

Florida Blue Health Options

Plan <i>*OON = Out of Network</i>	BlueOptions All Copay 14006 PPO	BlueCare Predictable Cost 14306	BlueSelect Predictable Cost 14556
Calendar Year Deductible	\$1,000 Ind / \$3,000 Fam-In Network <i>\$6,000 Ind / \$8,000 Fam-OON</i>	\$1,500 Individual \$3,000 Family	\$1,500 Ind / \$3,000 Fam-In Network <i>\$4,500 Ind / \$9,000 Fam-OON</i>
Coinsurance	20% In Network / 50%-OON	50%	50% In Network / 50% OON
Family Physician Office Visit	\$25 Copay-In Network <i>Deductible & Coinsurance-OON</i>	\$40 Copay	\$40 Copay-In Network <i>Deductible & Coinsurance-OON</i>
Specialist Office Visit	\$45 Copay-In Network <i>Deductible & Coinsurance-OON</i>	\$85 Copay	\$85 Copay-In Network <i>Deductible & Coinsurance-OON</i>
Wellness	100% Covered In Network	100% Covered In Network	100% Covered In Network
Physician Services Outside Office	Hospital & ER Copay	Hospital & ER Deductible & Coinsurance	Hospital & ER Deductible & Coinsurance
Urgent Care Center	\$50 Copay-In Network <i>Deductible & Coinsurance-OON</i>	\$90 Copay	\$90 Copay-In Network <i>Deductible & Coinsurance-OON</i>
Emergency Room	\$300 Copay	Deductible & Coinsurance	Deductible & In Network Coinsurance
Inpatient Hospital	Option 1-\$300 / Option 2-\$400 Copay (Days 1-3)-In Network <i>Deductible & Coinsurance-OON</i>	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Hospital	Option 1-\$350 / Option 2-\$450 Copay-In Network <i>Deductible & Coinsurance-OON</i>	Deductible & Coinsurance	Deductible & Coinsurance
Ambulatory Surgical Center	\$200 Copay-In Network <i>Deductible & Coinsurance-OON</i>	\$400 Copay	\$400 Copay-In Network <i>Deductible & Coinsurance-OON</i>
Independent Diagnostic Testing Facility	Advanced Imaging \$250 Copay / X-Ray \$60 Copay-In Network <i>Deductible & Coinsurance-OON</i>	Advance Imaging \$300 Copay X-Ray \$100 Copay	Advanced Imaging \$300 Copay / X-Ray \$150 Copay-In Network <i>Deductible & Coinsurance-OON</i>
Freestanding Lab	Independent Clinical Lab \$0 Copay <i>Other Services & OON Deductible & Coinsurance</i>	No Copay	Independent Clinical Lab \$0 Copay (Quest Lab)
Pharmacy	Retail: No Deductible, then Generic \$0/4/15; Brand \$30/60; Non-Preferred \$100; Specialty \$200-In Network <i>Not Covered-OON</i> Medical: 20% Coinsurance to \$200	Retail: No Deductible, then Generic \$0/4/15; Brand \$50/100; Non-Preferred \$200; Specialty \$300-In Network Medical: 20% Coinsurance to \$200	Retail: No Deductible, then Generic \$0/4/15; Brand \$50/100; Non-Preferred \$200; Specialty \$300-In Network <i>Not Covered-OON</i> Medical: 20% Coinsurance to \$200
Out of Pocket Maximum	\$4,000 Ind / \$8,000 Fam-In Network <i>\$8,000 Ind / \$16,000 Fam-OON</i>	\$7,000 Individual \$14,000 Family	\$7,000 Ind / \$14,000 Fam-In Network <i>\$14,000 Ind / \$28,000 Fam-OON</i>

Prepared by **Combined Insurance Services, Inc.** Please refer to SBC's for complete details.