BlueOptions

Florida Blue

For Large Groups
Health Benefit Plans 05172 and 05173

Summary of Benefits for Covered Services

	Amount Member Pays			
	HSA-Compatible			
	Plan 05172 (Single)	Plan 05173 (Family)	Plan 05172 (Single)	Plan 05173 (Family)
Financial Features	In-Network		Out-of-Network	
Deductible (EM DED[1]) (PBP[2]) (DED is the amount the member is responsible for before Florida Blue pays)	$3,000 per person	$3,000 per person $6,000 per family[1]	$10,000 per person	$10,000 per person $20,000 per family
Coinsurance (Coinsurance is the percentage the member pays for services)	10% of the allowed amount		20% of the allowed amount	
Out-of-Pocket Maximum (EM OOP[3]) (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	$6,550 per person	$6,850 per person $13,100 per family[3]	$10,000 per person	$20,000 per person $20,000 per family
Office Services				
Physician Office Services				
Primary Care Physician	10% after Deductible		20% after Deductible	
Specialist	10% after Deductible		20% after Deductible	
Convenient Care	10% after Deductible		20% after Deductible	
e-Office Visit	10% after Deductible		20% after Deductible	
Maternity (Cost Share for initial visit only)				
Primary Care Physician	10% after Deductible		20% after Deductible	
Specialist	10% after Deductible		20% after Deductible	
Allergy Injections (per visit)				
Primary Care Physician	10% after Deductible		20% after Deductible	
Specialist	10% after Deductible		20% after Deductible	
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	10% after Deductible		20% after Deductible	
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)				
In-Network Monthly Out-of-Pocket (OOP) Maximum[4]	$200			
Provider	10% after Deductible		50% after Deductible	
Physician-Administered Medications – These 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 *medical* benefit. **Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.**				
Preventive Care				
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	$0		20%	
Mammograms	$0		$0	

[1] EM DED = Deductible is Embedded: A covered member's family deductible costs are capped at the individual deductible amount on the family plan.

[2] PBP = Per Benefit Period

[3] 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.

[4] 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.

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Preventive Care (continued)	In-Network		Out-of-Network	
Colonoscopy (Routine for age 50+ then frequency schedule applies)	$0		$0	
Emergency Medical Care				
Urgent Care Centers	10% after Deductible		20% after Deductible	
Emergency Room Facility Services (per visit)	10% after Deductible		10% after Deductible[5]	
Ambulance Services	10% after Deductible		10% after In-Network Deductible	
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 Med.)	 10% after Deductible 10% after Deductible		 20% after Deductible 20% after Deductible	
Independent Clinical Lab (e.g., Blood Work)	Deductible		20% after Deductible	
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays) Option 1 and Option 2	 10% after Deductible		 20% after Deductible	
Hospital / Surgical				
Ambulatory Surgical Center Facility (ASC)	10% after Deductible		20% after Deductible	
Outpatient Hospital Facility Services (per visit) Therapy Services (Option 1 and Option 2) All other Services (Option 1 and Option 2)	 10% after Deductible 10% after Deductible		 20% after Deductible 20% after Deductible	
Inpatient Hospital Facility and Rehabilitation Services (per admit) Option 1 and Option 2	 10% after Deductible		 20% after Deductible[5]	
Mental Health / Substance Dependency				
Inpatient Hospitalization Facility Services (per admit) Option 1 and Option 2	 10% after Deductible		 20% after Deductible[5]	
Outpatient Hospitalization Facility Service (per visit) Option 1 and Option 2	 10% after Deductible		 20% after Deductible	
Emergency Room Facility Services (per visit)	10% after Deductible		10% after In-Network Deductible	
Provider Services at Hospital and ER Primary Care Physician / Specialist	 10% after Deductible		 10% after In-Network Deductible	
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician / Specialist	 10% after Deductible		 20% after Deductible	
Outpatient Office Visit Primary Care Physician / Specialist	 10% after Deductible		 20% after Deductible	
Other Provider Services				
Provider Services at Hospital and ER	10% after Deductible		10% after In-Network Deductible	
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	10% after Deductible		10% after In-Network Deductible	

[5] If admitted as an Inpatient from the Emergency Room member pays Out-of-Network DED and In-Network Emergency Room Coinsurance.

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Other Provider Services (continued)	In-Network		Out-of-Network	
Provider Services at Locations other than Office, Hospital and ER				
Primary Care Physician	10% after Deductible		20% after Deductible	
Specialist	10% after Deductible		20% after Deductible	
Other Special Services				
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations				
Outpatient Rehabilitation Therapy Center	10% after Deductible		20% after Deductible	
Outpatient Hospital Facility Services (per visit)				
Option 1 and Option 2	10% after Deductible		20% after Deductible	
Durable Medical Equipment, Prosthetics and Orthotics	10% after Deductible		20% after Deductible	
Home Health Care	10% after Deductible		20% after Deductible	
Skilled Nursing Facility	10% after Deductible		20% after Deductible	
Hospice	10% after Deductible		20% after Deductible	

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

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.

BlueScript 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℠ 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**.