

Product	BlueOptions PPO Plan 3562
Cost Sharing - Member's Responsibility	Partially Health Care Reform Compliant (Grandfathered)
Deductible (DED) (Per Person/Family Aggregate)	
In-Network	\$500 / \$1,500
Out-of-Network	Combined w/ INN
Coinsurance (BCBSF pays / Member pays)	
In-Network	80% / 20%
Out-of-Network	70% / 30%
Out of Pocket Maximum (Per Person/Family Aggregate)	Includes Pharmacy
In-Network	\$5,000 / \$10,000
Out-of-Network	Combined w/ INN
Medical Pharmacy OOP Maximum (Per Person Per Calendar Month)	
In-Network (Preferred)	N/A
In-Network (Non-Preferred)	N/A
Out-of-Network	N/A

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Medical / Surgical Care by a Physician	
E-Office Visit Services	
In-Network Family Physician	\$10
In-Network Specialist	\$10
Out-of-Network	DED + 30%
Office Services	
In-Network Family Physician	\$25
In-Network Specialist	\$40
Out-of-Network	DED + 30%
Allergy Injections (Office)	
In-Network Family Physician	\$10
In-Network Specialist	\$10
Out-of-Network	DED + 30%
Allergy Testing (Office)	
In-Network Family Physician	Included under other physician services
In-Network Specialist	
Out-of-Network	

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Health Care Professional Administered Medications in the Office (Medical Pharmacy)	
In-Network (Preferred)	N/A
In-Network (Non-Preferred)	N/A
Out-of-Network	N/A
Maternity Office Services	Remaining cost share for routine pregnancy applicable at delivery. Additional services
In-Network Family Physician	\$25
In-Network Specialist	\$40
Out-of-Network	DED + 30%
Convenient Care Center	
In-Network	\$25
Out-of-Network	DED + 30%
Physician Services at Hospital	
In-Network	DED + 20%
Out-of-Network	DED + 30%
Radiology, Pathology and Anesthesiology Provider Services at Hospital	
In-Network	DED + 20%
Out-of-Network	DED + 20%
Radiology, Pathology and Anesthesiology Provider Services at ASC	
In-Network	DED + 20%
Out-of-Network	DED + 20%
Physician Services at Locations other than Office, Hospital and ER	
In-Network Family Physician	DED + 20%
In-Network Specialist	DED + 20%
Out-of-Network	DED + 30%

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Preventive Services (Adult & Well Child)	
Office Services	
In-Network Family Physician	\$25
In-Network Specialist	\$40
Out-of-Network	30%
Convenient Care Center	
In-Network	\$25
Out-of-Network	30%
Urgent Care Centers	
In-Network	\$35
Out-of-Network	30%
Independent Clinical Laboratory	
In-Network	\$0
Out-of-Network	30%
Independent Diagnostic Testing Center	
In-Network	20%
Out-of-Network	30%
Physician Services at Hospital Facility	
In-Network	DED + 20%
Out-of-Network	DED + 30%
Inpatient Hospital Facility (per admit)	
In-Network	Option 1: \$750 Option 2: \$1,500
Out-of-Network	\$2,500
Outpatient Hospital Facility (per visit)	
In-Network	Option 1: \$150 Option 2: \$250
Out-of-Network	\$350
Mammograms	
In-Network	\$0
Out-of-Network	\$0
Colonoscopies	
In-Network	\$0
Out-of-Network	\$0

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Medical / Surgical Care at a Facility	
Ambulatory Surgical Center (ASC)	
In-Network	\$75
Out-of-Network	DED + 30%
Inpatient Hospital Facility (per admit)	
In-Network	Option 1: \$750 Option 2: \$1,500
Out-of-Network	\$2,500
Outpatient Hospital Facility (per visit) (Surgical)	
In-Network	Option 1: \$150 Option 2: \$250
Out-of-Network	\$350
Outpatient Hospital Facility (per visit) (Non-Surgical)	
In-Network	Included with Surgical Services
Out-of-Network	
Non-Routine Colonoscopy (Medically Nec.)	
In-Network	\$0
Out-of-Network	DED + 30%

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Emergency and Urgent Care	
Emergency Room Facility (per visit) (Surgery performed or with admit)	hospital will submit an inpatient hospital claim instead of an ER facility claim. ER Copay will not apply on the claim; only inpatient facility
In-Network	\$100 + 20%
Out-of-Network	\$100 + 30%
Emergency Room Facility (per visit) (No surgery performed or not admitted)	<ul style="list-style-type: none">If admitted as an inpatient from ER, the hospital will submit an inpatient hospital claim instead of an ER facility claim. ER Copay will
In-Network	\$100 + 20%
Out-of-Network	\$100 + 30%
Physician Services at ER (Surgery performed or with admit)	
In-Network	DED + 20%
Out-of-Network	DED + 30%
Physician Services at ER (No surgery performed or not admitted)	
In-Network	DED + 20%
Out-of-Network	DED + 30%
Urgent Care Centers	
In-Network	\$35
Out-of-Network	DED + 30%
Ambulance	
In-Network	DED + 20%
Out-of-Network	DED + 20%

