

	Employee Plan G	Employee Plan H	Employee Plan M
	Blue Options (HSA Compatible)	Blue Options (HSA Compatible)	Blue Care (HSA Compatible)
<b>Cost Sharing - Member's Responsibility</b>			
<b>Deductible (DED) (Per Person/Family Aggregate)</b>	Individual DED Amounts do not apply under Family Plans	Individual DED Amounts do not apply under Family Plans	Individual DED Amounts do not apply under Family Plans
In-Network	\$1,400 / \$2,800	\$2,500 / \$5,000	\$2,500 / \$5,000
Out-of-Network	\$1,400 / \$2,800	\$5,000 / \$10,000	Not Covered
<b>Coinsurance (BCBSF pays / Member pays)</b>			
In-Network	80% / 20%	80% / 20%	80% / 20%
Out-of-Network	60% / 40%	60% / 40%	Not Covered
<b>Out of Pocket Maximum (Per Person/Family Aggregate)</b> <i>Includes Deductibles, copays, Coinsurance &amp; RX</i>	Individual OOP amounts do apply towards the Family Maximum (Embedded)	Individual OOP amounts do apply towards the Family Maximum (Embedded)	Individual OOP amounts do apply towards the Family Maximum (Embedded)
In-Network	\$6,450/\$12,900	\$6,450/\$12,900	\$5,000   \$6,750 / \$10,000
Out-of-Network	\$12,900/\$25,800	\$12,900/\$25,800	Not Covered
<b>Medical Pharmacy OOP Maximum (Per Person Per Calendar Month)</b>			
In-Network (Preferred/Non-Preferred)	N/A	N/A	\$200/\$700
Out-of-Network	N/A	N/A	Not Covered
<b>Medical / Surgical Care by a Physician</b>			
<b>Office Services</b>			
In-Network Family Physician	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Virtual Visits</b>			
In-Network Family Physician	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Allergy Injections (Office)</b>			
In-Network Family Physician	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Health Care Professional Administered Medications in the Office (Medical Pharmacy)</b>			
In-Network (Preferred)	DED + 20%	DED + 20%	DED + 15%
In-Network (Non-Preferred)	DED + 20%	DED + 20%	DED + 35%
Out-of-Network	DED + 50%	DED + 50%	Not Covered
<b>Maternity Office Services</b>			
In-Network Family Physician	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Convenient Care Center</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered

Note: INN PCP: Family practice, General practice, Internal Medicine & Pediatrician/ Note: OON providers can balance bill for amount above BC allowance. INN providers Not permitted to balance bill.

	Employee Plan G	Employee Plan H	Employee Plan M
	Blue Options (HSA Compatible)	Blue Options (HSA Compatible)	Blue Care (HSA Compatible)
<b>Physician Services at Hospital</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%	Not Covered
<b>Radiology, Pathology and Anesthesiology Provider Services at Hospital</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%	Not Covered
<b>Radiology, Pathology and Anesthesiology Provider Services at ASC</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%	Not Covered
<b>Physician Services at Locations other than Office, Hospital and ER</b>			
In-Network Family Physician	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Preventive Services-Adult Wellness Services</b>			
<b>Office Services</b>			
In-Network Family Physician	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0
Out-of-Network	40%	40%	Not Covered
<b>Independent Clinical Laboratory</b> <i>(Quest Diagnostics is the In-Network Lab in Florida)</i>			
In-Network	\$0	\$0	\$0
Out-of-Network	40%	40%	Not Covered
<b>Mammograms</b> <i>(Routine Only)</i>			
In-Network	\$0	\$0	\$0
Out-of-Network	\$0	\$0	Not Covered
<b>Colonoscopies</b> <i>Routine/Screening colonoscopy is recommended for average risk adults every ten years, beginning at age 50. Routine includes polyp removal.</i>			
In-Network	\$0	\$0	\$0
Out-of-Network	\$0	\$0	Not Covered
<b>Preventive Services-Well Child Services</b>			
<b>Office Services</b>			
In-Network Family Physician	\$0	\$0	\$0
In-Network Specialist	\$0	\$0	\$0
Out-of-Network	40%	40%	Not Covered
<b>Independent Clinical Laboratory</b> <i>(Quest Diagnostics is the In-Network Lab in Florida)</i>			
In-Network	\$0	\$0	\$0
Out-of-Network	40%	40%	Not Covered
<b>Medical / Surgical Care at a Facility</b>			
<b>Ambulatory Surgical Center (ASC)</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered

Note: OON providers can balance bill for amount above BC allowance. INN providers Not permitted to balance bill.

