

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 pays)	\$1,500 per person \$4,000 per family	\$4,000 per person \$9,000 per family
Coinsurance (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	30% of the allowed amount
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	\$12,000 per person \$24,000 per family
Office Services		
Virtual Visits⁴		
Primary Care Physician	\$0 Copay	Not Covered
Specialist	\$50 Copay	Not Covered
Physician Office Services		
Value Choice Primary Care Physician ⁵	\$0 Copay	DED + 30%
Value Choice Specialist ⁵	\$20 Copay	DED + 30%
Primary Care Physician	\$25 Copay	DED + 30%
Specialist	\$50 Copay	DED + 30%
Maternity (Cost Share for initial visit only)		
Primary Care Physician	\$25 Copay	DED + 30%
Specialist	\$50 Copay	DED + 30%
Allergy Injections (per visit)		
Primary Care Physician	\$10 Copay	DED + 30%
Specialist	\$10 Copay	DED + 30%
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$350 Copay	DED + 30%
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) Monthly Out-of-Pocket (OOP) Maximum⁶		
Preferred	\$200	NA
Non-Preferred	Combined with Preferred OOP	NA
Provider		
Preferred	20%	DED + 30%
Non-Preferred	20%	DED + 30%
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.

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

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Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0 Copay	30%
Mammograms	\$0 Copay	\$0 Copay
Colonoscopy (Routine for age 45+)	\$0 Copay	\$0 Copay
Emergency Medical Care		
Urgent Care Centers Value Choice Provider ⁵	\$0 Copay - Visits 1-2 PBP \$75 Copay for Remaining Visits PBP	DED + \$75
All Other Providers	\$75 Copay	DED + \$75
Emergency Room (per visit) (cost share waived if admitted) Facility ⁷ Physician Services	DED + 20% DED + 20%	DED + 20% 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)	\$75 Copay \$300 Copay	DED + 30% DED + 30%
Independent Clinical Lab (e.g., Blood Work)	\$75 Copay	DED + 30%
Outpatient Hospital Facility*	DED + 20%	DED + 30%
Hospital / Surgical		
Ambulatory Surgical Center Facility Facility (per visit) Provider Services	\$350 Copay \$50 Copay	DED + 30% DED + 30%
Outpatient Hospital Facility (per visit) Therapy Services* All other Services*	\$50 Copay DED + 20%	DED + 30% DED + 30%
Inpatient Hospital and Rehabilitation Facility Services (per admit)*	DED + 20%	DED + 30%
Provider Services at Inpatient and Outpatient Facility Radiologists, Anesthesiologists, and Pathologists All other Providers	DED + 20% DED + 20%	INN DED + 20% INN DED + 20%

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	30%
Specialist	\$0 Copay	30%
Emergency Room Facility Services⁷ (per visit) (cost share waived if admitted)	\$0 Copay	\$0 Copay
Outpatient Hospitalization Facility Services (per visit)*	\$20 Copay	30%
Inpatient Hospitalization Facility Services⁷ (per admit)*	\$0 Copay	30%
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$50 Copay	DED + 30%
Outpatient Hospital Facility Services (per visit)*	\$50 Copay	DED + 30%
Durable Medical Equipment, Prosthetics and Orthotics	DED + 20%	DED + 30%
Home Health Care	DED + 20%	DED + 30%
Skilled Nursing Facility	DED + 20%	DED + 30%
Hospice	DED + 20%	DED + 30%

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

Important: To ensure quality care and to help you get the most value from your plan benefits, for certain medical services **you need to get an approval** from Florida Blue before your service or you'll have to **pay the entire cost** for the service. **Before an appointment**, visit floridablue.com/Authorization or call the toll-free number on your member ID card to see if a prior approval is needed and your next steps.

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.

Access to Our Strong Networks

NetworkBlueSM is the Preferred Provider Network designated as "In-Network" for BlueOptions. While In-Network providers remain the best value, members are still **protected from balance billing** if they go Out-of-Network to someone who is part of our Traditional Provider 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.

This is not an insurance contract or Benefit Booklet. This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue. This does not constitute 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.