



Summary of Benefits for Covered Services

	Amount Member Pays
In-Network	Out-of-Network

Financial Features		
Deductible (DED is the amount the member is responsible for before Florida Blue pays)	\$750 per person \$2,250 per family	Combined with In-Network
Coinsurance (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	40% of the allowed amount
Out-of-Pocket Maximum (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$3,000 per person \$6,000 per family	Combined with In-Network Combined with In-Network
Office Services		
Physician Office Services – Including Virtual Visits		
Value Choice Primary Care Physician	\$0 Copay	DED + 40%
Value Choice Specialist	\$20 Copay	DED + 40%
Primary Care Physician	\$20 Copay	DED + 40%
Specialist	\$35 Copay	DED + 40%
Teladoc – General Medicine	\$0 Copay	N/A
Maternity (Cost Share for initial visit only)		
Primary Care Physician	\$20 Copay	DED + 40%
Specialist	\$35 Copay	DED + 40%
Allergy Injections (per visit)		
Primary Care Physician	\$10 Copay	DED + 40%
Specialist	\$10 Copay	DED + 40%
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$20 PCP / \$35 Spec	DED + 40%
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)		
Monthly Out-of-Pocket (OOP) Maximum		
Preferred	\$200	NA
Non-Preferred	Combined with Preferred OOP	NA
Provider		
Preferred	\$20 PCP Copay \$35 Specialist Copay	DED + 40%
Non-Preferred	\$20 PCP Copay \$35 Specialist Copay	DED + 40%

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 *medical benefit*. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.

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	40%
Mammograms	\$0 Copay	\$0 Copay
Colonoscopy (Routine for age 45+)	\$0 Copay	\$0 Copay
Emergency Medical Care		
Urgent Care Centers Value Choice Provider	\$0 Copay - Visits 1-2 PBP \$35 Copay for Remaining Visits PBP	N/A
All Other Providers	\$35 Copay	\$35 Copay
Emergency Room (per visit) (cost share waived if admitted) Facility Provider Services at ER	\$100 Copay DED + 20%	\$100 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)	\$50 Copay \$100 Copay	DED + 40% DED + 40%
Independent Clinical Lab (e.g., Blood Work)	\$0 Copay	DED + 40%
Outpatient Hospital Facility Option 1 Option 2	\$150 Copay \$250 Copay	\$350 Copay
Hospital / Surgical		
Ambulatory Surgical Center Facility Facility (per visit) ALL Provider Services at Ambulatory Surgical Center	\$100 Copay DED + 20%	DED + 40% INN DED + 20%
Outpatient Hospital Facility (per visit) Therapy Services Option 1 Option 2 All Other Services Option 1 Option 2	\$20 Copay \$35 Copay \$150 Copay \$250 Copay	\$350 Copay \$350 Copay
Inpatient Hospital and Rehabilitation Facility Services (per admit) Option 1 Option 2	\$750 Copay \$1000 Copay	DED + 40%
Provider Services at Hospital	DED + 20%	INN DED + 20%
Anesthesiology, Pathology and Radiology at Hospital	DED + 20%	INN DED + 20%



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Mental Health / Substance Dependency		
Physician Office Services Primary Care Physician Specialist	\$20 Copay \$35 Copay	DED + 40% DED + 40%
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$100 Copay	\$100 Copay
Outpatient Hospitalization Facility Services (per visit) Option 1 and Option 2	\$35 Copay	\$350 Copay
Inpatient Hospitalization Facility Services (per admit) Option 1 Option 2	\$750 Copay \$1000 Copay	DED + 40%
ALL Provider Services at ER and Hospital	DED + 20%	INN DED + 20%
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations Outpatient Rehabilitation Therapy Center Option 1 & Option 2	\$35 Copay	\$350 Copay
Outpatient Hospital Facility Services (per visit) Option 1 Option 2	\$150 Copay \$250 Copay	\$350 Copay
Durable Medical Equipment, Prosthetics and Orthotics	DED + 20%	DED + 40%

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	20 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

Prescription Drug Coverage	In-Network	Out-of-Network
Retail (30 days) (generic / preferred brand / non-preferred brand / oral weight loss)	\$10 / \$25 / \$60 / 30% to plan paid maximum of \$3,000	50% of allowance
Mail Order (90 days) (generic / preferred brand / non-preferred brand / oral weight loss medication)	\$20 / \$50 / \$120 / 30% to plan paid maximum of \$3,000	50% of allowance

BlueOptions

For Public Risk Management Groups
2024- 2025 Plan 03559



Florida Blue 
Your Health Solutions Partner

Additional Benefits and Features

- We encourage you to call the care consultants team at 1-888-476-2227 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.