

Effective 9.1.2010

BlueOptions

For Large Groups

Health Benefit Summary Plan 3565



Benefits for Covered Services

Amount Member Pays

Office Services	
Physician Office Services 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 \$60 Copayment DED ¹ + 50% Coinsurance \$10 Copayment DED + 50% Coinsurance
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.) In-Network Out-of-Network	\$200 Copayment DED + 50% Coinsurance
Maternity Initial Visit In-Network Specialist Out-of-Network	\$60 Copayment DED + 50% Coinsurance
Allergy Injections (per visit) In-Network Family Physician In-Network Specialist Out-of-Network	\$10 Copayment \$10 Copayment DED + 50% Coinsurance
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) In-Network Monthly Out-of-Pocket (OOP) Maximum ² 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. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.	
Preventive Care	
Adult Wellness Benefit Maximum (PBP ³ , includes Routine Adult Physical Exam and Immunizations & Well Woman) In-Network Out-of-Network	No Maximum \$150
Routine Adult Physical Exam and Immunizations In-Network Family Physician In-Network Specialist Out-of-Network	\$25 Copayment \$60 Copayment 50% Coinsurance
Well Woman Exam (e.g. Annual GYN) In-Network Family Physician In-Network Specialist Out-of-Network	\$25 Copayment \$60 Copayment 50% Coinsurance
Mammograms (Covered at 100% of Allowed Amount) In-Network and Out-of-Network	\$0
Colonoscopy (Routine for age 50+ then frequency schedule applies) (Covered at 100% of Allowed Amount) In-Network and Out-of-Network	\$0
Well Child (No PBP Max) In-Network Family Physician In-Network Specialist Out-of-Network	\$25 Copayment \$60 Copayment 50% Coinsurance

¹ DED = Deductible

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

³ PBP = Per Benefit Period

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Emergency Medical Care	
Urgent Care Centers In-Network Out-of-Network	\$65 Copayment DED + 50% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network Out-of-Network	\$200 Copayment DED + 50% Coinsurance
Ambulance Services (Ground, air and water travel, combined per day maximum) In-Network and Out-of-Network	\$5,000 In-Network DED + 20% Coinsurance
Outpatient Diagnostic Services	
Independent Diagnostic Testing Facility Services (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	\$50 Copayment \$200 Copayment DED + 50% Coinsurance
Independent Clinical Lab (e.g. Blood Work) In-Network Out-of-Network	\$0 DED + 50% Coinsurance
Outpatient Hospital Facility Services (per visit) (e.g. Blood Work and X-rays) In-Network (Option 1 / Option 2) Out-of Network	\$300 Copayment / \$600 Copayment DED + 50% Coinsurance
Other Provider Services	
Provider Services at Hospital and ER In-Network and Out-of-Network	\$50 Copayment
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC) In-Network and Out-of-Network	\$50 Copayment
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician In-Network Specialist Out-of-Network	DED + 20% Coinsurance DED + 20% Coinsurance DED + 50% Coinsurance
Other Special Services	
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PBP Max) In-Network Locations other than Hospital and Physician's Office Out-of-Network Locations other than Hospital Outpatient Hospital Facility Services (per visit) In-Network (Option 1 / Option 2) Out-of-Network	\$2,500 DED + 20% Coinsurance DED + 50% Coinsurance \$45 Copayment / \$60 Copayment DED + 50% Coinsurance
Durable Medical Equipment, Prosthetics and Orthotics In-Network Out-of-Network	DED + 20% Coinsurance DED + 50% Coinsurance
Home Health Care (PBP Max) In-Network Out-of-Network	\$2,500 DED + 20% Coinsurance DED + 50% Coinsurance
Skilled Nursing Facility (PBP Max) In-Network Out-of-Network	60 days DED + 20% Coinsurance DED + 50% Coinsurance

