BlueCare
For Large Groups
Health Benefit Plan 51

Florida Blue HMO

Summary of Benefits for Covered Services *Amount Member Pays*

Office Services	
Physician Office Services	
In-Network Family Physician	$35 Copayment
In-Network Specialist	$75 Copayment
Out-of-Network Office Visit	Not Covered
In-Network e-Office Visit	$10 Copayment
Out-of-Network e-Office Visit	Not Covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	
In-Network	$200 Copayment
Out-of-Network	Not Covered
Maternity Initial Visit	
In-Network Family Physician	$35 Copayment
In-Network Specialist	$75 Copayment
Out-of-Network	Not Covered
Allergy Injections (per visit)	
In-Network	$10 Copayment
Out-of-Network	Not Covered
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)	
In-Network Monthly Out-of-Pocket (OOP) Maximum[1]	$200
In-Network Provider	20% Coinsurance
Out-of-Network	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 *medical* 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	$35 Copayment
Out-of-Network	Not Covered
Preventive Care	
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	
In-Network	$0
Out-of-Network	Not Covered
Mammograms	
In-Network	$0
Out-of-Network	Not Covered
Colonoscopy (Routine for age 50+ then frequency schedule applies)	
In-Network	$0
Out-of-Network	Not Covered
Emergency Medical Care	
Urgent Care Centers	
In-Network	$80 Copayment
Out-of-Network	Not Covered
Emergency Room Facility Services (per visit) (copayment waived if admitted)	
In-Network and Out-of-Network	$400 Copayment

[1] In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

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Emergency Medical Care (Continued)	
Ambulance Services	
In-Network	DED[2] + 50% Coinsurance
Out-of-Network (Emergency Services Only)	DED + 50% Coinsurance
Outpatient Diagnostic Services	
Independent Diagnostic Testing Center Services (per visit) (e.g. X-rays) (Includes Provider Services)	
In-Network Diagnostic Services (except AIS)	$50 Copayment
In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	$200 Copayment
Out-of-Network	Not Covered
Independent Clinical Lab (e.g. Blood Work)	
In-Network	$0
Out-of-Network	Not Covered
Outpatient Hospital Facility Services (per visit) (e.g. Blood Work and X-rays)	
In-Network	$300 Copayment
Out-of Network	Not Covered
Other Provider Services	
Provider Services at Hospital and ER	
In-Network	DED + 50% Coinsurance
Out-of-Network ER	DED + 50% Coinsurance
Out-of-Network Hospital	Not Covered
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	
In-Network Specialist	$75 Copayment
Out-of-Network	Not Covered
Provider Services at Locations other than Office, Hospital and ER	
In-Network Family Physician	$35 Copayment
In-Network Specialist	$75 Copayment
Out-of-Network	Not Covered
Other Special Services	
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PBP[3] Max)	25 Visits
Outpatient Rehab Therapy Center	
In-Network	$75 Copayment
Out-of-Network	Not Covered
Outpatient Hospital Facility Services (per visit)	
In-Network	$75 Copayment
Out-of-Network	Not Covered
Durable Medical Equipment, Prosthetics and Orthotics	
In-Network – Motorized Wheelchair	$500 Copayment
In-Network – All Other	$0
Out-of-Network	Not Covered
Home Health Care (PBP Max)	10 Visits
In-Network	$0
Out-of-Network	Not Covered
Skilled Nursing Facility (PBP Max)	60 days
In-Network	DED + 50% Coinsurance
Out-of-Network	Not Covered

[2] DED = Deductible
[3] PBP = Per Benefit Period

BlueCare
For Large Groups
Health Benefit Plan 51

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Other Special Services (Continued)	
Hospice	
In-Network	DED + 50% Coinsurance
Out-of-Network	Not Covered
Hospital / Surgical	
Ambulatory Surgical Center Facility (ASC)	
In-Network	DED + 50% Coinsurance
Out-of-Network	Not Covered
Inpatient Hospital Facility and Rehabilitation Services (per admit) (PBP Max)	Rehabilitation Services limit - 30 days
In-Network	$2,000 Copayment
Out-of-Network	Not Covered
Outpatient Hospital Facility Services (per visit)	
In-Network – Therapy Services	$75 Copayment
In-Network – All other Services	$300 Copayment
Out-of-Network	Not Covered
Emergency Room Facility Services (per visit) (copayment waived if admitted)	
In-Network and Out-of-Network	$400 Copayment
Mental Health / Substance Dependency	
Inpatient Hospitalization Facility Services (per admit)	
In-Network	$0
Out-of-Network	Not Covered
Outpatient Hospitalization Facility Service (per visit)	
In-Network	$0
Out-of-Network	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	$0
Out-of-Network ER	$0
Out-of-Network Hospital	Not Covered
Provider Services at Locations other than Office, Hospital and ER	
In-Network Family Physician / Specialist	$0
Out-of-Network	Not Covered
Outpatient Office Visit	
In-Network Family Physician / Specialist	$0
Out-of-Network	Not Covered
Financial Features	
Deductible (DED) (PBP) (Per Person / Family Aggregate)	
In-Network	$2,000 / Not Applicable
Out-of-Network	Not Covered
(DED is the amount the member is responsible for before Florida Blue HMO pays)	
Coinsurance	
In-Network	50%
Out-of-Network	Not Covered
(Coinsurance is the percentage the member pays for services)	

BlueCare
For Large Groups
Health Benefit Plan 51

Summary of Benefits for Covered Services *Amount Member Pays*

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 and Prescription Drugs)	 $6,350 / $12,700 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.