



Blue Cross Blue Shield of Florida

Available Statewide

Toll-free Phone Number: 1-877-872-6580

Web Site: Coming Soon

www.CoverFloridaHealthCare.com

	Preventive	Catastrophic																																																
Benefits	\$0 deductible	\$3,000 deductible Medical Benefits up to: \$25,000 annually \$50,000 lifetime																																																
Doctor Visits	*Member pays \$50 or the difference between the BCBSF payment and allowed amount (whichever is less).	*Member pays \$50 or the difference between the BCBSF payment and allowed amount (whichever is less).																																																
Preventive Care	*Member pays difference between BCBSF payment and the allowed amount for cervical cancer screening, prostate screening and colorectal screening; Free annual mammogram	*Member pays difference between BCBSF payment and the allowed amount for cervical cancer screening, prostate screening and colorectal screening; Free annual mammogram																																																
Hospital Inpatient Services	N/A	<u>In-Network</u> : Member pays annual deductible + 20% of charges <u>Out-of-network**</u> : Member pays annual deductible + preadmission deductible + 20% of <u>Non-participating provider</u> : Member pays preadmission deductible + 40% of charges Rehabilitation up to 21 days per year charges																																																
Hospital Outpatient Services	N/A	<u>In-Network/Out-of-Network**</u> : Member pays annual deductible + 20% of charges <u>Non-participating provider</u> : Member pays annual deductible + portion of the charges that is not covered by BCBSF																																																
Emergency Care	N/A	<u>In-Network</u> : Member pays annual deductible + 20% of charges <u>Non-participating provider</u> : Member pays annual deductible + 40% of charges																																																
Prescription Drugs	BSBSF pays \$15 per covered prescription drugs and Member pays remainder.	BSBSF pays \$15 per covered prescription drugs and Member pays remainder.																																																
Other Services Included in Plans	<u>Diagnostic Services</u> : No co-pay for Mammograms and Osteoporosis Screening <u>Durable Medical Equipment</u> : Member pays annual deductible + 20% of charges (this covers DME related to surgery only) <u>Behavioral Health</u> : limited to \$500 per year with a \$10,000 lifetime maximum	<u>Diagnostic Services</u> : No co-pay for Mammograms and Osteoporosis Screenings <u>Durable Medical Equipment</u> : Member pays annual deductible + 20% of charges (this covers DME related to surgery only) <u>Behavioral Health</u> : limited to \$500 per year with a \$10,000 lifetime maximum																																																
Monthly Rates (by age)	<table border="0"> <tr> <td></td> <td>Female</td> <td>Male</td> </tr> <tr> <td>0 - 18</td> <td>Not Offered</td> <td>Not Offered</td> </tr> <tr> <td>19 - 29</td> <td>\$23.70 to \$40.51</td> <td>\$23.70 to \$40.51</td> </tr> <tr> <td>30 - 39</td> <td>\$41.64 to \$48.96</td> <td>\$41.64 to \$48.96</td> </tr> <tr> <td>40 - 49</td> <td>\$49.56 to \$54.57</td> <td>\$49.56 to \$54.57</td> </tr> <tr> <td>50 - 59</td> <td>\$55.19 to \$62.85</td> <td>\$55.19 to \$62.85</td> </tr> <tr> <td>60 - 64</td> <td>\$64.03 to \$69.71</td> <td>\$64.03 to \$69.71</td> </tr> <tr> <td>65+</td> <td>-</td> <td>-</td> </tr> </table>		Female	Male	0 - 18	Not Offered	Not Offered	19 - 29	\$23.70 to \$40.51	\$23.70 to \$40.51	30 - 39	\$41.64 to \$48.96	\$41.64 to \$48.96	40 - 49	\$49.56 to \$54.57	\$49.56 to \$54.57	50 - 59	\$55.19 to \$62.85	\$55.19 to \$62.85	60 - 64	\$64.03 to \$69.71	\$64.03 to \$69.71	65+	-	-	<table border="0"> <tr> <td></td> <td>Female</td> <td>Male</td> </tr> <tr> <td>0 - 18</td> <td>Not Offered</td> <td>Not Offered</td> </tr> <tr> <td>19 - 29</td> <td>\$67.39 to \$106.63</td> <td>\$57.91 to \$89.90</td> </tr> <tr> <td>30 - 39</td> <td>\$109.59 to \$133.44</td> <td>\$92.41 to \$116.26</td> </tr> <tr> <td>40 - 49</td> <td>\$135.96 to \$159.95</td> <td>\$119.66 to \$162.32</td> </tr> <tr> <td>50 - 59</td> <td>\$163.06 to \$198.01</td> <td>\$168.83 to \$253.10</td> </tr> <tr> <td>60 - 64</td> <td>\$203.05 to \$225.41</td> <td>\$265.69 to \$323.30</td> </tr> <tr> <td>65+</td> <td>-</td> <td>-</td> </tr> </table>		Female	Male	0 - 18	Not Offered	Not Offered	19 - 29	\$67.39 to \$106.63	\$57.91 to \$89.90	30 - 39	\$109.59 to \$133.44	\$92.41 to \$116.26	40 - 49	\$135.96 to \$159.95	\$119.66 to \$162.32	50 - 59	\$163.06 to \$198.01	\$168.83 to \$253.10	60 - 64	\$203.05 to \$225.41	\$265.69 to \$323.30	65+	-	-
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Average Rate	\$50.75	\$148.08																																																

*For example, if the doctor charges \$100 for a visit, and BCBSF only pays \$75 for a doctor's visit, the Member is responsible for the remaining \$25.

** BCBSF Out-of-Network providers are those that do not participate in this plan but are within BCBSF's network of physicians.

Disclaimer: This sample benefit and premium information is for comparison purposes only. Consumers should carefully consider the benefits provided by each plan before purchasing. Additional information regarding each plan should be obtained by contacting the carrier directly.