

# 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

## Preferred PPO Plan

Benefit	In-Network	Out-of-Network
	<i>(Coinsurance and Copays displayed as Employee responsibility)</i>	
<b>Deductible Per Benefit Period (PBP)</b>		
Individual	\$2,500	\$4,000
Family	\$5,000	\$10,750
<b>Coinsurance</b>	20%	40%
<b>Out-of-Pocket Maximums PBP</b> <i>(includes deductible, coinsurance, and medical copays)</i>		
Individual	\$4,000	\$7,500
Family	\$8,000	\$15,000
<b>Lifetime Maximum</b>	<b>No Maximum</b>	
<b>Physician Office Visits</b> <i>(Internal Medicine, General Practice, Family Practice, Pediatrician, OB/GYN)</i>	20% (not subject to deductible)	40% after deductible
<b>Blue Distinction Total Care Office Visit</b> <i>(Internal Medicine, Family Practice, Pediatrician)</i>	0% (not subject to deductible or copayment)	N/A
<b>Teladoc Telemedicine Visit</b>	0% after \$5 copay	N/A
<b>Maternity Office Visit Benefit</b> <i>(initial OB visit only)</i>	\$20 copay (not subject to deductible)	40% after deductible
<b>Specialist Office Visits</b>	20% (not subject to deductible)	40% after deductible
<b>Independent Clinical Labs **</b> <i>(free standing facilities and office visits)</i>	0% (not subject to deductible)	40% after deductible
<b>Outpatient Facility (Hospital setting)***</b>	20% coinsurance	
<b>Preventive Care - Annual Physical and Gynecological exam</b>	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
<b>Related Wellness Services</b> (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)

Effective 4/1/2021

Benefit	In-Network	Out-of-Network
	<i>(Coinsurance and Copays displayed as Employee responsibility)</i>	
Allergy Injections	0% (not subject to deductible)	40% 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 \$30 copay	
Hospital Expenses		
Inpatient	20% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible
Outpatient Surgery Office Setting (Physician or Specialist)	20% (not subject to deductible)	40% after deductible
Outpatient Facility	20% after deductible	40% after deductible
Related professional services	20% after deductible	40% after deductible
Non-Emergent Surgeries with SurgeryPlus Please call 1-855-200-2119 for this separate benefit	Deductible and coinsurance is waived when utilizing SurgeryPlus services and network	Not Covered
Infertility Services (Counseling and testing to diagnose only)	20% after deductible	40% after deductible
Outpatient Physical Therapy	20% (not subject to deductible) Limit: 60 visits/ benefit period	40% after deductible
Outpatient Speech Therapy (Restorative services only)	20% (not subject to deductible) Limit: 60 visits/ benefit period	40% after deductible
Outpatient Occupational Therapy	20% (not subject to deductible) Limit: 60 visits/ benefit period	40% after deductible
Spinal Manipulation	20% (not subject to deductible) Limit: 60 visits/ benefit period	40% after deductible
Diagnostic Services (X-Ray and other tests)	20% after deductible	40% after deductible
Outpatient Diagnostic Imaging (MRI, MRA, CAT Scan, PET Scan)	Allowed Charges up to \$500 Copay	40% after deductible
Durable Medical Equipment	20% after deductible	40% after deductible
Prosthetic Appliances	20% after deductible	40% after deductible
Hearing Care Services		
Hearing aid screening/exam	20% (not subject to deductible)	
Hearing aid	20% after in-network deductible Combined limit: \$1,500/ benefit period	
Temporomandibular Joint Disorder (Medical necessity required; excludes appliances and orthodontic treatment)	20% after deductible	40% after deductible
Inpatient Rehabilitation	20% after deductible Limit: 60 days/ benefit period	40% after deductible
Skilled Nursing Rehabilitation	20% after deductible Limit: 60 days/ benefit period	40% after deductible
Home Health Care	20% after deductible	40% after deductible
Private Duty Nursing	20% after deductible	40% after deductible
Hospice (Inpatient and Outpatient Care)	0% (not subject to deductible)	40% 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	20% after deductible	40% after deductible
Outpatient	20% (not subject to deductible)	40% 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.