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Diagnostic Testing (e.g., Lab, x-ray)	
Physician Office	
In-Network Family Physician	\$25
In-Network Specialist	\$40
Out-of-Network	DED + 30%
Independent Clinical Laboratory	
In-Network	\$0
Out-of-Network	DED + 30%
Independent Diagnostic Testing Center	
In-Network	DED + 20%
Out-of-Network	DED + 30%
Outpatient Hospital Facility	
In-Network	Option 1: \$150 Option 2: \$250
Out-of-Network	\$350
Advanced Imaging (AIS) (MRE, MRA, PET, CT & Nuclear Medicine)	
Physician Office	
In-Network Family Physician	\$25
In-Network Specialist	\$40
Out-of-Network	DED + 30%
Independent Diagnostic Testing Center	
In-Network	DED + 20%
Out-of-Network	DED + 30%
Outpatient Hospital Facility	
In-Network	Option 1: \$150 Option 2: \$250
Out-of-Network	\$350

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Outpatient Therapy	
Physician Office	
In-Network Family Physician	\$25
In-Network Specialist	\$40
Out-of-Network	DED + 30%
Outpatient Rehabilitation Facility	
In-Network	\$40
Out-of-Network	DED + 30%
Outpatient Hospital Facility	
In-Network	Option 1: \$45 Option 2: \$60
Out-of-Network	\$350

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Mental Health and Substance Dependency Services	
Physician Office	
In-Network Family Physician	\$25
In-Network Specialist	\$25
Out-of-Network	30%
Inpatient Hospital Facility	
In-Network	Option 1: \$750 Option 2: \$750
Out-of-Network	\$2,500
Outpatient Hospital Facility	
In-Network	Option 1: \$40 Option 2: \$40
Out-of-Network	30%
Emergency Room Facility(per visit)	
In-Network	\$100 + 20%
Out-of-Network	\$100 + 20%
Physician Services at Hospital	
In-Network	\$100
Out-of-Network	\$100
Physician Services at ER	
In-Network	\$100
Out-of-Network	\$100
Physician Services at Locations other than Office, Hospital and ER	
In-Network Family Physician	\$40
In-Network Specialist	\$40
Out-of-Network	30%

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Other Special Services and Locations	
Durable Medical Equipment	
In-Network Motorized Wheelchairs	DED + 20%
In-Network All Other	DED + 20%
Out-of-Network	DED + 30%
Orthotics & Prosthetics	
In-Network Family Physician	DED + 20%
In-Network Specialist	DED + 20%
Out-of-Network	DED + 30%
Skilled Nursing Facility	
In-Network	DED + 20%
Out-of-Network	DED + 30%
Home Health Care	
In-Network	DED + 20%
Out-of-Network	DED + 30%
Hospice	
In-Network	DED + 20%
Out-of-Network	DED + 30%
Dialysis	
In-Network	DED + 20%
Out-of-Network	DED + 30%
Medications in Home Health Setting (Medical	
In-Network (Preferred)	DED + 20%
In-Network (Non-Preferred)	DED + 20%
Out-of-Network	DED + 30%
Birthing Center	
In-Network	DED + 20%
Out-of-Network	DED + 30%
Diabetic Equipment & Supplies	
In-Network	DED + 20%
Out-of-Network	DED + 30%
Enteral Formula	
In-Network	DED + 20%
Out-of-Network	DED + 30%
Second Medical Opinion	
In-Network	Included under other physician services
Out-of-Network	
Additional Services	
In-Network	DED + 20%

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Out-of-Network	DED + 30%

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Benefit Maximums	
Ambulance	
Combined (INN & OON)	N/A
Enteral Formula	
Combined (INN & OON)	N/A
Gastric Bypass	
	1 PBP
High Risk Colonoscopy	
In-Network	N/A
Combined (INN & OON)	1 / 2 years
Home Health Care	
In-Network	N/A
Combined (INN & OON)	20 Visits PBP
Inpatient Rehabilitation Therapy	
In-Network	N/A
Combined (INN & OON)	30 Days PBP
Outpatient Therapy & Spinal Manipulations	to be covered after the benefit maximum is met.
In-Network	N/A
Combined (INN & OON)	35 Visits PBP
Outpatient Therapy Modalities	
In-Network	N/A
Combined (INN & OON)	4 / 1 day
Preventive Colonoscopy	
In-Network	N/A
Combined (INN & OON)	1 / 10 years
Skilled Nursing Facility	
In-Network	N/A
Combined (INN & OON)	60 Days PBP
Spinal Manipulations	
In-Network	N/A
Combined (INN & OON)	26 PBP

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Prescription Drugs	
Deductible	N/A
In-Network	
- Retail	
Generic/Brand/Non-Preferred	\$15 / \$45 / \$65
- Mail Order	
Generic/Brand/Non-Preferred	\$30 / \$90 / \$130
Out-of-Network	
- Retail	
Generic/Brand/Non-Preferred	50%
- Mail Order	
Generic/Brand/Non-Preferred	50%
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