

BlueOptions

For Small Groups

Health Benefit Summary Plans 5040 and 5041



Benefits for Covered Services

Amount Member Pays

	HSA-Compatible Plan 5040 Single Coverage	HSA-Compatible Plan 5041 Family Coverage
Office Services		
Physician Office Services In-Network Family Physician In-Network Specialist Out-of-Network Office Visit In-Network e-Office Visit Out-of-Network e-Office Visit	DED ¹ + 10% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance	DED + 10% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.) In-Network Out-of-Network	DED + 10% Coinsurance DED + 40% Coinsurance	DED + 10% Coinsurance DED + 40% Coinsurance
Maternity Initial Visit In-Network Family Physician In-Network Specialist Out-of-Network	DED + 10% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance	DED + 10% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance
Allergy Injections (per visit) In-Network Family Physician In-Network Specialist Out-of-Network	DED + 10% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance	DED + 10% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) In-Network Monthly Out-of-Pocket (OOP) Maximum ² In-Network Provider Out-of-Network	\$200 DED + 20% Coinsurance DED + 50% Coinsurance	\$200 DED + 20% Coinsurance DED + 50% Coinsurance
Physician-Administered Medications – These 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 your <i>medical</i> benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations In-Network Out-of-Network	\$0 40% Coinsurance	\$0 40% Coinsurance
Mammograms In-Network and Out-of-Network	\$0	\$0
Colonoscopy (Routine for age 50+ then frequency schedule applies) In-Network and Out-of-Network	\$0	\$0
Emergency Medical Care		
Urgent Care Centers In-Network Out-of-Network	DED + 10% Coinsurance DED + 40% Coinsurance	DED + 10% Coinsurance DED + 40% Coinsurance
Emergency Room Facility Services (per visit) In-Network Out-of-Network	DED + 10% Coinsurance DED + 10% Coinsurance	DED + 10% Coinsurance DED + 10% Coinsurance

¹ DED = Deductible

² Monthly OOP max does not apply until the In-Network DED is met. In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

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Emergency Medical Care (Continued)		
Ambulance Services (Ground, air and water travel, combined per day maximum) In-Network and Out-of-Network	\$5,000 In-Network DED + 10% Coinsurance	\$5,000 In-Network DED + 10% Coinsurance
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) In-Network Diagnostic Services (except AIS) In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.) Out-of-Network	DED + 10% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance	DED + 10% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance
Independent Clinical Lab (e.g. Blood Work) In-Network Out-of-Network	DED DED + 40% Coinsurance	DED DED + 40% Coinsurance
Outpatient Hospital Facility Services (per visit) (e.g. Blood Work and X-rays) In-Network (Option 1 and Option 2) Out-of-Network	DED + 10% Coinsurance DED + 40% Coinsurance	DED + 10% Coinsurance DED + 40% Coinsurance
Mental Health/Substance Dependency		
Mental Health (PBP ³ Max) Inpatient Hospital Facility Services (per admit) In-Network (Option 1 and Option 2) Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network	30 Inpatient days, 20 Outpatient visits DED + 10% Coinsurance DED + 40% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance	30 Inpatient days, 20 Outpatient visits DED + 10% Coinsurance DED + 40% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance
Substance Dependency Inpatient Hospital Facility Services (per admit) In-Network (Option 1 and Option 2) Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network	DED + 10% Coinsurance DED + 40% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance	DED + 10% Coinsurance DED + 40% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance
Other Provider Services		
Provider Services at Hospital and ER In-Network and Out-of-Network	In-Network DED + 10% Coinsurance	In-Network DED + 10% Coinsurance
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC) In-Network and Out-of-Network	In-Network DED + 10% Coinsurance	In-Network DED + 10% Coinsurance
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician In-Network Specialist Out-of-Network	DED + 10% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance	DED + 10% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance

