

**Summary of Benefits for Covered Services**

Important things to keep in mind when reviewing this Summary of Benefits

- This Summary of Benefits is only a partial description of the many benefits and services provided or authorized by Florida Blue and is not considered 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.
- For the lowest out-of-pocket costs, choose doctors, hospitals, pharmacies, and other health care providers who are considered in-network. To find in-network providers, visit our online provider directory at FloridaBlue.com and select the plan name.
- The amount a member pays for covered services add up and count toward deductibles, out-of-pocket maximums, and any listed benefit maximums per person per benefit period (PBP).

Financial Features	Amount Member Pays	
	In-Network	Out-of-Network
<b>Deductible (DED) Shared</b> (DED is the amount the member must pay before Florida Blue pays)		
Individual	\$5,000	\$10,000
Family	\$5,000	\$10,000
<b>Coinsurance</b> (Coinsurance is the percentage of the costs of a covered health care service a member pays, typically after the deductible is paid.)	20%	40%
<b>Out-of-Pocket Maximum Embedded</b> (Out-of-pocket maximum includes DED, coinsurance, copayments and prescription drugs)		
Individual	\$6,850	\$23,200
Family	\$11,600	\$23,200

**Important information about Deductibles and Out-of-Pocket Maximums**

**Deductible**

- **Embedded** - If more than one person is covered under the plan, each person only has to meet the individual deductible, and not the entire family deductible before Florida Blue will begin to pay for covered services for that person.
- **Shared** - The entire family deductible is shared with all members on the plan. Florida Blue will begin to pay for covered services after the total family amount is met. One person or a combination of family members can contribute to the total deductible amount.

**Out-of-Pocket Maximum**

- **Embedded** - Once an individual with family coverage meets the individual out-of-pocket maximum, the plan will pay 100% of all covered services for the rest of the benefit period for that person.
- **Shared** - The entire family out-of-pocket maximum amount is shared with all members on the plan. Any one person or a combination of family members can meet the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, the plan will pay 100% of all covered services for all covered members for the rest of the benefit period.

**Note:** If there is only one person on a plan and a family deductible and out-of-pocket are listed, only the individual amounts apply.

<b>Virtual Health Services</b>		<b>Amount Member Pays</b>	
<b>Benefit Description</b>	<b>In-Network</b>	<b>Out-of-Network</b>	
<b>Virtual Office Visits</b>			
Primary Care Provider	DED + 20%	Not Covered	
Specialist	DED + 20%	Not Covered	
<b>Behavioral Health (Mental Health/Substance Abuse)</b>			
Primary Care Provider	DED + 20%	Not Covered	
Specialist	DED + 20%	Not Covered	
<b>Office Services</b>		<b>Amount Member Pays</b>	
<b>Benefit Description</b>	<b>In-Network</b>	<b>Out-of-Network</b>	
<b>Physician Office Services</b>			
Primary Care Provider	DED + 20%	DED + 40%	
Specialist	DED + 20%	DED + 40%	
<b>Maternity</b>			
Primary Care Provider	DED + 20%	DED + 40%	
Specialist	DED + 20%	DED + 40%	
<b>Allergy Injections (per visit)</b>			
Primary Care Provider	DED + 20%	DED + 40%	
Specialist	DED + 20%	DED + 40%	
<b>Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)</b>	DED + 20%	DED + 40%	
<b>Medical Pharmacy administered in a Physician's Office</b>		<b>Amount Member Pays</b>	
<b>Benefit Description</b>	<b>In-Network</b>	<b>Out-of-Network</b>	
<b>Medication</b>			
Preferred	DED + 20%	DED + 50%	
Non-Preferred	DED + 20%	DED + 50%	
<b>Monthly Out-of-Pocket (OOP) Maximum</b>			
Preferred	\$200	Not Applicable	
Non-Preferred	Combined with preferred OOP	Not Applicable	
<b>Important Notes:</b>			
<ul style="list-style-type: none"> <li>The cost share for medical pharmacy services applies to the prescription drug only and is separate from the office visit cost share. Immunizations, allergy injections, and services covered through a pharmacy program are not considered medical pharmacy. A list of the physician-administered medications is included in the medication guide.</li> <li>In-network medical pharmacy will be paid at 100% for the remainder of the calendar month once monthly out-of-pocket maximum amount is met.</li> </ul>			

