

# BlueChoice

Santa Rosa Cnty Bd of Cnty Commissioners  
Benefit Summary Plan 317



With the BlueChoice PPO Family Physician Plan, you get the freedom to choose between convenient, affordable care from your PPO network Family Physician, or other providers for care as you see fit. In order to take advantage of lower out-of-pocket costs, simply choose a PPO physician who specializes in Family Practice, General Practice, Internal Medicine or Pediatrics.

## Benefits

## Amount Member Pays

### Financial Responsibilities for Covered Services

#### Deductibles Per Benefit Period

Individual Deductible	\$500
Family Deductible	\$1,500
Hospital Per Admission Deductible	
• PPO Hospitals	\$0
• Hospitals Not Participating in PPO	\$300
Emergency Room Per Visit Deductible (waived if admitted)	\$0

Note: The Hospital Per Admission Deductible (PAD) and the Emergency Room Per Visit Deductible (PVD) are in addition to the Individual and/or Family Deductible.

#### Coinsurance Percentage Payable by Member

PPO Providers – Allowed Amount	20% Coinsurance
Providers Not Participating in PPO – Allowance	40% Coinsurance
• Ambulance Services – Allowance	20% Coinsurance

#### Your Coinsurance Responsibility Per Benefit Period

Individual Coinsurance Limit	\$2,000
Family Coinsurance Limit	\$6,000

#### Office Services

PPO Family Physician:	
• Office services by a PPO Family Physician (Copayment Only)	\$20
• Allergy Injections per visit (Copayment only)	\$5
Adult Wellness & Well Child Office Visit	\$0

#### All Other Providers

- Office services provided by any provider other than a PPO Family Physician are subject to the Deductible and Coinsurance.

Note: Durable Medical Equipment, Prosthetics and Orthotics are always subject to the Deductible and Coinsurance; no Copayment applies.

#### Medical Pharmacy - Physician-Administered Medications

Applies to Office Setting and Specialty Pharmacy Vendors	
• PPO Provider Monthly Out-of-Pocket (OOP) Maximum	\$200
• PPO Providers – Allowed Amount	20% Coinsurance
• Providers Not Participating in PPO – Allowance after Individual/Family Deductible is met	50% Coinsurance

Note: PPO Provider Medical Pharmacy will be paid at 100% for the remainder of the calendar month once the OOP max is met.

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Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

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#### Medical Pharmacy - Physician-Administered Medications (continued)

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 *medical* benefit. **Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.**

#### Behavioral Health Services

##### Mental Health Care/Substance Dependency

Inpatient Hospitalization Facility Services (per admit)	
In-Network	\$0
Out-of-Network	40% Coinsurance
Outpatient Hospitalization Facility Service (per visit)	
In-Network	\$0
Out-of-Network	40% Coinsurance
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	40% Coinsurance
Outpatient Office Visit	
In-Network Family Physician/Specialist	\$0
Out-of-Network	40% Coinsurance

#### Benefit Maximums

##### Benefit Period Maximums Per Insured

Home Health Care Benefit Maximum	20 Visits
Skilled Nursing Facility Days Benefit Maximum	60 Days
Enteral Formula (Low Protein Food Products) Benefit Maximum	No Maximum
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech, and Massage Therapies and Spinal Manipulations Benefit Maximum	35 Visits
Adult Wellness Benefit Maximum	No Maximum

Covered Services for an adult (i.e., age 17 and older)

Includes the following:

- Annual physical and gynecological exam (including family planning/contraceptive services);
- Related wellness services (e.g., Pap smears, Prostate Specific Antigen [PSA], X-rays, laboratory services, and immunizations). Routine vision and hearing examinations and screening are not covered.

Because we want to make sure you take advantage of these important Benefits, adult wellness services are not subject to the Deductible.

You'll only need to meet the Copayment, or applicable Coinsurance, depending on where you receive care and the participating status of your chosen Provider.

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### Lifetime Maximums Per Insured

Total Lifetime Maximum Benefit  
Hospice Benefit Maximum

No Maximum  
No Maximum

## Additional Benefits and Features

### Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Florida Blue, 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.

**This is not an insurance contract or Certificate of Coverage.** The above Benefit Summary is only a partial description of the many benefits and services covered by Florida Blue. For a complete description of benefits and exclusions, please see Florida Blue's BlueChoice Certificate of Coverage and Schedule of Benefits; its terms prevail.