

BlueChoice

Schedule of Benefits

Covered Plan Participants should carefully review this Schedule of Benefits, which is part of the Evidence of Coverage, to be aware of important information concerning the Covered Plan Participant's share of the expenses for Covered Services. The Covered Plan Participant's share of the expenses, including any applicable Deductibles and Coinsurance responsibilities, **will vary** depending upon the Provider the Covered Plan Participant chooses and the setting in which the Services are rendered. References to Deductible are abbreviated as "DED" and references to Benefit Period are abbreviated as "BP".

Benefit Period (BP) 01/01 – 12/31

Deductible and Coinsurance Amounts

Benefit Description	PPO	Providers Not Participating in PPO
Individual Deductible (DED) per BP Note: The Individual DED will be waived by BCBSF for Health Care Services rendered by any Independent Clinical Laboratory.	\$250	
Family Deductible (DED) per BP	\$500	
Hospital Per Admission Deductible (PAD)	\$0 In addition to the DED and applicable Coinsurance	\$250 In addition to the DED and applicable Coinsurance
Emergency Room Per Visit Deductible (PVD)	\$0 In addition to the DED and applicable Coinsurance	\$0 In addition to the DED and PPO Coinsurance
Amount Payable by the Plan	80% of the Allowed Amount	70% of the Allowed Amount
Amount Payable by the Plan for Ambulance Services	80% of the Allowed Amount after PPO DED	
Amount Payable by the Plan for Mammograms	100% of the Allowed Amount, DED waived	
Individual Out-of-Pocket Maximum per BP	\$2,000	
Family Out-of-Pocket Maximum per BP	\$4,000	
Note: Out-of-Pocket Maximums do not include the DED amount, the Hospital PAD amount, the Emergency Room Per Visit Deductible amount, the Copayment, any benefit penalty reduction, non-covered charges or any charges in excess of the Allowed Amount.		

Office Services

Benefit Description	PPO	Providers Not Participating in PPO
Office Services Rendered by Family Physicians with the following Specialties: Family Practice, General Practice, Internal Medicine, and Pediatrics	\$20 Copayment per visit*	70% of the Allowed Amount after DED
Office Services Rendered by: 1. Physicians other than Family Physicians; and 2. Other health care professionals licensed to perform such services	\$20 Copayment per visit *	70% of the Allowed Amount after DED
Allergy Injections	\$5 Copayment per visit*	70% of the Allowed Amount after DED
Durable Medical Equipment, Prosthetics and Orthotics	80% of the Allowed Amount after DED	70% of the Allowed Amount after DED
Urgent Care	\$15 Copayment per visit*	70% of the Allowed Amount after DED
*These Services are subject to the Copayment only.		
<p>Note: A Covered Plan Participant should verify a Provider's participation status whenever possible prior to receiving Health Care Services. To verify a Provider's specialty or participation status, a Covered Plan Participant may access the PPO Provider directory on our website at www.floridablue.com or contact the local BCBSF office.</p>		

