

**BlueOptions**  
**For Large Groups**  
**Health Benefit Summary Plan 03559**

**CITY OF VENICE**



**Benefits for Covered Services**

*Amount Member Pays*

<b>Office Services</b>	
<b>Physician Office Services</b> In-Network Family Physician In-Network Specialist Out-of-Network Office Visit In-Network e-Office Visit Out-of-Network e-Office Visit	\$25 Copayment \$25 Copayment DED <sup>1</sup> + 40% Coinsurance \$25 Copayment DED + 40% Coinsurance
<b>Advanced Imaging Services (AIS)</b> (MRI, MRA, PET, CT, Nuclear Med.) In-Network Out-of-Network	\$25 Copayment DED + 40% Coinsurance
<b>Maternity Initial Visit</b> In-Network Specialist Out-of-Network	\$25 Copayment DED + 40% Coinsurance
<b>Allergy Injections</b> (per visit) In-Network Family Physician In-Network Specialist Out-of-Network	\$5 Copayment \$5 Copayment DED + 40% Coinsurance
<b>Preventive Care</b>	
<b>Routine Adult &amp; Child Preventive Services, Wellness Services, and Immunizations</b> In-Network Out-of-Network	\$0 40% Coinsurance
<b>Mammograms</b> In-Network and Out-of-Network	\$0
<b>Colonoscopy</b> (Routine for age 50+ then frequency schedule applies) In-Network and Out-of-Network	\$0
<b>Emergency Medical Care</b>	
<b>Urgent Care Centers</b> In-Network Out-of-Network	\$25 Copayment DED + 40% Coinsurance
<b>Emergency Room Facility Services</b> (per visit) (copayment waived if admitted) In-Network and Out-of-Network	In-Network DED + 20% Coinsurance
<b>Ambulance Services</b> (Ground, air and water travel, combined per day maximum) In-Network and Out-of-Network	No Maximum In-Network DED + 20% Coinsurance

<sup>1</sup> DED = Deductible

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<b>Outpatient Diagnostic Services</b>	
<b>Independent Diagnostic Testing Facility Services</b> (per visit) (e.g. X-rays) (Includes Provider Services) In-Network Diagnostic Services (except AIS) In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.) Out-of-Network	DED + 20% Coinsurance  DED + 20% Coinsurance DED + 40% Coinsurance
<b>Independent Clinical Lab</b> (e.g. Blood Work) In-Network Out-of-Network	\$0 Copay DED + 40% Coinsurance
<b>Outpatient Hospital Facility Services</b> (per visit) (e.g. Blood Work and X-rays) In-Network (Option 1 / Option 2) Out-of-Network	DED + 20% Coinsurance DED + 40% Coinsurance
<b>Other Provider Services</b>	
<b>Provider Services at Hospital and ER</b> In-Network and Out-of-Network	In-Network DED + 20% Coinsurance
<b>Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)</b> In-Network and Out-of-Network	In-Network DED + 20% Coinsurance
<b>Provider Services at Locations other than Office, Hospital and ER</b> In-Network Family Physician In-Network Specialist Out-of-Network	DED + 20% Coinsurance DED + 20% Coinsurance DED + 40% Coinsurance
<b>Other Special Services</b>	
<b>Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations</b> (PBP <sup>3</sup> Max) Locations other than Hospital and Physician's Office In-Network Out-of-Network Outpatient Hospital Facility Services (per visit) In-Network (Option 1 / Option 2) Out-of-Network	35 Visits (includes 26 Spinal Manipulations)  DED + 20% Coinsurance DED + 40% Coinsurance  DED + 20% Coinsurance DED + 40% Coinsurance
<b>Durable Medical Equipment, Prosthetics and Orthotics</b> In-Network Out-of-Network	DED + 20% Coinsurance DED + 40% Coinsurance
<b>Home Health Care</b> (PBP Max) In-Network Out-of-Network	20 Visits DED + 20% Coinsurance DED + 40% Coinsurance
<b>Skilled Nursing Facility</b> (PBP Max) In-Network Out-of-Network	No Maximum DED + 20% Coinsurance DED + 40% Coinsurance
<b>Hospice</b> In-Network Out-of-Network	DED + 20% Coinsurance DED + 40% Coinsurance
<b>Hospital/Surgical</b>	
<b>Ambulatory Surgical Center Facility (ASC)</b> In-Network Out-of-Network	DED + 20% Coinsurance DED + 40% Coinsurance

