

**Summary of Benefits for Covered Services** Amount Member Pays  
 In-Network      Out-of-Network

<b>Financial Features</b>		
<b>Deductible (EM DED)<sup>1</sup> (PBP)<sup>2</sup></b> (DED is the amount the member is responsible for before Florida Blue pays)	\$2,000 per person \$6,000 per family	Combined with In-Network Combined with In-Network
<b>Inpatient Hospital Facility Services Per Admission Deductible (PAD)</b>	\$0	\$0
<b>Coinsurance</b> (Coinsurance is the percentage the member pays for services)	0% of the allowed amount	40% of the allowed amount
<b>Out-of-Pocket Maximum (EM OOP)<sup>3</sup> (PBP)</b> (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$2,000 per person \$6,000 per family	\$6,000 per person \$12,000 per family
<b>Office Services</b>		
<b>Virtual Visits<sup>4</sup></b> Primary Care Physician Specialist	\$0 Copay \$50 Copay	Not Covered Not Covered
<b>Physician Office Services</b> Value Choice Primary Care Physician <sup>5</sup> Value Choice Specialist <sup>5</sup> Primary Care Physician Specialist	\$0 Copay \$20 Copay \$25 Copay \$50 Copay	DED + 40% DED + 40% DED + 40% DED + 40%
<b>Maternity (Cost Share for initial visit only)</b> Primary Care Physician Specialist	\$25 Copay \$50 Copay	DED + 40% DED + 40%
<b>Allergy Injections (per visit)</b> Primary Care Physician Specialist	\$10 Copay \$10 Copay	DED + 40% DED + 40%
<b>Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)</b>	DED	DED + 40%
<b>Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors)</b> <b>Monthly Out-of-Pocket (OOP) Maximum<sup>6</sup></b> Preferred Non-Preferred  <b>Provider</b> Preferred Non-Preferred	\$200 Combined with Preferred OOP  20% 20%	NA NA  DED + 50% DED + 50%
<b>Important Note:</b> 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.		

<sup>1</sup>EM DED = Deductible is Embedded: A covered member's family deductible costs are capped at the individual deductible amount on the family plan. / <sup>2</sup>PBP = Per Benefit Period / <sup>3</sup>EM OOP = Out-of-Pocket Maximum is Embedded: A covered family member's out-of-pocket costs are capped at the individual out-of-pocket maximum amount on the family plan. / <sup>4</sup>Virtual Visit services are only covered for In-Network providers. / <sup>5</sup>Value Choice Providers are only available in select counties. See the Agent Toolkit for a full list of counties where they are available. / <sup>6</sup>In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

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

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
<b>Preventive Care</b>		
<b>Routine Adult &amp; Child Preventive Services, Wellness Services, and Immunizations</b>	\$0 Copay	40%
<b>Mammograms</b>	\$0 Copay	\$0 Copay
<b>Colonoscopy</b> (Routine for age 45+)	\$0 Copay	\$0 Copay
<b>Emergency Medical Care</b>		
<b>Urgent Care Centers</b> Value Choice Provider <sup>5</sup>	\$0 Copay - Visits 1-2 PBP \$55 Copay for Remaining Visits PBP	DED + \$55
All Other Providers	\$55 Copay	DED + \$55
<b>Emergency Room Facility Services<sup>7</sup></b> (per visit) (cost share waived if admitted)	\$150 Copay	\$150 Copay
<b>Ambulance Services</b>	DED	INN DED
<b>Outpatient Diagnostic Services</b>		
<b>Independent Diagnostic Testing Facility Services</b> (per visit) (e.g. X-rays) (Includes Provider Services) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	DED	DED + 40%
	DED	DED + 40%
<b>Independent Clinical Lab</b> (e.g., Blood Work)	\$0 Copay	DED + 40%
<b>Outpatient Hospital Facility Services</b> (per visit) (e.g., Blood Work and X-rays) Option 1 Option 2	DED DED	DED + 40% DED + 40%
<b>Hospital / Surgical</b>		
<b>Ambulatory Surgical Center Facility (ASC)</b>	DED	DED + 40%
<b>Outpatient Hospital Facility Services</b> (per visit) Therapy Services Option 1 Option 2 All other Services Option 1 Option 2	\$45 Copay \$60 Copay DED DED	DED + 40% DED + 40% DED + 40% DED + 40%
<b>Inpatient Hospital Facility and Rehabilitation Services<sup>7</sup></b> (per admit) Option 1 Option 2	DED DED	DED + 40% DED + 40%

<sup>5</sup>Value Choice Providers are only available in select counties. See the Agent Toolkit for a full list of counties where they are available. / <sup>7</sup>If admitted as an Inpatient from the Emergency Room member pays the Option 1 In-Network Hospital cost share.

