

## Summary of Benefits

### City of Ocoee – Effective 1/1/15

The information contained in this proposal includes benefit changes required as a result of the Patient Protection And Affordable Care Act (PPACA), otherwise known as Health Care Reform (HCR). Please note that plan benefits are subject to change and may be revised based on guidance and regulations issued by the Secretary of Health and Human Services (HHS) or other applicable federal agency.

<b>BlueChoice</b> 0727	
<b>COST SHARING</b>	
Maximums shown are Per Benefit Period (BPM) unless noted Per Benefit Period (PBP) Calendar Year	
<b>Deductible (DED) (Per Person/Family Agg)</b>	
In-Network	\$1,500 / \$3,000
Out-of-Network	\$3,000 / \$6,000
<b>Coinsurance (Member Responsibility)</b>	
In-Network	10%
Out-of-Network	30%
<b>Out of Pocket Maximum (Per Person/Family Agg)</b>	Includes DED, Coins, Copays and Rx
In-Network	\$2,000 / \$4,000
Out-of-Network	\$5,000 / \$10,000
<b>Lifetime Maximum</b>	No Maximum
<b>PROFESSIONAL PROVIDER SERVICES</b>	
<b>Allergy Injections</b>	
In-Network Family Physician	\$5
In-Network Specialist	\$5
Out-of-Network	DED + 30%
<b>E-Office Visit Services</b>	
In-Network Family Physician	\$30 FP
In-Network Specialist	\$50 SP
Out-of-Network	DED + 30%
<b>Office Services</b>	
In-Network Family Physician	\$30 FP
In-Network Specialist	\$50 SP
Out-of-Network	DED + 30%
<b>Provider Services at Hospital and ER</b>	
In-Network Family Physician	DED + 10%
In-Network Specialist	DED + 10%
Out-of-Network	In-Ntwk DED + 10%
<b>Provider Services at Other Locations</b>	
In-Network Family Physician	DED + 10%
In-Network Specialist	DED + 10%
Out-of-Network	DED + 30%
<b>Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center</b>	
In-Network Specialist	DED + 10%
Out-of-Network	DED + 30%
<b>PREVENTIVE CARE</b>	
<b>Adult Wellness Office Services</b>	
In-Network Family Physician	\$0
In-Network Specialist	\$0
Out-of-Network	30% (No DED)
<b>Colonoscopies (Routine)</b>	Age 50+ then Frequency Schedule Applies
In-Network	\$0
Out-of-Network	30% (No DED)
<b>Mammograms (Routine and Dx)</b>	
In-Network	\$0
Out-of-Network	\$0
<b>Well Child Office Visits (No BPM)</b>	
In-Network Family Physician	\$0
In-Network Specialist	\$0
Out-of-Network	30% (No DED)
<b>EMERGENCY/URGENT/CONVENIENT CARE</b>	
<b>Ambulance Maximum (per day)</b>	No Maximum
In-Network	DED + 10%
Out-of-Network	In-Ntwk DED + 10%



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<b>Convenient Care Centers (CCC)</b>	
In-Network	\$30 FP
Out-of-Network	DED + 30%
<b>Emergency Room Facility Services</b> (also see Professional Provider Services)	
In-Network	\$375
Out-of-Network	\$375
<b>Urgent Care Centers (UCC)</b>	
In-Network	\$60
Out-of-Network	DED + 30%
<b>FACILITY SERVICES - HOSP/SURG/ICL/IDTF</b>	
Unless otherwise noted, physician services are in addition to facility services. See Professional Provider Services.	
<b>Ambulatory Surgical Center</b>	
In-Network	DED + 10%
Out-of-Network	DED + 30%
<b>Independent Clinical Lab</b>	
In-Network	10% (No DED)
Out-of-Network	30% (No DED)
<b>Independent Diagnostic Testing Facility - Xrays and AIS (Includes Physician Services)</b>	
In-Network - Advanced Imaging Services (AIS)	\$50 SP
In-Network - Other Diagnostic Services	\$50 SP
Out-of-Network	DED + 30%
<b>Inpatient Hospital (per admit)</b>	
In-Network	DED + 10%
Out-of-Network	DED + 30%
<b>Inpatient Rehab Maximum</b>	30 days
<b>Outpatient Hospital (per visit)</b>	
In-Network	DED + 10%
Out-of-Network	DED + 30%
<b>Therapy at Outpatient Hospital</b>	
In-Network	DED + 10%
Out-of-Network	DED + 30%
<b>MENTAL HEALTH AND SUBSTANCE ABUSE</b>	
<b>Inpatient Hospitalization</b>	
In-Network	DED + 10%
Out-of-Network	DED + 30%
<b>Outpatient Hospitalization (per visit)</b>	
In-Network	DED + 10%
Out-of-Network	DED + 30%
<b>Provider Services at Hospital and ER</b>	
In-Network Family Physician or Specialist	\$0
Out-of-Network Provider	\$0
<b>Physician Office Visit</b>	
In-Network Family Physician	\$30 FP
In-Network Specialist	\$50 SP
Out-of-Network Provider	DED + 30%
<b>Emergency Room Facility Services (per visit)</b>	
In-Network	\$375
Out-of-Network	\$375
<b>Provider Services at Locations other than Hospital and ER</b>	
In-Network Family Physician	\$50 FP
In-Network Specialist	\$50 SP
Out-of-Network Provider	DED + 30%
<b>OTHER SPECIAL SERVICES AND LOCATIONS</b>	
<b>Advanced Imaging Services in Physician's Office</b>	
In-Network Family Physician	\$30 FP
In-Network Specialist	\$50 SP
Out-of-Network	DED + 30%
<b>Birthing Center</b>	
In-Network	DED + 10%
Out-of-Network	DED + 30%
<b>Diabetic Equipment and Supplies</b>	
In-Network	DED + 10%
Out-of-Network	DED + 30%



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<b>Durable Medical Equipment, Prosthetics, Orthotics BPM</b> In-Network Out-of-Network	Enteral Formulas: No Maximum All Other: No Maximum DED + 10% DED + 30%
<b>Home Health Care BPM</b> In-Network Out-of-Network	20 Visits DED + 10% DED + 30%
<b>Hospice LTM</b> In-Network Out-of-Network	No Maximum DED + 10% DED + 30%
<b>Outpatient Therapy and Spinal Manipulations BPM</b>	35 Visits (Includes up to 26 Spinal Manipulations)
<b>Skilled Nursing Facility BPM</b> In-Network Out-of-Network	60 days DED + 10% DED + 30%

**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.

