

Florida HBP Benefits Summary

BENEFIT PROGRAM FEATURES	Tier 1	Tier 2
	Cleveland Clinic Quality Alliance Network ¹	UMR United Healthcare Choice Plus Network <i>(All tier 2 services are subject to deductible unless otherwise stated.)</i>
Annual Deductible		
Single	None	\$500
Family	None	\$1,500
Out-of-Pocket Maximum		
Single	\$3,950	\$3,950
Family	\$7,900	\$7,900
MEDICAL BENEFIT PROGRAM FEATURES		
PCP Office Visit (Family Practice, Internal Medicine, and Gynecology)	100% of Allowed Amount	\$25 co-pay, then 70% of Allowed Amount (after deductible)
Obstetrics, Pediatrics², Dieticians and Ophthalmology (includes <i>Routine</i> care by OB-GYN or GYN)	Not Available	100% of Allowed Amount (not subject to deductible)
Specialist Office Visits	100% of Allowed Amount after \$35 co-pay (no referral required)	\$50 co-pay, then 70% of Allowed Amount (after deductible)
Maternity Care	Not Available	\$350 co-pay/admission, then 100% of Allowed Amount (not subject to deductible)
Routine (Annual) Vision Exam	Not Available	\$35 co-pay, then 100% of Allowed Amount (not subject to deductible)
Inpatient Hospital Services²	\$350 co-pay/admission, then 100% of Allowed Amount	\$350 co-pay/admission, then 70% of Allowed Amount
Obstetrics and Pediatrics ²	Not Available	\$350 co-pay/admission, then 100% of allowed Amount (not subject to deductible)
Outpatient Hospital Services	100% of Allowed Amount	70% of Allowed Amount (after deductible)
Obstetrics, Ophthalmology, Dieticians and Pediatrics ²	Not Available	100% of Allowed Amount (not subject to deductible)
Radiology -	100% of Allowed Amount	70% of Allowed Amount (after deductible)
MRI/CT Scans (non-emergent) ²	100% of Allowed Amount after \$75 co-pay	\$75 co-pay, then 70% of Allowed Amount (after deductible)
Laboratory/Diagnostic Tests	100% of Allowed Amount	70% of Allowed Amount (after deductible)
Emergency Department		
Emergency Care	100% after \$250 co-pay	100% after \$250 co-pay
Urgent Care	100% after \$50 co-pay	100% after \$50 co-pay
Ambulance	Not Available	100% of Allowed amount (not subject to deductible)
Medical Supplies and Durable Medical Equipment	Not Available	80% of Allowed Amount (not subject to deductible)
Skilled Nursing Care³ 60 Days per Benefit Year	Not Available	\$350 co-pay/admission, then 100% of Allowed Amount (not subject to deductible)
Acute Inpatient Rehab 60 Days per Benefit Year	\$350 co-pay/admission, then 100% of Allowed Amount	\$350 co-pay/admission, then 70% of Allowed Amount (after deductible)
Long-Term Acute Care³ 60 Days per Benefit Year	Not Available	\$350 co-pay/admission, then 100% of Allowed Amount) (not subject to deductible)

Florida HBP Benefits Summary *continued*

MEDICAL BENEFIT PROGRAM FEATURES	Tier 1	Tier 2
	Cleveland Clinic Quality Alliance Network	UMR United Healthcare Choice Plus Network <i>(All Tier 2 services are subject to deductible unless otherwise stated.)</i>
Hospice³ Symptom Management - 10 Days/Benefit Year	Not Available	100% of Allowed Amount
Therapy Services Occupational/Speech/Physical 35 Visits per Therapy per Benefit Year	First 20 visits: 100% of Allowed Amount after \$10 co-pay; Remaining 15 visits: 50% of Allowed Amount	70% of Allowed Amount (after deductible)
Chiropractic Maximum of 20 Visits per Benefit Year	First 10 visits: 100% of allowed Amount after \$35 co-pay; Second 20 visits: 50% of Allowed Amount (children under 12 require prior authorization)	70% of Allowed Amount (after deductible)
Dental - Surgical extractions for soft/bony impactions, or dental implants for certain medical conditions or recent accidents/injuries	100% of Allowed Amount	70% of Allowed Amount (after deductible)
Home Health Care 60 Visits per Benefit Year	100% of Allowed Amount	100% of Allowed Amount (not subject to deductible)
Infertility - Diagnostic Only	100% of Allowed Amount	Not Covered
Hearing Aids	50% of Charge up to \$3,500/Ear - Limited to one aid per Ear every 3 years	Not Covered
Custom Orthotics Prior authorization required	80% of Allowed Amount after \$50 co-pay	80% of Allowed Amount after \$50 co-pay (not subject to deductible)
Organ Transplant³ Transplant Lifetime Maximum Out-of-Pocket Maximum	100% of Allowed Amount Unlimited See previous page	Not Covered
BEHAVIORAL HEALTH BENEFIT PROGRAM FEATURES		
Outpatient Coverage	Not Available	\$100% of allowed Amount after \$35 co-pay
Inpatient Coverage²	Not Available	\$350 co-pay/admission then 100% of Allowed amount (not subject to deductible)
Physician Services	Not Available	100% of Allowed Amount after \$35 co-pay (not subject to deductible)
Residential Treatment³ 60 Days per Benefit Year	Not Available	\$350 co-pay/admission, then 100% of Allowed Amount
Transcranial Magnetic Stimulation (TMS)³ 36 therapy Related Visits/Benefit Year	100% of Allowed Amount	Not Covered

¹Tier 1 includes Cleveland Clinic providers in Florida, the Cleveland Clinic Florida Integrated Network and the Quality Alliance Network in Cleveland.

²Pediatric services defined as patient age 0-18 regardless of the provider specialty. The \$350 co-pay/admission also applies to Pediatric Behavioral Health services.

³Prior authorization required for Tier 1 and Tier 2.

Any unauthorized programs, services or visits will not be covered by the HBP under any circumstances and the subsequent charges will be the financial responsibility of the member. This applies to any unauthorized out-of-network and out-of-area providers and facilities, with the only exception being for emergency care.