BlueOptions
For Small Groups
Health Benefit Summary Limited Benefit Plan 4202

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

Benefits for Covered Services	*Amount Member Pays*
This is a limited benefit plan, so please carefully review what the plan covers. With these plans, you and your covered dependents will have medical benefits for your routine health care, **up to** the maximum number of office services/visits allowed under the health plan each calendar year. And **BCBSF will only pay up to the Annual Benefit Maximum** of the health plan per calendar year for covered services.	**Limited Benefit Plan 4202**
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 ***This plan has a six- (6) physician office visit per person, per calendar year maximum. e-Office Visits do not count toward your office visit maximum.*** **Note:** Visits considered as Adult Wellness*, Well Child, Mental Health*, Substance Dependency*, Maternity Services and Outpatient Therapy* & Spinal Manipulation* are **not** subject to the six physician office visit maximum. (*These benefits have separate benefit maximums.)	 $25 Copayment $40 Copayment CYD[1] + 50% Coinsurance $10 Copayment CYD + 50% Coinsurance
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.) In-Network Out-of-Network	 CYD + 30% Coinsurance CYD + 50% Coinsurance
Maternity Initial Visit In-Network Specialist Out-of-Network	 $40 Copayment CYD + 50% Coinsurance
Allergy Injections (rendered by an In-Network Physician)	$10 Copayment
Preventive Care	
Adult Wellness Benefit Maximum (In-Network)	No 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 In-Network Specialist Out-of-Network	 $25 Copayment $40 Copayment 50% Coinsurance
Well Woman Exam (e.g. Annual GYN) In-Network Family Physician In-Network Specialist Out-of-Network	 $25 Copayment $40 Copayment 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 In-Network Specialist Out-of-Network	 $25 Copayment $40 Copayment 50% Coinsurance

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

BlueOptions

For Small Groups

Health Benefit Summary Limited Benefit Plan 4202

Benefits for Covered Services	*Amount Member Pays*
Prescription Drug Program (BlueScript)	
Deductible	$0
Generic / Brand / Non-Preferred	$15 / Not Covered*
Mail Order (90-day supply) Generic / Brand / Non-preferred	Not Covered
BlueScript Pharmacy benefit also provides coverage for Prescription oral contraceptives, Prescription diaphragms and diabetic equipment and supplies. *Brand drugs are not covered under this plan, however you can take advantage of the BlueSaver savings program designed to give you special discounted pricing on brand name prescription drug purchases when you show your BlueSaver ID card at participating pharmacies. The BlueSaver savings program is administered by Medical Security Card Company (MCS) of Tucson, Arizona and is not an insurance product or part of your BlueOptions health plan.	
Emergency Medical Care	
Urgent Care Centers In-Network / Out-of-Network	$45 Copayment / CYD + 50% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network / Out-of-Network	$150 Copayment / $300 Copayment
Ambulance Services (Ground travel / Air and water travel, per day maximum)	CYD + 30% Coinsurance $5,000
Outpatient Diagnostic Services	
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) In-Network Out-of-Network	 CYD + 30% Coinsurance 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	 $300 Copayment / $300 Copayment CYD + 50% Coinsurance
Mental Health/Substance Dependency	
Mental Health (PCY[2]) Inpatient Hospital Facility Services (per admit) In-Network (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 $750 Copayment / $750 Copayment CYD + 50% Coinsurance $25 Copayment $40 Copayment CYD + 50% Coinsurance
Substance Dependency (Lifetime max) Inpatient Hospital Facility Services (per admit) In-Network (Option 1 / Option 2) Out-of-Network Outpatient Office Visit In-Network Family Physician In-Network Specialist Out-of-Network	$2,000 $750 Copayment / $750 Copayment CYD + 50% Coinsurance $25 Copayment $40 Copayment CYD + 50% Coinsurance
Other Provider Services	
Provider Services at Hospital and ER In-Network and Out-of-Network	CYD + 30% Coinsurance
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC) In-Network and Out-of-Network	CYD + 30% Coinsurance

2 PCY = Per Calendar Year

BlueOptions
For Small Groups
Health Benefit Summary Limited Benefit Plan 4202

Benefits for Covered Services	*Amount Member Pays*
Other Provider Services (continued)	
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician In-Network Specialist Out-of-Network	 CYD + 30% Coinsurance CYD + 30% Coinsurance 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 (Option 1 / Option 2) Out-of-Network	$1,500 CYD + 30% Coinsurance CYD + 50% Coinsurance $300 Copayment / $300 Copayment CYD + 50% Coinsurance
Durable Medical Equipment (PCY max) In-Network Out-of-Network	$1,000 CYD + 30% Coinsurance CYD + 50% Coinsurance
Home Health Care (PCY max) In-Network Out-of-Network	$2,500 CYD + 30% Coinsurance CYD + 50% Coinsurance
Skilled Nursing Facility (PCY) In-Network Out-of-Network	60 days CYD + 30% Coinsurance CYD + 50% Coinsurance
Hospice In-Network Out-of-Network	No Benefit Maximum CYD + 30% 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 (Option 1 / Option 2) Out-of-Network	Rehabilitation Services limit - 21 days PCY $750 Copayment / $750 Copayment CYD + 50% Coinsurance
Outpatient Hospital Facility Services (per visit) In-Network (Option 1 / Option 2) Out-of-Network	 $300 Copayment / $300 Copayment CYD + 50% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network / Out-of-Network	 $150 Copayment / $300 Copayment
Financial Features	
Calendar Year Deductible (CYD) (per person / family aggregate) In-Network Out-of-Network (CYD is the amount the member is responsible for before BCBSF pays)	 $1,000 / $2,000 $3,000 / $6,000
Coinsurance In-Network / Out-of-Network (Coinsurance is the percentage the member pays for services)	 30% / 50%
Out-of-Pocket Maximum	Not Applicable
Total Lifetime Maximum Benefit	Unlimited

BlueOptions
For Small Groups
Health Benefit Summary Limited Benefit Plan 4202

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.