Florida Blue

In the pursuit of health®

2021 Benefit Summary

	BlueCare HMO	BlueOptions PPO		BlueCare HDHP
Plan Name	BlueCare HMO	BlueOptions PPO		BlueCare HDHP
Plan Number	48	05782		65
Coverage	In-Network Only	In-Network	Out-of-Network	In-Network Only

Deductible and Maximum Out-of-Pocket

	BlueCare HMO In-Network Only	BlueOptions PPO In-Network	BlueOptions PPO Out-of-Network	BlueCare HDHP In-Network Only
Deductible (DED) (Per Person/Family Aggregate)				
Individual	$300	$750	$1,000	$1,500
Family	$600	$1,500	$2,000	$3,000
Out of Pocket Maximum (Per Person/Family Aggregate) Includes Deductible, Coinsurance and Copayments (medical & rx)				
Individual	$2,500	$6,000	$9,000	$5,000
Family	$5,000	$12,000	$18,000	$10,000

Medical / Surgical Care by a Physician

	BlueCare HMO In-Network Only	BlueOptions PPO In-Network	BlueOptions PPO Out-of-Network	BlueCare HDHP In-Network Only
Office Services				
Family Physician	$25 Copayment	$30 Copayment	DED + 50%	$25 Copayment
Specialist	$35 Copayment	$40 Copayment		DED + 30%
Teladoc				
General Medicine Services	$15 Copayment	$20 Copayment	Not Covered	$15 Copayment
Physician Services at Hospital (Outpatient and Inpatient)				
	DED + 30%	DED + 30%	DED + 50%	DED + 30%
Preventive Services				
Family Physician/Specialist	$0 Copayment	$0 Copayment	50%	$0 Copayment

Medical / Surgical Care at a Facility

	BlueCare HMO In-Network Only	BlueOptions PPO In-Network	BlueOptions PPO Out-of-Network	BlueCare HDHP In-Network Only
Inpatient & Outpatient Hospital, or Ambulatory Surgical Center	DED + 30%	DED + 30%	DED + 50%	DED + 30%

Emergency and Urgent Care Facility Charges (separate physician cost share may apply)

	BlueCare HMO In-Network Only	BlueOptions PPO In-Network	BlueOptions PPO Out-of-Network	BlueCare HDHP In-Network Only
Emergency Room Facility (per visit)	$300 Copayment + 30%	$300 Copayment + 30%	$300 Copayment + 30%	DED + 30%
Urgent Care Centers	$30 Copayment	$35 Copayment	DED + $35 Copayment	$25 Copayment
Ambulance	$200 Copayment	$200 Copayment	$200 Copayment	DED + 30%

Diagnostic Testing (e.g., Lab, x-ray)

	BlueCare HMO In-Network Only	BlueOptions PPO In-Network	BlueOptions PPO Out-of-Network	BlueCare HDHP In-Network Only
Independent Clinical Laboratory	$0	$0	DED + 50%	$0
Diagnostic Testing Center	$30 Copayment	$35 Copayment	DED + 50%	DED + 30%

Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)

	BlueCare HMO In-Network Only	BlueOptions PPO In-Network	BlueOptions PPO Out-of-Network	BlueCare HDHP In-Network Only
	$300 Copayment	$300 Copayment	DED + 50%	DED + 30%

Outpatient Therapy (60 visits per benefit period)

	BlueCare HMO In-Network Only	BlueOptions PPO In-Network	BlueOptions PPO Out-of-Network	BlueCare HDHP In-Network Only
Family Physician/Specialist	$35 Copayment	$40 Copayment	DED + 50%	DED + 30%

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2021 Benefit Summary cont.

Plan Name	BlueCare HMO	BlueOptions PPO		BlueCare HDHP
Plan Number	48	05782		65
Coverage	In-Network Only	In-Network	Out-of-Network	In-Network Only
Prescription Drugs				
Retail				
Generic	$10	$10	DED + Coins	$10
Preferred Brand	$40	$40	DED + Coins	$40
Non-Preferred Brand	$75	$75	DED + Coins	$75
Mail Order				
Generic	$20	$20	Not Covered	$20
Preferred Brand	$80	$80	Not Covered	$80
Non-Preferred Brand	$150	$150	Not Covered	$150

All plans cover Routine Vision and Hearing Exams when services are received by a participating physician. These services are covered 100% based on the below guidelines:

- Routine Hearing Exams covered annually for adults and children
- Routine Vision Exams for Adults (18 and older) every 24 months
- Routine Vision Exams for Children (under the age of 18) every 12 months

Note: Eyeglasses and contact lenses and their fitting are excluded. Please refer to your Benefit Booklet for more detail.

Referrals are not required to see a specialist on any of the plans offered but a Primary Care Physician (PCP) should be selected if you choose to enroll on one of the HMO plans. To select or change a PCP contact Florida Blue.

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 Benefit Booklet and Schedule of Benefits; their terms prevail.