	Employee Plan G	Employee Plan H	Employee Plan M
	Blue Options (HSA Compatible)	Blue Options (HSA Compatible)	Blue Care (HSA Compatible)
<b>Inpatient Hospital Facility (per admit)</b>			
In-Network	Option 1:DED + 20% Option 2:DED + 25% *	Option 1:DED + 20% Option 2:DED + 25% *	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Outpatient Hospital Facility (per visit)</b>			
In-Network	Option 1:DED + 20% Option 2:DED + 25% *	Option 1:DED + 20% Option 2:DED + 25% *	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Emergency and Urgent Care</b>			
<b>Emergency Room Facility (per visit)</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 20%
<b>Physician Services at ER (With or without Surgery performed or with or without admit)</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 20%
<b>Urgent Care Centers</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%	Not Covered
<b>Ambulance</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 20%
<b>Diagnostic Testing (e.g., Lab, x-ray)</b>			
<b>Physician Office</b>			
In-Network Family Physician	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Independent Clinical Laboratory</b> <i>(Quest Diagnostics is the In-Network Lab in Florida)</i>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Independent Diagnostic Testing Center</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Outpatient Hospital Facility</b>			
In-Network	Option 1:DED + 20% Option 2:DED + 25% *	Option 1:DED + 20% Option 2:DED + 25% *	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered

\* 25% Coinsurance: Option 2 Hospital facility. See BCBS Provider Directory for hospital facility tier status  
 Note: OON providers can balance bill for amount above BC allowance. INN providers Not permitted to balance bill.

	Employee Plan G	Employee Plan H	Employee Plan M
	Blue Options (HSA Compatible)	Blue Options (HSA Compatible)	Blue Care (HSA Compatible)
<b>Advanced Imaging (AIS) (MRI, MRA, PET, CT &amp; Nuclear Medicine)</b> <i>Subject to Prior Authorization</i>			
<b>Physician Office</b>			
In-Network Family Physician	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Independent Diagnostic Testing Center</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Outpatient Hospital Facility</b>			
In-Network	Option 1:DED + 20% Option 2:DED + 25% *	Option 1:DED + 20% Option 2:DED + 25% *	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Outpatient Therapy</b> <i>**Serves include</i>			
<b>Physician Office</b>			
In-Network Family Physician	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Outpatient Rehabilitation Facility</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Outpatient Hospital Facility</b>			
In-Network	Option 1:DED + 20% Option 2:DED + 25% *	Option 1:DED + 20% Option 2:DED + 25% *	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Mental Health/Substance Dependency Services</b> <i>Subject to Prior Authorization</i>			
<b>Physician Office</b>			
In-Network Family Physician	DED + 20%	DED + 20%	DED + 20%
In-Network Specialist	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Inpatient Hospital Facility</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Outpatient Hospital Facility</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Emergency Room Facility(per visit)</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 20%

\* 25% Coinsurance: Option 2 Hospital facility. See BCBS Provider Directory for hospital facility tier status

\*\*Medically Necessary Chiropractic, Physical Therapy, Massage Therapy, Speech Therapy, & Occupational Therapy. Medical Policy Guidelines apply.

