

# BlueOptions

For Public Risk Management Groups  
2020-2021 Plan 05901



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
<b>Financial Features</b>		
<b>Deductible</b> (DED is the amount the member is responsible for before Florida Blue pays)	\$2,000 per person N/A per family	\$6,000 per person N/A per family
<b>Coinsurance</b> (Coinsurance is the percentage the member pays for services)	50% of the allowed amount	50% of the allowed amount
<b>Out-of-Pocket Maximum (PBP)</b> (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$6,350 per person \$12,700 per family	\$12,800 per person \$25,600 per family
<b>Office Services</b>		
<b>Physician Office Services</b> Primary Care Physician Specialist Convenient Care Teladoc	\$35 Copay \$75 Copay \$35 Copay \$35 Copay	50% after Deductible 50% after Deductible 50% after Deductible N/A
<b>Maternity</b> (Cost Share for initial visit only) Primary Care Physician Specialist	\$35 Copay \$75 Copay	50% after Deductible 50% after Deductible
<b>Allergy Injections</b> (per visit) Primary Care Physician Specialist	\$10 Copay \$10 Copay	50% after Deductible 50% after Deductible
<b>Advanced Imaging Services (AIS)</b> (MRI, MRA, PET, CT, Nuclear Med.)	50% after Deductible	50% after Deductible
<b>Preventive Care</b>		
<b>Routine Adult &amp; Child Preventive Services, Wellness Services, and Immunizations</b>	\$0	50%
<b>Mammograms</b>	\$0	\$0
<b>Colonoscopy</b> (Routine for age 50+ then frequency schedule applies)	\$0	\$0
<b>Emergency Medical Care</b>		
<b>Urgent Care Centers</b>	\$75 Copay	\$75 Copay
<b>Emergency Room Facility Services</b> (per visit) (copayment waived if admitted)	50% after Deductible	50% after Deductible
<b>Ambulance Services</b>	50% after Deductible	50% after In-Ntwk Deductible
<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 Med.)	\$50 Copay \$200 Copay	50% after Deductible 50% after Deductible
<b>Independent Clinical Lab</b> (e.g., Blood Work)	\$0	50% after Deductible
<b>Outpatient Hospital Facility Services</b> (per visit) (e.g., Blood Work and X-rays) Option 1 Option 2	\$300 Copay \$400 Copay	50% after Deductible 50% after Deductible

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<b>Hospital / Surgical</b>		
<b>Ambulatory Surgical Center Facility (ASC)</b>	50% after Deductible	50% after Deductible
<b>Outpatient Hospital Facility Services</b> (per visit)		
Therapy Services Option 1	\$80 Copay	50% after Deductible
Option 2	\$90 Copay	50% after Deductible
All other Services Option 1	\$300 Copay	50% after Deductible
Option 2	\$400 Copay	50% after Deductible
<b>Inpatient Hospital Facility and Rehabilitation Services</b> (per admit)		
Option 1	\$2000 Copay	50% after Deductible
Option 2	\$3000 Copay	50% after Deductible
<b>Mental Health / Substance Dependency</b>		
<b>Inpatient Hospitalization Facility Services</b> (per admit)		
Option 1	\$2000 Copay	50%
Option 2	\$3000 Copay	
<b>Outpatient Hospitalization Facility Service</b> (per visit)		
Option 1	\$300 Copay	50%
Option 2	\$400 Copay	
<b>Emergency Room Facility Services</b> (per visit)	50% after Deductible	50% after In-Network Deductible
<b>Provider Services at Hospital and ER</b>		
Primary Care Physician	\$0	\$0
Specialist	\$0	\$0
<b>Provider Services at Locations other than Office, Hospital and ER</b>		
Primary Care Physician	50% after Deductible	50% after Deductible
Specialist	50% after Deductible	
<b>Outpatient Office Visit</b>		
Primary Care Physician	\$35 Copay	50%
Specialist	\$75 Copay	
<b>Other Provider Services</b>		
<b>Provider Services at Hospital</b>		
Primary Care Physician	50% after Deductible	50% after Deductible
Specialist	50% after Deductible	50% after Deductible
<b>Provider Services at ER</b> (Primary Care Physician & Specialist)	50% after Deductible	50% after In-Network Deductible
<b>Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)</b>	50% after Deductible	50% after Deductible
<b>Provider Services at Locations other than Office, Hospital and ER</b>		
Primary Care Physician	50% after Deductible	50% after Deductible
Specialist	50% after Deductible	50% after Deductible

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<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 Outpatient Hospital Facility Services (per visit) Option 1 Option 2	\$75 Copay \$80 Copay \$90 Copay	50% after Deductible 50% after Deductible 50% after Deductible
<b>Durable Medical Equipment, Prosthetics and Orthotics</b>	20% after Deductible	50% after Deductible

<b>Benefit Maximums</b>	
<b>Home Health Care</b>	20 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

<b>Prescription Drug Coverage</b>	<b>In-Network</b>	<b>Out of Network</b>
<b>Retail (30 days)</b> (generic/preferred brand/non-preferred brand)	\$10/\$60/\$100	50% of allowance
<b>Mail Order (90 days)</b> (generic/preferred brand/non-preferred brand)	\$30/\$180/\$300	50% of allowance

**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.

Payment for Covered Services is based on our **Allowed Amount** and may be less than the amount the Provider bills for such Service. You are responsible for any charges in excess of the Allowed Amount for Out-of-Network Providers

### 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.

### Access to Our Strong Networks

**NetworkBlue<sup>SM</sup>** is the Preferred Provider Network designated as "In-Network" for BlueOptions. In-Network providers remain the best protection from **balance billing**. 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.

**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.