

Cost Sharing		03160	03161
		Individual	Family
<b>H.S.A-Compatible Plans</b>			
Physician Office Services	In-Network Family Physician	DED + Coinsurance	
	In-Network Specialist	DED + Coinsurance	
	In-Network e-Office Visit	DED + Coinsurance	
	In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	DED + Coinsurance	
	Out-of-Network Provider	DED + Coinsurance	
	Medical Pharmacy* (Does not include immunizations and allergy injections)	In-Network Provider	DED + 20% Coinsurance
	Out-of-Network Provider	DED + 50% Coinsurance	
Emergency Room Facility Services (per visit; waived if admitted)	In-Network and Out-of-Network	In-Network DED + In-Network Coinsurance	
Independent Diagnostic Testing Facility (Fac./Phy. Charges billed as one bill)	In-Network - Diagnostic Services (other than AIS)	DED + Coinsurance	
	In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	DED + Coinsurance	
	Out-of-Network	DED + Coinsurance	
Independent Clinical Lab	In-Network Provider	DED	
	Out-of-Network Provider	DED + Coinsurance	
Provider Services at Hospital and ER	In-Network and Out-of-Network	In-Network DED + In-Network Coinsurance	
Provider Services at Locations other than Office Hospital and Emergency Room	In-Network Family	DED + Coinsurance	
	In-Network Specialist	DED + Coinsurance	
	Out-of-Network	DED + Coinsurance	
Ambulatory Surgical Center	In-Network Provider	DED + Coinsurance	
	Out-of-Network Provider	DED + Coinsurance	
Inpatient Hospital Facility Services (per admission)	In-Network	Option 1 - DED + 20% Coinsurance Option 2 - DED + 25% Coinsurance	
	Out-of-Network	DED + 40% Coinsurance	
Outpatient Hospital Facility Services (per visit)	In-Network - Therapy Services	Option 1 - DED + 20% Coinsurance Option 2 - DED + 25% Coinsurance	
	In-Network - All Other Services	Option 1 - DED + 20% Coinsurance Option 2 - DED + 25% Coinsurance	
	Out-of-Network	DED + 40% Coinsurance	
Deductible (per Person / Family Aggregate)	In-Network	\$1,400 / NA	\$2,800 / \$2,800
	Out-of-Network	\$2,500 / NA	\$5,000 / \$5,000
Coinsurance (Amount member pays)	In-Network	20%	
	Out-of-Network	40%	
Prescription Drugs	Generic / Brand / Non-Preferred	In-Network DED + \$10 / \$50 / \$80	
	Mail-Order (90 day supply)	In-Network DED + \$25 / \$125 / \$200	
	Condition Care Rx Drugs	\$10 / \$50 / \$80	
Out-of-Pocket Maximum (per Person / Family Aggregate)	In-Network	Includes DED, Coins, Copays & Rx \$5,000 / NA	Includes DED, Coins, Copays & Rx \$5,000 / \$5,000
	Out-of-Network	\$10,000 / NA	\$10,000 / \$10,000

<b>Benefit Maximums for Plans 03160/03161</b>	
<b>Home Health Care (Per Benefit Period – PBP)</b>	<b>60 Visits PBP</b>
<b>Skilled Nursing Facility</b>	<b>60 Days PBP</b>
<b>Outpatient Therapy &amp; Spinal Manipulations</b>	<b>35 Visits PBP</b>

<b>Comments:</b>
<ul style="list-style-type: none"> <li>• <b>Separate plan for individual and family coverage</b></li> <li>• <b>In-Network Independent Clinical Lab services are paid at 100% after DED has been met.</b></li> <li>• <b>Preventive Adult Wellness (Per Benefit Period - PBP) Services are not subject to the DED.</b></li> <li>• <b>Medical Pharmacy monthly OOP Max does not apply until the In-Network DED is met for HSA plans</b></li> <li>• <b>Condition Care Rx is available In-Network – Waive DED, regular copay applies.</b></li> </ul>

\* (1) Medical Pharmacy Monthly OOP Max applies in-network only and is combined Preferred and Non-Preferred unless otherwise noted. It includes the drug cost share and applies to the health plan OOP Max. (2) Physician Services are in addition to drug costs (separate cost share applies). (3) Separate drug cost share does not apply to allergy injections or immunizations; only office cost share applies.

**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 Benefit Booklet and Schedule of Benefits; their terms prevail.

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