<b>Summary of Benefits for Covered Services</b>	<b>Amount Member Pays</b>	
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Mental Health / Substance Dependency</b>		
<b>Virtual Visits<sup>4</sup></b>		
Primary Care Physician	\$0 Copay	Not Covered
Specialist	\$0 Copay	Not Covered
<b>Physician Office Services</b>		
Primary Care Physician	\$0 Copay	40%
Specialist	\$0 Copay	40%
<b>Emergency Room Facility Services<sup>7</sup></b> (per visit) (cost share waived if admitted)	\$0 Copay	\$0 Copay
<b>Outpatient Hospitalization Facility Service</b> (per visit)		
Option 1	\$0 Copay	40%
Option 2	\$0 Copay	40%
<b>Inpatient Hospitalization Facility Services<sup>7</sup></b> (per admit)		
Option 1	\$0 Copay	40%
Option 2	\$0 Copay	40%
<b>Other Special Services</b>		
<b>Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations</b>		
Outpatient Rehabilitation Therapy Center	\$50 Copay	DED + 40%
Outpatient Hospital Facility Services (per visit) Option 1	\$45 Copay	DED + 40%
Option 2	\$60 Copay	DED + 40%
<b>Durable Medical Equipment, Prosthetics and Orthotics</b>	DED	DED + 40%
<b>Home Health Care</b>	DED	DED + 40%
<b>Skilled Nursing Facility</b>	DED	DED + 40%
<b>Hospice</b>	DED	DED + 40%

<sup>4</sup>Virtual Visit services are only covered for In-Network providers. / <sup>7</sup>If admitted as an Inpatient from the Emergency Room member pays the Option 1 In-Network Hospital cost share.

**Important:** To ensure quality care and to help you get the most value from your plan benefits, for certain medical services **you need to get an approval** from Florida Blue before your service or you'll have to **pay the entire cost** for the service. **Before an appointment**, visit [floridablue.com/Authorization](http://floridablue.com/Authorization) or call the toll-free number on your member ID card to see if a prior approval is needed and your next steps.

<b>Benefit Maximums</b>	
<b>Home Health Care</b>	60 Visits PBP
<b>Inpatient Rehabilitation Therapy</b>	30 Days PBP
<b>Outpatient Therapy</b>	35 Visits PBP
<b>Spinal Manipulations</b>	26 PBP (accumulates towards the Outpatient Therapy maximum)
<b>Skilled Nursing Facility</b>	60 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](http://floridablue.com).
- Go to [floridablue.com](http://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.

**Prescription Drug Program**

In the event your Group has purchased pharmacy coverage from Florida Blue, 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. Important Note: Your health plan may include prescription drug coverage that only provides coverage at Exclusive Pharmacies except for emergency situations.

**Access to Our Strong Networks**

**NetworkBlue<sup>SM</sup>** 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<sup>®</sup>** 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, Florida Blue 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 [floridablue.com](http://floridablue.com).

**This is not an insurance contract or Benefit Booklet.** This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue. This does not constitute 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.

## BlueScript Pharmacy Benefits - \$10/\$50/\$80

For BlueOptions Plans– Open Formulary (Home Delivery Available)

The BlueOptions® health benefit plan your employer is offering you is paired with our BlueScript® Pharmacy Program. With a large network of Participating Pharmacies statewide and nationally, you can obtain prescription drugs at a location convenient to you.

You may also be able to receive more savings on prescription drugs by purchasing your drugs through the home delivery program.

See below for your specific plan details.

Drug Tier	In-Network Retail (One-Month Supply)	In-Network Home Delivery (Three-Month Supply)	Out-of-Network
Preferred Generic Prescription Drugs	\$10	\$25	50%
Preferred Brand Name Prescription Drugs	\$50	\$125	50%
Non-Preferred Prescription Drugs	\$80	\$200	50%
Oral Chemotherapy Drugs	\$10	\$25	50%

Specialty drugs are not available through home delivery.

### Advantages of our Pharmacy Program

With our BlueScript Pharmacy Program, you'll receive coverage for Preferred Generic, Preferred Brand Name, and Non-Preferred Prescription Drugs, as well as self-administered injectables and specialty medications. You have easy access to Participating Pharmacies throughout Florida and to National Network Pharmacies with over 60,000 locations.

### Save When Purchasing Your Prescription Drugs

You can reduce your out-of-pocket costs by purchasing Covered Prescription Drugs listed on our Preferred Medication List. These prescription drugs should cost you less than prescription drugs not on the list.

### Generic Prescription Drugs

You pay a lower cost for Generic Prescription Drugs that appear on the Preferred Medication List. If you request a Brand Name Prescription Drug when a Generic is available, you will be responsible for:

1. The copayment applicable to Brand Name Prescription Drugs; and
2. The difference in cost between the Generic Prescription Drug and the Brand Name Prescription Drug, as indicated on the BlueOptions pharmacy Program Schedule of Benefits.

