

# BlueOptions

## For Large Groups

### Health Benefit Plan 05770



An Independent Licensee of the  
Blue Cross and Blue Shield Association

#### Summary of Benefits for Covered Services

#### Amount Member Pays

Office Services	
<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	\$35 Copayment \$65 Copayment DED <sup>1</sup> + 40% Coinsurance \$10 Copayment DED + 40% Coinsurance
<b>Advanced Imaging Services (AIS)</b> (MRI, MRA, PET, CT, Nuclear Med.) In-Network Out-of-Network	\$35 Copayment / \$65 Copayment DED + 40% Coinsurance
<b>Maternity Initial Visit</b> In-Network Specialist Out-of-Network	\$65 Copayment DED + 40% Coinsurance
<b>Allergy Injections</b> (per visit) In-Network Family Physician In-Network Specialist Out-of-Network	\$10 Copayment \$10 Copayment DED + 40% Coinsurance
<b>Medical Pharmacy - Physician-Administered Medications</b> (applies to Office Setting and Specialty Pharmacy Vendors) In-Network Monthly Out-of-Pocket (OOP) Maximum <sup>2</sup> In-Network Provider Out-of-Network	\$200 20% Coinsurance DED + 50% Coinsurance
Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under your <i>medical</i> benefit. <b>Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.</b>	
Preventive Care	
<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
Emergency Medical Care	
<b>Urgent Care Centers</b> In-Network Out-of-Network	\$65 Copayment DED + 40% Coinsurance
<b>Emergency Room Facility Services</b> (per visit) (copayment waived if admitted) In-Network and Out-of-Network	\$100 Copayment
<b>Ambulance Services</b> In-Network and Out-of-Network	In-Network DED + 20% Coinsurance

<sup>1</sup> DED = Deductible

<sup>2</sup> In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

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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	\$100 Copayment  \$100 Copayment DED + 40% Coinsurance
<b>Independent Clinical Lab</b> (e.g. Blood Work) In-Network Out-of-Network	\$0 DED + 40% Coinsurance
<b>Outpatient Hospital Facility Services</b> (per visit) (e.g. Blood Work and X-rays) In-Network (Option 1 and Option 2) Out-of Network	\$100 Copayment / \$300 Copayment DED + 40% Coinsurance
<b>Other Provider Services</b>	
<b>Provider Services at Hospital and ER</b> In-Network and Out-of-Network	INN DED + 20% Coinsurance
<b>Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)</b> In-Network Out-of-Network	DED + 20% Coinsurance DED + 40% 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) Outpatient Rehab Therapy Center In-Network Out-of-Network Outpatient Hospital Facility Services (per visit) In-Network (Option 1 / Option 2) Out-of-Network	35 Visits  \$65 Copayment DED + 40% Coinsurance  \$100 Copayment / \$300 Copayment 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	60 days 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	\$100 Copayment DED + 40% Coinsurance

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

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<b>Hospital/Surgical (Continued)</b>	
<b>Inpatient Hospital Facility and Rehabilitation Services</b> (per admit) (PBP Max) In-Network (Option 1 and Option 2) Out-of-Network	Rehabilitation Services limit - 30 days \$750 Copayment / \$1,000 Copayment 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 and Option 2) Out-of-Network	\$100 Copayment / \$300 Copayment \$100 Copayment / \$300 Copayment DED + 40% Coinsurance
<b>Emergency Room Facility Services</b> (per visit) (copayment waived if admitted) In-Network and Out-of-Network	\$100 Copayment
<b>Mental Health/Substance Dependency</b>	
<b>Inpatient Hospitalization Facility Services</b> (per admit) In-Network (Option 1 and Option 2) Out-of-Network	\$750 Copayment / \$1,000 Copayment DED + 40% Coinsurance
<b>Outpatient Hospitalization Facility Service</b> (per visit) In-Network (Option 1 and Option 2) Out-of-Network	\$100 Copayment / \$300 Copayment 40% Coinsurance
<b>Emergency Room Facility Services</b> (per visit) In-Network Out-of-Network	\$100 Copayment \$200 Copayment
<b>Provider Services at Hospital and ER</b> In-Network Family Physician / Specialist Out-of-Network	DED + 20% Coinsurance DED + 40% 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	\$35 Copayment / \$65 Copayment 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 Florida Blue pays)	\$1,000 / \$3,000 Combined with In Network
<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, Copayments and Prescription Drugs)	\$3,000 / \$6,000 \$5,000 / \$10,000
<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 Florida Blue, 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 [floridablue.com](http://floridablue.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.
- Online access to everything about your health benefit plan as well as all of our self-service tools.
- 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, Florida Blue 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 [floridablue.com](http://floridablue.com).

\* As a courtesy, Florida Blue 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.** 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.

## BlueScript Pharmacy Benefits - \$10 Generic Only For BlueOptions Plans (Mail Order Available)

The BlueOptions® health benefit plan your employer is offering you is paired with our BlueScript® Pharmacy Program. With a large network of Participating Pharmacies statewide and nationally, you can obtain prescription drugs at a location convenient to you.

You may also be able to receive more savings on prescription drugs by purchasing your drugs through the mail order program.

See below for your specific plan details.

	In-Network	Out-of-Network	Mail Order (90 days)
Pharmacy Deductible	\$0		
Preferred Generic Prescription Drugs	\$10	50%	\$25
Preferred Brand Name Prescription Drugs	Not Covered	Not Covered	Not Covered
Non-Preferred Prescription Drugs	Not Covered	Not Covered	Not Covered

### Advantages of our Pharmacy Program

With our BlueScript Pharmacy Program, you'll receive coverage for Preferred Generic, Preferred Brand Name, and Non-Preferred Prescription Drugs, as well as self-administered injectables and specialty medications. You have easy access to Participating Pharmacies throughout Florida and to National Network Pharmacies with over 60,000 locations.