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Other Special Services (Continued)	
Hospice In-Network Out-of-Network	DED + 20% Coinsurance DED + 50% Coinsurance
Hospital/Surgical	
Ambulatory Surgical Center Facility (ASC) In-Network Out-of-Network	\$200 Copayment DED + 50% Coinsurance
Inpatient Hospital Facility and Rehabilitation Services (per admit) (PBP Max) In-Network (Option 1 / Option 2) Out-of-Network	Rehabilitation Services limit - 21 days \$900 Copayment / \$1,800 Copayment DED + 50% Coinsurance
Outpatient Hospital Facility Services (per visit) In-Network – Therapy Services (Option 1 / Option 2) In-Network – All other Services (Option 1 / Option 2) Out-of-Network	\$45 Copayment / \$60 Copayment \$300 Copayment / \$600 Copayment DED + 50% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network Out-of-Network	\$200 Copayment DED + 50% Coinsurance
Mental Health/Substance Dependency	
Inpatient Hospital Facility Services (per admit) In-Network (Option 1 and Option 2) Out-of-Network	\$0 50% Coinsurance
Outpatient Hospitalization Facility Service (per visit) In-Network (Option 1 and Option 2) Out-of-Network	\$0 50% Coinsurance
Emergency Room Facility Services (per visit) (copayment waived if admitted) In-Network and Out-of-Network	\$0
Provider Services at Hospital and ER In-Network Family Physician / Specialist Out-of-Network	\$0 \$0
Provider Services at Locations other than Office, Hospital and ER In-Network Family Physician / Specialist Out-of-Network	\$0 50% Coinsurance
Outpatient Office Visit In-Network Family Physician / Specialist Out-of-Network	\$0 50% Coinsurance
Financial Features	
Deductible (DED) (PBP) (Per Person / Family Aggregate) In-Network Out-of-Network (DED is the amount the member is responsible for before BCBSF pays)	\$750 / \$2,250 \$1,000 / \$3,000
Coinsurance In-Network Out-of-Network (Coinsurance is the percentage the member pays for services)	20% 50%

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Financial Features (Continued)	
Out-of-Pocket Maximum (PBP) (Per Person / Family Aggregate)	
In-Network	\$3,500 / \$7,000
Out-of-Network	\$5,000 / \$10,000
(Out-of-Pocket Maximum includes DED, Coinsurance and Copayments; Excludes Prescription Drugs)	
Total Lifetime Maximum Benefit	\$5,000,000

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 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

NetworkBlueSM is the Preferred Provider Network designated as "In-Network" for BlueOptions. However, you will have **protection from balance billing** when you receive covered services from a provider in our Traditional Program Network. You may also receive **out-of-state coverage through the BlueCard[®]** 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.

* 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.



**BlueCross BlueShield
of Florida**

An Independent Licensee of the
Blue Cross and Blue Shield Association

For BlueOptions Plans

BlueScript Pharmacy Benefits

Your Prescription Drug Benefit Plan - \$15/\$30/\$50

(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.

Pharmacy Deductible	
In/Out-of-Network	\$0
Preferred Generic Prescription Drugs	
In-Network	\$15
Mail Order (90 days)	\$40
Out-of-Network	50% Coinsurance
Preferred Brand Name Prescription Drugs	
In-Network	\$30
Mail Order (90 days)	\$75
Out-of-Network	50% Coinsurance
Non-Preferred Prescription Drugs	
In-Network	\$50
Mail Order (90 days)	\$125
Out-of-Network	50% Coinsurance

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 in the BlueOptions pharmacy Program Schedule of Benefits.

More convenient than ever:

Take your prescriptions to a participating pharmacy to have it 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. Prescription Drugs ordered through this program are provided by Prime Therapeutics® mail order facility, PrimeMail®.

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 www.bcbsfl.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 identification card. For the hearing impaired, call Florida TTY Relay Service 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 in 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.

- **Specialty Pharmacy Network**

We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a 'Specialty Drug' in the Medication Guide. To be covered under your pharmacy program at the In-Network cost share, they must be purchased at a participating Specialty Pharmacy. These pharmacies are different than the retail pharmacies and are identified in both the Provider Directory and the Medication Guide. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications

- **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. These 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, BCBSF 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 "QL" following the product name. BCBSF 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 www.bcbsfl.com.

Responsible Steps

Drugs included in this program require that you try another designated or 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. BCBSF 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 of 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.