

When you enroll in a BlueCare health plan, you will choose a Florida Blue HMO contracting Primary Care Physician to help coordinate your overall health care.

Benefits

Cost to You

Physician Office Services

Primary Care Physician office services
Contracting Specialist office services
Visit to contracting GYN for well-woman exam
Adult Wellness & Well Child

\$15 copay per visit
\$35 copay per visit
\$0 copay per visit
\$0 copay per visit

These office services may include:

- Pediatric and well-baby care
- Periodic health evaluation and immunizations
- Other diagnostic services
- Health education
- Professional counseling (family planning, nutritional, and medical social services)
- Vision and hearing screening
- Family planning services
- In-office surgery

Additional Services (Office or Outpatient Facility)

Allergy testing
Allergy injection, including serum
Outpatient physical, speech, cardiac and occupational therapies
Diagnostic lab and X-ray

No copay
\$5 copay per visit
\$5 copay per visit
No copay

Hospital Services (Inpatient Facility)

Room and board

\$450 per admission

These inpatient hospital services may include:

- Anesthesia, use of operating and recovery rooms, oxygen, drugs and medications
- Intensive Care Unit and other special units
- Laboratory and X-ray services
- Inpatient physical, speech, cardiac and occupational therapies

Hospital or Ambulatory Surgical Center (Outpatient Facility)

Outpatient and outpatient surgical services may include:
Anesthesia, use of operating and recovery rooms, oxygen, drugs and medications, including:

- Hospital or surgical center
- Surgeon's fees
- Outpatient laboratory, X-ray, and other tests

\$200 copay

BlueCare 10/1/2019

Santa Rosa Cnty Bd of Cnty Commissioners Health Benefit Summary Plan 115

Benefits

Cost to You

Emergency Services (Hospital)

Use of emergency rooms and emergency services at contracting hospitals	\$100 copay per visit
Use of emergency rooms and emergency services outside of service area or at non-contracting hospitals	\$100 copay per visit

Maternity Services

Primary Care Physician office services	\$15 copay
Contracting Specialist office services – initial OB visit only	\$35 copay
Certified Nurse Midwife or Midwife	No copay
Inpatient hospital services	\$450 per admission
Birthing center services	No copay

Behavioral Health Services

Mental Health Care/Substance Dependency

Inpatient Hospitalization Facility Services (per admit)	
In-Network	\$0
Out-of-Network	Not Covered
Outpatient Hospitalization Facility Service (per visit)	
In-Network	\$0
Out-of-Network	Not Covered
Emergency Room Facility Services (per visit)	
In-Network and Out-of-Network	\$0
Provider Services at Hospital and ER	
In-Network Family Physician/Specialist	\$0
Out-of-Network	\$0
Provider Services at Locations other than Hospital or ER	
In-Network Family Physician/Specialist	\$0
Out-of-Network	Not Covered
Outpatient Office Visit	
In-Network Family Physician/Specialist	\$0
Out-of-Network	Not Covered

Infertility Services

Primary Care Physician	\$15 copay per visit
Contracting Specialist	\$35 copay per visit

Special Services

Hospice care	No copay
Skilled nursing facility – 90 days per calendar year	No copay
Home health care	No copay
Ambulance (medically necessary)	No copay
Durable medical equipment	No copay
Prosthetics and orthotics	No copay

Maximum Out-of-Pocket

\$1,500 per Member
\$3,000 per family

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Select Exclusions and Limitations

The following is a partial listing of services that are excluded from coverage under the Master Policy. For a complete listing please refer to the Master Policy.

- All services not specifically listed in the Covered Services section of your Member Handbook or in any rider or endorsement, unless such services are specifically required by state or federal law
- Elective cosmetic surgery
- Hearing aids or eyeglasses, dental care, or oral appliances
- Physical for insurance, licensing, school or recreational purposes
- Elective abortions
- Workers' compensation
- Prescription drugs (unless included through BlueCare Rx)
- Complementary and Alternative Healing Methods (CAM)

The copayments are the responsibility of the Member and must be paid to the provider at the time service is rendered.

Prescription Drug Program

In the event your Group has selected a Pharmacy Program from Florida Blue HMO, you'll find a Pharmacy Program information sheet enclosed. Please review it carefully, as you'll find it contains an overview of the program features and how to take advantage of them.

Should it become necessary, a grievance procedure is available to all Members as detailed in the Master Policy.

Referrals to participating providers are not required, however authorizations are required for certain medical services like hospitalization, rehabilitation services, home care, select DME, and certain office based services such as CT scans, MRIs/MRAs, cardiac nuclear medicine studies, and select injectables, etc. Additional information related to access to providers can be found in the Provider Directory. This summary is only a partial description of the many benefits and services covered by Florida Blue HMO. These benefits apply only to groups of 51 or more employees. This does not constitute a contract. For a complete description of benefits and exclusions, please see Master Policy 86002; its terms prevail.