



# FCCRMC 2009 HEALTH BENEFIT SUMMARY

## BlueOptions Plan 1550 (PLAN A)

**Benefits for Covered Services** Amount Member Pays (Page 1 of 4)

<b>Physician Office Services</b> In-Network Family Physician In-Network Specialist Out-of-Network Office Visit In-Network e-Office Visit Out-of-Network e-Office Visit	\$20 Copayment \$35 Copayment CYD <sup>1</sup> + 30% Coinsurance \$10 Copayment CYD + 30% Coinsurance
<b>Maternity Initial Visit</b> In-Network Specialist Out-of-Network	\$35 Copayment CYD + 30% Coinsurance
<b>Allergy Injections</b> (rendered by an In-Network Physician)	\$10 Copayment
<b>Adult Wellness Benefit Maximum</b> (PCY <sup>2</sup> max, includes Well Woman and Routine Adult Physical Exam and Immunizations - )	\$250
<b>Routine Adult Physical Exam and Immunizations</b> (Allowances apply towards Adult Wellness PCY max) In-Network Family Physician In-Network Specialist Out-of-Network	\$20 Copayment \$35 Copayment 30% Coinsurance
<b>Well Woman Exam</b> (e.g. Annual GYN) (Allowances apply towards Adult Wellness PCY max) In-Network Family Physician In-Network Specialist Out-of-Network	\$20 Copayment \$35 Copayment 30% Coinsurance
<b>Mammograms</b> (Covered at 100% of Allowed Amount, In- and Out-of-Network, If medically necessary, no calendar year limit on visits.)	\$0
<b>Well Child</b> (No PCY max) In-Network Family Physician In-Network Specialist Out-of-Network	\$20 Copayment \$35 Copayment 30% Coinsurance
<b>Urgent Care Centers</b> In-Network / Out-of-Network	\$35 Copayment / CYD + 30% Coinsurance
<b>Emergency Room Facility Services</b> (per visit) (copayment waived if admitted) In-Network Out-of-Network	\$100 Copayment + 20% Coinsurance \$100 Copayment + 30% Coinsurance
<b>Ambulance Services</b> (Ground travel / Air and water travel, per day maximum)	CYD + 20% Coinsurance \$400 / \$4,000
<b>Independent Diagnostic Testing Facility Services</b> (per visit) (e.g. X-rays) (Includes Provider Services) In-Network / Out-of-Network	CYD + 20% Coinsurance - In CYD + 30% Coinsurance - Out
<b>Independent Clinical Lab</b> (e.g. Blood Work) In-Network / Out-of-Network	\$0 / CYD + 30% Coinsurance
<b>Outpatient Hospital Facility Services</b> (per visit) (e.g. Blood Work and X-rays) In-Network (Option 1 / Option 2) Out-of-Network	\$150 Copayment / \$250 Copayment \$350 Copayment

1 CYD = Calendar Year Deductible

2 PCY = Per Calendar Year

Note: Out-of-Network services may be subject to balance billing.

**See Plan Document/Contract Book for all covered and/or excluded benefits.**

## FCCRM Health Benefit Summary Plan 1550 (PLAN A) Continued

### Benefits for Covered Services

Amount Member Pays (Page 2 of 4)

