BlueCare

For Large Groups
Lower Premium Health Benefit Plan 54

Florida Blue HMO

Summary of Benefits for Covered Services	Amount Member Pays In-Network	Out-of-Network
Financial Features		
Deductible (DED[1]) (PBP[2]) (DED is the amount the member is responsible for before Florida Blue HMO pays)	$5,000 per person $10,000 per family	Not covered
Coinsurance (Coinsurance is the percentage the member pays for services)	30% of the allowed amount	Not covered
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	$6,350 per person $12,700 per family	Not covered
Office Services		
Physician Office Services		
Value Choice Provider (in select counties)	$0 Copay	Not covered
Primary Care Physician	$40 Copay	Not covered
Specialist	$65 Copay	Not covered
Convenient Care	$40 Copay	Not covered
Virtual Visits		
Family Physician	$10 Copay	Not covered
Maternity (Cost Share for initial visit only)		
Primary Care Physician	$40 Copay	Not covered
Specialist	$65 Copay	Not covered
Allergy Injections (per visit)		
Primary Care Physician	$10 Copay	Not covered
Specialist	$10 Copay	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	$300 Copay	Not covered
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)		
In-Network Monthly Out-of-Pocket (OOP) Maximum[3]		
Preferred	$200	
Non-Preferred	Combined with Preferred OOP Maximum	
Provider		
Preferred	20%	Not covered
Non-Preferred	20%	Not covered
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 the *medical* 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	$0	Not covered
Mammograms	$0	Not covered
Colonoscopy (Routine for age 50+ then frequency schedule applies)	$0	Not covered
Emergency Medical Care		
Urgent Care Centers	$85 Copay	Not covered

[1] DED = Deductible
[2] PBP = Per Benefit Period
[3] 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)		
Emergency Room Facility Services (per visit) (copayment waived if admitted)	$300 Copay	$300 Copay
Ambulance Services	30% after Deductible	30% after In-Network Deductible
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services)		
Diagnostic Services (except AIS)	$65 Copay	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	$200 Copay	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)	30% after Deductible	Not covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	30% after Deductible	Not covered
Outpatient Hospital Facility Services (per visit)		
Therapy Services	$85 Copay	Not covered
All other Services	30% after Deductible	Not covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)	30% after Deductible	Not covered
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)	$0	Not covered
Outpatient Hospitalization Facility Service (per visit)	$0	Not covered
Emergency Room Facility Services (per visit)	$0	$0
Provider Services at Hospital		
Primary Care Physician / Specialist	$0	Not covered
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	Not covered
Outpatient Office Visit		
Primary Care Physician / Specialist	$0	Not covered
Other Provider Services		
Provider Services at Hospital	30% after Deductible	Not covered
Provider Services at ER	30% after Deductible	30% after In-Network Deductible
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	$100 Copay	Not covered
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician	30% after Deductible	Not covered
Specialist	30% after Deductible	Not covered
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	$65 Copay	Not covered
Outpatient Hospital Facility Services (per visit)	$85 Copay	Not covered

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Other Special Services (continued)		
Durable Medical Equipment, Prosthetics and Orthotics		
Motorized Wheelchair	$500 Copay	Not covered
All Other	$0	Not covered
Home Health Care	$0	Not covered
Skilled Nursing Facility	30% after Deductible	Not covered
Hospice	30% after Deductible	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	60 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	30 Visits PBP
Spinal Manipulations	30 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	45 Days PBP

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.

BlueCare Rx Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Florida Blue HMO, 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.

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.