

In the pursuit of health		
Product	BlueOptions	BlueOptions
Plan Number	05770	05781
Effective Date	10/1/2025	10/1/2025
Employee Premium	Bi-Weekly Monthly	Bi-Weekly Monthly
Employee only	\$39.98 \$79.96	\$9.47 \$18.94
Employee + 1	\$190.22 \$380.44	\$117.28 \$234.56
Employee + 2 or More	\$268.16 \$536.32	\$165.32 \$330.64
Cost Sharing - Member's Responsibility		
Deductible (DED) (Per Person/Family		HRA Employee: \$750
Aggregate)		HRA Emp+1/Family \$1,500
In-Network	\$300/ \$900	\$1,500/\$3,000
Out-of-Network	\$750/\$2,500	\$3,000/\$6,000
Coinsurance (BCBSF / Member)		
In-Network	80% / 20%	80% / 20%
Out-of-Network	50% / 50%	50% / 50%
Out of Pocket Maximum (Per Person/Family Aggregate)		
In-Network	\$2,500/\$5,000	\$4,000/\$8,000
Out-of-Network	\$5,000/\$10,000	\$8,000/\$16,000
Medical Pharmacy OOP Maximum (Per Person Per Calendar Month)		
In-Network (Preferred/Non-Preferred)	\$200	\$200
Out-of-Network	NA	NA NA
Medical / Surgical Care by a Physician		
	Virtual Visit services only covered for INN designated providers     Virtual Behavioral Health Services covered at \$0 for INN designated	<ul> <li>Virtual Visit services only covered for INN designated providers</li> <li>Virtual Behavioral Health Services covered at \$0 for INN designated</li> </ul>
Virtual Visits	providers	providers
Value Choice PCP	\$25 Copayment	DED + 20%
Value Choice Specialist		DED +20%
In-Network Family Physician		DED + 20%
In-Network Specialist		DED + 20%
Out-of-Network	Not Covered	Not Covered
Office Services		
Value Choice PCP	\$25 Copayment	DED + 20%
Value Choice Specialist	\$45 Copayment	DED + 20%
In-Network Family Physician	\$25 Copayment	DED + 20%
In-Network Specialist	\$45 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Allergy Injections (Office)		
Value Choice PCP	\$10 Copayment	DED + 20%
In-Network Family Physician & Specialist		DED + 20%
Out-of-Network		DED + 50%
Health Care Professional Administered Medications in the Office (Medical Pharmacy)		
In-Network (Preferred & Non-Preferred)	20%	20%
Out-of-Network	DED + 50%	DED + 50%
Convenient Care Center		
In-Network	\$25 Copayment	DED + 20%
Out-of-Network	· ·	DED + 50%
Physician Services at Hospital		
In-Network	\$100 Copayment	DED + 20%
Out-of-Network		INN DED + 20%
Radiology, Pathology and Anesthesiology	Ф 100 Образінені	525 . 2070
Provider Services at Hospital		
In-Network	\$100 Copayment	DED + 20%
Out-of-Network		INN DED + 20%
Radiology, Pathology and Anesthesiology Provider Services at ASC	vioo copaymont	1111 525 - 2070
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Plan Number	Product	BlueOptions	BlueOptions
Effective Date		•	
Bi-Weekty   Monthly   Signatory   Signat	Effective Date	10/1/2025	10/1/2025
Sampleyee only	Employee Premium		Bi-Weekly Monthly
Style="background-color: 18th 19.22   \$380.44   \$117.28   \$234.56	Employee only	•	•
In-Network Out-of-Network S45 Copayment DED + 20% DED + 20% Out-of-Network S45 Copayment DED + 20% DED + 20% Out-of-Network Secialist S45 Copayment DED + 20% DED + 20% DED + 50% DED + 50	Employee + 1		·
