

**BlueChoice**  
**For Large Groups**  
**Family Physician Benefit Plan 317**



**Summary of Benefits for Covered Services**

Amount Member Pays  
 In-Network      Out-of-Network

Financial Features		
<b>Deductible</b> (EM DED) <sup>1</sup> (PBP) <sup>2</sup> (DED is the amount the member is responsible for before Florida Blue pays)	\$500 per person \$1,500 per family	Combined with In-Network Combined with In-Network
<b>Inpatient Hospital Facility Services Per Admission Deductible (PAD)</b>	\$0	\$300
<b>Coinsurance</b> (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	40% of the allowed amount
<b>Out-of-Pocket Maximum</b> (EM OOP) <sup>3</sup> (PBP) (Out-of-Pocket Maximum includes Coinsurance)	\$2,000 per person \$6,000 per family	Combined with In-Network Combined with In-Network
Office Services		
<b>Virtual Visits<sup>4</sup></b> Primary Care Physician Specialist	\$20 Copay DED + 20%	Not Covered Not Covered
<b>Physician Office Services</b> Value Choice Primary Care Physician <sup>5</sup> Value Choice Specialist <sup>5</sup> Primary Care Physician Specialist	\$20 Copay \$20 Copay \$20 Copay DED + 20%	DED + 40% DED + 40% DED + 40% DED + 40%
<b>Maternity</b> (Cost Share for initial visit only) Primary Care Physician Specialist	\$20 Copay DED + 20%	DED + 40% DED + 40%
<b>Allergy Injections</b> (per visit) Primary Care Physician Specialist	\$5 Copay DED + 20%	DED + 40% DED + 40%
<b>Advanced Imaging Services (AIS)</b> (MRI, MRA, PET, CT, Nuclear Medicine)	DED + 20%	DED + 40%

<sup>1</sup>EM DED = Deductible is Embedded: A covered member's family deductible costs are capped at the individual deductible amount on the family plan. / <sup>2</sup>PBP = Per Benefit Period / <sup>3</sup>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. / <sup>4</sup>Virtual Visit services are only covered for In-Network providers. / <sup>5</sup>Value Choice Providers are only available in select counties.

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

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
<b>Preventive Care</b>		
<b>Routine Adult &amp; Child Preventive Services, Wellness Services, and Immunizations</b>		
Primary Care Physician	\$20 Copay	40%
Specialist	20%	
<b>Mammograms</b>	\$0 Copay	\$0 Copay
<b>Colonoscopy</b> (Routine for age 45+)	DED + 20%	DED + 40%
<b>Emergency Medical Care</b>		
<b>Urgent Care Centers</b>		
Value Choice Provider <sup>5</sup>	\$20 Copay -	DED + \$20
All Other Providers	\$20 Copay	DED + \$20
<b>Emergency Room Facility Services<sup>7</sup></b> (per visit) (cost share waived if admitted)	DED + 20%	INN DED + 20%
<b>Ambulance Services</b>	DED + 20%	INN DED + 20%
<b>Outpatient Diagnostic Services</b>		
<b>Independent Diagnostic Testing Facility Services</b> (per visit) (e.g. X-rays) (Includes Provider Services)		
Diagnostic Services (except AIS)	DED + 20%	DED + 40%
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	DED + 20%	DED + 40%
<b>Independent Clinical Lab</b> (e.g., Blood Work)	20%	40%
<b>Outpatient Hospital Facility Services</b> (per visit) (e.g., Blood Work and X-rays)	DED + 20%	DED + 40%
<b>Hospital / Surgical</b>		
<b>Ambulatory Surgical Center Facility (ASC)</b>	DED + 20%	DED + 40%
<b>Outpatient Hospital Facility Services</b> (per visit)		
Therapy Services	DED + 20%	DED + 40%
All other Services	DED + 20%	DED + 40%
<b>Inpatient Hospital Facility and Rehabilitation Services<sup>7</sup></b> (per admit)	DED + 20%	\$300 PAD, then DED + 40%

<sup>5</sup>Value Choice Providers are only available in select counties. / <sup>7</sup>If admitted as an Inpatient from the Emergency Room member pays the In-Network Hospital cost share.

