

**Benefit Summary**  
**Monroe County BOCC-Effective 2/1/2018-EGWP**

BlueOptions Predictable Cost 03769	
<b>COST SHARING</b>	
<b>Maximums shown are Per Benefit Period (BPM) unless noted</b>	
<b>Deductible (DED) (Per Person/Family Agg)</b>	
In-Network	\$400 / N/A
Out-of-Network	Combined with In-Network
<b>Coinsurance (Member Responsibility)</b>	
In-Network	25%
Out-of-Network	55%
<b>Out of Pocket Maximum (Per Person/Family Agg)</b>	Includes DED, Coins, Copays, PADs and PVDs
In-Network	\$3,575 / N/A
Out-of-Network	Combined with In-Network
<b>Lifetime Maximum</b>	<b>No Maximum</b>
<b>PROFESSIONAL PROVIDER SERVICES</b>	
<b>Allergy Injections</b>	
In-Network Family Physician	\$10 Copay
In-Network Specialist	\$10 Copay
Out-of-Network	DED + 55%
<b>E-Office Visit Services</b>	
In-Network Family Physician	\$10 Copay
In-Network Specialist	\$10 Copay
Out-of-Network	DED + 55%
<b>Office Services</b>	
In-Network Family Physician	\$30 Copay
In-Network Specialist	\$50 Copay
Out-of-Network	DED + 55%
<b>Provider Services at Hospital and ER</b>	
In-Network Family Physician	DED + 25%
In-Network Specialist	DED + 25%
Out-of-Network	INN DED + 25% (Including RAP)
<b>Provider Services at Other Locations</b>	
In-Network Family Physician	DED + 25%
In-Network Specialist	DED + 25%
Out-of-Network	DED + 55%
<b>Radiology, Pathology and Anesthesiology Provider Services at Ambulatory Surgical Center</b>	
In-Network Specialist	DED + 25%
Out-of-Network	DED + 25%
<b>PREVENTIVE CARE</b>	
<b>Adult Wellness Office Services</b>	
In-Network Family Physician	\$0
In-Network Specialist	\$0
Out-of-Network	55% (No DED)
<b>Colonoscopies (Routine)</b>	Age 50+ then Frequency Schedule Applies
In-Network	\$0
Out-of-Network	\$0
<b>Mammograms (Routine)</b>	
In-Network	\$0
Out-of-Network	\$0
<b>Well Child Office Visits (No BPM)</b>	
In-Network Family Physician	\$0
In-Network Specialist	\$0
Out-of-Network	55% (No DED)
<b>AMBULANCE / CONVENIENT CARE / URGENT CARE</b>	
<b>Ambulance Maximum (combined ground, air and water - per day)</b>	<b>No Maximum</b>
In-Network	DED + 25%
Out-of-Network	INN DED + 25%
<b>Convenient Care Centers (CCC)</b>	
In-Network	\$25 Copay
Out-of-Network	DED + 55%
<b>Urgent Care Centers (UCC)</b>	
In-Network	\$50 Copay
Out-of-Network	DED + \$50 Copay

