

BlueOptions
For Small Groups
Health Benefit Plan 5801



An Independent Licensee of the
 Blue Cross and Blue Shield Association

Summary of Benefits for Covered Services

Amount Member Pays

| 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 | \$35 Copayment \$75 Copayment DED ¹ + 50% Coinsurance \$10 Copayment DED + 50% Coinsurance |
| Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.) In-Network Out-of-Network | \$250 Copayment DED + 50% Coinsurance |
| Maternity Initial Visit In-Network Family Physician In-Network Specialist Out-of-Network | \$35 Copayment \$75 Copayment DED + 50% Coinsurance |
| Allergy Injections (per visit) In-Network Family Physician In-Network Specialist Out-of-Network | \$10 Copayment \$10 Copayment DED + 50% Coinsurance |
| Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) In-Network Monthly Out-of-Pocket (OOP) Maximum ² In-Network Provider Out-of-Network | \$200 20% Coinsurance DED + 50% Coinsurance |
| Physician-Administered Medications – These 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 your <i>medical</i> benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit. | |
| Preventive Care | |
| Routine Adult & Child Preventive Services, Wellness Services, and Immunizations In-Network Out-of-Network | \$0 50% Coinsurance |
| Mammograms In-Network and Out-of-Network | \$0 |
| Colonoscopy (Routine for age 50+ then frequency schedule applies) In-Network and Out-of-Network | \$0 |
| Emergency Medical Care | |
| Urgent Care Centers In-Network Out-of-Network | 50% Coinsurance DED + 50% Coinsurance |
| Emergency Room Facility Services (per visit) In-Network Out-of-Network | DED + 50% Coinsurance DED + 50% Coinsurance |

¹ DED = Deductible

² In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

BlueOptions

For Small Groups

Health Benefit Plan 5801

Summary of Benefits for Covered Services

Amount Member Pays

| Emergency Medical Care (Continued) | |
|--|--|
| Ambulance Services (Ground, air and water travel, combined per day maximum) In-Network and Out-of-Network | \$5,500 In-Network DED + 50% Coinsurance |
| 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 | DED + 50% Coinsurance \$250 Copayment DED + 50% Coinsurance |
| Independent Clinical Lab (e.g. Blood Work) In-Network Out-of-Network | \$0 DED + 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 / \$400 Copayment DED + 50% Coinsurance |
| Mental Health/Substance Dependency | |
| Mental Health (PBP ³ Max) Inpatient Hospital Facility Services (per admit) In-Network (Option 1 and Option 2) Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network | 30 Inpatient days, 20 Outpatient visits DED + 50% Coinsurance DED + 50% Coinsurance \$75 Copayment DED + 50% Coinsurance |
| Substance Dependency Inpatient Hospital Facility Services (per admit) In-Network (Option 1 and Option 2) Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network | DED + 50% Coinsurance DED + 50% Coinsurance \$75 Copayment DED + 50% Coinsurance |
| Other Provider Services | |
| Provider Services at Hospital and ER In-Network and Out-of-Network | In-Network DED + 50% Coinsurance |
| Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC) In-Network and Out-of-Network | In-Network DED + 50% Coinsurance |
| Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician In-Network Specialist Out-of-Network | DED + 50% Coinsurance DED + 50% Coinsurance DED + 50% Coinsurance |

³ PBP = Per Benefit Period

BlueOptions

For Small Groups

Health Benefit Plan 5801

Summary of Benefits for Covered Services

Amount Member Pays

| Other Special Services | |
|--|--|
| Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PBP Max) Outpatient Rehab Therapy Center In-Network Out-of-Network Outpatient Hospital Facility Services (per visit) In-Network (Option 1 / Option 2) Out-of-Network | 25 Visits \$75 Copayment DED + 50% Coinsurance \$80 Copayment / \$90 Copayment DED + 50% Coinsurance |
| Durable Medical Equipment, Prosthetics and Orthotics In-Network Out-of-Network | DED + 50% Coinsurance DED + 50% Coinsurance |
| Home Health Care (PBP Max) In-Network Out-of-Network | 10 Visits DED + 50% Coinsurance DED + 50% Coinsurance |
| Skilled Nursing Facility (PBP Max) In-Network Out-of-Network | 60 days DED + 50% Coinsurance DED + 50% Coinsurance |
| Hospice In-Network Out-of-Network | DED + 50% Coinsurance DED + 50% Coinsurance |
| Hospital/Surgical | |
| Ambulatory Surgical Center Facility (ASC) In-Network Out-of-Network | DED + 50% Coinsurance DED + 50% Coinsurance |
| Inpatient Hospital Facility and Rehabilitation Services (per admit) (PBP Max) In-Network (Option 1 and Option 2) Out-of-Network | Rehabilitation Services limit - 21 days DED + 50% Coinsurance DED + 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 | \$80 Copayment / \$90 Copayment \$300 Copayment / \$400 Copayment DED + 50% Coinsurance |
| Emergency Room Facility Services (per visit) In-Network Out-of-Network | DED + 50% Coinsurance DED + 50% Coinsurance |
| Financial Features | |
| Deductible (DED) (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (DED is the amount the member is responsible for before Florida Blue pays) | \$2,000 / Not Applicable \$6,000 / Not Applicable |
| Coinsurance In-Network Out-of-Network (Coinsurance is the percentage the member pays for services) | 50% 50% |

BlueOptions

For Small Groups

Health Benefit Plan 5801

Summary of Benefits for Covered Services

Amount Member Pays

| Financial Features (Continued) | |
|---|--|
| Out-of-Pocket Maximum (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (Out-of-Pocket Maximum includes DED, Coinsurance and Copayments; Excludes Prescription Drugs) | \$15,000 / \$15,000 \$30,000 / \$30,000 |
| Total Lifetime Maximum Benefit | No Maximum |

Additional Benefits and Features

BlueScript Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Florida Blue, 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 floridablue.com and other interactive web-based support tools.
- **Expert advice on call.** We encourage you to call our care consultants team at 1-888-476-2227 to find out how much they can help you SAVE. Whether comparing the cost of your medications between local pharmacies or researching the quality and cost of treatment options before you make a decision, we can help you shop for the best value for you and your family.
- Online access to everything about your health benefit plan as well as all of our self-service tools.
- Online access to participating physician offices for **e-office visits**, consultations, appointment scheduling or cancellation, prescription refills and much more.**
- BlueOptions members receive a **Member Health Statement** that summarizes your health care activity for the preceding month.

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.

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, Florida Blue 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 floridablue.com.

BlueOptions

For Small Groups

Health Benefit Plan 5801

* As a courtesy, Florida Blue 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 Florida Blue nor its vendors provide medical care or advice.

** As a courtesy, Florida Blue 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. 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.