Amount Member Pays

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
<b>Mental Health / Substance Dependency</b>		
<b>Virtual Visits<sup>4</sup></b>		
Primary Care Physician	\$0 Copay	Not Covered
Specialist	\$0 Copay	Not Covered
<b>Physician Office Services</b>		
Primary Care Physician	\$0 Copay	40%
Specialist	\$0 Copay	40%
<b>Emergency Room Facility Services<sup>7</sup></b> (per visit) (cost share waived if admitted)	\$0 Copay	\$0 Copay
<b>Outpatient Hospitalization Facility Service</b> (per visit)	\$0 Copay	40%
<b>Inpatient Hospitalization Facility Services<sup>7</sup></b> (per admit)	\$0 Copay	40%
<b>Other Special Services</b>		
<b>Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations</b>		
Outpatient Rehabilitation Therapy Center	DED + 20%	DED + 40%
Outpatient Hospital Facility Services (per visit)	DED + 20%	DED + 40%
<b>Durable Medical Equipment, Prosthetics and Orthotics</b>	DED + 20%	DED + 40%
<b>Home Health Care</b>	DED + 20%	DED + 40%
<b>Skilled Nursing Facility</b>	DED + 20%	DED + 40%
<b>Hospice</b>	\$0 Copay	\$0 Copay
<b>Benefit Maximums</b>		
<b>Home Health Care</b>	20 Visits PBP	
<b>Inpatient Rehabilitation Therapy</b>	21 Days PBP	
<b>Outpatient Therapy</b>	35 Visits PBP	
<b>Spinal Manipulations</b>	26 PBP (accumulates towards the Outpatient Therapy maximum)	
<b>Skilled Nursing Facility</b>	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](http://floridablue.com).
- Let our members know they can go to [floridablue.com](http://floridablue.com), click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in the plan's network and they don't need a referral to see a participating provider.

• <sup>4</sup>Virtual Visit services are only covered for In-Network providers. / <sup>7</sup>If admitted as an Inpatient from the Emergency Room member pays the In-Network Hospital cost share

### MediScript 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.

The BlueChoice® health benefit plan your employer is offering you is paired with our MediScript® Pharmacy Program. With a large network of Participating Pharmacies statewide and nationally, you can obtain Prescription Drugs at a location convenient to you.

Your MediScript pharmacy benefit provides coverage for prescription drugs, oral contraceptives and diaphragms. When purchasing prescription drugs, you will need to pay for the medication at the pharmacy and then file a claim for reimbursement. Any covered prescription filled at a pharmacy and submitted for reimbursement as a claim will apply to your deductible.

Upon meeting your deductible through a combination of health and/or pharmacy claims, you will receive reimbursement for your pharmacy claims at the lower coinsurance percentage. The coinsurance percentage shown in the table below is the amount Florida Blue pays based on the allowed amount.

See below for your specific plan details.

### MediScript Retail Pharmacy Program

- |                                   |                                 |
|-----------------------------------|---------------------------------|
| • Participating Pharmacy          | 80% reimbursement after INN DED |
| • Maximum Supply                  | 31 days                         |
| • Oral Contraceptives and Devices | Covered                         |

### Mail Order Pharmacy Program

- |  |            |
|--|------------|
| • Generic Drugs                                    | \$14 copay |
| • Brand Drugs                                      | \$28 copay |
| • Maximum Supply                                   | 93 days    |
| • Oral Contraceptives and Devices                  | Covered    |
| • Diabetic supplies such as lancets and chemstrips | Covered    |

**This is not an insurance contract or Certificate of Coverage.** 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 BlueChoice Benefit Booklet and Schedule of Benefits; its terms prevail.