Preventive Health Services

Benefit Description	PPO	Providers Not Participating in PPO
<p>Adult Wellness Services</p> <p>1. Physician Office</p> <p style="padding-left: 40px;">a. Family Physicians (Family Practice, General Practice, Internal Medicine, and Pediatrics)</p> <p style="padding-left: 40px;">b. Physicians other than Family Physicians and other health care professionals licensed to perform such Services</p> <p>2. All other Locations</p>	<p style="text-align: center;">100% of the Allowed Amount</p> <p style="text-align: center;">100% of the Allowed Amount</p> <p style="text-align: center;">100% of the Allowed Amount</p>	<p style="text-align: center;">100% of the Allowed Amount</p> <p style="text-align: center;">100% of the Allowed Amount</p> <p style="text-align: center;">100% of the Allowed Amount</p>
<p>Adult Well Woman Services</p> <p>1. Physician Office</p> <p style="padding-left: 40px;">a) Family Physicians (Family Practice, General Practice, Internal Medicine, and Pediatrics)</p> <p style="padding-left: 40px;">b) Physicians other than Family Physicians and other health care professionals licensed to perform such Services</p> <p>2. All other Locations</p>	<p style="text-align: center;">100% of the Allowed Amount</p> <p style="text-align: center;">100% of the Allowed Amount</p> <p style="text-align: center;">100% of the Allowed Amount</p>	<p style="text-align: center;">100% of the Allowed Amount</p> <p style="text-align: center;">100% of the Allowed Amount</p> <p style="text-align: center;">100% of the Allowed Amount</p>
<p>Well Child Services</p> <p>1. Physician Office</p> <p style="padding-left: 40px;">a. Family Physicians (Family Practice, General Practice, Internal Medicine, and Pediatrics)</p> <p style="padding-left: 40px;">b. Physicians other than Family Physicians and other health care professionals licensed to perform such Services</p> <p>2. All other Locations</p>	<p style="text-align: center;">100% of the Allowed Amount</p> <p style="text-align: center;">100% of the Allowed Amount</p> <p style="text-align: center;">100% of the Allowed Amount</p>	<p style="text-align: center;">70% of the Allowed Amount</p> <p style="text-align: center;">70% of the Allowed Amount</p> <p style="text-align: center;">70% of the Allowed Amount</p>

Benefit Description	PPO	Providers Not Participating in PPO
Routine Colonoscopy	100% of the Allowed Amount	100% of the Allowed Amount

Behavioral Health Services

Benefit Description	PPO	Providers Not Participating in PPO
Mental Health and Substance Dependency Care and Treatment Services Outpatient Facility Services rendered at: <ol style="list-style-type: none"> 1. Emergency Room 2. Hospital 3. Physician Services at Hospital and ER 	100% of the Allowed Amount 100% of the Allowed Amount 100% of the Allowed Amount	100% of the Allowed Amount 70% of the Allowed Amount 100% of the Allowed Amount
Physician and other health care professionals licensed to perform such Services rendered at: <ol style="list-style-type: none"> 1. Family Physicians Office 2. Specialist Office 3. All other locations 	100% of the Allowed Amount 100% of the Allowed Amount 100% of the Allowed Amount	70% of the Allowed Amount 70% of the Allowed Amount 70% of the Allowed Amount
Inpatient <ol style="list-style-type: none"> 1. Facility Services 2. Physician and other health care professionals licensed to perform such Services 	100% of the Allowed Amount 100% of the Allowed Amount	70% of the Allowed Amount 100% of the Allowed Amount

Other Services

Benefit Description	PPO	Providers Not Participating in PPO
Emergency Room Facility	80% of the Allowed Amount after DED and applicable PVD	80% of the Allowed Amount after DED and applicable PVD
Physician Services at Hospital and ER	80% of the Allowed Amount after DED	80% of the Allowed Amount after DED

Benefit Maximums

Home Health Care visits per Covered Plan Participant per BP 20

Outpatient Cardiac, Occupational, Physical, Speech, and Massage Therapies and Spinal Manipulations visits per Covered Plan Participant per BP 50

Note: Refer to the Evidence of Coverage for reimbursement guidelines.

Skilled Nursing Facility Days per Covered Plan Participant per BP 60

Wigs per Covered Plan Participant per Lifetime..... \$500

Note: Covered expenses are not subject to the DED. Coinsurance amounts and any applicable Copayments will apply.

Note: If immediately before the Effective Date of the Group, a Cover Plan Participant was covered under a prior group policy issued by BCBSF to the Group, amounts applied to a Covered Plan Participant's Benefit Period maximums and lifetime maximums under the prior BCBSF policy, will be applied toward the Covered Plan Participant's Benefit Period maximums and lifetime maximums under the Evidence of Coverage.

Prescription Drug Program

The Group purchased optional pharmacy coverage from BCBSF. Please refer to the pharmacy program Endorsement issued to the Group.

Additional Benefits/Features

Accident Care

Covered Services in connection with an Accident are not subject to the DED, All other Insured's financial responsibilities, including the Coinsurance will continue to apply.