³ PBP = Per Benefit Period

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Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PBP Max) Locations other than Hospital and Physician's Office In-Network Out-of-Network Outpatient Hospital Facility Services (per visit) In-Network (Option 1 and Option 2) Out-of-Network	35 Visits DED + 10% Coinsurance DED + 40% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance	35 Visits DED + 10% Coinsurance DED + 40% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance
Durable Medical Equipment, Prosthetics and Orthotics In-Network Out-of-Network	DED + 10% Coinsurance DED + 40% Coinsurance	DED + 10% Coinsurance DED + 40% Coinsurance
Home Health Care (PBP Max) In-Network Out-of-Network	20 Visits DED + 10% Coinsurance DED + 40% Coinsurance	20 Visits DED + 10% Coinsurance DED + 40% Coinsurance
Skilled Nursing Facility (PBP Max) In-Network Out-of-Network	60 days DED + 10% Coinsurance DED + 40% Coinsurance	60 days DED + 10% Coinsurance DED + 40% Coinsurance
Hospice In-Network Out-of-Network	DED + 10% Coinsurance DED + 40% Coinsurance	DED + 10% Coinsurance DED + 40% Coinsurance
Hospital/Surgical		
Ambulatory Surgical Center Facility (ASC) In-Network Out-of-Network	DED + 10% Coinsurance DED + 40% Coinsurance	DED + 10% Coinsurance DED + 40% Coinsurance
Inpatient Hospital Facility and Rehabilitation Services (per admit) (PBP Max) In-Network (Option 1 and Option 2) Out-of-Network	Rehabilitation Services limit - 21 days DED + 10% Coinsurance DED + 40% Coinsurance	Rehabilitation Services limit - 21 days DED + 10% Coinsurance DED + 40% Coinsurance
Outpatient Hospital Facility Services (per visit) In-Network – Therapy Services (Option 1 and Option 2) In-Network – All other Services (Option 1 and Option 2) Out-of-Network	DED + 10% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance	DED + 10% Coinsurance DED + 10% Coinsurance DED + 40% Coinsurance
Emergency Room Facility Services (per visit) In-Network Out-of-Network	DED + 10% Coinsurance DED + 10% Coinsurance	DED + 10% Coinsurance DED + 10% Coinsurance
Financial Features		
Deductible (DED) (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (DED is the amount the member is responsible for before BCBSF pays)	\$1,500 / Not Applicable \$3,000 / Not Applicable	\$3,000 / \$3,000 \$6,000 / \$6,000
Coinsurance In-Network Out-of-Network (Coinsurance is the percentage the member pays for services)	10% 40%	10% 40%

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Financial Features (Continued)	Amount Member Pays	
	HSA-Compatible Plan 5040 Single Coverage	HSA-Compatible Plan 5041 Family Coverage
Out-of-Pocket Maximum (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (Out-of-Pocket Maximum includes DED, Coinsurance and Prescription Drugs)	\$3,000 / Not Applicable \$6,000 / Not Applicable	\$6,000 / \$6,000 \$12,000 / \$12,000
Total Lifetime Maximum Benefit	No Maximum	No Maximum

Additional Benefits and Features

BlueScript Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Blue Cross and Blue Shield of Florida, you'll find a Pharmacy Program information sheet enclosed. Please review it carefully, as you'll find it contains an overview of your benefits and how to utilize them.

An Array of Value-Added Programs and Services*

- **Access to valuable health information and resources**, including care decision support, our online provider directory at www.bcbsfl.com and other interactive web-based support tools.
- **Expert advice on call.** We encourage you to call our care consultants team at 1-888-476-2227 to find out how much they can help you SAVE. Whether comparing the cost of your medications between local pharmacies or researching the quality and cost of treatment options before you make a decision, we can help you shop for the best value for you and your family.
- **MyBlueService** is your online gateway to everything about your health benefit plan as well as all of our self-service tools, now including an enhanced **WebMD** website especially for our members only.
- Online access to participating physician offices for **e-office visits**, consultations, appointment scheduling or cancellation, prescription refills and much more.**
- BlueOptions members receive a **Member Health Statement** that summarizes your health care activity for the preceding month.

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.

Physician Discount

Many NetworkBlue physicians offer BlueOptions members a rate which is at least 25 percent below the usual fees charged for services that are **not Covered Services** under your health plan. By taking advantage of this discount, you get the care you need from the doctor you trust. However, BCBSF does not guarantee that a physician will honor the discount. Since you pay out-of-pocket for any non-covered services, it's your responsibility to discuss the costs and discounted rates for non-covered services with your physician **before** you receive services. 'Physician Discount' is not part of your insurance coverage or a discount medical plan. For more information, please refer to the online Provider Directory at www.bcbsfl.com.

* As a courtesy, Blue Cross and Blue Shield of Florida, Inc. has entered into arrangements with various vendors to provide value-added features that include care decision support tools and services to its members. These programs are not part of insurance coverage. All decisions that members make pertaining to medical/clinical judgment should be made in conjunction with their Physician since neither BCBSF nor its vendors provide medical care or advice.

** As a courtesy, Blue Cross and Blue Shield of Florida, Inc. has an arrangement with a vendor to provide secure online communication between its members and participating physicians as a value-added feature. The written terms of your policy, certificate or benefit booklet determine what is covered.

This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.