BlueOptions

For Large Groups
Health Benefit Summary Plan 3764

BlueCross BlueShield of Florida
An Independent Licensee of the Blue Cross and Blue Shield Association

Benefits for Covered Services *Amount Member Pays*

Office Services	
Physician Office Services	
In-Network Family Physician	$20 Copayment
In-Network Specialist	$40 Copayment
Out-of-Network	CYD[1] + 50% Coinsurance
In-Network e-Office Visit	$10 Copayment
Out-of-Network e-Office Visit	CYD + 50% Coinsurance
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	
In-Network	$150 Copayment
Out-of-Network	CYD + 50% Coinsurance
Maternity Initial Visit	
In-Network Specialist	$40 Copayment
Out-of-Network	CYD + 50% Coinsurance
Allergy Injections (rendered by an In-Network Family 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	$20 Copayment
In-Network Specialist	$40 Copayment
Out-of-Network	50% Coinsurance
Well Woman Exam (e.g. Annual GYN)	
In-Network Family Physician	$20 Copayment
In-Network Specialist	$40 Copayment
Out-of-Network	50% 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	$20 Copayment
In-Network Specialist	$40 Copayment
Out-of-Network	50% Coinsurance
Emergency Medical Care	
Urgent Care Centers	
In-Network	$45 Copayment
Out-of-Network	CYD + 50% Coinsurance
Emergency Room Facility Services (per visit)	
In-Network	$100 Copayment
Out-of-Network	$200 Copayment
Ambulance Services (Ground, air and water travel, combined per day maximum)	CYD + 20% Coinsurance $5,000

1 CYD = Calendar Year Deductible
Note: Out-of-Network services may be subject to balance billing.

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Benefits for Covered Services	*Amount Member Pays*
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 $150 Copayment CYD + 50% Coinsurance
Independent Clinical Lab (e.g. Blood Work) In-Network / Out-of-Network	 $0 / CYD + 50% Coinsurance
Outpatient Hospital Facility Services (per visit) (e.g. Blood Work and X-rays) In-Network (Option 1 / Option 2) Out-of-Network	 $200 Copayment / $300 Copayment CYD + 50% Coinsurance
Mental Health/Substance Dependency	
Mental Health (PCY[2]) Inpatient Hospital Facility Services (per admit) In-Network (per day for first 5 days) (Option 1 / Option 2) Out-of-Network Outpatient Office Visit In-Network Family Physician In-Network Specialist Out-of-Network	30 Inpatient days, 20 Outpatient visits $600 Copayment / $900 Copayment CYD + 50% Coinsurance $20 Copayment $40 Copayment CYD + 50% Coinsurance
Substance Dependency (Lifetime max) Inpatient Hospital Facility Services (per admit) In-Network (per day for first 5 days) (Option 1 / Option 2) Out-of-Network Outpatient Office Visit In-Network Family Physician In-Network Specialist Out-of-Network	$2,500 $600 Copayment / 900 Copayment CYD + 50% Coinsurance $20 Copayment $40 Copayment CYD + 50% 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	 $40 Copayment
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician In-Network Specialist Out-of-Network	 $20 Copayment $40 Copayment CYD + 50% 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	$2,500 $20 Copayment CYD + 50% Coinsurance $45 Copayment / $60 Copayment CYD + 50% Coinsurance
Durable Medical Equipment (PCY max) In-Network Out-of-Network	No Limit CYD + 20% Coinsurance CYD + 50% Coinsurance

2 PCY = Per Calendar Year

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Benefits for Covered Services	*Amount Member Pays*
Other Special Services (Continued)	
Home Health Care (PCY max) In-Network Out-of-Network	$2,500 CYD + 20% Coinsurance CYD + 50% Coinsurance
Skilled Nursing Facility (PCY) In-Network Out-of-Network	60 days CYD + 20% Coinsurance CYD + 50% Coinsurance
Hospice In-Network Out-of-Network	No Benefit Maximum CYD + 20% Coinsurance CYD + 50% Coinsurance
Hospital/Surgical	
Ambulatory Surgical Center Facility (ASC) In-Network Out-of-Network	 $100 Copayment CYD + 50% Coinsurance
Inpatient Hospital Facility and Rehabilitation Services (per admit) In-Network (per day for first 5 days) (Option 1 / Option 2) Out-of-Network	Rehabilitation Services limit - 21 days PCY $600 Copayment / $900 Copayment CYD + 50% Coinsurance
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	 $45 Copayment / $60 Copayment $200 Copayment / $300 Copayment CYD + 50% Coinsurance
Emergency Room Facility Services (per visit) In-Network Out-of-Network	 $100 Copayment $200 Copayment
Financial Features	
Calendar Year Deductible (CYD) (per person) 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)	 20% / 50%
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)	 $6,000 / $12,000 $12,000 / $24,000
Total Lifetime Maximum Benefit	$5,000,000

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.

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

NetworkBlue[SM] 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.