

	Premium: Bi-wkly	Monthly	Premium: Bi-wkly	Monthly
Employee	\$44.67	\$89.34	\$16.45	\$32.90
Emp+1	\$213.50	\$427.00	\$146.04	\$292.08
Family	\$301.00	\$602.00	\$205.89	\$411.78
Product	BlueOptions		BlueOptions	
Plan Number	05770		05781	
Effective Date	10/01/2022		10/01/2022	
Cost Sharing - Member's Responsibility				
Deductible (DED) (Per Person/Family Aggregate)			HRA Employee: \$750 HRA Emp+1/Family \$1,500	
In-Network	\$500/\$1,500		\$1,500/\$3,000	
Out-of-Network	\$750/\$2,500		\$3,000/\$6,000	
Coinsurance (BCBSF / Member)				
In-Network	80% / 20%		80% / 20%	
Out-of-Network	50% / 50%		50% / 50%	
Out of Pocket Maximum (Per Person/Family Aggregate)				
In-Network	\$2,500/\$5,000		\$4,000/\$8,000	
Out-of-Network	\$5,000/\$10,000		\$8,000/\$16,000	
Medical Pharmacy OOP Maximum (Per Person Per Calendar Month)				
In-Network (Preferred/Non-Preferred)	\$200		\$200	
Out-of-Network	NA		NA	
Medical / Surgical Care by a Physician				
Virtual Visits	<ul style="list-style-type: none"> • Virtual Visit services only covered for INN designated providers • Virtual Behavioral Health Services covered at \$0 for INN designated providers 		<ul style="list-style-type: none"> • Virtual Visit services only covered for INN designated providers • Virtual Behavioral Health Services covered at \$0 for INN designated providers 	
Value Choice PCP	\$25 Copayment		DED + 20%	
Value Choice Specialist	NA		NA	
In-Network Family Physician	\$25 Copayment		DED + 20%	
In-Network Specialist	\$45 Copayment		DED + 20%	
Out-of-Network	Not Covered		Not Covered	
Office Services				
Value Choice PCP	\$25 Copayment		DED + 20%	
Value Choice Specialist	\$45 Copayment		DED + 20%	
In-Network Family Physician	\$25 Copayment		DED + 20%	
In-Network Specialist	\$45 Copayment		DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Allergy Injections (Office)				
Value Choice PCP	\$25 Copayment		DED + 20%	
In-Network Family Physician & Specialist	\$10 Copayment		DED + 20%	
Out-of-Network	DED + 50%		DED + 50%	
Health Care Professional Administered Medications in the Office (Medical Pharmacy)				
In-Network (Preferred & Non-Preferred)	20%		20%	

	Premium: Bi-wkly	Monthly		Premium: Bi-wkly	Monthly
Employee	\$44.67	\$89.34		\$16.45	\$32.90
Emp+1	\$213.50	\$427.00		\$146.04	\$292.08
Family	\$301.00	\$602.00		\$205.89	\$411.78

Product	BlueOptions	BlueOptions
Plan Number	05770	05781
Out-of-Network	DED + 50%	DED + 50%
Convenient Care Center		
In-Network	\$25 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Physician Services at Hospital		
In-Network	\$100 Copayment	DED + 20%
Out-of-Network	\$100 Copayment	INN DED + 20%
Radiology, Pathology and Anesthesiology Provider Services at Hospital		
In-Network	\$100 Copayment	DED + 20%
Out-of-Network	\$100 Copayment	INN DED + 20%
Radiology, Pathology and Anesthesiology Provider Services at ASC		
In-Network	\$45 Copayment	DED + 20%
Out-of-Network	\$45 Copayment	DED + 20%
Physician Services at Locations other than Office, Hospital and ER		
In-Network Family Physician	\$25 Copayment	DED + 20%
In-Network Specialist	\$45 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Preventive Services-Adult and Child Wellness Services		
Office Services		
In-Network Family Physician	\$0 Copayment	\$0 Copayment
In-Network Specialist	\$0 Copayment	\$0 Copayment
Out-of-Network	50%	50%
Independent Clinical Laboratory		
In-Network	\$0 Copayment	\$0 Copayment
Out-of-Network	50%	50%
Independent Diagnostic Testing Center		
In-Network	\$0 Copayment	\$0 Copayment
Out-of-Network	50%	50%
Mammograms	• Includes Routine and Diagnostic Mammograms	• Includes Routine and Diagnostic Mammograms
In-Network	\$0 Copayment	\$0 Copayment
Out-of-Network	\$0 Copayment	\$0 Copayment
Colonoscopies		
In-Network	\$0 Copayment	\$0 Copayment
Out-of-Network	\$0 Copayment	\$0 Copayment
Medical / Surgical Care at a Facility		
Ambulatory Surgical Center (ASC)		

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Employee	\$44.67	\$89.34		\$16.45	\$32.90
Emp+1	\$213.50	\$427.00		\$146.04	\$292.08
Family	\$301.00	\$602.00		\$205.89	\$411.78

