



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)	\$500 per person \$1,500 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)	\$1,500 per person \$4,500 per family	Combined with In-Network
Office Services		
Physician Office Services-Including Virtual Visits Value Choice Primary Care Physician Value Choice Specialist Primary Care Physician Specialist Teladoc - General Medicine	\$0 Copay \$15 Copay \$15 Copay \$15 Copay \$0 Copay	DED + 40% DED + 40% DED + 40% DED + 40% N/A
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$15 Copay \$15 Copay	DED + 40% DED + 40%
Allergy Injections (per visit) Primary Care Physician Specialist	\$5 Copay \$5 Copay	DED + 40% DED + 40%
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$15 Copay	DED + 40%
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) Monthly Out-of-Pocket (OOP) Maximum Preferred Non-Preferred	\$200 Combined with Preferred OOP	NA NA
Provider Preferred Non-Preferred	\$15 \$15	DED + 40% 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 <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.		



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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	40%
Emergency Medical Care		
Urgent Care Centers Value Choice Provider	\$0 Copay - Visits 1-2 PBP \$15 Copay for Remaining Visits PBP	\$15 Copay
All Other Providers	\$15 Copay	\$15 Copay
Emergency Room (per visit) (cost share waived if admitted) Facility Physician Services	DED + 20% DED + 20%	DED + 20% DED + 20%
Ambulance Services	DED + 20%	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)	\$15 Copay \$15 Copay	DED + 40% DED + 40%
Independent Clinical Lab (e.g., Blood Work)	20%	40%
Outpatient Hospital Facility	DED + 20%	DED + 40%
Hospital / Surgical		
Ambulatory Surgical Center (ASC) Facility Facility (per visit) ALL Provider Services at ASC	DED + 20% DED + 20%	DED + 40% DED + 20%
Outpatient Hospital Facility (per visit) Therapy Services All other Services	DED + 20% DED + 20%	DED + 40% DED + 40%
Inpatient Hospital and Rehabilitation Facility Services (per admit)	DED + 20%	\$300 PAD, then 40% after Deductible
ALL Provider Services at Hospital	DED + 20%	DED + 40%



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Mental Health / Substance Dependency		
Physician Office Services Primary Care Physician Specialist	\$15 Copay \$15 Copay	DED + 40% DED + 40%
Emergency Room Facility Services (per visit) (cost share waived if admitted)	DED + 20%	DED + 20%
Outpatient Hospitalization Facility Services (per visit)	DED + 20%	DED + 40%
Inpatient Hospitalization Facility Services (per admit)	DED + 20%	\$300 PAD, then 40% after Deductible
ALL Provider Services at Hospital	DED + 20%	DED + 40%
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations Outpatient Rehabilitation Therapy Center Outpatient Hospital Facility Services (per visit)	DED + 20% DED + 20%	DED + 40% DED + 40%
Durable Medical Equipment, Prosthetics and Orthotics	DED + 20%	DED + 40%
Home Health Care	DED + 20%	DED + 40%
Skilled Nursing Facility	DED + 20%	DED + 40%
Hospice	DED + 20%	DED + 40%

Benefit Maximums	
Home Health Care	20 Visits PBP
Outpatient Therapy	54 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	\$5 / \$35 / \$35 / 30% oral weight loss medications plan paid maximum \$3,000	50% of allowance
Mail Order (90 days) Generic/preferred brand/non-preferred brand/oral weight loss	\$10 / \$70 / \$70 / 60% oral weight loss medications plan paid maximum \$3,000	50% of allowance

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.

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.

BlueOptions

For Public Risk Management Groups
2024 -2025 Plan 03769



- 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 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.