BlueOptions
For Large Groups
Predictable Cost Health Plan 03564

Florida Blue
Your Health Solutions Partner

Summary of Benefits for Covered Services

Important things to keep in mind when reviewing this Summary of Benefits

- This Summary of Benefits is only a partial description of the many benefits and services provided or authorized by Florida Blue and is not considered 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.
- For the lowest out-of-pocket costs, choose doctors, hospitals, pharmacies, and other health care providers who are considered in-network. To find in-network providers, visit our online provider directory at FloridaBlue.com and select the plan name.
- The amount a member pays for covered services add up and count toward deductibles, out-of-pocket maximums, and any listed benefit maximums per person per benefit period (PBP).

Financial Features	**Amount Member Pays**	
Benefit Description	**In-Network**	**Out-of-Network**
Deductible (DED) Embedded (DED is the amount the member must pay before Florida Blue pays)		
Individual	$2,000	Combined with In-Network
Family	$6,000	Combined with In-Network
Coinsurance (Coinsurance is the percentage of the costs of a covered health care service a member pays, typically after the deductible is paid.)	0%	40%
Out-of-Pocket Maximum Embedded (Out-of-pocket maximum includes DED, coinsurance, copayments and prescription drugs)		
Individual	$2,000	$6,000
Family	$6,000	$12,000

Important information about Deductibles and Out-of-Pocket Maximums

Deductible

- **Embedded** - If more than one person is covered under the plan, each person only has to meet the individual deductible, and not the entire family deductible before Florida Blue will begin to pay for covered services for that person.
- **Shared -** The entire family deductible is shared with all members on the plan. Florida Blue will begin to pay for covered services after the total family amount is met. One person or a combination of family members can contribute to the total deductible amount.

Out-of-Pocket Maximum

- **Embedded** - Once an individual with family coverage meets the individual out-of-pocket maximum, the plan will pay 100% of all covered services for the rest of the benefit period for that person.
- **Shared** - The entire family out-of-pocket maximum amount is shared with all members on the plan. Any one person or a combination of family members can meet the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, the plan will pay 100% of all covered services for all covered members for the rest of the benefit period.

Note: If there is only one person on a plan and a family deductible and out-of-pocket are listed, only the individual amounts apply.

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Virtual Health Services	Amount Member Pays	
Benefit Description	**In-Network**	**Out-of-Network**
Virtual Office Visits		
Primary Care Provider	$0 Copay	Not Covered
Specialist	$50 Copay	Not Covered
Behavioral Health (Mental Health/Substance Abuse)		
Primary Care Provider	$0 Copay	Not Covered
Specialist	$0 Copay	Not Covered
Office Services	**Amount Member Pays**	
Benefit Description	**In-Network**	**Out-of-Network**
Physician Office Services		
Primary Care Provider	$25 Copay	DED + 40%
Specialist	$50 Copay	DED + 40%
Maternity		
Primary Care Provider	$25 Copay	DED + 40%
Specialist	$50 Copay	DED + 40%
Allergy Injections (per visit)		
Primary Care Provider	$10 Copay	DED + 40%
Specialist	$10 Copay	DED + 40%
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	DED	DED + 40%
Medical Pharmacy administered in a Physician's Office	**Amount Member Pays**	
Benefit Description	**In-Network**	**Out-of-Network**
Medication		
Preferred	20%	DED + 50%
Non-Preferred	20%	DED + 50%
Monthly Out-of-Pocket (OOP) Maximum		
Preferred	$200	Not Applicable
Non-Preferred	Combined with preferred OOP	Not Applicable

Important Notes:

- The cost share for medical pharmacy services applies to the prescription drug only and is separate from the office visit cost share. Immunizations, allergy injections, and services covered through a pharmacy program are not considered medical pharmacy. A list of the physician-administered medications is included in the medication guide.
- In-network medical pharmacy will be paid at 100% for the remainder of the calendar month once monthly out-of-pocket maximum amount is met.

