



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-844-594-6012 or visit us at [FL.ExploreMyPlan.com](http://FL.ExploreMyPlan.com). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 1-844-594-6012 to request a copy.

Important Questions	Answers	Why This Matters:
<p><b>What is the overall <a href="#">deductible</a>?</b></p>	<p>TGH Advantage (Tier 1): \$0 / Individual or \$0 / Family;                      Select Providers (Tier 2): \$0 / Individual or \$0 / Family;                      BlueOptions (Tier 3): \$1,000 / Individual or \$2,000 / Family                      Out-of-Network (Tier 4): \$1,000 / Individual or \$2,000 / Family</p>	<p>Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a>, the overall family <a href="#">deductible</a> must be met before the <a href="#">plan</a> begins to pay.</p>
<p><b>Are there services covered before you meet your <a href="#">deductible</a>?</b></p>	<p>Yes. <a href="#">Preventive services</a> in-network are covered before you meet your <a href="#">deductible</a>.</p>	<p>This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a>. See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</p>
<p><b>Are there other <a href="#">deductibles</a> for specific services?</b></p>	<p>No.</p>	<p>You don't have to meet <a href="#">deductible</a> for specific services.</p>
<p><b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b></p>	<p>TGH Advantage (Tier 1): \$1,500 Individual/\$3,000 Family; Select Providers (Tier 2): \$2,500 Individual/\$5,000 Family; BlueOptions (Tier 3): \$5,000 Individual/\$10,000 Family; Out-of-Network (Tier 4): \$5,000 Individual/\$10,000 Family</p>	<p>The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a>, the overall family <a href="#">out-of-pocket limit</a> must be met.</p>
<p><b>What is not included in the <a href="#">out-of-pocket limit</a>?</b></p>	<p><a href="#">Premiums</a>, <a href="#">balance-billing</a> charges and healthcare this <a href="#">plan</a> doesn't cover, <a href="#">cost sharing</a> for most out-of-network benefits, pre-certification and penalties.</p>	<p>Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a>.</p>
<p><b>Will you pay less if you use a <a href="#">network provider</a>?</b></p>	<p>Yes. See <a href="http://FL.ExploreMyPlan.com">FL.ExploreMyPlan.com</a> or call 1-800-810-BLUE for a list of <a href="#">network providers</a>.</p>	<p>This <a href="#">plan</a> uses a <a href="#">provider</a> network. You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan</a>'s network. You will pay the most if you use an <a href="#">out-of-network provider</a>, and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays (<a href="#">balance billing</a>). Be aware your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.</p>
<p><b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b></p>	<p>No.</p>	<p>You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a>.</p>



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Tier 1 TGH Advantage (You will pay the least)	Tier 2 Select Provider (You will pay the most)	Tier 3 BlueOptions (You will pay the most)	Tier 4 Out-of-Network (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$10 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	\$10 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	\$30 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	Not covered	Precertification is required for some <a href="#">provider</a> administered drugs; if no precertification is obtained; 50% penalty may apply  Please visit <a href="http://FL.ExploreMyPlan.com/FLPreventiveServices">FL.ExploreMyPlan.com/FLPreventiveServices</a> . Additional services are available. You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
	<a href="#">Specialist</a> visit	\$25 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	\$25 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	\$45 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	Not covered	
	<a href="#">Preventive care/screening/immunization</a>	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	Not covered	
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	<b>Lab work:</b> No Charge <a href="#">Deductible</a> does not apply <b>X-ray:</b> No Charge <a href="#">Deductible</a> does not apply	<b>Lab work:</b> No Charge <a href="#">Deductible</a> does not apply <b>X-ray:</b> \$25 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	<b>Lab work:</b> No Charge <a href="#">Deductible</a> does not apply <b>X-ray:</b> \$50 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	Not covered	Benefits listed are <a href="#">physician services</a> ; facility benefits are also available; precertification may be required; if no precertification is obtained; 50% penalty may apply
	Imaging (CT/PET scans, MRIs)	\$50 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	\$300 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	40% <a href="#">coinsurance</a>	Not covered	

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [FL.ExploreMyPlan.com](http://FL.ExploreMyPlan.com)

Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Tier 1 TGH Advantage (You will pay the least)	Tier 2 Select Provider (You will pay the most)	Tier 3 BlueOptions (You will pay the most)	Tier 4 Out-of-Network (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b>  More information about <a href="#">prescription drug coverage</a> is available at <a href="http://FL.ExploreMyPlan.com/druglist">FL.ExploreMyPlan.com/druglist</a>	Tier 1 Drugs	\$45 <a href="#">copay</a> (retail) \$10 <a href="#">copay</a> per prescription (In-House) \$30 <a href="#">copay</a> (mail order) <a href="#">Deductible</a> does not apply	\$45 <a href="#">copay</a> (retail) \$10 <a href="#">copay</a> per prescription (In-House) \$30 <a href="#">copay</a> (mail order) <a href="#">Deductible</a> does not apply	\$45 <a href="#">copay</a> (retail) \$10 <a href="#">copay</a> per prescription (In-House) \$30 <a href="#">copay</a> (mail order) <a href="#">Deductible</a> does not apply	Not covered	Precertification is required for some drugs; if no precertification is obtained, no benefits are available; Additional benefits for 90-day supply; The only in-network pharmacies for drugs over \$400 are Tampa General and any pharmacy referred by Tampa General
	Tier 2 Drugs	25% with a minimum of \$60 and a maximum of \$150 (retail) \$15 <a href="#">copay</a> per prescription (In-House) \$40 <a href="#">copay</a> (mail order) <a href="#">Deductible</a> does not apply	25% with a minimum of \$60 and a maximum of \$150 (retail) \$15 <a href="#">copay</a> per prescription (In-House) \$40 <a href="#">copay</a> (mail order) <a href="#">Deductible</a> does not apply	25% with a minimum of \$60 and a maximum of \$150 (retail) \$15 <a href="#">copay</a> per prescription (In-House) \$40 <a href="#">copay</a> (mail order) <a href="#">Deductible</a> does not apply	Not covered	
	Tier 3 Drugs	35% with a minimum of \$80 and a maximum of \$300 (retail) \$20 <a href="#">copay</a> per prescription (In-House) \$50 <a href="#">copay</a> (mail order) <a href="#">Deductible</a> does not apply	35% with a minimum of \$80 and a maximum of \$300 (retail) \$20 <a href="#">copay</a> per prescription (In-House) \$50 <a href="#">copay</a> (mail order) <a href="#">Deductible</a> does not apply	35% with a minimum of \$80 and a maximum of \$300 (retail) \$20 <a href="#">copay</a> per prescription (In-House) \$50 <a href="#">copay</a> (mail order) <a href="#">Deductible</a> does not apply	Not covered	
	Tier 4 Drugs	35% with a minimum of \$100 and a maximum of \$400 (specialty) \$80 <a href="#">copay</a> per prescription (In-House) <a href="#">Deductible</a> does not apply	35% with a minimum of \$100 and a maximum of \$400 (specialty) \$80 <a href="#">copay</a> per prescription (In-House) <a href="#">Deductible</a> does not apply	35% with a minimum of \$100 and a maximum of \$400 (specialty) \$80 <a href="#">copay</a> per prescription (In-House) <a href="#">Deductible</a> does not apply	Not covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$150 <a href="#">copay</a> <a href="#">Deductible</a> does not apply	\$500 <a href="#">copay</a> <a href="#">Deductible</a> does not apply	40% <a href="#">coinsurance</a>	Not covered	No benefits available for services not performed in a free standing facility or ambulatory surgical center for Tier 3; precertification may be required; if no precertification is obtained; 50% penalty may apply
	Physician/surgeon fees	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	40% <a href="#">coinsurance</a>	Not covered	

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Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Tier 1 TGH Advantage (You will pay the least)	Tier 2 Select Provider (You will pay the most)	Tier 3 BlueOptions (You will pay the most)	Tier 4 Out-of-Network (You will pay the most)	
If you need immediate medical attention	<a href="#">Emergency room care</a>	Accident: \$250 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply Medical Emergency: \$250 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	Accident: \$250 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply Medical Emergency: \$250 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	Accident: \$250 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply Medical Emergency: \$250 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	Accident: \$250 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply Medical Emergency: \$250 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	Non-emergent visits are covered at 100% of the allowed amount after \$250 <a href="#">copay</a> for Tier 1 and 2; Non-emergent visits not covered for Tier 3 and 4; <a href="#">Copay</a> waived if admitted as inpatient within 24 hours
	<a href="#">Emergency medical transportation</a>	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	Non-true emergency ambulance not covered
	<a href="#">Urgent care</a>	\$30 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	\$50 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	\$50 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	Not covered	None
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 <a href="#">copay</a> per admission <a href="#">Deductible</a> does not apply	\$1,000 <a href="#">copay</a> per admission <a href="#">Deductible</a> does not apply	Not covered	Not covered	Precertification is required; if no precertification is obtained; 50% penalty may apply
	Physician/surgeon fees	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	Not covered	Not covered	Inpatient Emergency Room Admission for Tier 2, 3, 4 pays at Tier 1 Benefit.

