

# BlueOptions

For Small Groups  
Health Benefit Summary Plan 3462



## Benefits for Covered Services

## Amount Member Pays

<b>Office Services</b>	
<b>Physician Office Services</b> In-Network Family Physician In-Network Specialist Out-of-Network In-Network e-Office Visit Out-of-Network e-Office Visit	\$15 Copayment \$35 Copayment CYD <sup>1</sup> + 50% Coinsurance \$10 Copayment CYD + 50% Coinsurance
<b>Advanced Imaging Services (AIS)</b> (MRI, MRA, PET, CT, Nuclear Med.) In-Network Out-of-Network	\$100 Copayment CYD + 50% Coinsurance
<b>Maternity Initial Visit</b> In-Network Specialist Out-of-Network	\$35 Copayment CYD + 50% Coinsurance
<b>Allergy Injections</b> (rendered by an In-Network Physician)	\$10 Copayment
<b>Preventive Care</b>	
<b>Adult Wellness Benefit Maximum</b> (In-Network)	No Benefit Maximum
<b>Out-of-Network Routine Adult Physical Exam and Immunizations Benefit Maximum</b> <b>Routine Adult Physical Exam and Immunizations</b> In-Network Family Physician In-Network Specialist Out-of-Network	\$150  \$15 Copayment \$35 Copayment 50% Coinsurance
<b>Well Woman Exam</b> (e.g. Annual GYN) In-Network Family Physician In-Network Specialist Out-of-Network	\$15 Copayment \$35 Copayment 50% Coinsurance
<b>Mammograms</b> (Covered at 100% of Allowed Amount, In- and Out-of-Network)	\$0
<b>Colonoscopy</b> (Routine for age 50+ then frequency schedule applies) (Covered at 100% of Allowed Amount, In- and Out-of-Network)	\$0
<b>Well Child</b> In-Network Family Physician In-Network Specialist Out-of-Network	\$15 Copayment \$35 Copayment 50% Coinsurance
<b>Prescription Drug Program (BlueScript)</b>	
<b>Deductible</b>	\$0
<b>Generic / Brand / Non-Preferred / Self-Admin. Injectables</b>	\$15 / \$35 / \$55 / 20%
<b>Mail Order (90-day supply) Generic / Brand / Non-preferred</b>	\$40 / \$90 / \$140
BlueScript Pharmacy benefit also provides coverage for Prescription oral contraceptives, Prescription diaphragms and diabetic equipment and supplies.	
<b>Emergency Medical Care</b>	
<b>Urgent Care Centers</b> In-Network / Out-of-Network	\$40 Copayment / CYD + 50% Coinsurance
<b>Emergency Room Facility Services</b> (per visit) (copayment waived if admitted) In-Network / Out-of-Network	\$100 Copayment / \$200 Copayment

1 CYD = Calendar Year Deductible

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

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<b>Emergency Medical Care (Continued)</b>	
<b>Ambulance Services</b> (Ground, air and water travel, combined per day maximum)	CYD + 20% Coinsurance \$5,000
<b>Outpatient Diagnostic Services</b>	
<b>Independent Diagnostic Testing Facility Services</b> (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  \$100 Copayment CYD + 50% Coinsurance
<b>Independent Clinical Lab</b> (e.g. Blood Work) In-Network / Out-of-Network	\$0 / CYD + 50% Coinsurance
<b>Outpatient Hospital Facility Services</b> (per visit) (e.g. Blood Work and X-rays) In-Network (Option 1 / Option 2) Out-of-Network	\$250 Copayment / \$350 Copayment CYD + 50% Coinsurance
<b>Mental Health/Substance Dependency</b>	
<b>Mental Health</b> (PCY <sup>2</sup> ) Inpatient Hospital Facility Services (per admit) In-Network (Option 1 / Option 2) Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network	30 Inpatient days, 20 Outpatient visits  \$600 Copayment / \$1,000 Copayment CYD + 50% Coinsurance  \$35 Copayment CYD + 50% Coinsurance
<b>Substance Dependency</b> (Lifetime max) Inpatient Hospital Facility Services (per admit) In-Network (Option 1 / Option 2) Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network	\$2,500  \$600 Copayment / \$1,000 Copayment CYD + 50% Coinsurance  \$35 Copayment CYD + 50% Coinsurance
<b>Other Provider Services</b>	
<b>Provider Services at Hospital and ER</b> In-Network and Out-of-Network	\$0
<b>Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)</b> In-Network and Out-of-Network	\$35 Copayment
<b>Provider Services at Locations other than Office, ASC, Hospital and ER</b> In-Network Family Physician In-Network Specialist Out-of-Network	\$15 Copayment \$35 Copayment CYD + 50% Coinsurance
<b>Other Special Services</b>	
<b>Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations</b> 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 \$35 Copayment CYD + 50% Coinsurance  \$45 Copayment / \$60 Copayment CYD + 50% Coinsurance

2 PCY = Per Calendar Year

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<b>Other Special Services (Continued)</b>	
<b>Durable Medical Equipment</b> In-Network Out-of-Network	CYD + 20% Coinsurance CYD + 50% Coinsurance
<b>Home Health Care (PCY max)</b> In-Network Out-of-Network	\$2,500 CYD + 20% Coinsurance CYD + 50% Coinsurance
<b>Skilled Nursing Facility (PCY)</b> In-Network Out-of-Network	60 days CYD + 20% Coinsurance CYD + 50% Coinsurance
<b>Hospice</b> In-Network Out-of-Network	No Benefit Maximum CYD + 20% Coinsurance CYD + 50% Coinsurance
<b>Hospital/Surgical</b>	
<b>Ambulatory Surgical Center Facility (ASC)</b> In-Network / Out-of-Network	\$100 Copayment / CYD + 50% Coinsurance
<b>Inpatient Hospital Facility and Rehabilitation Services (per admit)</b> In-Network (Option 1 / Option 2) Out-of-Network	Rehabilitation Services limit - 21 days PCY \$600 Copayment / \$1,000 Copayment CYD + 50% Coinsurance
<b>Outpatient Hospital Facility Services (per visit)</b> In-Network – Therapy Services (Option 1 / Option 2) In-Network – All other Services (Option 1 / Option 2) Out-of-Network	\$45 Copayment / \$60 Copayment \$250 Copayment / \$350 Copayment CYD + 50% Coinsurance
<b>Emergency Room Facility Services (per visit) (copayment waived if admitted)</b> In-Network / Out-of-Network	\$100 Copayment / \$200 Copayment
<b>Financial Features</b>	
<b>Calendar Year Deductible (CYD) (per person / family aggregate)</b> In-Network Out-of-Network (CYD is the amount the member is responsible for before BCBSF pays)	\$500 / \$1,500 \$1,000 / \$3,000
<b>Coinsurance</b> In-Network / Out-of-Network (Coinsurance is the percentage the member pays for services)	20% / 50%
<b>Out-of-Pocket Maximum (per person / family aggregate)</b> In-Network Out-of-Network (Out-of-Pocket Maximum includes CYD, Coinsurance and Copayments; Excludes Prescription Drugs)	\$2,500 / \$5,000 \$5,000 / \$10,000
<b>Total Lifetime Maximum Benefit</b>	\$5,000,000

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## 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](http://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**

## 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](http://www.bcbsfl.com).

## Access to Our Strong Networks

**NetworkBlue<sup>SM</sup>** 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<sup>®</sup>** Program with access to the participating providers of independent Blue Cross and/or Blue Shield organizations across the country.

\* 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.