Product	BlueOptions	BlueOptions
Plan Number	05770	05781
In-Network	\$150 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Inpatient Hospital Facility (per admit)		
In-Network	Option 1: \$600	Option 1: DED + 20%
	Option 2:- \$1000	Option 2: DED + 20%
Out-of-Network	\$3,500 Copayment	DED + 50%
Outpatient Hospital Facility (per visit) (Surgical)		
In-Network	Option 1: \$250	Option 1: DED + 20%
	Option 2: \$350	Option 2: DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Emergency and Urgent Care		
Emergency Room Facility (per visit)		
In-Network	\$300 Copayment	DED + 20%
Out-of-Network	\$300 Copayment	INN Ded + 20%
Physician Services at ER		
In-Network	\$100 Copayment	DED + 20%
Out-of-Network	\$100 Copayment	INN DED + 20%
Urgent Care Centers		
Value Choice Urgent Care Provider	\$50 Copayment Visits 1-2 PRB \$50 Copay for remaining Visits PBP	DED+20%-Visits 1-2 PBP DED+20% remaining Visits PBP
Out-of-Network	DED + \$50 Copayment	DED + 20%
Ambulance		
In-Network	DED + 20%	DED + 20%
Out-of-Network	INN DED + 20%	INN DED + 20%
Diagnostic Testing (e.g., Lab, x-ray)		
Physician Office		
Value Choice PCP	\$25 Copayment	DED + 20%
Value Choice Specialist	\$45 Copayment	DED + 20%
In-Network Family Physician	\$25 Copayment	DED + 20%
In-Network Specialist	\$45 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Independent Clinical Laboratory		
In-Network	\$0 Copayment	\$0 Copayment
Out-of-Network	DED + 50%	DED + 50%
Independent Diagnostic Testing Center		
In-Network	\$50 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%

	Premium: Bi-wkly	Monthly		Premium: Bi-wkly	Monthly
Employee	\$44.67	\$89.34		\$16.45	\$32.90
Emp+1	\$213.50	\$427.00		\$146.04	\$292.08
Family	\$301.00	\$602.00		\$205.89	\$411.78

Product	BlueOptions	BlueOptions
Plan Number	05770	05781
Outpatient Hospital Facility		
In-Network	Option 1 & 2: DED + 20%	Option 1 & 2: DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)		
Physician Office		
In-Network Family Physician & Specialist	\$200 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Independent Diagnostic Testing Center		
In-Network	\$200 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Outpatient Hospital Facility		
In-Network	Option 1: DED + 20%	Option 1: DED + 20%
	Option 2: DED + 20%	Option 2: DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Outpatient Therapy		
Physician Office		
In-Network Family Physician & Specialist	\$25 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Outpatient Rehabilitation Facility		
In-Network	\$25 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Outpatient Hospital Facility		
In-Network	Option 1: \$45 Copayment	Option 1: DED + 20%
	Option 2: \$60 Copayment	Option 2: DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Mental Health Services & Substance Dependency Services		
Physician Office		
In-Network Family Physician & Specialist	\$0 Copayment	\$0 Copayment
Out-of-Network	50%	50%
Inpatient Hospital Facility		
In-Network	Option 1: \$0 Copayment	Option 1: \$0 Copayment
	Option 2: \$0 Copayment	Option 2: \$0 Copayment
Out-of-Network	\$500 Copayment	50%
Outpatient Hospital Facility		
In-Network	Option 1: \$0 Copayment	Option 1: \$0 Copayment
	Option 2: \$0 Copayment	Option 2: \$0 Copayment

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Employee	\$44.67	\$89.34	\$16.45	\$32.90
Emp+1	\$213.50	\$427.00	\$146.04	\$292.08
Family	\$301.00	\$602.00	\$205.89	\$411.78

Product	BlueOptions	BlueOptions
Plan Number	05770	05781
Out-of-Network	50%	50%
Emergency Room Facility(per visit)		
In-Network	\$0 Copayment	\$0 Copayment
Out-of-Network	\$0 Copayment	\$0 Copayment
Physician Services at Hospital & ER		
In-Network	\$0 Copayment	\$0 Copayment
Out-of-Network	\$0 Copayment	\$0 Copayment
Office, Hospital and ER		
In-Network Family Physician & Specialist	\$0 Copayment	\$0 Copayment
Out-of-Network	50%	50%
Other Special Services and Locations		
Durable Medical Equipment/Skilled Nursing Facility/ Home Health Care/Hospice/Birthing or Dialysis Centers/Diabetic Equipment & Supplies		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Health Care Professional Administered Medications in Home Health Setting (Medical Pharmacy)		
In-Network (Preferred & Non Preferred)	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Benefit Maximums		
Home Health Care Combined (INN & OON)	20 Visits PBP	20 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP	30 Days PBP
Outpatient Therapy & Spinal Manipulations	35 Visits PBP	35 Visits PBP
Skilled Nursing Facility	60 Days PBP	60 Days PBP
Spinal Manipulations	26 PBP	26 PBP
Prescription Drugs		
Deductible	\$100 Brand only	\$1,500/\$3,000
In-Network		(deductible inclusive of RX and medical)
- Retail		
Generic/Brand/Non-Preferred	\$10/\$50/\$80	\$10/\$50/\$80 after deductible



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Family	\$301.00	\$602.00	\$205.89	\$411.78
Product	BlueOptions		BlueOptions	
Plan Number	05770		05781	
- Mail Order				
Generic/Brand/Non-Preferred	\$25/\$125/\$200		\$25/\$125/\$200 after deductible	
Out-of-Network				
Retail and Mail Order				
Generic/Brand/Non-Preferred	50%		50%	

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