



Florida Blue Medical Benefits Summary
Policy Period: April 1, 2023 thru March 31, 2024

| Medical Plan Option | BlueOptions 03559 | BlueCare 60 | BlueOptions 05772 | BlueCare 51 | BlueOptions 05302 | BlueCare 62 | BlueCare 54 |
|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Network | BlueOptions (Network Blue) | BlueCare (HMO) | BlueOptions (Network Blue) | BlueCare (HMO) | BlueOptions (Network Blue) | BlueCare (HMO) | BlueCare (HMO) |
| IN NETWORK | | | | | | | |
| Deductible (Individual/Family) | \$500/\$1,500 | \$500/\$1,000 | \$2,000/\$6,000 | \$2,000 Per Person | \$5,000/\$10,000 | \$6,350/\$12,700 | \$5,000/\$10,000 |
| Coinsurance - Member | 20% | 10% | 20% | 30% | 30% | 0% | 30% |
| Member Payment Limit (Individual/Family) | \$2,500/\$5,000 | \$3,500/\$7,000 | \$5,500/\$11,000 | \$6,350/\$12,700 | \$6,350/\$12,700 | \$6,350/\$12,700 | \$6,350/\$12,700 |
| Payment Limit Includes | Ded, Coins, Copays & Rx Copays | Ded, Coins, Copays & Rx Copays | Ded, Coins, Copays & Rx Copays | Ded, Coins, Copays & Rx Copays | Ded, Coins, Copays & Rx Copays | Ded, Coins, Copays & Rx Copays | Ded, Coins, Copays & Rx Copays |
| Lifetime Max | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Physician Office Visit | \$20 Copay | \$25 Copay | \$35 Copay | \$35 Copay | \$30 Copay | \$35 Copay | \$25 Copay |
| Specialist Office Visit | \$40 Copay | \$45 Copay | \$65 Copay | \$75 Copay | \$55 Copay | \$65 Copay | \$45 Copay |
| Inpatient Hospital | \$600 Copay | \$325/Day (\$1,625 Max) | \$100 PAD + 20% (After Ded) | \$2,000 Copay | 30% (After Ded) | 0% (After Ded) | 30% (After Ded) |
| Outpatient Hospital | \$200 Copay | \$275 Copay | 20% (After Ded) | \$300 Copay | 30% (After Ded) | 0% (After Ded) | 30% (After Ded) |
| Emergency | \$100 Copay | \$100 Copay | \$300 Copay | \$400 Copay | \$300 Copay | \$300 Copay | \$300 Copay |
| Urgent Care | \$45 Copay | \$45 Copay | \$70 Copay | \$80 Copay | \$60 Copay | \$100 Copay | \$85 Copay |
| Lab Services | \$0 Copay | \$0 Copay | \$0 Copay | \$0 Copay | \$0 Copay | \$0 Copay | \$0 Copay |
| X-Ray (Ind Facility) | \$50 Copay | \$45 Copay | \$50 Copay | \$50 Copay | 30% (After Ded) | \$65 Copay | \$65 Copay |
| Complex Medical Imaging | \$150 Copay | \$80 Copay | \$300 Copay | \$200 Copay | 30% (After Ded) | 0% (After Ded) | \$200 Copay |
| Pharmacy | | | | | | | |
| Generic | \$10 Copay | \$10 Copay | \$10 Copay | \$10 Copay | \$10 Copay | \$10 Copay | \$10 Copay |
| Brand Name | \$50 Copay | \$50 Copay | \$50 Copay | \$50 Copay | \$50 Copay (after IN Ded) | \$50 Copay | N/C |
| Non-Preferred Brand | \$80 Copay | \$80 Copay | \$80 Copay | \$80 Copay | \$80 Copay (after IN Ded) | \$80 Copay | N/C |
| Specialty | 20% | 20% | 20% | 20% | 20% (after IN Ded) | 20% | \$10/NC/NC/NC |
| OUT OF NETWORK | | | | | | | |
| Deductible | \$750/\$2,250 | N/A | \$6,000/\$18,000 | N/A | \$10,000/\$30,000 | N/A | N/A |
| Coinsurance - Member | 40% | N/A | 50% | N/A | 50% | N/A | N/A |
| Member Payment Limit | \$5,000/\$10,000 | N/A | \$11,000/\$22,000 | N/A | \$20,000/\$40,000 | N/A | N/A |

Please Note: This summary is only a partial description of the many benefits included in each plan shown above. A complete description of all benefits and exclusions are included the Florida Blue Summary of Benefits & Coverage (SBC). If this description in any way conflicts with the Florida Blue SBC, the Florida Blue SBC will prevail.

Medical Plan Offering Guidelines: Minimum contribution rules apply - at least 50% of the eligible employees (including waivers) must be enrolled in a medical plan option