

BlueOptions

For Small Groups

Health Benefit Summary Plans 3066 and 3067
with BlueScript Integrated Pharmacy Program



**BlueCross BlueShield
of Florida**

An Independent Licensee of the
Blue Cross and Blue Shield Association

Benefits for Covered Services

Amount Member Pays

	HSA-Compatible Plan 3066 Single Coverage	HSA-Compatible Plan 3067 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	CYD ¹ CYD CYD + 20% Coinsurance CYD CYD + 20% Coinsurance	CYD CYD CYD + 20% Coinsurance CYD CYD + 20% Coinsurance
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.) In-Network / Out-of-Network	CYD / CYD + 20% Coinsurance	CYD / CYD + 20% Coinsurance
Maternity Initial Visit In-Network Specialist Out-of-Network	CYD CYD + 20% Coinsurance	CYD CYD + 20% Coinsurance
Allergy Injections (rendered by an In-Network Physician)	CYD	CYD
Preventive Care		
Adult Wellness Benefit Maximum (In-Network)	No Benefit Maximum	No Benefit Maximum
Out-of-Network Routine Adult Physical Exam and Immunizations Benefit Maximum	\$150 Benefit Maximum	\$150 Benefit Maximum
Routine Adult Physical Exam and Immunizations In-Network Family Physician In-Network Specialist Out-of-Network	\$0 \$0 20% Coinsurance	\$0 \$0 20% Coinsurance
Well Woman Exam (e.g. Annual GYN) In-Network Family Physician In-Network Specialist Out-of-Network	\$0 \$0 20% Coinsurance	\$0 \$0 20% Coinsurance
Mammograms (Covered at 100% of Allowed Amount, In- and Out-of-Network)	\$0	\$0
Colonoscopy (Routine for age 50+ then frequency schedule applies) (Covered at 100% of Allowed Amount, In- and Out-of-Network)	\$0	\$0
Well Child In-Network Family Physician In-Network Specialist Out-of-Network	\$0 \$0 20% Coinsurance	\$0 \$0 20% Coinsurance
Prescription Drug Program (BlueScript)		
Deductible	In-Network CYD	In-Network CYD
Generic / Brand / Non-Preferred	\$0 after In-Network CYD	\$0 after In-Network CYD
Mail Order (90-day supply) Generic / Brand / Non-preferred	Not Covered	Not Covered
BlueScript Pharmacy benefit also provides coverage for Prescription oral contraceptives, Prescription diaphragms and diabetic equipment and supplies.		
Emergency Medical Care		
Urgent Care Centers In-Network / Out-of-Network	CYD / CYD + 20% Coinsurance	CYD / CYD + 20% Coinsurance

¹ CYD = Calendar Year Deductible

Note: Out-of-Network services may be subject to balance billing.

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Emergency Medical Care (Continued)		
Emergency Room Facility Services (per visit) In-Network / Out-of-Network	CYD / CYD + 20% Coinsurance	CYD / CYD + 20% Coinsurance
Ambulance Services (Ground, air and water travel, combined per day maximum)	CYD \$5,000	CYD \$5,000
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	CYD CYD CYD + 20% Coinsurance	CYD CYD CYD + 20% Coinsurance
Independent Clinical Lab (e.g. Blood Work) In-Network / Out-of-Network	CYD / CYD + 20% Coinsurance	CYD / CYD + 20% Coinsurance
Outpatient Hospital Facility Services (per visit) (e.g. Blood Work and X-rays) In-Network (Option 1 / Option 2) Out-of-Network	CYD / CYD CYD + 20% Coinsurance	CYD / CYD CYD + 20% Coinsurance
Mental Health/Substance Dependency		
Mental Health (PCY ²) Inpatient Hospital Facility Services (per admit) In-Network (Option 1 / Option 2) Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network	30 Inpatient days, 20 Outpatient visits CYD / CYD CYD + 20% Coinsurance CYD CYD + 20% Coinsurance	30 Inpatient days, 20 Outpatient visits CYD / CYD CYD + 20% Coinsurance CYD CYD + 20% Coinsurance
Substance Dependency (Lifetime max) Inpatient Hospital Facility Services (per admit) In-Network (Option 1 / Option 2) Out-of-Network Outpatient Office Visit In-Network Specialist Out-of-Network	\$2,500 CYD / CYD CYD + 20% Coinsurance CYD CYD + 20% Coinsurance	\$2,500 CYD / CYD CYD + 20% Coinsurance CYD CYD + 20% Coinsurance
Other Provider Services		
Provider Services at Hospital and ER In-Network and Out-of-Network	CYD	CYD
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC) In-Network and Out-of-Network	CYD	CYD
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician In-Network Specialist Out-of-Network	CYD CYD CYD + 20% Coinsurance	CYD CYD CYD + 20% Coinsurance