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Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Tier 1 TGH Advantage (You will pay the least)	Tier 2 Select Provider (You will pay the most)	Tier 3 BlueOptions (You will pay the most)	Tier 4 Out-of-Network (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$10 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	\$10 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	\$10 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	Not covered	Precertification is required for intensive outpatient, partial <a href="#">hospitalization</a> and inpatient <a href="#">hospitalization</a> ; if no precertification is obtained; 50% penalty may apply
	Inpatient services	Physician: No Charge <a href="#">Deductible</a> does not apply Inpatient Hospital: \$250 <a href="#">copay</a> per admission <a href="#">Deductible</a> does not apply	Physician: No Charge <a href="#">Deductible</a> does not apply Inpatient Hospital: \$1,000 <a href="#">copay</a> per admission <a href="#">Deductible</a> does not apply	Not covered	Not covered	
If you are pregnant	Office visits	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	Not covered	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, a <a href="#">copayment</a> , <a href="#">coinsurance</a> or <a href="#">deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound); precertification may be required for some inpatient services; if no precertification is obtained; 50% penalty may apply
	Childbirth/delivery professional services	No Charge <a href="#">Deductible</a> does not apply	Not Covered	Not Covered	Not covered	
	Childbirth/delivery facility services	\$250 <a href="#">copay</a> per admission <a href="#">Deductible</a> does not apply	\$1,000 <a href="#">copay</a> per admission <a href="#">Deductible</a> does not apply	Not covered	Not covered	

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Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Tier 1 TGH Advantage (You will pay the least)	Tier 2 Select Provider (You will pay the most)	Tier 3 BlueOptions (You will pay the most)	Tier 4 Out-of-Network (You will pay the most)	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	10% <a href="#">coinsurance</a> <a href="#">Deductible</a> does not apply	10% <a href="#">coinsurance</a> <a href="#">Deductible</a> does not apply	10% <a href="#">coinsurance</a> <a href="#">Deductible</a> does not apply	Not covered	Limited to combined maximum of 100 visits per calendar year; benefits are also available for home infusion services; precertification may be required; if no precertification is obtained; 50% penalty may apply
	<a href="#">Rehabilitation services</a>	\$10 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	\$20 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	\$30 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	Not covered	Limited to combined maximum of 80 visits per calendar year for Tier 1 and 2 occupational and physical therapy; Limited to a maximum of 40 visits per calendar year for speech therapy; medical necessity will be reviewed once Tiers 1 and 2 maximum is met; no benefits allowed for Tier 3 after 40 visits; no benefits available for services not performed in a free standing facility or ambulatory surgical center for Tier 3; no age or visit limits for occupational, physical and speech therapy for autism spectrum disorders

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Common Medical Event	Services You May Need	What You Will Pay				Limitations, Exceptions, & Other Important Information
		Tier 1 TGH Advantage (You will pay the least)	Tier 2 Select Provider (You will pay the most)	Tier 3 BlueOptions (You will pay the most)	Tier 4 Out-of-Network (You will pay the most)	
	<a href="#">Skilled nursing care</a>	10% <a href="#">coinsurance</a> <a href="#">Deductible</a> does not apply	10% <a href="#">coinsurance</a> <a href="#">Deductible</a> does not apply	10% <a href="#">coinsurance</a> <a href="#">Deductible</a> does not apply	Not covered	Maximum benefit 120 days per calendar year; No benefits available for services not performed in a free standing facility or ambulatory surgical center for Tier 3; precertification is required; if no precertification is obtained; 50% penalty may apply
	<a href="#">Durable medical equipment</a>	10% <a href="#">coinsurance</a> <a href="#">Deductible</a> does not apply	10% <a href="#">coinsurance</a> <a href="#">Deductible</a> does not apply	10% <a href="#">coinsurance</a> <a href="#">Deductible</a> does not apply	Not covered	Precertification may be required; if no precertification is obtained; 50% penalty may apply
	<a href="#">Hospice services</a>	10% <a href="#">coinsurance</a> <a href="#">Deductible</a> does not apply	10% <a href="#">coinsurance</a> <a href="#">Deductible</a> does not apply	10% <a href="#">coinsurance</a> <a href="#">Deductible</a> does not apply	Not covered	No benefits available for services not performed in a free standing facility or ambulatory surgical center for Tier 3; precertification may be required; if no precertification is obtained; 50% penalty may apply
<b>If your child needs dental or eye care</b>	Children's eye exam	\$25 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	\$25 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	\$45 <a href="#">copay</a> /visit <a href="#">Deductible</a> does not apply	Not covered	Limitations apply
	Children's glasses	Not covered	Not covered	Not covered	Not covered	Not covered; member pays 100%
	Children's dental check-up	Not covered	Not covered	Not covered	Not covered	Not covered; member pays 100%