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FACILITY SERVICES – HOSPITAL / SURGICAL CTR / LAB / INDEPENDENT DIAGNOSTIC TESTING FACILITY	
<b>Inpatient Hospital (per admit)</b>	
In-Network-Option 1	\$150 PAD + DED + 25%
In-Network-Option 2	\$150 PAD + DED + 25%
Out-of-Network	\$150 PAD + DED + 55%
<b>Inpatient Rehab Maximum</b>	<b>30 Days</b>
<b>Outpatient Hospital (per visit)</b>	
In-Network-Option 1	DED + 25%
In-Network-Option 2	DED + 25%
Out-of-Network	DED + 55%
<b>Therapy at Outpatient Hospital</b>	
In-Network-Option 1	DED + 25%
In-Network-Option 2	DED + 25%
Out-of-Network	DED + 55%
<b>Emergency Room Facility Services</b>	
In-Network	\$300 PVD + DED + 25%
Out-of-Network	\$300 PVD + DED + 25%
<b>Ambulatory Surgical Center</b>	
In-Network	DED + 25%
Out-of-Network	DED + 55%
<b>Independent Clinical Lab</b>	
In-Network	\$10 Copay
Out-of-Network	DED + 55%
<b>Independent Diagnostic Testing Facility - Xrays and AIS (Includes Physician Services)</b>	
In-Network - Advanced Imaging Services (AIS)	DED + 25%
In-Network - Other Diagnostic Services	DED + 25%
Out-of-Network	DED + 55%
MENTAL HEALTH AND SUBSTANCE ABUSE	
<b>Inpatient Hospitalization</b>	
In-Network-Option 1	\$150 PAD + DED + 25%
In-network-Option 2	\$150 PAD + DED + 25%
Out-of-Network	\$150 PAD + DED + 55%
<b>Outpatient Hospitalization (per visit)</b>	
In-Network-Option 1	DED + 25%
In-Network-Option 2	DED + 25%
Out-of-Network	DED + 55%
<b>Provider Services at Hospital and ER</b>	
In-Network Family Physician or Specialist	DED + 25%
Out-of-Network Provider	DED + 25%
<b>Physician Office Visit</b>	
In-Network Family Physician or Specialist	\$30 Copay
Out-of-Network Provider	DED + 55%
<b>Emergency Room Facility Services (per visit)</b>	
In-Network	\$300 PVD + DED + 25%
Out-of-Network	\$300 PVD + DED + 25%
<b>Provider Services at Locations other than Hospital and ER</b>	
In-Network Family Physician	DED + 25%
In-Network Specialist	DED + 25%
Out-of-Network Provider	DED + 55%
OTHER SPECIAL SERVICES AND LOCATIONS	
<b>Advanced and all other Imaging Services in Physician's Office</b>	
In-Network Family Physician	DED + 25%
In-Network Specialist	DED + 25%
Out-of-Network	DED + 55%
<b>Birthing Center</b>	
In-Network	DED + 25%
Out-of-Network	DED + 55%
<b>Diabetic Equipment and Supplies*</b>	
In-Network	DED + 25%
Out-of-Network	DED + 55%
<b>Durable Medical Equipment, Prosthetics, Orthotics BPM</b>	<b>No Maximum</b>
In-Network	DED + 25%
Out-of-Network	DED + 55%
<b>Enteral Formula</b>	<b>No Maximum</b>
In-Network	DED + 25%
Out-of-Network	DED + 55%

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	<b>40 Visits</b>
<b>Home Health Care BPM</b> In-Network Out-of-Network	DED + 25% DED + 55%
<b>Hospice LTM</b> In-Network Out-of-Network	<b>No Maximum</b> DED + 25% DED + 55%
<b>Outpatient Therapy and Spinal Manipulations BPM</b> Therapy INN at Free Standing Rehab Facility Therapy –INN Specialist office Out-of-Network	<b>50 Visits (Includes up to 26 Spinal Manipulations)</b> DED + 25% \$50 Copay DED +55%
<b>Skilled Nursing Facility BPM</b> In-Network Out-of-Network	<b>No Maximum</b> DED + 25% DED + 55%
<b>Telemedicine/Teladoc</b> In-network Out-of-Network	\$0 Not Covered
<b>Medical Pharmacy Monthly In-Network OOP Max (Provider-Administered Rx)*(Administered in Physician Office)</b> In-Network Out-of-Network	20% (No DED) DED + 50%
<b>Prescription Drugs –Provided by Envision</b>	
<b>Deductible</b>	\$0
<b>RX OOP Maximum (Per person/Family)</b>	\$3,575 / N/A
<b>In-Network Retail (30 days)</b> Generic/Preferred Brand/Non-Preferred	\$15 / \$50 / \$90
<b>Mail Order (90 days)</b> Generic/Preferred Brand/Non-Preferred Specialty Meds-Generic / Brand / Non-Preferred	\$37.50 / \$125 / \$225 20% w/\$250 Max/20% w/\$250 Max/20% w/\$250 Max

**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 Benefit Booklet and Schedule of Benefits; their terms prevail.

The information contained in this proposal includes benefit changes required as a result of the Patient Protection And Affordable Care Act (PPACA), otherwise known as Health Care Reform (HCR). Please note that plan benefits are subject to change and may be revised based on guidance and regulations issued by the Secretary of Health and Human Services (HHS) or other applicable federal agency. In addition, the rates quoted within this proposal are based on the plan benefits at the time the proposal is issued and may change before the plan effective date if additional plan changes become necessary.

Additionally, Interim rules released by the Federal Government February 2, 2010 require BCBSF to test all benefit plans to ensure compliance with the Mental Health Parity and Addiction Equity Act (MHPAE). Benefits and rates reflected in the proposal are subject to change based on the outcomes of the test.