### Save When Purchasing Your Prescription Drugs

You can reduce your out-of-pocket costs by purchasing Covered Prescription Drugs listed on our Preferred Medication List. These prescription drugs should cost you less than prescription drugs not on the list.

### Generic Prescription Drugs

You pay a lower cost for Generic Prescription Drugs that appear on the Preferred Medication List. If you request a Brand Name Prescription Drug when a Generic is available, you will be responsible for:

1. The copayment applicable to Brand Name Prescription Drugs; and
2. The difference in cost between the Generic Prescription Drug and the Brand Name Prescription Drug, as indicated on the BlueOptions pharmacy Program Schedule of Benefits.

### More Convenient Than Ever

Take your prescriptions to a participating pharmacy to have them filled. Or, if you are taking a prescription medication on an ongoing basis, you have a couple of convenient options:

1. Your doctor can prescribe a 3-month supply and you can have it filled at select participating retail pharmacies. A 3-month out-of-pocket cost (copay, coinsurance, and/or deductible) applies.
2. For additional savings, fill prescriptions via our mail order program. This program allows covered members taking prescription drugs to receive up to a 3-month supply for one Mail Order Copayment, after Pharmacy Deductible, if applicable. Prescription drugs ordered through this program are provided by Prime Therapeutics® mail order facility, PrimeMail®.

### Vaccines at the Pharmacy

Certain vaccines which are covered under your Wellness Benefits can be administered by Pharmacists that are certified.

### Contraceptive Coverage

Generic oral contraceptives and diaphragms are covered under your pharmacy benefit and are available at no cost to you. These contraceptives must be prescribed and obtained by a participating pharmacy.

### Diabetic Supplies

Diabetic supplies such as blood glucose testing strips and tablets, lancets, glucometers, and acetone test tablets and/or syringes and needles are covered under your pharmacy benefit. Diabetic supplies require a prescription and can be obtained from a participating pharmacy.

### Medication Guide

The Preferred Medication List, which is part of the Medication Guide, is available online at [floridablue.com](http://floridablue.com). Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Medication Guide online or by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida TTY Relay Services 711. The Medication Guide also identifies specialty drugs, and drugs requiring prior authorization. When reviewing the Preferred Medication List with your doctor, ask your provider to consider a prescription drug from

the Preferred Medication List, particularly a Preferred Generic Prescription Drug.

### Pharmacy Options Affect Your Out-of-Pocket

There are two different types of pharmacies for you to be aware of as you decide where to get your prescriptions filled—retail pharmacies and specialty pharmacies. To save the most money, before you get a prescription filled you should confirm which pharmacy is considered 'in-network' for that particular medication.

- **Retail Pharmacy Network**

Non-specialty 'Generic' medications and 'Brand Name' medications listed on the Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go to a non-participating pharmacy, your prescription will cost you more.

- **Non-Participating Pharmacy**

Choosing a non-participating pharmacy will cost you more money. You may have to pay the full cost of the medication and then file a claim to be reimbursed. Our payment will be based on our Non-Participating Pharmacy Allowance minus your deductible and/or coinsurance. You will be responsible for the deductible and/or coinsurance and the difference between our allowance and the cost of the medication.

- **The National Pharmacy Network**

The National Pharmacy Network includes more than 50,000 chain and Independent Pharmacies across the United States. The National Network Pharmacies are available to our members traveling or residing outside of Florida. Simply present your member ID card at time of purchase.

## Utilization Management/Responsible Rx Programs

### Prior Coverage Authorization

Drugs selected for Prior Coverage Authorization (PA) may require that specific clinical criteria be met before the drugs will be covered under your pharmacy benefit. The list of drugs requiring Prior Authorization is located in the Medication Guide and are designated with a "PA" following the product name. Florida Blue reserves the right to change the drugs that require PA at any time and for any reason.

### Responsible Quantity

Drugs included in this program allow a maximum quantity per time period. Quantity limits are typically developed based upon FDA-approved drug labeling and nationally recognized therapeutic clinical guidelines. The list of drugs that have quantity limits are designated in the Formulary List with a "QL" following the product name. Florida Blue reserves the right to change the Drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a Responsible Quantity

Drug is medically required, your doctor or health care provider can request an override. Responsible Quantity override forms are available at [floridablue.com](http://floridablue.com).

### Responsible Steps

Drugs included in this program require that you try another designated prerequisite drug first before a drug listed in the Responsible Steps Medication Chart will be covered. If due to medical reasons you cannot use the prerequisite drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. These medications are designated in the Formulary List with "RS" following the product name. Medications included in the Responsible Steps Program are listed in the Medication Guide. Florida Blue reserves the right to change the drugs subject to the Responsible Steps Program at any time and for any reason.

### Drugs that are Not Covered

Your Pharmacy benefit may not cover select medications. The Medication Guide contains a list of non-covered drugs. Some reasons a medication may not be covered are:

- The drug has been shown to have excessive adverse effects and/or safer alternatives are available.
- The drug has a preferred formulary alternative.

### Prescription Discounts

With the BlueSaver® prescription savings card program, you will receive special discounted pricing on non-covered prescription medications when you show your BlueSaver ID card at select participating pharmacies. This card provides savings for you or any of your covered family members on medications that are not covered under your BlueScript pharmacy benefit. The BlueSaver savings program is not an insurance product or part of your health benefit plan.

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., D/B/A Florida Blue. Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association.