Out-of-Network Physician Services at Locations other than Office, Hospital and ER In-Network Specialist In-Network Specialist Out-of-Network Out-of-Network In-Network Specialist In-Network Specialist Out-of-Network Out-of-Network In-Network Specialist Out-of-Network In-Network Specialist Out-of-Network Out-of-Network In-Network In-Network Out-of-Network In-Network In-Netw	Employee + 2 or More	\$268.16 \$536.32	\$165.32 \$330.64
Physician Services at Locations other than Pffice, Hospital and ER  In-Network Family Physician In-Network Specialist Out-of-Network In-Network Specialist In-Network	In-Network	\$45 Copayment	DED + 20%
In-Network   Specialist   Section	Out-of-Network	\$45 Copayment	DED + 20%
In-Network   Specialist   Section	Physician Services at Locations other than	i i	
In-Network Specialist Out-of-Network DED + 50%	Office, Hospital and ER		
Out-of-Network DED + 50% D	In-Network Family Physician	\$25 Copayment	DED + 20%
Proventive Services Adult and Child Wollness Services  In-Network Family Physician In-Network Specialist Out-of-Network Out-of-Network Out-of-Network In-Network Out-of-Network Out-of-Net	In-Network Specialist	\$45 Copayment	DED + 20%
Moliness Services   Soffice Services   In-Network Family Physician   S0 Copayment   S0 Copayme	Out-of-Network	DED + 50%	DED + 50%
In-Network Family Physician In-Network Specialist In-Network Specialist Out-of-Network In-Network I	Preventive Services-Adult and Child Wellness Services		
In-Network Specialist Out-of-Network In-Network In-Netw	Office Services		
Out-of-Network			
In-Network S0 Copayment \$0 Copayment \$0 Copayment S0 Copa	•	\$0 Copayment	\$0 Copayment
In-Network	Out-of-Network	50%	50%
Out-of-Network 50% 50% 50% 10. Network 10. Network 50% 50% 50% 50% 50% 50% 50% 50% 50% 50%	Independent Clinical Laboratory		
In-Network   \$0 Copayment   \$0 Copay	In-Network	\$0 Copayment	
In-Network		50%	50%
Out-of-Network   50%   5	Independent Diagnostic Testing Center		
### Includes Routine and Diagnostic Mammograms    In-Network			
Mammograms   Mammograms   Mammograms   Silvant   Silva	Out-of-Network	* *	
In-Network Out-of-Network \$0 Copayment \$0 Copayment Out-of-Network \$0 Copayment \$0 Copayment  Colonoscopies  In-Network \$0 Copayment \$0 Copayment Out-of-Network \$150 Copayment DED + 20% Out-of-Network DED + 50% Option 1: Se00 Option 1: DED + 20% Option 2: Se1000 Option 1: DED + 20% Option 2: Se1000 Option 2: DED + 20% Out-of-Network \$3,500 Copayment DED + 50% Outpatient Hospital Facility (per visit) Surgical) In-Network Option 1: \$250 Option 1: DED + 20% Out-of-Network DED + 50% Out-of-Network DED + 50% Out-of-Network DED + 50%  Emergency and Urgent Care Emergency Room Facility (per visit) In-Network \$300 Copayment DED + 20% Out-of-Network \$300 Copayment DED + 20% Out-of-Network \$100 Copayment DED + 20% Out-of-Network DED + \$50 Copayment DED + 20%	Mammograms		
Out-of-Network \$0 Copayment \$0 Copayment  In-Network \$0 Copayment \$0 Copayment  Out-of-Network \$0 Copayment \$0 Copayment  Medical / Surgical Care at a Facility Ambulatory Surgical Center (ASC)  In-Network \$150 Copayment DED + 20%  Out-of-Network DED + 50%  In-Network Option 1: \$600 Option 1: DED + 20%  Option 2: \$1000 Option 2: DED + 20%  Out-of-Network \$3,500 Copayment DED + 50%  Out-of-Network \$3,500 Copayment DED + 50%  Out-of-Network Option 1: \$250 Option 1: DED + 20%  Out-of-Network