visits<sup>4</sup></b> Primary Care Physician Specialist	\$30 Copay \$40 Copay	Not Covered Not Covered
<b>Physician Office Services</b> Primary Care Physician Specialist	\$30 Copay \$40 Copay	DED + 50% DED + 50%
<b>Emergency Room Facility Services<sup>7</sup></b> (per visit) (cost share waived if admitted)	\$300 Copay + 30%	\$300 Copay + 30%
<b>Outpatient Hospitalization Facility Service</b> (per visit) Option 1 Option 2	\$30 Copay \$30 Copay	DED + 50% DED + 50%
<b>Inpatient Hospitalization Facility Services<sup>7</sup></b> (per admit) Option 1 Option 2	DED + 30% DED + 30%	DED + 50% DED + 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 Outpatient Hospital Facility Services (per visit)	\$40 Copay \$40 Copay	DED + 50% DED + 50%
<b>Durable Medical Equipment, Prosthetics and Orthotics</b>	\$45 Copay	DED + 50%
<b>Home Health Care</b>	\$20 Copay	DED + 50%
<b>Skilled Nursing Facility</b>	DED + 30%	DED + 50%
<b>Hospice</b>	\$20 Copay	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.

**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.

<b>Benefit Maximums</b>	
<b>Home Health Care</b>	No Max
<b>Inpatient Rehabilitation Therapy</b>	30 Days PBP
<b>Outpatient Therapy</b>	60 Visits PBP
<b>Spinal Manipulations</b>	20 PBP (accumulates towards the Outpatient Therapy maximum)
<b>Skilled Nursing Facility</b>	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](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.

**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.