



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)	\$0	\$500 per person \$1,500 per family
<b>Coinsurance</b> (Coinsurance is the percentage the member pays for services)	0%	40% of the allowed amount
<b>Out-of-Pocket Maximum (PBP)</b> (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$1,500 per person \$3,000 per family	\$3,000 per person \$6,000 per family
<b>Office Services</b>		
<b>Physician Office Services</b> Primary Care Physician Specialist Convenient Care Teladoc	\$10 Copay \$20 Copay \$10 Copay \$10 Copay	40% after Deductible 40% after Deductible 40% after Deductible N/A
<b>Maternity</b> (Cost Share for initial visit only) Primary Care Physician Specialist	\$10 Copay \$20 Copay	40% after Deductible 40% after Deductible
<b>Allergy Injections</b> (per visit) Primary Care Physician Specialist	\$10 Copay \$10 Copay	40% after Deductible 40% after Deductible
<b>Advanced Imaging Services (AIS)</b> (MRI, MRA, PET, CT, Nuclear Med.)	\$10 PCP/ \$20 Spec	40% after Deductible
<b>Preventive Care</b>		
<b>Routine Adult &amp; Child Preventive Services, Wellness Services, and Immunizations</b>	\$0	40%
<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>	\$20 Copay	\$20 Copay
<b>Emergency Room Facility Services</b> (per visit) (copayment waived if admitted)	\$50 Copay	\$50 Copay
<b>Ambulance Services</b>	Deductible	In-Network 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 \$50 Copay	40% after Deductible 40% after Deductible
<b>Independent Clinical Lab</b> (e.g., Blood Work)	\$0	40% after Deductible
<b>Outpatient Hospital Facility Services</b> (per visit) (e.g., Blood Work and X-rays) Option 1 Option 2	\$100 Copay \$200 Copay	\$300 Copay \$300 Copay

# BlueOptions

For Public Risk Management Groups  
2020-2021 Plan 03748



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
<b>Hospital / Surgical</b>		
<b>Ambulatory Surgical Center Facility (ASC)</b>	\$50 Copay	40% after Deductible
<b>Outpatient Hospital Facility Services</b> (per visit)		
Therapy Services Option 1	\$100 Copay	\$300 Copay
Option 2	\$200 Copay	\$300 Copay
All other Services Option 1	\$100 Copay	\$300 Copay
Option 2	\$200 Copay	\$300 Copay
<b>Inpatient Hospital Facility and Rehabilitation Services</b> (per admit)		
Option 1	\$250 Copay	\$750 Copay
Option 2	\$500 Copay	\$750 Copay
<b>Mental Health / Substance Dependency</b>		
<b>Inpatient Hospitalization Facility Services</b> (per admit)		
Option 1	\$250 Copay	\$750 Copay
Option 2	\$500 Copay	
<b>Outpatient Hospitalization Facility Service</b> (per visit)		
Option 1	\$100 Copay	\$300 Copay
Option 2	\$200 Copay	
<b>Emergency Room Facility Services</b> (per visit)	\$50 Copay	\$50 Copay
<b>Provider Services at Hospital and ER</b>		
Primary Care Physician	\$0	\$0
Specialist	\$0	
<b>Provider Services at Locations other than Office, Hospital and ER</b>		
Primary Care Physician	\$10 Copay	40% after Deductible
Specialist	\$20 Copay	
<b>Outpatient Office Visit</b>		
Primary Care Physician	\$10 Copay	40% after Deductible
Specialist	\$20 Copay	
<b>Other Provider Services</b>		
<b>Provider Services at Hospital</b>		
Primary Care Physician	\$0	40% after Deductible
Specialist	\$0	40% after Deductible
<b>Provider Services at ER</b>	\$0	40% after Deductible
	\$0	40% after Deductible
<b>Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)</b>	\$20 Copay	40% after Deductible
<b>Provider Services at Locations other than Office, Hospital and ER</b>		
Primary Care Physician	\$10 Copay	40% after Deductible
Specialist	\$20 Copay	40% after Deductible

