

**BlueOptions**  
**For Public Risk Management Groups**  
**2024-2025 Plan 03559**



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
<b>Financial Features</b>		
<b>Deductible</b> (DED is the amount the member is responsible for before Florida Blue pays)	\$750 per person \$2,250 per family	Combined with In-Network
<b>Coinsurance</b> (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	40% of the allowed amount
<b>Out-of-Pocket Maximum</b> (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
<b>Office Services</b>		
<b>Physician Office Services – Including Virtual Visits</b>		
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
<b>Maternity</b> (Cost Share for initial visit only)		
Primary Care Physician	\$20 Copay	DED + 40%
Specialist	\$35 Copay	DED + 40%
<b>Allergy Injections</b> (per visit)		
Primary Care Physician	\$10 Copay	DED + 40%
Specialist	\$10 Copay	DED + 40%
<b>Advanced Imaging Services (AIS)</b> (MRI, MRA, PET, CT, Nuclear Medicine)	\$20 PCP / \$35 Spec	DED + 40%
<b>Medical Pharmacy</b> - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)		
<b>Monthly Out-of-Pocket (OOP) Maximum</b>		
Preferred	\$200	NA
Non-Preferred	Combined with Preferred OOP	NA
<b>Provider</b>		
Preferred	\$20 PCP Copay \$35 Specialist Copay	DED + 40%
Non-Preferred	\$20 PCP Copay \$35 Specialist Copay	DED + 40%
<b>Important Note:</b> 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.		

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



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



<b>Summary of Benefits for Covered Services</b>	Amount Member Pays	
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Mental Health / Substance Dependency		
<b>Physician Office Services</b> Primary Care Physician Specialist	\$20 Copay \$35 Copay	DED + 40% DED + 40%
<b>Emergency Room Facility Services</b> (per visit) (cost share waived if admitted)	\$100 Copay	\$100 Copay
<b>Outpatient Hospitalization Facility Services</b> (per visit) Option 1 and Option 2	\$35 Copay	\$350 Copay
<b>Inpatient Hospitalization Facility Services</b> (per admit) Option 1 Option 2	\$750 Copay \$1000 Copay	DED + 40%
<b>ALL Provider Services at ER and Hospital</b>	DED + 20%	INN DED + 20%
Other Special Services		
<b>Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations</b> 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
<b>Durable Medical Equipment, Prosthetics and Orthotics</b>	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](https://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	
<b>Home Health Care</b>	20 Visits PBP
<b>Inpatient Rehabilitation Therapy</b>	30 Days PBP
<b>Outpatient Therapy</b>	35 Visits PBP
<b>Spinal Manipulations</b>	26 PBP (accumulates towards the Outpatient Therapy maximum)
<b>Skilled Nursing Facility</b>	60 Days PBP

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

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*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](https://floridablue.com).
- Go to [floridablue.com](https://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

**NetworkBlue<sup>SM</sup>** 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<sup>®</sup>** 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.