

Summary of 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	\$35 Copayment \$65 Copayment Not Covered \$10 Copayment Not Covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine) In-Network Out-of-Network	\$300 Copayment Not Covered
Maternity Initial Visit In-Network Family Physician In-Network Specialist Out-of-Network	\$35 Copayment \$65 Copayment Not Covered
Allergy Injections (per visit) In-Network Out-of-Network	\$10 Copayment Not Covered
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) In-Network Monthly Out-of-Pocket (OOP) Maximum ¹ In-Network Provider Out-of-Network	\$200 20% Coinsurance Not Covered
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 your <i>medical</i> benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.	
Convenient Care Centers In-Network Out-of-Network	\$35 Copayment Not Covered
Preventive Care	
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations In-Network Out-of-Network	\$0 Not Covered
Mammograms In-Network Out-of-Network	\$0 Not Covered
Colonoscopy (Routine for age 50+ then frequency schedule applies) In-Network Out-of-Network	\$0 Not Covered
Emergency Medical Care	
Urgent Care Centers In-Network Out-of-Network	\$70 Copayment Not Covered
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network and Out-of-Network	\$300 Copayment

¹ In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.
Florida Blue HMO is the trade name of Health Options, Inc., an HMO subsidiary of Blue Cross and Blue Shield of Florida, Inc. Both companies are Independent Licensees of the Blue Cross and Blue Shield Association.

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Emergency Medical Care (Continued)	
Ambulance Services In-Network Out-of-Network (Emergency Services Only)	DED ² + 20% Coinsurance DED + 20% Coinsurance
Outpatient Diagnostic Services	
Independent Diagnostic Testing Center 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 Medicine) Out-of-Network	\$50 Copayment \$300 Copayment Not Covered
Independent Clinical Lab (e.g. Blood Work) In-Network Out-of-Network	\$0 Not Covered
Outpatient Hospital Facility Services (per visit) (e.g. Blood Work and X-rays) In-Network Out-of Network	DED + 20% Coinsurance Not Covered
Other Provider Services	
Provider Services at Hospital and ER In-Network Out-of-Network ER Out-of-Network Hospital	DED + 20% Coinsurance DED + 20% Coinsurance Not Covered
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC) In-Network Specialist Out-of-Network	\$65 Copayment Not Covered
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician In-Network Specialist Out-of-Network	\$35 Copayment \$65 Copayment Not Covered
Other Special Services	
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PBP ³ Max) Outpatient Rehab Therapy Center In-Network Out-of-Network Outpatient Hospital Facility Services (per visit) In-Network Out-of-Network	35 Visits \$65 Copayment Not Covered \$65 Copayment Not Covered
Durable Medical Equipment, Prosthetics and Orthotics In-Network – Motorized Wheelchair In-Network – All Other Out-of-Network	\$500 Copayment \$0 Not Covered
Home Health Care (PBP Max) In-Network Out-of-Network	20 Visits \$0 Not Covered
Skilled Nursing Facility (PBP Max) In-Network Out-of-Network	60 days DED + 20% Coinsurance Not Covered

² DED = Deductible

³ PBP = Per Benefit Period

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Other Special Services (Continued)	
Hospice In-Network Out-of-Network	DED + 20% Coinsurance Not Covered
Hospital / Surgical	
Ambulatory Surgical Center Facility (ASC) In-Network Out-of-Network	\$250 Copayment Not Covered
Inpatient Hospital Facility and Rehabilitation Services (per admit) (PBP Max) In-Network Out-of-Network	Rehabilitation Services limit - 30 days PAD + DED + 20% Coinsurance Not Covered
Outpatient Hospital Facility Services (per visit) In-Network – Therapy Services In-Network – All other Services Out-of-Network	\$65 Copayment DED + 20% Coinsurance Not Covered
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network and Out-of-Network	\$300 Copayment
Mental Health / Substance Dependency	
Inpatient Hospitalization Facility Services (per admit) In-Network Out-of-Network	\$0 Not Covered
Outpatient Hospitalization Facility Service (per visit) In-Network Out-of-Network	\$0 Not Covered
Emergency Room Facility Services (per visit) In-Network and Out-of-Network	\$0
Provider Services at Hospital and ER In-Network Family Physician / Specialist Out-of-Network ER Out-of-Network Hospital	\$0 \$0 Not Covered
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician / Specialist Out-of-Network	\$0 Not Covered
Outpatient Office Visit In-Network Family Physician / Specialist Out-of-Network	\$0 Not Covered
Financial Features	
Deductible (DED) (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (DED is the amount the member is responsible for before Florida Blue HMO pays)	\$2,000 / \$6,000 Not Covered
In-Network Inpatient Hospital Facility Services Per Admission Deductible (PAD)	\$100
Coinsurance In-Network Out-of-Network (Coinsurance is the percentage the member pays for services)	20% Not Covered

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Financial Features (Continued)

Out-of-Pocket Maximum (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments, PAD and Prescription Drugs)	\$5,500 / \$11,000 Not Covered
Total Lifetime Maximum Benefit	No Maximum

Additional Benefits and Features

BlueCare Rx Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Florida Blue HMO, 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.

An Array of Value-Added Programs and Services

- **Access to valuable health information and resources**, including care decision support, our online provider directory at floridablue.com and other interactive web-based support tools.
- **Expert advice on call.** We encourage you to call our care consultants team at 1-888-476-2227 to find out how much they can help you SAVE. Whether comparing the cost of your medications between local pharmacies or researching the quality and cost of treatment options before you make a decision, we can help you shop for the best value for you and your family.
- Online access to everything about your health benefit plan as well as all of our self-service tools.
- Online access to participating physician offices for **e-office visits**, consultations, appointment scheduling or cancellation, prescription refills and much more.*
- BlueCare members receive a **Member Health Statement** that summarizes your health care activity for the preceding month.

Should it become necessary, a grievance procedure is available to all Members as detailed in the Master Policy.

Preauthorization for select services: You don't need a referral to see a participating specialist, however authorizations are required for certain office-based 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.

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.

* As a courtesy, Florida Blue 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.