Option 1: \$250 Option 1: DED + 20%  Out-of-Network DED + 50%  Out-of-Network DED + 50%  In-Network DED + 50%  Out-of-Network DED + 50%  In-Network DED + 50%  Out-of-Network DED + 50%  In-Network \$300 Copayment DED + 20%  Out-of-Network \$100 Copayment DED + 20%  Out-of-Network \$100 Copayment DED + 20%  In-Network \$100 Copayment DED + 20%  Out-of-Network \$100 Copayment DED + 20%  In-Network \$100 Copayment DED + 20%  Out-of-Network \$100 Copayment DED + 20%  In-Network \$100 Copayment DED + 20%  Out-of-Network DED + \$50 Copayment DED + 20%	-	-	
Colonoscopies  In-Network  Out-of-Network  Out-of-Network  Out-of-Network  Ambulatory Surgical Care at a Facility  Ambulatory Surgical Center (ASC)  In-Network  Out-of-Network  Out-of-Network  In-Network  Option 1: \$600  Option 1: DED + 20%  Option 2: \$1000  Option 1: DED + 20%  Out-of-Network  Out-of-Network  Option 2: \$1000  Option 2: DED + 50%  DED + 50%  Out-of-Network  Option 2: \$350  Option 2: DED + 20%  Option 2: DED + 20%  Option 3: Saso  Option 3: DED + 20%  DED + 50%  DED + 20%  Out-of-Network  \$300 Copayment  DED + 20%  Out-of-Network  \$100 Copayment  DED + 20%  Out-of-Network  \$100 Copayment  DED + 20%  Out-of-Network  Saso Copayment  DED + 20%  Out-of-Network  DED + 20%	Out-of-Network		
Out-of-Network \$0 Copayment \$0 Copayment  Medical / Surgical Care at a Facility Ambulatory Surgical Center (ASC)  In-Network \$150 Copayment DED + 20% Out-of-Network DED + 50%  In-Network Option 1: \$600 Option 1: DED + 20% Option 2: \$1000 Option 2: DED + 20% Out-of-Network \$3,500 Copayment DED + 50%  Out-of-Network Option 1: \$250 Option 1: DED + 20% Out-of-Network Option 1: \$250 Option 1: DED + 20% Out-of-Network DED + 50%  Out-of-Network DED + 50%  In-Network DED + 50%  DED + 20% Out-of-Network \$300 Copayment DED + 20% Out-of-Network \$300 Copayment DED + 20% Out-of-Network \$300 Copayment INN Ded + 20%  Physician Services at ER  In-Network \$100 Copayment DED + 20% Out-of-Network \$100 Copayment DED + 20% Out-of-Network \$100 Copayment DED + 20%  Jigent Care Centers Inn-Network & Value Choice Providers \$50 Copayment DED + 20%  Ambulance In-Network DED + \$50 Copayment DED + 20%  DED + 20%  Ambulance In-Network DED + 20%	Colonoscopies		
Medical / Surgical Care at a Facility Ambulatory Surgical Center (ASC)  In-Network Out-of-Network DED + 50% DED + 50% DED + 50% DED + 50%  In-Network Option 1: \$600 Option 1: DED + 20% Option 2: \$1000 Option 2: DED + 20% Out-of-Network Option 2: \$3,500 Copayment DED + 50%  Outpatient Hospital Facility (per visit) Surgical)  In-Network Option 1: \$250 Option 1: DED + 20% Option 2: \$350 Option 1: DED + 20% Option 2: \$350 Option 2: DED + 20% Option 2: \$350 Option 2: DED + 20% Option 2: \$350 Option 2: DED + 20% DED + 50% DED + 50%  Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network \$300 Copayment DED + 20% Out-of-Network \$300 Copayment INN DED + 20% Option 2: DED + 20% Option 3: DED + 20% DED + 20% DED + 20% Option 4: DED + 20% Ambulance In-Network DED + 20%	In-Network	\$0 Copayment	\$0 Copayment