<b>Preventive Care</b>		<b>Amount Member Pays</b>	
<b>Benefit Description</b>	<b>In-Network</b>	<b>Out-of-Network</b>	
<b>Adult Wellness Services</b>			
Primary Care Provider	\$0 Copay	40%	
Specialist	\$0 Copay	40%	
Mammograms	\$0 Copay	\$0 Copay	
Routine Colonoscopy	\$0 Copay	\$0 Copay	
<b>Child Wellness Services</b>			
Primary Care Provider	\$0 Copay	40%	
Specialist	\$0 Copay	40%	
<b>Emergency Medical Care</b>		<b>Amount Member Pays</b>	
<b>Benefit Description</b>	<b>In-Network</b>	<b>Out-of-Network</b>	
<b>Urgent Care Centers</b>	DED + 20%	DED + 20%	
<b>Emergency Room</b>			
Facility	DED + 20%	INN DED + 20%	
Physician Services	DED + 20%	INN DED + 20%	
<b>Ambulance Services</b>	DED + 20%	INN DED + 20%	
<b>Outpatient Diagnostic Services</b>		<b>Amount Member Pays</b>	
<b>Benefit Description</b>	<b>In-Network</b>	<b>Out-of-Network</b>	
<b>Independent Clinical Lab</b> (e.g., Blood Work)	DED	DED + 40%	
<b>Independent Diagnostic Testing Center</b> (Includes provider services)			
Diagnostic Services (e.g., x-rays)	DED + 20%	DED + 40%	
Advanced Imaging Services (e.g., MRI, PET, CT)	DED + 20%	DED + 40%	
<b>Outpatient Hospital Facility</b>	DED + 20%	DED + 40%	
<b>Hospital / Surgical</b>		<b>Amount Member Pays</b>	
<b>Benefit Description</b>	<b>In-Network</b>	<b>Out-of-Network</b>	
<b>Inpatient Services</b>			
Facility	DED + 20%	\$500 Per Admission Deductible, then DED + 40%	
Radiologists, Anesthesiologists, and Pathologists	DED + 20%	INN DED + 20%	
All other Providers	DED + 20%	INN DED + 20%	
<b>Outpatient Services</b>			
<b>Ambulatory Surgical Center</b>			
Facility	DED + 20%	DED + 40%	
Provider Services	DED + 20%	DED + 40%	
<b>Hospital</b>			
Facility	DED + 20%	DED + 40%	
Radiologists, Anesthesiologists, and Pathologists	DED + 20%	INN DED + 20%	
All other Providers	DED + 20%	INN DED + 20%	

<b>Behavioral Health (Mental Health / Substance Dependency)</b>		<b>Amount Member Pays</b>	
<b>Benefit Description</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Physician Office Services</b>			
Primary Care Provider		DED + 20%	DED + 40%
Specialist		DED + 20%	DED + 40%
<b>Emergency Room</b>			
Facility		DED + 20%	INN DED + 20%
Physician services		DED + 20%	INN DED + 20%
<b>Inpatient Hospital Services</b>			
Facility		DED + 20%	INN DED + 20%
Physician services		DED + 20%	INN DED + 20%
<b>Outpatient Hospital Services</b>			
Facility		DED + 20%	DED + 40%
Physician services		DED + 20%	INN DED + 20%
<b>Other Services</b>		<b>Amount Member Pays</b>	
<b>Benefit Description</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Durable Medical Equipment</b>			
Motorized Wheelchairs		DED + 20%	DED + 40%
All other		DED + 20%	DED + 40%
<b>Home Health Care</b>		DED + 20%	DED + 40%
<b>Hospice</b>		DED + 20%	DED + 40%
<b>Outpatient Therapy (per visit)</b>			
Outpatient Rehabilitation Facility		DED + 20%	DED + 40%
Outpatient Hospital Facility		DED + 20%	DED + 40%
<b>Prosthetic and Orthotics</b>		DED + 20%	DED + 40%
<b>Skilled Nursing Facility</b>		DED + 20%	DED + 40%
<b>Benefit Maximums</b>			
<b>Home Health Care</b>	20 Visits		
<b>Inpatient Rehabilitation Therapy</b>	30 Days		
<b>Outpatient Therapy</b>	35 Visits		
<b>Skilled Nursing Facility</b>	60 Days		
<b>Spinal Manipulations</b>	26 (accumulates towards the Outpatient Therapy maximum)		

**Value Choice Providers**

Florida Blue members have access to doctors that offer quality, coordinated care and may cost less for sick and wellness visits. With Value Choice Providers, members can expect extra help with tests and services, lower costs, and better coordinated care.

Value Choice Providers are only available in select counties and not all services are offered at every provider location. To find a Value Choice Provider, visit our online provider directory at FloridaBlue.com. Search for a primary care doctor. When you see the results, filter by program and select Value Choice Provider.

<b>Virtual Health Services</b>		<b>Amount Member Pays</b>
<b>Benefit Description</b>	<b>In-Network</b>	
<b>Virtual Visits</b>		
Value Choice Primary Care Provider	DED + 20%	
Value Choice Specialist	DED + 20%	
<b>Office Services</b>		<b>Amount Member Pays</b>
<b>Benefit Description</b>	<b>In-Network</b>	
<b>Physician Office</b>		
Value Choice Primary Care Provider	DED + 20%	
Value Choice Specialist	DED + 20%	
<b>Diagnostic Services</b> (e.g., lab, x-rays)		
Value Choice Primary Care Provider	DED + 20%	
Value Choice Specialist	DED + 20%	
<b>Advanced Imaging Services</b> (e.g., MRI, PET, CT)		
Value Choice Primary Care Provider	DED + 20%	
Value Choice Specialist	DED + 20%	
<b>Emergency Medical Care</b>		<b>Amount Member Pays</b>
<b>Benefit Description</b>	<b>In-Network</b>	
<b>Urgent Care Center</b>	DED + 20%	