

Summary of PPO Benefits

Benefit Period April 1-March 31



A PPO, or Preferred Provider Organization, offers two levels of benefits. If you receive services from a provider who is in the PPO network, you'll receive the highest level of benefits. If you receive services from a provider who is not in the PPO network, you'll receive the lower level of benefits. In either case, you coordinate your own care. There is no requirement to select a Primary Care Physician (PCP) to coordinate your care. Below are specific benefit levels.

ICUBA

\$4,000/\$8,000 Deductible PPO Plan

| Benefit | In-Network | Out-of-Network |
|---|--|----------------------|
| | <i>(Coinsurance and Copays displayed as Employee responsibility)</i> | |
| Deductible Per Benefit Period (PBP) | | |
| Individual | \$4,000 | \$8,000 |
| Family | \$8,000 | \$16,000 |
| Coinsurance | 30% | 50% |
| Out-of-Pocket Maximums PBP <i>(includes deductible, coinsurance, and medical copays)</i> | | |
| Individual | \$5,350 | \$10,700 |
| Family | \$10,700 | \$21,400 |
| Lifetime Maximum | No Maximum | |
| Physician Office Visits <i>(Internal Medicine, General Practice, Family Practice, Pediatrician, OB/GYN)</i> | 0% after \$25 copay (not subject to deductible) | 50% after deductible |
| Blue Distinction Total Care Office Visit <i>(Internal Medicine, Family Practice, Pediatrician)</i> | \$0 copay (not subject to deductible or copayment) | N/A |
| Teladoc Telemedicine Visit | 0% after \$5 copay | N/A |
| Maternity Office Visit Benefit <i>(initial OB visit only)</i> | 0% after \$25 copay (not subject to deductible) | 50% after deductible |
| Specialist Office Visits | 0% after \$50 copay (not subject to deductible) | 50% after deductible |
| Independent Clinical Labs ** <i>(free standing facilities and office visits)</i> | 0% (not subject to deductible) | 50% after deductible |
| Outpatient Facility (Hospital setting)*** | 30% coinsurance | |
| Preventive Care - Annual Physical and Gynecological exam | 0% (not subject to deductible) | Not Covered |
| Chlamydia and STD tests | 0% (not subject to deductible) | Not Covered |
| PAP tests | 0% (not subject to deductible) | Not Covered |
| Prostate cancer screenings (PSA) | 0% (not subject to deductible) | Not Covered |
| Mammograms and Ultrasounds of the Breast | 0% (not subject to deductible) | Not Covered |
| Urinalysis | 0% (not subject to deductible) | Not Covered |
| Venipuncture/Conveyance Fee | 0% (not subject to deductible) | Not Covered |
| General Health Blood Panel, Glucose Test, Lipid Panel, Cholesterol, and ALT/AST. | 0% (not subject to deductible) | Not Covered |
| Adult and Pediatric Immunizations | 0% (not subject to deductible) | Not Covered |
| Related Wellness Services (e.g., blood stool tests, colonoscopies, sigmoidoscopies, electrocardiograms, echocardiograms, and bone mineral density tests) | 0% (not subject to deductible) | Not Covered |

** Quest Diagnostic Labs is the In-Network Lab for BlueCross BlueShield of Florida.

***Outpatient Facility Lab – If you go to your doctor's office at/in a hospital facility and have lab work done (ex: Moffitt Center)

| Benefit | In-Network | Out-of-Network |
|--|--|----------------------|
| | <i>(Coinsurance and Copays displayed as Employee responsibility)</i> | |
| Allergy Injections | 0% (not subject to deductible) | 50% after deductible |
| Emergency Room Services | 0% after \$300 copay (waived if admitted) | |
| Medically Necessary Emergency Transportation | 0% after \$250 copay | |
| Convenient Care Clinic (Retail) Minute Clinic- CVS/Healthcare Clinic - Walgreens | 0% after \$10 copay | |
| Urgent Care Center | 0% after \$50 copay | |
| Hospital Expenses | | |
| Inpatient | 30% after deductible | 50% after deductible |
| Outpatient | 30% after deductible | 50% after deductible |
| Outpatient Surgery Office Setting | | |
| Physician | 0% after \$25 Copay | 50% after deductible |
| Specialist | 0% after \$50 Copay | |
| Outpatient Facility | 30% after deductible | 50% after deductible |
| Related professional services | 30% after deductible | 50% after deductible |
| <i>Non-Emergent Surgeries with SurgeryPlus Please call 1-855-200-2119 for this separate benefit</i> | <i>Deductible and coinsurance is waived when utilizing SurgeryPlus services and network</i> | <i>Not Covered</i> |
| Infertility Services (Counseling and testing to diagnose only) | 30% after deductible | 50% after deductible |
| Outpatient Physical Therapy | 0% after \$30 copay (not subject to deductible) Limit: 60 visits/ benefit period | 50% after deductible |
| Outpatient Speech Therapy (Restorative services only) | 0% after \$30 copay (not subject to deductible) Limit: 60 visits/ benefit period | 50% after deductible |
| Outpatient Occupational Therapy | 0% after \$30 copay (not subject to deductible) Limit: 60 visits/ benefit period | 50% after deductible |
| Spinal Manipulation | 0% after \$30 copay (not subject to deductible) Limit: 60 visits/ benefit period | 50% after deductible |
| Diagnostic Services (X-Ray and other tests) | 30% after deductible | 50% after deductible |
| Outpatient Diagnostic Imaging (MRI, MRA, CAT Scan, PET Scan) | Allowed Charges up to \$500 Copay | 50% after deductible |
| Durable Medical Equipment (DME) | \$2,000 Deductible of the \$4,000 Individual Deductible must be satisfied before 30% coinsurance applies | 50% after deductible |
| Prosthetic Appliances | | 50% after deductible |
| Hearing aid screening/exam | 30% (not subject to deductible) | |
| Hearing aid | 30% after in-network DME deductible Combined limit: \$1,500/ benefit period | |
| Temporomandibular Joint Disorder (Medical necessity required; excludes appliances and orthodontic treatment) | 30% after deductible | 50% after deductible |
| Inpatient Rehabilitation | 30% after deductible Limit: 60 days/ benefit period | 50% after deductible |
| Skilled Nursing Rehabilitation | 30% after deductible Limit: 60 days/ benefit period | 50% after deductible |
| Home Health Care | 30% after deductible | 50% after deductible |
| Private Duty Nursing | 30% after deductible | 50% after deductible |
| Hospice (Inpatient and Outpatient Care) | 0% (not subject to deductible) | 50% after deductible |
| Mental Health, Substance Abuse Benefits are provided by Aetna Behavioral Health - Available 24 hours at 877-398-5816 | | |
| Mental Health/Substance Abuse | | |
| Inpatient | 30% after deductible | 50% after deductible |
| Outpatient | 0% after \$25 copay | 50% after deductible |

Note on Out-of-Network Providers: Services rendered by an out-of-network provider may be subject to balance billing by the out-of-network provider for the difference between the allowed amount and provider billed charges. This is not intended as a contract of benefits. It is designed purely as a reference of the many benefits available under your program. Please see your Plan Document for detailed information on plan terms and the appeals process.