2 PCY = Per Calendar Year

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Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PCY max) In-Network Locations other than Hospital and Physician's Office Out-of-Network Locations other than Hospital Outpatient Hospital Facility Services (per visit) In-Network – Therapy Services (Option 1 / Option 2) Out-of-Network	\$2,500 CYD CYD + 20% Coinsurance CYD / CYD CYD + 20% Coinsurance	\$2,500 CYD CYD + 20% Coinsurance CYD / CYD CYD + 20% Coinsurance
Durable Medical Equipment In-Network / Out-of-Network	CYD / CYD + 20% Coinsurance	CYD / CYD + 20% Coinsurance
Home Health Care (PCY max) In-Network / Out-of-Network	\$2,500 CYD / CYD + 20% Coinsurance	\$2,500 CYD / CYD + 20% Coinsurance
Skilled Nursing Facility (PCY) In-Network / Out-of-Network	60 days CYD / CYD + 20% Coinsurance	60 days CYD / CYD + 20% Coinsurance
Hospice In-Network / Out-of-Network	No Benefit Maximum CYD / CYD + 20% Coinsurance	No Benefit Maximum CYD / CYD + 20% Coinsurance
Hospital/Surgical		
Ambulatory Surgical Center Facility (ASC) In-Network / Out-of-Network	CYD / CYD + 20% Coinsurance	CYD / CYD + 20% Coinsurance
Inpatient Hospital Facility and Rehabilitation Services (per admit) In-Network (Option 1 / Option 2) Out-of-Network	Rehabilitation Services limit - 21 days PCY CYD / CYD CYD + 20% Coinsurance	Rehabilitation Services limit - 21 days PCY CYD / CYD CYD + 20% Coinsurance
Outpatient Hospital Facility Services (per visit) In-Network – Therapy Services (Option 1 / Option 2) In-Network – All other Services (Option 1 / Option 2) Out-of-Network	CYD / CYD CYD / CYD CYD + 20% Coinsurance	CYD / CYD CYD / CYD CYD + 20% Coinsurance
Emergency Room Facility Services (per visit) In-Network / Out-of-Network	CYD / CYD + 20% Coinsurance	CYD / CYD + 20% Coinsurance
Financial Features		
Calendar Year Deductible (CYD) (per person / family aggregate) In-Network Out-of-Network (CYD is the amount the member is responsible for before BCBSF pays)	\$1,500 / N/A \$3,000 / N/A	\$3,000 / \$3,000 \$6,000 / \$6,000
Coinsurance In-Network / Out-of-Network (Coinsurance is the percentage the member pays for services)	0% / 20%	0% / 20%
Out-of-Pocket Maximum (per person / family aggregate) In-Network Out-of-Network (Out-of-Pocket Maximum includes CYD, Coinsurance and Prescription Drugs)	\$1,500 / N/A \$6,000 / N/A	\$3,000 / \$3,000 \$12,000 / \$12,000
Total Lifetime Maximum Benefit	\$5,000,000	\$5,000,000

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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
- **MyBlueService**, our 24/7 online member self-service, where you can request extra ID cards, review benefits, check claims status, print forms and more
- **Discounts** on vision care, hearing care, alternative care, fitness clubs, bicycle helmets and more through our BlueComplements program
- Online access to participating physician offices for **e-office visits**, consultations, appointment scheduling or cancellation, prescription refills and much more**
- A quarterly **Personal Health Report**, and **programs to reward you for staying healthy and participating in sports**

Access to Our Strong Networks

NetworkBlueSM is the Preferred Provider Network designated as "In-Network" for BlueOptions. However, you will have **protection from balance billing** when you receive covered services from a provider in our Traditional Program 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.