Preventive Care	**Amount Member Pays**	
Benefit Description	**In-Network**	**Out-of-Network**
Adult Wellness Services		
Primary Care Provider	$0 Copay	40%
Specialist	$0 Copay	40%
Mammograms	$0 Copay	$0 Copay
Routine Colonoscopy	$0 Copay	$0 Copay
Child Wellness Services		
Primary Care Provider	$0 Copay	40%
Specialist	$0 Copay	40%
Emergency Medical Care	**Amount Member Pays**	
Benefit Description	**In-Network**	**Out-of-Network**
Urgent Care Centers	$55 Copay	DED + $55 Copay
Emergency Room		
Facility	$150 Copay	$150 Copay
Physician Services	DED	INN DED
Ambulance Services	DED	INN DED
Outpatient Diagnostic Services	**Amount Member Pays**	
Benefit Description	**In-Network**	**Out-of-Network**
Independent Clinical Lab (e.g., Blood Work)	$0 Copay	DED + 40%
Independent Diagnostic Testing Center (Includes provider services)		
Diagnostic Services (e.g., x-rays)	DED	DED + 40%
Advanced Imaging Services (e.g., MRI, PET, CT)	DED	DED + 40%
Outpatient Hospital Facility	DED	DED + 40%
Hospital / Surgical	**Amount Member Pays**	
Benefit Description	**In-Network**	**Out-of-Network**
Inpatient Services		
Facility	DED	DED + 40%
Radiologists, Anesthesiologists, and Pathologists	DED	INN DED
All other Providers	DED	DED
Outpatient Services		
Ambulatory Surgical Center		
Facility	DED	DED + 40%
Provider Services	DED	DED + 40%
Hospital		
Facility	DED	DED + 40%
Radiologists, Anesthesiologists, and Pathologists	DED	INN DED
All other Providers	DED	DED

Behavioral Health (Mental Health / Substance Dependency)	**Amount Member Pays**	
Benefit Description	**In-Network**	**Out-of-Network**
Physician Office Services		
Primary Care Provider	$0 Copay	40%
Specialist	$0 Copay	40%
Emergency Room		
Facility	$0 Copay	$0 Copay
Physician services	$0 Copay	$0 Copay
Inpatient Hospital Services		
Facility	$0 Copay	40%
Physician services	$0 Copay	$0 Copay
Outpatient Hospital Services		
Facility	$0 Copay	40%
Physician services	$0 Copay	$0 Copay

Other Services	**Amount Member Pays**	
Benefit Description	**In-Network**	**Out-of-Network**
Durable Medical Equipment		
Motorized Wheelchairs	DED	DED + 40%
All other	DED	DED + 40%
Home Health Care	DED	DED + 40%
Hospice	DED	DED + 40%
Outpatient Therapy (per visit)		
Outpatient Rehabilitation Facility	$50 Copay	DED + 40%
Outpatient Hospital Facility	$50 Copay	DED + 40%
Prosthetic and Orthotics	DED	DED + 40%
Skilled Nursing Facility	DED	DED + 40%

Benefit Maximums	
Home Health Care	60 Visits
Inpatient Rehabilitation Therapy	30 Days
Outpatient Therapy	35 Visits
Skilled Nursing Facility	60 Days
Spinal Manipulations	26 (accumulates towards the Outpatient Therapy maximum)

Prescription Drug Program

If your employer purchased prescription drug coverage from Florida Blue, a separate pharmacy benefit summary will be provided that includes an overview and prescription costs.

Important Note: Your health plan may include prescription drug coverage that only provides coverage at exclusive pharmacies, except for emergency situations.

Value Choice Providers

Florida Blue members have access to doctors that offer quality, coordinated care and may cost less for sick and wellness visits. With Value Choice Providers, members can expect extra help with tests and services, lower costs, and better coordinated care.

Value Choice Providers are only available in select counties and not all services are offered at every provider location. To find a Value Choice Provider, visit our online provider directory at FloridaBlue.com. Search for a primary care doctor. When you see the results, filter by program and select Value Choice Provider.

Virtual Health Services	**Amount Member Pays**
Benefit Description	**In-Network**
Virtual Visits	
Value Choice Primary Care Provider	$0 Copay
Value Choice Specialist	$20 Copay
Office Services	**Amount Member Pays**
Benefit Description	**In-Network**
Physician Office	
Value Choice Primary Care Provider	$0 Copay
Value Choice Specialist	$20 Copay
Diagnostic Services (e.g., lab, x-rays)	
Value Choice Primary Care Provider	$0 Copay
Value Choice Specialist	$20 Copay
Advanced Imaging Services (e.g., MRI, PET, CT)	
Value Choice Primary Care Provider	$0 Copay
Value Choice Specialist	$20 Copay
Emergency Medical Care	**Amount Member Pays**
Benefit Description	**In-Network**
Urgent Care Center	$0 Copay - Visits 1-2 $55 Copay for Remaining Visits

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BlueScript Pharmacy Benefits – $10/$50/$80

For BlueOptions non-HSA Plans

The health plan your employer is offering includes our BlueScript pharmacy benefits. To help you understand drug pricing, your plan includes a drug list (also known as a Formulary Medication Guide) that places prescription drugs into tiers. Your cost share for each drug depends on the tier your medicine is in. For a drug to be covered, it must be listed in the **Open Medication Guide** and filled through an in-network pharmacy. You'll find more details in the **Open Medication Guide** on FloridaBlue.com. Once logged in, click **My Plan** and then **Pharmacy.**

See the chart below for specific plan details.

