

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 N/A per family	\$6,000 per person N/A 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 (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$6,350 per person \$12,700 per family	\$12,800 per person \$25,600 per family
Office Services		
Physician Office Services Primary Care Physician Specialist Convenient Care Teladoc	\$35 Copay \$75 Copay \$35 Copay \$35 Copay	50% after Deductible 50% after Deductible 50% after Deductible N/A
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$35 Copay \$75 Copay	50% after Deductible 50% after Deductible
Allergy Injections (per visit) Primary Care Physician Specialist	\$10 Copay \$10 Copay	50% after Deductible 50% after Deductible
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	50% after Deductible	50% after Deductible
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	50%
Mammograms	\$0	\$0
Colonoscopy (Routine for age 50+ then frequency schedule applies)	\$0	\$0
Emergency Medical Care		
Urgent Care Centers	\$75 Copay	\$75 Copay
Emergency Room Facility Services (per visit) (copayment waived if admitted)	50% after Deductible	50% after Deductible
Ambulance Services	50% after Deductible	50% after In-Ntwk 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.)	\$50 Copay \$200 Copay	50% after Deductible 50% after Deductible
Independent Clinical Lab (e.g., Blood Work)	\$0	50% after Deductible
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays) Option 1 Option 2	\$300 Copay \$400 Copay	50% after Deductible 50% after Deductible



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Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	50% after Deductible	50% after Deductible
Outpatient Hospital Facility Services (per visit)		
Therapy Services Option 1	\$80 Copay	50% after Deductible
Option 2	\$90 Copay	50% after Deductible
All other Services Option 1	\$300 Copay	50% after Deductible
Option 2	\$400 Copay	50% after Deductible
Inpatient Hospital Facility and Rehabilitation Services (per admit)		
Option 1	\$2000 Copay	50% after Deductible
Option 2	\$3000 Copay	50% after Deductible
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)		
Option 1	\$2000 Copay	50% after Deductible
Option 2	\$3000 Copay	
Outpatient Hospitalization Facility Service (per visit)		
Option 1	\$300 Copay	50% after Deductible
Option 2	\$400 Copay	
Emergency Room Facility Services (per visit)	50% after Deductible	50% after Deductible
Provider Services at Hospital and ER		
Primary Care Physician	\$0	50% after In-Network Deductible
Specialist	\$0	
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician	50% after Deductible	50% after Deductible
Specialist	50% after Deductible	
Outpatient Office Visit		
Primary Care Physician	\$35 Copay	50% after Deductible
Specialist	\$75 Copay	
Other Provider Services		
Provider Services at Hospital		
Primary Care Physician	50% after Deductible	50% after Deductible
Specialist	50% after Deductible	50% after Deductible
Provider Services at ER (Primary Care Physician & Specialist)	50% after Deductible	50% after In-Network Deductible
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	50% after Deductible	50% after Deductible
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician	50% after Deductible	50% after Deductible
Specialist	50% after Deductible	50% after Deductible



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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	50% after Deductible
	\$80 Copay	50% after Deductible
	\$90 Copay	50% after Deductible
Durable Medical Equipment, Prosthetics and Orthotics	20% after Deductible	50% after Deductible

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)	\$10/\$60/\$100	50% of allowance
Mail Order (90 days) (generic/preferred brand/non-preferred brand)	\$30/\$180/\$300	50% of allowance

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.

Payment for Covered Services is based on our **Allowed Amount** and may be less than the amount the Provider bills for such Service. You are responsible for any charges in excess of the Allowed Amount for Out-of-Network Providers

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. In-Network providers remain the best protection from **balance billing**. 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.



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.