### More Convenient Than Ever

Take your prescriptions to a participating pharmacy to have them filled. Or, if you are taking a prescription medication on an ongoing basis, you have a couple of convenient options:

1. Your doctor can prescribe a three-month supply and you can have it filled at select participating retail pharmacies. A three-month out-of-pocket cost (copay, coinsurance, and/or deductible) applies.
2. For additional savings, fill prescriptions via our home delivery program. This program allows covered members taking prescription drugs to receive up to a three-month supply for one Home Delivery Copayment, after Pharmacy Deductible, if applicable. To learn more about home delivery services, call the number on the back of your member ID card and say, "pharmacy." Or log on to your Florida Blue member account and see the Pharmacy Section under My Plan.

### Vaccines at the Pharmacy

Certain vaccines which are covered under your Wellness Benefits can be administered by Pharmacists that are certified.

### Contraceptive Coverage

Generic oral contraceptives and diaphragms are covered under your pharmacy benefit and are available at no cost to you. These contraceptives must be prescribed and obtained from a participating pharmacy.

### Diabetic Supplies

Diabetic supplies such as blood glucose testing strips and tablets, lancets, glucometers, and acetone test tablets and/or syringes and needles are covered under your pharmacy benefit. Diabetic supplies require a prescription and can be obtained from a participating pharmacy.

### Medication Guide

The Preferred Medication List, which is part of the Medication Guide, is available online at [floridablue.com](http://floridablue.com). Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Medication Guide online or by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Services 711. The Medication Guide also identifies specialty drugs, and drugs requiring prior authorization. When reviewing the Preferred Medication List with your doctor, ask your provider to consider a prescription drug from the Preferred Medication List, particularly a Preferred Generic Prescription Drug.

## Pharmacy Options Affect Your Out-of-Pocket

There are two different types of pharmacies for you to be aware of as you decide where to get your prescriptions filled—retail pharmacies and specialty pharmacies. To save the most money, before you get a prescription filled you should confirm which pharmacy is considered 'in-network' for that particular medication.

- **Retail Pharmacy Network**

Non-specialty 'Generic' medications and 'Brand Name' medications listed on the Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go to a non-participating pharmacy, your prescription will cost you more.

- **Specialty Pharmacy Network**

We have identified certain drugs as 'specialty drugs' due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a Specialty Drug with "SP" in the Medication Guide. To be covered under your pharmacy program at the In-Network cost share, they must be purchased at a participating Specialty Pharmacy. These pharmacies are different than the retail pharmacies and are identified in both the Provider Directory and the Medication Guide. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications.

- **Non-Participating Pharmacy**

Choosing a non-participating pharmacy will cost you more money. You may have to pay the full cost of the medication and then file a claim to be reimbursed. Our payment will be based on our Non-Participating Pharmacy Allowance minus your deductible and/or coinsurance. You will be responsible for the deductible and/or coinsurance and the difference between our allowance and the cost of the medication.

- **The National Pharmacy Network**

The National Pharmacy Network includes more than 60,000 chain and Independent Pharmacies across the United States. The National Network Pharmacies are available to our members traveling or residing outside of Florida. Simply present your member ID card at time of purchase.

## Utilization Management/Responsible Rx Programs

### Prior Coverage Authorization

Drugs selected for Prior Coverage Authorization (PA) may require that specific clinical criteria be met before the drugs will be covered under your pharmacy benefit. The list of drugs requiring Prior Authorization is located in the Medication Guide and are designated with a "PA" following the product name. Florida Blue reserves the right to change the drugs that require PA at any time and for any reason.

### Responsible Quantity

Drugs included in this program allow a maximum quantity per time period. Quantity limits are typically developed based upon FDA-approved drug labeling and nationally recognized therapeutic clinical guidelines. The list of drugs that have quantity limits are designated in the Formulary List with a "QL" following the product name. Florida Blue reserves the right to change the Drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a Responsible Quantity Drug is medically required, your doctor or health care provider can request an override. Responsible Quantity override forms are available at [floridablue.com](http://floridablue.com).

### Responsible Steps

Drugs included in this program require that you try another designated prerequisite drug first before a drug listed in the Responsible Steps Medication Chart will be covered. If due to medical reasons you cannot use the prerequisite drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. These medications are designated in the Formulary List with "ST" following the product name. Medications included in the Responsible Steps Program are listed in the Medication Guide. Florida Blue reserves the right to change the drugs subject to the Responsible Steps Program at any time and for any reason.

### Drugs that are Not Covered

Your Pharmacy benefit may not cover select medications. You will be responsible for paying the full cost of such medications. The Medication Guide contains a list of non-covered drugs. Some reasons a medication may not be covered are:

- The drug has been shown to have excessive adverse effects and/or safer alternatives are available.
- The drug has a preferred formulary alternative.

For drugs not covered you have access to a prescription savings discount card. With the discount card program, you will receive special discounted pricing at select participating pharmacies. This card provides savings for you or any of your family members on medications that are not covered under your BlueScript pharmacy benefit. The discount program is not an insurance product or part of your health benefit plan. For more information, log in to your account at [floridablue.com](http://floridablue.com). Go to My Plan and then Pharmacy to find the link to Prescription Drug Savings Card. You can also call the customer service number on the back of the member ID card.

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue. Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association. Florida Blue does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.