Your Pharmacy Deductible = $0	**In-Network Cost Shares**	
	Retail Pharmacy per one-month supply	**Home Delivery** per three-month supply
Tier 1-Covered Generic Prescription Drugs and Supplies	$10	$25
Tier 2-Covered Preferred Brand Prescriptions Drugs and Supplies	$50	$125
Tier 3-Covered Non-Preferred Brand Prescription Drugs and Supplies	$80	$200
Oral Chemotherapy Drugs[1]	$10	$25
[1] Refer to the Oral Chemotherapy Drug List in the Medication Guide		

Important benefit information

Our pharmacy benefits include coverage for all drugs that are:

- Required by the state or federal government,
- Self-administered injectables, or
- Specialty medications listed in the Medication Guide.

You can get your prescriptions at convenient locations across our large network of participating pharmacies.

Generic prescription drugs

You'll pay a lower cost for any generic prescription drugs found on the Medication Guide. **Keep in mind:** If you request a brand name prescription drug when a generic brand is available, you'll typically pay a higher copay for the brand name drug. Amounts that exceed your copay won't count toward your health plan's out-of-pocket maximum.

Filling your prescriptions

Where you go to fill prescriptions will depend on the kind of medication you need. Tip: Always choose an in-network pharmacy.

Types of in-network pharmacies:

- **Retail pharmacy:** Your local in-network retail pharmacies can fill prescriptions for non-specialty generic and brand-name drugs, up to a 30-day supply. Select retail pharmacies can provide up to a 90-day supply for certain medicines you take regularly**. Note:** 30- or 90-day prescriptions can be filled at in-network retail pharmacies at the full cost share for the quantity selected. For additional savings, home delivery may be used.
- **Home delivery:** Use home delivery for certain maintenance, non-specialty medications. You may pay less for a 90-day supply compared to monthly refills at a retail pharmacy. Learn more by calling the number on the back of your member ID card and saying, "pharmacy." Or log in to your account at FloridaBlue.com and go to **My Plan** and then **Pharmacy.**
- **Specialty pharmacy**: Certain self-administered specialty drugs such as injectables or infused, oral, or inhaled drugs must be filled by one of our participating specialty pharmacies.

Out-of-network pharmacy option:

- **Non-participating pharmacy:** Choosing a non-participating pharmacy will cost you more money. You will have to pay the full cost of the medication and then file a paper claim to be reimbursed.

Prescription drug limitations

Responsible drug programs

- **Responsible quantities**: Some drugs can only be covered for a certain quantity, for a certain length of time. For example: If your doctor prescribes a medication with a 30-day limit for nine tablets, your plan will only cover nine tablets that month. These safety limits are based on guidelines from drug manufacturers and the U.S. Food and Drug Administration (FDA). Doctors can submit an authorization form for quantity limits based on medical need.

- **Step therapy**: Some drugs aren't covered unless you try another FDA-approved drug first. A lower-cost drug may be just as clinically effective in treating your condition. If, however, the other drug isn't recommended for you, or you had other insurance when you previously tried the other drug and it didn't work for you, your doctor can submit an authorization form to request an exception.
- **Prior authorization**: For certain medications, your doctor will need to submit medical records and the appropriate prior authorization form before a drug will be covered.

Drugs not covered

Your pharmacy benefits may not cover certain medications. Any drug not listed in the Medication Guide may not be covered under your pharmacy benefits. This could be because:

- The medication has not been approved by the FDA,
- The drug has been shown to have adverse effects and/or safer alternatives are available, or
- The drug has a preferred alternative.

Use a Florida Blue Prescription Discount Card

You can use a Florida Blue Prescription Discount Card at select participating pharmacies. It can provide savings for you or any of your family members who take medications that are not covered under your pharmacy benefits. The Florida Blue Prescription Discount Card is not an insurance product or part of your health plan. To learn more, log in to your account at FloridaBlue.com. Go to **My Plan** and then **Pharmacy** to find the link to the Florida Blue Prescription Discount Card. You can also call the customer service number on the back of your member ID card.

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