



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 HMO pays)	\$0	NA per person NA per family
Coinsurance (Coinsurance is the percentage the member pays for services)	0%	NA
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$1,500 per person \$3,000 per family	NA per person NA per family
Office Services		
Physician Office Services – Including Virtual Visits		
Value Choice Primary Care Physician	\$0 Copay	Not Covered
Value Choice Specialist	\$10 Copay	Not Covered
Primary Care Physician	\$10 Copay	Not Covered
Specialist	\$10 Copay	Not Covered
Teladoc – General Medicine	\$0 Copay	Not Covered
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 Medicine)	\$0 Copay	Not Covered
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)		
Monthly Out-of-Pocket (OOP) Maximum		
Preferred	\$200	NA
Non-Preferred	\$700	NA
Provider		
Preferred	\$10 Copay	Not Covered
Non-Preferred	\$10 Copay	Not Covered
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	Not Covered
Mammograms	\$0 Copay	Not Covered
Colonoscopy (Routine for age 45+)	\$0 Copay	Not Covered
Emergency Medical Care		
Urgent Care Centers Value Choice Provider	\$0 Copay - Visits 1-2 PBP \$10 Copay for Remaining Visits PBP	Not Covered
All Other Providers	\$10 Copay	Not Covered
Emergency Room (per visit) (cost share waived if admitted) Facility Provider Services at ER	\$50 Copay \$0 Copay	\$50 Copay
Ambulance Services	\$0 Copay	\$0 Copay
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)	\$0 Copay \$0 Copay	Not Covered Not Covered
Independent Clinical Lab (e.g., Blood Work)	\$0 Copay	Not Covered
Outpatient Hospital Facility	\$100 Copay	Not Covered
Hospital / Surgical		
Ambulatory Surgical Center (ASC) Facility Facility (per visit) Provider Services at Ambulatory Surgical Center	\$100 Copay \$0 Copay	Not Covered
Outpatient Hospital Facility (per visit) Therapy Services All other Services	\$5 Copay \$100 Copay	Not Covered Not Covered
Inpatient Hospital and Rehabilitation Facility Services (per admit)	\$250 Copay	Not Covered
Provider Services at Hospital	\$0 Copay	Not Covered



Summary of Benefits for Covered Services	Amount Member Pays	
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Mental Health / Substance Dependency		
Physician Office Services		
Primary Care Physician	\$10 Copay	Not Covered
Specialist	\$10 Copay	Not Covered
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$50 Copay	\$0 Copay
Outpatient Hospitalization Facility Services (per visit)	\$10 Copay	Not Covered
Inpatient Hospitalization Facility Services (per admit)	\$250 Copay	Not Covered
Provider Services at ER and Hospital	\$0 Copay	
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$10 Copay	Not Covered
Outpatient Hospital Facility Services (per visit)	\$5 Copay	Not Covered
Durable Medical Equipment, Prosthetics and Orthotics		
Motorized Wheelchair	\$0 Copay	Not Covered
All Other	\$0 Copay	Not Covered
Home Health Care	\$0 Copay	Not Covered
Skilled Nursing Facility	\$0 Copay	Not Covered
Hospice	\$0 Copay	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	30 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 / oral weight loss medications)	\$5 / \$25 / \$25 / 30% to plan paid maximum of \$3,000	Not Covered
Mail Order (90 days) (generic / preferred brand / non-preferred brand / oral weight loss medications)	\$10 / \$50 / \$50 / 30% to plan paid maximum of \$3,000	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.
- Let our members know they can go to floridablue.com, click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in the plan's network and they 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.