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	Employee Plan G	Employee Plan H	Employee Plan M
	Blue Options (HSA Compatible)	Blue Options (HSA Compatible)	Blue Care (HSA Compatible)
<b>Physician Services at Hospital and ER</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network ER	INN DED + 20%	INN DED + 20%	INN DED + 20%
Out-of-Network Hospital	INN DED + 20%	INN DED + 20%	Not Covered
<b>Other Special Services and Locations</b>			
<b>Durable Medical Equipment/Orthotics &amp; Prosthetics</b>			
In-Network Motorized Wheelchairs	DED + 20%	DED + 20%	DED + 20%
In-Network All Other	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Skilled Nursing Facility</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Home Health Care</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Hospice</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Dialysis Center</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Birthing Center</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Diabetic Equipment &amp; Supplies</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Wisdom Teeth (Surgical removal of impacted Wisdom Teeth)</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Accidental Dental Injury treatment *</b>			
In-Network	DED + 20%	DED + 20%	DED + 20%
Out-of-Network	DED + 40%	DED + 40%	Not Covered
<b>Benefit Maximums</b>			
<b>Home Health Care</b>			
Combined (INN & OON)	30 Visits PBP	30 Visits PBP	60 Visits PBP (INN ONLY)
<b>Inpatient Rehabilitation</b>			
Combined (INN & OON)	30 Days PBP	30 Days PBP	30 Days PBP (INN ONLY)

\*Initiated within 62 days of the date of the accidental injury for the treatment of damage to sound, natural teeth. No time limit applies to complete treatment if initiated within 62 days.

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	Employee Plan G	Employee Plan H	Employee Plan M
	Blue Options (HSA Compatible)	Blue Options (HSA Compatible)	Blue Care (HSA Compatible)
<b>Outpatient Therapy &amp; Spinal Manipulations</b>			
Combined (INN & OON)	75 Visits PBP	75 Visits PBP	30 Visits PBP (INN ONLY)
<b>Skilled Nursing Facility</b>			
Combined (INN & OON)	60 Days PBP	60 Days PBP	45 Days PBP (INN ONLY)
<b>Spinal Manipulations</b>			
Combined (INN & OON)	26 PBP	26 PBP	30 PBP (INN ONLY)
<b>Prescription Drugs</b>			
	<b>OPEN FORMULARY</b>	<b>CLOSED FORMULARY</b>	<b>CLOSED FORMULARY</b>
	Integrated with Health	Integrated with Health	Integrated with Health
<b>Deductible</b>			
<b>In-Network</b>			
<b>Retail</b>			
Generic/Brand/Non-Preferred	DED, then 20%/30%/50%	DED, then \$10/\$30/Not Covered	DED, then \$10/\$30/Not Covered
<b>Mail Order **</b>			
Generic/Brand/Non-Preferred	DED, then 20%/30%/50%	DED, then \$20/\$60/Not Covered	DED, then \$20/\$60/Not Covered
<b>Out-of-Network</b>			
<b>Retail</b>			
Generic/Brand/Non-Preferred	DED, then 50%/50%/50%	DED, then 50%/50%/Not Covered	Not Covered
<b>Mail Order **</b>			
Generic/Brand/Non-Preferred	Not Covered	Not Covered	Not Covered

All Pharmacy Medication Guides are available at <https://www.floridablue.com/tools-resources/pharmacy/medication-guide>.

- See current medication guide for a listing of specialty medications. Updates are made in January and July
- OON Pharmacy services are subject to the pharmacy deductible (where applicable) and paid at 50% of allowance.
- 90 day supply available at select retail extended supply pharmacies. Visit the providers directory at [www.FloridaBlue.com](http://www.FloridaBlue.com) to find retail.
- Pharmacy utilization programs (eg) Responsible Rx, Mandatory Generic Rx, Exclusions apply to all plans (see Medication Guide).

**Closed Formulary Note:**

- Rx-Specialty Medication – Not Covered – Except for oral oncology and HIV Medications

**Open Formulary Note:**

- Condition Care Rx Program HSA Preventive list. Waive deductible.

• **Medical Pharmacy (Office Setting):** Coverage for self-administered specialty medications are excluded except for medications used for immediate stabilization (e.g. securing an airway, controlling a hemorrhage, or treating shock).  
 Please refer to retail pharmacy for coverage of self-administered specialty medications.

**\*\*90 day supply available through Prime Therapeutics**

This is a summary of benefits and not a contract. All benefits are subject to the provisions, exclusions and limitations set forth in the master contract. To verify a provider's specialty or participation status, the insured may contact Florida Blue, or review the most recent Provider Directory. It is the insured's sole responsibility to select and verify a provider's network participation status at the time services are rendered.

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