



Benefits for Covered Services

Amount Member Pays

Office Services	
Physician Office Services In-Network Family Physician In-Network Specialist Out-of-Network Office Visit In-Network e-Office Visit Out-of-Network e-Office Visit	\$20 Copayment \$35 Copayment CYD ¹ + 40% Coinsurance \$10 Copayment CYD ¹ + 40% Coinsurance
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.) In-Network Out-of-Network	\$100 Copayment CYD + 40% Coinsurance
Maternity Initial Visit In-Network Specialist Out-of-Network	\$35 Copayment CYD + 40% Coinsurance
Allergy Injections (rendered by an In-Network Physician)	\$10 Copayment
Preventive Care	
Adult Wellness Benefit Maximum (In-Network)	No Benefit Maximum
Out-of-Network Routine Adult Physical Exam and Immunizations Benefit Maximum	\$150 Benefit Maximum
Routine Adult Physical Exam and Immunizations In-Network Family Physician In-Network Specialist Out-of-Network	\$20 Copayment \$35 Copayment 40% Coinsurance
Well Woman Exam (e.g. Annual GYN) In-Network Family Physician In-Network Specialist Out-of-Network	\$20 Copayment \$35 Copayment 40% Coinsurance
Mammograms (Covered at 100% of Allowed Amount, In- and Out-of-Network)	\$0
Colonoscopy (Routine for age 50+ then frequency schedule applies) (Covered at 100% of Allowed Amount, In- and Out-of-Network)	\$0
Well Child In-Network Family Physician In-Network Specialist Out-of-Network	\$20 Copayment \$35 Copayment 40% Coinsurance
Emergency Medical Care	
Urgent Care Centers In-Network Out-of-Network	\$75 Copayment CYD + 40% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network / Out-of-Network	\$100 Copayment / \$200 Copayment
Ambulance Services (Ground, air and water travel, combined per day maximum)	CYD \$5,000
Outpatient Diagnostic Services	
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) In-Network Diagnostic Services (except AIS) In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.) Out-of-Network	\$50 Copayment \$100 Copayment CYD + 40% Coinsurance

¹ CYD = Calendar Year Deductible

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

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Outpatient Diagnostic Services (Continued)	
Independent Clinical Lab (e.g. Blood Work) In-Network / Out-of-Network	\$0 / CYD + 40% Coinsurance
Outpatient Hospital Facility Services (per visit) (e.g. Blood Work and X-rays) In-Network (Option 1 / Option 2) Out-of-Network	\$150 Copayment / \$250 Copayment \$300 Copayment
Mental Health/Substance Dependency	
Mental Health (PCY ²) Inpatient Hospital Facility Services (per admit) In-Network (Option 1 / Option 2) Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network	30 Inpatient days, 20 Outpatient visits \$250 Copayment / \$500 Copayment \$750 Copayment \$35 Copayment CYD + 40% Coinsurance
Substance Dependency (Lifetime max) Inpatient Hospital Facility Services (per admit) In-Network (Option 1 / Option 2) Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network	\$2,500 \$250 Copayment / \$500 Copayment \$750 Copayment \$35 Copayment CYD + 40% Coinsurance
Other Provider Services	
Provider Services at Hospital and ER In-Network and Out-of-Network	\$0
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC) In-Network and Out-of-Network	\$35 Copayment
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician In-Network Specialist Out-of-Network	\$20 Copayment \$35 Copayment CYD + 40% Coinsurance
Other Special Services	
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PCY max) In-Network Locations other than Hospital and Physician's Office Out-of-Network Locations other than Hospital Outpatient Hospital Facility Services (per visit) In-Network – Therapy Services (Option 1 / Option 2) Out-of-Network – Therapy Services	\$2,500 \$35 Copayment CYD + 40% Coinsurance \$45 Copayment / \$60 Copayment CYD + 40% Coinsurance
Durable Medical Equipment In-Network Out-of-Network	CYD CYD + 40% Coinsurance
Home Health Care (PCY max) In-Network Out-of-Network	\$2,500 CYD CYD + 40% Coinsurance
Skilled Nursing Facility (PCY) In-Network Out-of-Network	60 days CYD CYD + 40% Coinsurance

2 PCY = Per Calendar Year

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Other Special Services (Continued)	
Hospice In-Network Out-of-Network	No Benefit Maximum CYD CYD + 40% Coinsurance
Hospital/Surgical	
Ambulatory Surgical Center Facility (ASC) In-Network Out-of-Network	\$150 Copayment CYD + 40% Coinsurance
Inpatient Hospital Facility and Rehabilitation Services (per admit) In-Network (Option 1 / Option 2) Out-of-Network	Rehabilitation Services limit - 21 days PCY \$250 Copayment / \$500 Copayment \$750 Copayment
Outpatient Hospital Facility Services (per visit) In-Network – Therapy Services (Option 1 / Option 2) In-Network – All other Services (Option 1 / Option 2) Out-of-Network: Therapy Services / All other Services	\$45 Copayment / \$60 Copayment \$150 Copayment / \$250 Copayment CYD + 40% Coinsurance / \$300 Copayment
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network / Out-of-Network	\$100 Copayment / \$200 Copayment
Financial Features	
Calendar Year Deductible (CYD) (per person / family aggregate) In-Network Out-of-Network (CYD is the amount the member is responsible for before BCBSF pays)	\$0 / \$0 \$500 / \$1,500
Coinsurance In-Network / Out-of-Network (Coinsurance is the percentage the member pays for services)	10% / 40%
Out-of-Pocket Maximum (per person / family aggregate) In-Network Out-of-Network (Out-of-Pocket Maximum includes CYD, Coinsurance and Copayments; Excludes Prescription Drugs)	\$1,500 / \$3,000 \$3,000 / \$6,000
Total Lifetime Maximum Benefit	\$5,000,000
Pharmacy Mail Order	\$10 Generic/\$30 Brand/\$45 Non-Preferred \$20 Generic/\$60 Brand/\$90 Non-Preferred

Additional Benefits and Features

BlueScript Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Blue Cross and Blue Shield of Florida, 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.

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An Array of Value-Added Programs and Services*

- **Access to valuable health information and resources**, including care decision support, our online provider directory at www.bcbsfl.com and other interactive web-based support tools
- **MyBlueService**, our 24/7 online member self-service, where you can request extra ID cards, review benefits, check claims status, print forms and more
- **Discounts** on vision care, hearing care, alternative care, fitness clubs, bicycle helmets and more through our BlueComplements program
- Online access to participating physician offices for **e-office visits**, consultations, appointment scheduling or cancellation, prescription refills and much more**
- A quarterly **Personal Health Report**, and **programs to reward you for staying healthy and participating in sports**

Access to Our Strong Networks

NetworkBlueSM is the Preferred Provider Network designated as "In-Network" for BlueOptions. However, you will have **protection from balance billing** when you receive covered services from a provider in our Traditional Program 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, BCBSF 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 www.bcbsfl.com.

* As a courtesy, Blue Cross and Blue Shield of Florida, Inc. has entered into arrangements with various vendors to provide value-added features that include care decision support tools and services to its members. These programs are not part of insurance coverage. All decisions that members make pertaining to medical/clinical judgment should be made in conjunction with their Physician since neither BCBSF nor its vendors provide medical care or advice.

** As a courtesy, Blue Cross and Blue Shield of Florida, Inc. has an arrangement with a vendor to provide secure online communication between its members and participating physicians as a value-added feature. The written terms of your policy, certificate or benefit booklet determine what is covered.

This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.