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [FL.ExploreMyPlan.com](#)

## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Cosmetic surgery
- Dental care (Adult)
- Dental check-up, child
- Habilitation services
- Long-term care
- Routine foot care
- Private-duty nursing
- Weight loss programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture (Limitations Apply)
- Bariatric surgery (only for morbid obesity in limited circumstances)
- Chiropractic care (Limited to maximum of 40 visits per calendar year)
- Hearing aids (Limitations Apply)
- Infertility treatment (Assisted Reproductive Technology not covered)
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult) (Limitations Apply)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <https://www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa> or your [plan](#) administrator at the phone number listed in your benefit booklet. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Your [plan](#) administrator at the phone number listed in your benefit booklet. You may also contact Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <https://www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa>.

### Does this [plan](#) provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

### Does this [plan](#) meet Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*



About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [provider's](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0	■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0	■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$0
■ <a href="#">Specialist copayment</a>	\$25	■ <a href="#">Specialist copayment</a>	\$25	■ <a href="#">Specialist copayment</a>	\$25
■ Hospital (facility) <a href="#">copayment</a>	\$250	■ Hospital (facility) <a href="#">copayment</a>	\$250	■ Hospital (facility) <a href="#">copayment</a>	\$250
■ Other <a href="#">copayment/coinsurance</a>	\$250/25%	■ Other <a href="#">copayment/coinsurance</a>	\$250/25%	■ Other <a href="#">copayment/coinsurance</a>	\$250/25%
<p><b>This EXAMPLE event includes services like:</b>  <a href="#">Specialist</a> office visits (<i>prenatal care</i>)                      Childbirth/Delivery Professional Services                      Childbirth/Delivery Facility Services  <a href="#">Diagnostic tests</a> (<i>ultrasounds and blood work</i>)  <a href="#">Specialist</a> visit (<i>anesthesia</i>)</p>		<p><b>This EXAMPLE event includes services like:</b>  <a href="#">Primary care physician</a> office visits (<i>including disease education</i>)  <a href="#">Diagnostic tests</a> (<i>blood work</i>)  <a href="#">Prescription drugs</a>  <a href="#">Durable medical equipment</a> (<i>glucose meter</i>)</p>		<p><b>This EXAMPLE event includes services like:</b>  <a href="#">Emergency room care</a> (<i>including medical supplies</i>)  <a href="#">Diagnostic tests</a> (<i>x-ray</i>)  <a href="#">Durable medical equipment</a> (<i>crutches</i>)  <a href="#">Rehabilitation services</a> (<i>physical therapy</i>)</p>	
<b>Total Example Cost</b>	<b>\$12,700</b>	<b>Total Example Cost</b>	<b>\$5,600</b>	<b>Total Example Cost</b>	<b>\$2,800</b>
<b>In this example, Peg would pay:</b>		<b>In this example, Joe would pay:</b>		<b>In this example, Mia would pay:</b>	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0	<a href="#">Deductibles</a>	\$0	<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$300	<a href="#">Copayments</a>	\$800	<a href="#">Copayments</a>	\$300
<a href="#">Coinsurance</a>	\$0	<a href="#">Coinsurance</a>	\$200	<a href="#">Coinsurance</a>	\$20
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$60	Limits or exclusions	\$40	Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$360</b>	<b>The total Joe would pay is</b>	<b>\$1,040</b>	<b>The total Mia would pay is</b>	<b>\$320</b>

Note: These numbers assume the patient does not participate in the [plan's](#) wellness program. If you participate in the [plan's](#) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: [Fl.exploremyplan.com](http://Fl.exploremyplan.com).