<b>Mental Health/Substance Dependency</b>	
<b>Mental Health (PCY)</b> Inpatient Hospital Facility Services (per admit) In-Network (Option 1 / Option 2) Out-of-Network <b>Outpatient Office Visit</b> In-Network Specialist Out-of-Network	30 Inpatient days, 20 Outpatient visits  \$750 Copay / \$1,500 Copay \$2,500 Copayment  \$35 Copayment CYD + 30% Coinsurance
<b>Substance Dependency (Lifetime max)</b> Inpatient Hospital Facility Services (per admit) In-Network (Option 1 / Option 2) Out-of-Network <b>Outpatient Office Visit</b> In-Network Specialist Out-of-Network	<b>\$5,000</b>  <b>\$750 Copay / \$1,500 Copay</b> <b>\$2,500 Copayment</b>  <b>\$35 Copayment</b> <b>CYD + 30% Coinsurance</b>
<b>Other Provider Services</b>	
<b>Provider Services at Hospital and ER</b> In-Network Out-of-Network	CYD + 20% CYD + 30%
<b>Provider Services at Locations other than Office, Hospital and ER</b> In-Network Family Physician In-Network Specialist Out-of-Network	CYD + 20% CYD + 20% CYD + 30%
<b>Other Special Services</b>	
<b>Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations (PCY max)</b> In-Network Locations other than Hospital and Physician's Office Out-of-Network Locations other than Hospital	\$5,000  \$35 Copayment CYD + 30%
<b>Outpatient Hospital Facility Services (per visit)</b> In-Network (Option 1 / Option 2) Out-of-Network	\$150 Copay / \$250 Copay \$350 Copayment
<b>Durable Medical Equipment</b> In-Network Out-of-Network	CYD + 20% Coinsurance CYD + 30% Coinsurance
<b>Home Health Care (PCY max)</b> In-Network Out-of-Network	\$5,000 CYD + 20% Coinsurance CYD + 30% Coinsurance
<b>Skilled Nursing Facility (PCY )</b> In-Network Out-of-Network	60 days CYD + 20% Coinsurance CYD + 30% Coinsurance
<b>Hospice (Lifetime max)</b> In-Network Out-of-Network	\$10,000 CYD + 20% Coinsurance CYD + 30% Coinsurance
<b>Hospital/Surgical</b>	
<b>Ambulatory Surgical Center Facility (ASC)</b> In-Network / Out-of-Network	\$75 Copayment / CYD + 30% Coinsurance
<b>Inpatient Hospital Facility and Rehabilitation Services (per admit)</b> In-Network (Option 1 / Option 2) Out-of-Network	Rehabilitation Services limit - 21 days PCY \$750 Copay / \$1,500 Copay \$2,500 Copayment
<b>Outpatient Hospital Facility Services (per visit)</b> In-Network (Option 1 / Option 2) Out-of-Network	\$150 Copay / \$250 Copay \$350 Copayment
<b>Emergency Room Facility Services (per visit) (copayment waived if admitted)</b> In-Network Out-of-Network	\$100 Copay + 20% Coinsurance \$100 Copay + 30% Coinsurance

## FCCRM Health Benefit Summary Plan 1550 (PLAN A) Continued

### Benefits for Covered Services

Amount Member Pays (Page 3 of 4)

<b>Financial Features</b>	
<b>Calendar Year Deductible (CYD) (per person / family aggregate)</b> In-Network Out-of-Network <b>(CYD is the amount the member is responsible for before BCBSF pays)</b>	\$500 / \$1,500 Combined w/ In-Network
<b>Coinsurance</b> In-Network / Out-of-Network <b>(Coinsurance is the percentage the member pays for services)</b>	20% / 30%
<b>Out-of-Pocket Maximum (per person / family aggregate)</b> In-Network Out-of-Network <b>(Out-of-Pocket Maximum includes CYD, Coinsurance and Copayments; Excludes Prescription Drugs)</b>	\$5,000 / \$10,000 Combined w/ In-Network
<b>Total Lifetime Maximum Benefit</b>	\$5,000,000
<b>Additional Benefits and Features</b> Generic Brand Brand Mandatory * Brand When Generic available Non-Preferred  Mail Order BlueScript Prescription Drug Program: Generic Brand Brand Mandatory* Brand When Generic available Non-Preferred  * If a Brand Name Prescription drug is purchased when a Generic Prescription Drug is available and the Physician has not indicated that a Brand Name Prescription Drug is Medically Necessary, you will be required to pay the difference between the cost of the Brand name and Generic Prescription Drug. This does not apply for Insulin.	\$15 \$40 \$40 Member pays full difference \$60  \$30 \$80 \$80 Member pays full difference \$120

### 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](http://www.bcbsfl.com) and other interactive web-based support tools
- MyBlueService, our 24/7 online member self-service, where you can request extra ID cards, review benefits, check claims status, print forms and more
- Discounts on vision care, hearing care, alternative care, fitness clubs, bicycle helmets and more through our BlueComplements program
- Online access to participating physician offices for e-office visits, consultations, appointment scheduling or cancellation, prescription refills and much more\*\*
- A quarterly Personal Health Report, and programs to reward you for staying healthy and participating in sports

### Access to Our Strong Networks

NetworkBlue<sup>SM</sup> 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<sup>®</sup> 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](http://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.