Medical / Surgical Care at a Facility Ambulatory Surgical Center (ASC)  In-Network Out-of-Network DED + 50% DED + 50% DED + 50% DED + 50%  In-Network Option 1: \$600 Option 1: DED + 20% Option 2: \$1000 Option 2: DED + 20% Out-of-Network Option 2: \$3,500 Copayment DED + 50%  Outpatient Hospital Facility (per visit) Surgical)  In-Network Option 1: \$250 Option 1: DED + 20% Option 2: \$350 Option 1: DED + 20% Option 2: \$350 Option 2: DED + 20% Option 2: \$350 Option 2: DED + 20% Option 2: \$350 Option 2: DED + 20% DED + 50% DED + 50%  Emergency and Urgent Care Emergency Room Facility (per visit) In-Network Out-of-Network \$300 Copayment DED + 20% Out-of-Network \$300 Copayment INN DED + 20% Option 2: DED + 20% Option 3: DED + 20% DED + 20% DED + 20% Option 4: DED + 20% Ambulance In-Network DED + 20%	Out-of-Network	\$0 Copayment	\$0 Copayment
Ambulatory Surgical Center (ASC)    In-Network	Medical / Surgical Care at a Facility		
Out-of-Network   DED + 50%   DED + 50%	Ambulatory Surgical Center (ASC)		
In-Network Option 1: \$600 Option 1: DED + 20% Option 2:-\$1000 Option 2: DED + 20% Out-of-Network \$3,500 Copayment DED + 50%  Untpatient Hospital Facility (per visit) Surgical)  In-Network Option 1: \$250 Option 1: DED + 20% Option 2: \$350 Option 2: DED + 20% Option 2: \$350 Option 2: DED + 20% Option 2: DED + 50%  Emergency and Urgent Care Emergency Room Facility (per visit)  In-Network \$300 Copayment DED + 50%  In-Network \$300 Copayment DED + 20% Out-of-Network \$300 Copayment INN Ded + 20% Out-of-Network \$100 Copayment DED + 20% Out-of-Network \$100 Copayment DED + 20% In-Network \$100 Copayment DED + 20% Out-of-Network DED + \$50 Copayment DED + 20% Out-of-Network DED + 20%	In-Network	\$150 Copayment	DED + 20%
In-Network	Out-of-Network	DED + 50%	DED + 50%
Option 2:- \$1000 Option 2: DED + 20% Out-of-Network \$3,500 Copayment DED + 50%  Outpatient Hospital Facility (per visit) Surgical)  In-Network Option 1: \$250 Option 1: DED + 20% Option 2: \$350 Option 2: DED + 20% Out-of-Network DED + 50%  Emergency and Urgent Care Emergency Room Facility (per visit)  In-Network \$300 Copayment DED + 20% Out-of-Network \$300 Copayment INN Ded + 20% Physician Services at ER  In-Network \$100 Copayment DED + 20% Out-of-Network \$100 Copayment INN DED + 20% Out-of-Network \$100 Copayment DED + 20% Out-of-Network DED + \$50 Copayment DED + 20% Out-of-Network DED + \$50 Copayment DED + 20%  Ambulance  In-Network DED + 20%	Inpatient Hospital Facility (per admit)		
Out-of-Network \$3,500 Copayment DED + 50%  Dutpatient Hospital Facility (per visit) Surgical)  In-Network Option 1: \$250 Option 1: DED + 20% Option 2: DED + 20% Option 2: \$350 Option 2: DED + 20% DED + 50%  DED + 50%  Emergency and Urgent Care Emergency Room Facility (per visit)  In-Network \$300 Copayment DED + 20% Out-of-Network \$300 Copayment INN Ded + 20% Physician Services at ER  In-Network \$100 Copayment DED + 20% Inn-Network & Value Choice Providers \$50 Copayment DED + 20% Out-of-Network DED + \$50 Copayment DED + 20% Ambulance In-Network DED + 20%	In-Network	Option 1: \$600	Option 1: DED + 20%
Dutpatient Hospital Facility (per visit) Surgical)  In-Network Option 1: \$250 Option 2: DED + 20% Option 2: DED + 50%  DED + 50%  DED + 50%  Emergency and Urgent Care Emergency Room Facility (per visit)  In-Network Out-of-Network \$300 Copayment DED + 20% Physician Services at ER  In-Network Out-of-Network \$100 Copayment DED + 20% INN DED + 20% INN DED + 20% Out-of-Network \$100 Copayment DED + 20% INN DED + 20%		Option 2:- \$1000	Option 2: DED + 20%
