

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (EM DED) ¹ (PBP) ² (DED is the amount the member is responsible for before Florida Blue HMO pays)	\$1,000 per person \$2,000 per family	NA per person NA per family
Coinsurance (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	NA
Out-of-Pocket Maximum (EM OOP) ³ (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$8,000 per person \$16,000 per family	NA per person NA per family
Office Services		
Virtual Visits⁴ Primary Care Physician Specialist	\$0 Copay \$50 Copay	Not Covered Not Covered
Physician Office Services Value Choice Primary Care Physician ⁵ Value Choice Specialist ⁵ Primary Care Physician Specialist	\$0 Copay \$20 Copay \$25 Copay \$50 Copay	Not Covered Not Covered Not Covered Not Covered
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$25 Copay \$50 Copay	Not Covered Not Covered
Allergy Injections (per visit) Primary Care Physician Specialist	\$10 Copay \$10 Copay	Not Covered Not Covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$400 Copay	Not Covered
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) Monthly Out-of-Pocket (OOP) Maximum⁶ Preferred Non-Preferred	\$200 Combined with Preferred OOP	NA NA
Provider Preferred Non-Preferred	20% 20%	Not Covered Not Covered
Important Note: Physician-Administered Medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the <i>medical benefit</i> . Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		

¹EM DED = Deductible is Embedded: A covered member's family deductible costs are capped at the individual deductible amount on the family plan. / ²PBP = Per Benefit Period / ³EM 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. / ⁴Virtual Visit services are only covered for In-Network providers. / ⁵Value Choice Providers are only available in select counties. / ⁶In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0 Copay	Not Covered
Mammograms	\$0 Copay	Not Covered
Colonoscopy (Routine for age 45+)	\$0 Copay	Not Covered
Emergency Medical Care		
Urgent Care Centers Value Choice Provider ⁵	\$0 Copay - Visits 1-2 PBP \$75 Copay for Remaining Visits PBP	Not Covered
All Other Providers	\$75 Copay	Not Covered
Emergency Room (per visit) (cost share waived if admitted) Facility Physician Services	\$400 Copay DED + 20%	\$400 Copay INN DED + 20%
Ambulance Services	DED + 20%	INN DED + 20%
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (Includes Provider Services) Diagnostic Services (e.g., X-rays) Advanced Imaging Services (e.g., MRI, PET, CT)	\$100 Copay \$400 Copay	Not Covered Not Covered
Independent Clinical Lab (e.g., Blood Work)	\$100 Copay	Not Covered
Outpatient Hospital Facility	\$400 Copay	Not Covered
Hospital / Surgical		
Ambulatory Surgical Center Facility Facility (per visit) Provider Services	\$400 Copay \$50 Copay	Not Covered Not Covered
Outpatient Hospital Facility (per visit) Therapy Services All other Services	\$50 Copay \$400 Copay	Not Covered Not Covered
Inpatient Hospital and Rehabilitation Facility Services (per admit)	\$1000 per day (\$5000 Max)	Not Covered
Provider Services at Inpatient and Outpatient Facility Radiologists, Anesthesiologists, and Pathologists All other Providers	DED + 20% DED + 20%	Not Covered Not Covered

⁵Value Choice Providers are only available in select counties.

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Mental Health / Substance Dependency		
Virtual Visits⁴		
Primary Care Physician	\$0 Copay	Not Covered
Specialist	\$0 Copay	Not Covered
Physician Office Services		
Primary Care Physician	\$0 Copay	Not Covered
Specialist	\$0 Copay	Not Covered
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$0 Copay	\$0 Copay
Outpatient Hospitalization Facility Services (per visit)	\$20 Copay	Not Covered
Inpatient Hospitalization Facility Services (per admit)	\$0 Copay	Not Covered
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$50 Copay	Not Covered
Outpatient Hospital Facility Services (per visit)	\$50 Copay	Not Covered
Durable Medical Equipment, Prosthetics and Orthotics		
Motorized Wheelchair	\$500 Copay	Not Covered
All Other	\$0 Copay	Not Covered
Home Health Care	\$0 Copay	Not Covered
Skilled Nursing Facility	DED + 20%	Not Covered
Hospice	DED + 20%	Not Covered

⁴Virtual Visit services are only covered for In-Network providers.

Preauthorization for select services: Members don't need a referral to see a participating specialist, however authorizations are required for certain services such as CT/MRI scans and select injectables, as well as other medical services like hospitalization, rehabilitation services, home health care, and select durable medical equipment. Ensure members know that **before an appointment** they should visit floridablue.com/Authorization or call the toll-free number on their member ID card to see if a prior authorization is required.

Benefit Maximums	
Home Health Care	60 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

Additional Benefits and Features

- We encourage you to call the care consultants team at 1-800-664-5295 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.
- Go to floridablue.com, click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in your plan's network and you don't need a referral to see a participating provider.

This summary is only a partial description of the many benefits and services covered by Florida Blue HMO, an HMO subsidiary of Blue Cross and Blue Shield of Florida, Inc. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue HMO BlueCare Benefit Booklet and Schedule of Benefits; its terms prevail.