<sup>3</sup> PBP = Per Benefit Period

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#### Amount Member Pays

<b>Hospital/Surgical (Continued)</b>	
<b>Inpatient Hospital Facility and Rehabilitation Services</b> (per admit) (PBP Max) In-Network (Option 1 / Option 2) Out-of-Network	Rehabilitation Services - No Maximum DED + 20% Coinsurance DED + 40% Coinsurance
<b>Outpatient Hospital Facility Services</b> (per visit) In-Network – Therapy Services (Option 1 / Option 2) In-Network – All other Services (Option 1 / Option 2) Out-of-Network	DED + 20% Coinsurance DED + 20% Coinsurance DED + 40% Coinsurance
<b>Emergency Room Facility Services</b> (per visit) (copayment waived if admitted) In-Network and Out-of-Network	In-Network DED + 20% Coinsurance
<b>Mental Health/Substance Dependency</b>	
<b>Inpatient Hospital Facility Services</b> (per admit) In-Network (Option 1 and Option 2) Out-of-Network	DED + 20% Coinsurance DED + 40% Coinsurance
<b>Outpatient Hospitalization Facility Service</b> (per visit) In-Network (Option 1 and Option 2) Out-of-Network	DED + 20% Coinsurance DED + 40% Coinsurance
<b>Emergency Room Facility Services</b> (per visit) In-Network and Out-of-Network	In-Network DED + 20% Coinsurance
<b>Provider Services at Hospital and ER</b> In-Network Family Physician / Specialist Out-of-Network	DED + 20% Coinsurance In-Network DED + 20% Coinsurance
<b>Provider Services at Locations other than Office, Hospital and ER</b> In-Network Family Physician / Specialist Out-of-Network	DED + 20% Coinsurance DED + 40% Coinsurance
<b>Outpatient Office Visit</b> In-Network Family Physician / Specialist Out-of-Network	\$25 DED + 40% Coinsurance
<b>Financial Features</b>	
<b>Deductible (DED)</b> (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (DED is the amount the member is responsible for before BCBSF pays)	\$300 / \$500 \$600 / \$1,200
<b>Coinsurance</b> In-Network Out-of-Network (Coinsurance is the percentage the member pays for services)	20% 40%
<b>Out-of-Pocket Maximum</b> (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (Out-of-Pocket Maximum includes DED, Coinsurance and Copayments; Excludes Prescription Drugs)	\$1,500 / \$3,000 \$3,000 / \$6,000
<b>Total Lifetime Maximum Benefit</b>	No Maximum

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#### Additional Benefits and Features

##### BlueScript Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Blue Cross and Blue Shield of Florida, you'll find a Pharmacy Program information sheet enclosed. Please review it carefully, as you'll find it contains an overview of your benefits and how to utilize them.

##### An Array of Value-Added Programs and Services\*

- **Access to valuable health information and resources**, including care decision support, our online provider directory at [www.bcbsfl.com](http://www.bcbsfl.com) and other interactive web-based support tools.
- **Expert advice on call.** We encourage you to call our care consultants team at 1-888-476-2227 to find out how much they can help you SAVE. Whether comparing the cost of your medications between local pharmacies or researching the quality and cost of treatment options before you make a decision, we can help you shop for the best value for you and your family.
- **MyBlueService** is your online gateway to everything about your health benefit plan as well as all of our self-service tools, now including an enhanced **WebMD** website especially for our members only.
- Online access to participating physician offices for **e-office visits**, consultations, appointment scheduling or cancellation, prescription refills and much more.\*\*
- BlueOptions members receive a **Member Health Statement** that summarizes your health care activity for the preceding month.

##### Access to Our Strong Networks

**NetworkBlue<sup>SM</sup>** is the Preferred Provider Network designated as "In-Network" for BlueOptions. While In-Network providers remain the best value, members are still **protected from balance billing** if they go Out-of-Network to someone who is part of our Traditional Provider Network. 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.

##### Physician Discount

Many NetworkBlue physicians offer BlueOptions members a rate which is at least 25 percent below the usual fees charged for services that are **not Covered Services** under your health plan. By taking advantage of this discount, you get the care you need from the doctor you trust. However, BCBSF does not guarantee that a physician will honor the discount. Since you pay out-of-pocket for any non-covered services, it's your responsibility to discuss the costs and discounted rates for non-covered services with your physician **before** you receive services. 'Physician Discount' is not part of your insurance coverage or a discount medical plan. For more information, please refer to the online Provider Directory at [www.bcbsfl.com](http://www.bcbsfl.com).

\* As a courtesy, Blue Cross and Blue Shield of Florida, Inc. has entered into arrangements with various vendors to provide value-added features that include care decision support tools and services to its members. These programs are not part of insurance coverage. All decisions that members make pertaining to medical/clinical judgment should be made in conjunction with their Physician since neither BCBSF nor its vendors provide medical care or advice.

\*\* As a courtesy, Blue Cross and Blue Shield of Florida, Inc. has an arrangement with a vendor to provide secure online communication between its members and participating physicians as a value-added feature. The written terms of your policy, certificate or benefit booklet determine what is covered.

**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 BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.