In-Network   Option 1: \$250   Option 1: DED + 20%	Out-of-Network	\$3,500 Copayment	DED + 50%
In-Network Option 1: \$250 Option 1: DED + 20% Option 2: \$350 Option 2: DED + 20%  Out-of-Network DED + 50% DED + 50%  Emergency and Urgent Care Emergency Room Facility (per visit)  In-Network \$300 Copayment DED + 20% Out-of-Network \$300 Copayment INN Ded + 20%  Physician Services at ER  In-Network \$100 Copayment DED + 20% Out-of-Network \$100 Copayment DED + 20%  Jrgent Care Centers  Inn-Network \$100 Copayment DED + 20%  Out-of-Network \$100 Copayment DED + 20%  Ambulance  In-Network DED + \$50 Copayment DED + 20%  Ambulance  In-Network DED + 20%  DED + 20%  DED + 20%	Outpatient Hospital Facility (per visit) (Surgical)		
Out-of-Network DED + 50%  Emergency and Urgent Care  Emergency Room Facility (per visit)  In-Network \$300 Copayment DED + 20%  Out-of-Network \$300 Copayment INN Ded + 20%  Physician Services at ER  In-Network \$100 Copayment INN DED + 20%  Out-of-Network \$100 Copayment INN DED + 20%  Jrgent Care Centers  Inn-Network & Value Choice Providers \$50 Copayment DED + 20%  Out-of-Network DED + \$50 Copayment DED + 20%  Ambulance  In-Network DED + 20%  DED + 20%  DED + 20%  DED + 20%	In-Network	Option 1: \$250	Option 1: DED + 20%
Emergency and Urgent Care  Emergency Room Facility (per visit)  In-Network \$300 Copayment DED + 20%  Out-of-Network \$300 Copayment INN Ded + 20%  Physician Services at ER  In-Network \$100 Copayment DED + 20%  Out-of-Network \$100 Copayment INN DED + 20%  Urgent Care Centers  Inn-Network & Value Choice Providers \$50 Copayment DED + 20%  Out-of-Network DED + \$50 Copayment DED + 20%  Ambulance  In-Network DED + 20%  DED + 20%  DED + 20%		•	•
In-Network \$300 Copayment DED + 20% Out-of-Network \$300 Copayment INN Ded + 20%  Physician Services at ER  In-Network \$100 Copayment INN DED + 20% Out-of-Network \$100 Copayment INN DED + 20%  Out-of-Network \$100 Copayment INN DED + 20%  Jrgent Care Centers  Inn-Network & Value Choice Providers \$50 Copayment DED + 20% Out-of-Network DED + \$50 Copayment DED + 20%  Ambulance  In-Network DED + 20% DED + 20% DED + 20% DED + 20%	Out-of-Network	DED + 50%	DED + 50%
In-Network \$300 Copayment DED + 20% Out-of-Network \$300 Copayment INN Ded + 20%  Physician Services at ER  In-Network \$100 Copayment INN DED + 20% Out-of-Network \$100 Copayment INN DED + 20%  Out-of-Network \$100 Copayment INN DED + 20%  Jrgent Care Centers  Inn-Network & Value Choice Providers \$50 Copayment DED + 20% Out-of-Network DED + \$50 Copayment DED + 20%  Ambulance  In-Network DED + 20% DED + 20% DED + 20% DED + 20%	Emergency and Urgent Care		
In-Network			
Out-of-Network \$300 Copayment INN Ded + 20%  Physician Services at ER  In-Network \$100 Copayment DED + 20%  Out-of-Network \$100 Copayment INN DED + 20%  Jrgent Care Centers  Inn-Network & Value Choice Providers \$50 Copayment DED + 20%  Out-of-Network DED + \$50 Copayment DED + 20%  Ambulance  In-Network DED + 20%  DED + 20%  DED + 20%		\$300 Copayment	DED + 20%
