



Florida Community Colleges  
Risk Management Consortium

**Plan B**

**BlueCare  
HMO  
(in areas where  
available)**

**BlueCare HMO (in areas where available)**

Care must be received from or arranged by your Health Options contracting Primary Care Physician

**Benefits**

**Cost to You**

**Physician Office Services**

Primary Care Physician office services	\$15 copay per visit
Contracting Specialist office services	\$25 copay per visit
One annual self-referral to contracting GYN for well-woman exam	\$25 copay per visit

These office services may include:

- Pediatric and well-baby care
- Periodic health evaluation and immunizations
- Other diagnostic services
- Health education
- Professional counseling  
(family planning, nutritional, and medical social services)
- Vision and hearing screening
- Family planning services
- In-office surgery

**Additional Services (Office or Outpatient Facility)**

Allergy testing	No copay
Allergy injection, including serum	\$5 copay per visit
Outpatient physical, speech, cardiac and occupational therapies	\$5 copay per visit
Diagnostic lab and X-ray	No copay

**Hospital Services (Inpatient Facility)**

Room and board	\$250 per admission
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These inpatient hospital services may include:

- Anesthesia, use of operating and recovery rooms, oxygen, drugs and medications
- Intensive Care Unit and other special units
- Laboratory and X-ray services
- Inpatient physical, speech, cardiac and occupational therapies

**Hospital or Ambulatory Surgical Center (Outpatient Facility)**

Outpatient and outpatient surgical services may include:	\$100 copay
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Anesthesia, use of operating and recovery rooms, oxygen, drugs and medications, including:

- Hospital or surgical center
- Surgeon's fees
- Outpatient laboratory, X-ray, and other tests

## Plan B - BlueCare HMO Continued

### Benefits

### Cost to You

#### Emergency Services (Hospital)

Use of emergency rooms and emergency services at contracting hospitals

\$50 copay per visit

Use of emergency rooms and emergency services outside of service area or at non-contracting hospitals

\$50 copay per visit

#### Maternity Services

Primary Care Physician office services

\$15 copay

Contracting Specialist office services – initial OB visit only

\$25 copay

Certified Nurse Midwife or Midwife

No copay

Inpatient hospital services

\$250 per admission

Birth center services

No copay

#### Behavioral Health Services

Mental Health Care

- Outpatient visits – 20 per calendar year

\$25 copay per visit

- Inpatient facility – 30 days per calendar year

\$250 per admission

- Partial hospitalization (2 partial days for 1 inpatient day)

No copay

Substance dependency

- Outpatient visits – 20 per calendar year

\$15 copay per visit

- Inpatient hospitalization (detoxification only)

\$250 per admission

#### Infertility Services

Primary Care Physician

\$15 copay per visit

Contracting Specialist

\$25 copay per visit

#### Special Services

Hospice care

No copay

Skilled nursing facility – 90 days per calendar year

No copay

Home health care

No copay

Ambulance (medically necessary)

No copay

Durable medical equipment

No copay

Prosthetics and orthotics

No copay

#### Maximum Out-of-Pocket

\$1,500 per Member

\$3,000 per family

#### Prescription Drugs

\$15 Generic

\$30 Preferred Brand

\$50 Non-Preferred Brand