BlueCare
For Public Risk Management Groups
2022-2022 Plan 55

Florida Blue HMO

Summary of Benefits for Covered Services	Amount Member Pays In-Network	Amount Member Pays Out-of-Network
Financial Features		
Deductible (DED is the amount the member is responsible for before Florida Blue HMO pays)	$0	Not covered
Coinsurance (Coinsurance is the percentage the member pays for services)	0%	Not covered
Out-of-Pocket Maximum (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	$1,500 per person $3,000 per family	Not covered
Office Services		
Physician Office Services - Including Virtual Visits		
Primary Care Physician	$10 Copay	Not covered
Specialist	$10 Copay	Not covered
Convenient Care	$10 Copay	Not covered
Teladoc - General Medicine	$0 Copay	N/A
Maternity (Cost Share for initial visit only)		
Primary Care Physician	$10 Copay	Not covered
Specialist	$10 Copay	Not covered
Allergy Injections (per visit)		
Primary Care Physician	$5 Copay	Not covered
Specialist	$5 Copay	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	$0	Not covered
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	$0	Not covered
Mammograms	$0	Not covered
Colonoscopy (Routine for age 45+ then frequency schedule applies)	$0	Not covered
Emergency Medical Care		
Urgent Care Centers	$10 Copay	Not Covered
Emergency Room Facility Services (per visit) (copayment waived if admitted)	$50 Copay	$50 Copay
Ambulance Services	$0	$0
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services)		
Diagnostic Services (except AIS)	$0	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	$0	Not covered
Independent Clinical Lab (e.g., Blood Work)	$0	Not covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	$100 Copay	Not covered

BlueCare
For Public Risk Management Groups
2022-2023 Plan 55

Florida Blue HMO

Summary of Benefits for Covered Services	Amount Member Pays In-Network	Out-of-Network
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	$100 Copay	Not covered
Outpatient Hospital Facility Services (per visit) Therapy Services All other Services	 $5 Copay $100 Copay	 Not covered Not covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)	$250 Copay	Not covered
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)	$250 Copay	Not covered
Outpatient Hospitalization Facility Service (per visit)	$10 Copay	Not covered
Emergency Room Facility Services (per visit)	$50 Copay	$50 Copay
Provider Services at Hospital Primary Care Physician / Specialist	 $0	 $0
Provider Services at ER Primary Care Physician / Specialist	 $0	 $0
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician / Specialist	 $0	 $0
Outpatient Office Visit Primary Care Physician / Specialist	 $10 Copay	 Not covered
Other Provider Services		
Provider Services at Hospital	$0	Not covered
Provider Services at ER	$0	$0
Radiology, Pathology and Anesthesiology Provider Services at Hospital or Ambulatory Surgical Center (ASC)	$0	Not covered
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician Specialist	 $0 $0	 Not covered Not covered
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)	 $10 Copay $5 Copay	 Not covered Not covered
Durable Medical Equipment, Prosthetics and Orthotics Motorized Wheelchair All Other	 $0 $0	 Not covered Not covered
Home Health Care	$0	Not covered

BlueCare
For Public Risk Management Groups
2022-2023 Plan 55

Florida Blue HMO

Summary of Benefits for Covered Services	Amount Member Pays In-Network	Out-of-Network
Other Special Services (continued)		
Skilled Nursing Facility	$0	Not covered
Hospice	$0	Not covered

Preauthorization for select services: Members don't need a referral to see a participating specialist, however authorizations are required for certain services such as CT/MRI scans and select injectables, as well as other medical services like hospitalization, rehabilitation services, home health care, and select durable medical equipment. Ensure members know that **before an appointment** they should visit floridablue.com/Authorization or call the toll-free number on their member ID card to see if a prior authorization is required.

Benefit Maximums	
Home Health Care	No Maximum
Inpatient Rehabilitation Therapy	No Maximum
Outpatient Therapy	62 Visits PBP
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	90 Days PBP

Prescription Drug Coverage	In-Network	Out of Network
Retail (30 days) (generic/preferred brand/non-preferred brand)	$5/$25/$25	Not Covered
Mail Order (90 days) (generic/preferred brand/non-preferred brand)	$10/$50/$50	Not Covered

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.

Should it become necessary, a grievance procedure is available to all Members as detailed in the Master Policy

This summary is only a partial description of the many benefits and services covered by Florida Blue HMO, an HMO subsidiary of Blue Cross and Blue Shield of Florida, Inc. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue HMO BlueCare Benefit Booklet and Schedule of Benefits; its terms prevail.