Physician Services at ER  In-Network \$100 Copayment DED + 20% Out-of-Network \$100 Copayment INN DED + 20%  Jegent Care Centers Inn-Network & Value Choice Providers \$50 Copayment DED + 20% Out-of-Network DED + \$50 Copayment DED + 20%  Ambulance In-Network DED + 20% DED + 20% DED + 20%			
In-Network		+ -ω/·······	
Out-of-Network \$100 Copayment INN DED + 20%  Jrgent Care Centers  Inn-Network & Value Choice Providers \$50 Copayment DED + 20%  Out-of-Network DED + \$50 Copayment DED + 20%  Ambulance  In-Network DED + 20%  DED + 20%  DED + 20%	-	¢100 Canavan t	DED : 2007
Inn-Network & Value Choice Providers \$50 Copayment DED + 20% Out-of-Network DED + \$50 Copayment DED + 20%  Ambulance In-Network DED + 20% DED + 20% DED + 20%			
Inn-Network & Value Choice Providers         \$50 Copayment         DED + 20%           Out-of-Network         DED + \$50 Copayment         DED + 20%           Ambulance         In-Network         DED + 20%         DED + 20%		\$100 Copayment	IINN DED + 20%
Out-of-Network         DED + \$50 Copayment         DED + 20%           Ambulance         DED + 20%         DED + 20%	-	050.5	5-5
Ambulance         In-Network         DED + 20%         DED + 20%			
In-Network DED + 20% DED + 20%		DED + \$50 Copayment	DED + 20%
		DED 000/	DED 0001
Out-of-Network INN DED + 20% INN DED + 20%			
	Out-ot-Network	INN DED + 20%	INN DED + 20%



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Employee + 1	\$190.22 \$380.44	\$117.28 \$234.56
Employee + 2 or More	\$268.16 \$536.32	\$165.32 \$330.64
Diagnostic Testing (e.g., Lab, x-ray)		
Physician Office		
Value Choice PCP	\$25 Copayment	DED + 20%
Value Choice Specialist	\$45 Copayment	DED + 20%
In-Network Family Physician	\$25 Copayment	DED + 20%
In-Network Specialist	\$45 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
ndependent Clinical Laboratory	525 - 6676	525 - 6676
In-Network	\$0 Copayment	\$0 Copayment
Out-of-Network	DED + 50%	DED + 50%
ndependent Diagnostic Testing Center	222 . 0070	DED : 3070
In-Network	\$50 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Outpatient Hospital Facility	DED 1 30 /0	DLD - 30 /0
In-Network	Option 1 & 2: DED + 20%	Option 1 & 2: DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Advanced Imaging (AIS) (MRI, MRA, PET,	DED + 30 /0	DED + 30%
CT & Nuclear Medicine)		
Physician Office		
In-Network Family Physician & Specialist	\$100 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
ndependent Diagnostic Testing Center	525 - 6676	525 - 6676
In-Network	\$100 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Outpatient Hospital Facility	222 00%	222 30%
In-Network & Value Choice Provider	Option 1: DED + 20%	Option 1: DED + 20%
	Option 2: DED + 20%	Option 2: DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Outpatient Therapy	222 00%	222 6676
Physician Office		
In-Network Family Physician & Specialist	\$25 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Outpatient Rehabilitation Facility		
In-Network	\$25 Copayment	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Outpatient Hospital Facility		
In-Network	Option 1: \$45 Copayment	Option 1: DED + 20%
