

**Integrated Medical Supplies**

**Summary of Material Modification 9/1/2020**

Per Florida Blue, BlueCare Plan 16301 will have some benefit modifications. Please see breakdown below.

**BlueCare 16301**

Provider Services at Locations other than  
Office, Hospital and ER:

Primary Care Physician  
Specialist

Current Coverage  
INN                      OON

50% after Ded                      Not Covered  
50% after Ded                      Not Covered

Coverage as of 9/1/2020  
INN                      OON

\$50 Copay                      Not Covered  
\$100 Copay                      Not Covered

Spinal Manipulations

26 visits Per Benefit  
Period (counts toward  
the 35 visits for Out  
patient rehab therapy)

Not Covered

35 visits Per Benefit  
Period (counts toward  
the 35 visits for Out  
patient rehab therapy)

Not Covered