III I I I I I I I I I I I I I I I I I	Option 2: \$60 Copayment	Option 2:-DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Mental Health Services & Substance		
Dependency Services		
Physician Office		
In-Network Family Physician & Specialist	\$0 Copayment	\$0 Copayment
Out-of-Network	50%	50%
npatient Hospital Facility		
In-Network	Option 1: \$0 Copayment	Option 1: \$0 Copayment
	Option 2: \$0 Copayment	Option 2: \$0 Copayment
Out-of-Network	\$500 Copayment	50%
Outpatient Hospital Facility		



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Employee + 1	\$190.22 \$380.44	\$117.28 \$234.56
Employee + 2 or More	\$268.16 \$536.32	\$165.32 \$330.64
In-Network	Option 1: \$0 Copayment	Option 1: \$0 Copayment
	opasii ii qo ospayiiisiii	Space in the depayment
	Option 2: \$0 Copayment	Option 2: \$0 Copayment
Out-of-Network	50%	50%
Emergency Room Facility(per visit)		
In-Network	\$0 Copayment	\$0 Copayment
Out-of-Network	\$0 Copayment	\$0 Copayment
Physician Services at Hospital & ER		
In-Network	\$0 Consyment	\$0 Copayment
Out-of-Network	\$0 Copayment	\$0 Copayment
Physician Services at Locations other than Office, Hospital and ER		
In-Network Family Physician & Specialist	\$0 Copayment	\$0 Copayment
Out-of-Network	50%	50%
Other Special Services and Locations		
Durable Medical Equipment/Skilled Nursing		
Facility/ Home Health Care/Hospice/Birthing or Dialysis Centers/Diabetic Equipment &		
Supplies In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Health Care Professional Administered Medications in Home Health Setting (Medical Pharmacy)	B25 + 00%	325 100%
In-Network (Preferred & Non Preferred)	DED + 20%	DED + 20%
Out-of-Network	DED + 50%	DED + 50%
Benefit Maximums		
Home Health Care Combined (INN &OON)	20 Visits PBP	20 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP	30 Days PBP
Outpatient Therapy & Spinal Manipulations	35 Visits PBP	35 Visits PBP
Skilled Nursing Facility	60 Days PBP	60 Days PBP
Cning! Manipulations	OR DDD	
Spinal Manipulations	26 PBP	26 PBP
Prescription Drugs		
	26 PBP	\$1,500/\$3,000
Prescription Drugs		
Prescription Drugs Deductible		\$1,500/\$3,000 (deductible inclusive of RX and
Prescription Drugs Deductible In-Network		\$1,500/\$3,000 (deductible inclusive of RX and
Prescription Drugs Deductible In-Network - Retail	100 Brand only	\$1,500/\$3,000 (deductible inclusive of RX and medical)
Prescription Drugs Deductible In-Network - Retail Generic/Brand/Non-Preferred	100 Brand only	\$1,500/\$3,000 (deductible inclusive of RX and medical)
Prescription Drugs Deductible In-Network - Retail Generic/Brand/Non-Preferred - Mail Order	100 Brand only \$10/\$50/\$80	\$1,500/\$3,000  (deductible inclusive of RX and medical)  \$10/\$50/\$80 after deductible
Prescription Drugs  Deductible  In-Network  - Retail  Generic/Brand/Non-Preferred  - Mail Order  Generic/Brand/Non-Preferred	100 Brand only \$10/\$50/\$80	\$1,500/\$3,000  (deductible inclusive of RX and medical)  \$10/\$50/\$80 after deductible
Prescription Drugs Deductible In-Network - Retail Generic/Brand/Non-Preferred - Mail Order Generic/Brand/Non-Preferred Out-of-Network	100 Brand only \$10/\$50/\$80	\$1,500/\$3,000  (deductible inclusive of RX and medical)  \$10/\$50/\$80 after deductible

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