

### Market Expansion (Uninsured) - Benefit Comparison

Product Name	GoBlue	BlueOptions Hospital Surgical	Miami-Dade Blue Product	Cover Florida (Gov Plan) GoBlue (Non-Catastrophic)	Cover Florida (Gov Plan) GoBlue (Catastrophic)	BlueSelect
Financial Features	Individual <65	Individual <65	Individual <65	Individual <65	Individual <65	Individual <65
<b>Deductible (DED)</b>		Per Person Plan Options include:	Per Person		Per Person	Per Person Plan Options include:
In-Network	N/A	\$250, \$1,000, \$2,500, \$5,000	\$250 Deductible	N/A	\$3,000	\$1,000, \$1,500, \$2,000, \$3,000 and \$2,500/\$7,500
Out-of-Network	N/A	\$750, \$1,500, \$5,000, \$10,000	\$750 Deductible	N/A	\$6,000	Combined w/ INN, or separate \$3,000, or \$5,000
<b>Coinsurance</b>		BCBSF / Member	BCBSF / Member		BCBSF / Member	BCBSF / Member Plan Options include:
In-Network	N/A	80% / 20%	90% / 10%	N/A	80% / 20%	100%/0%, 75%/25%, 70%/30%, or 50%/50%
Out-of-Network	N/A	60% / 40%	60% / 40%	N/A	Traditional network- 80% / 20% Non-Participating providers- 60% / 40%	50% / 50%
<b>Provider Network</b>	NetworkBlue w/Traditional network wrap-around	NetworkBlue w/ Traditional network wrap-around	New Low Cost Network, <b>NO</b> network wrap-around	NetworkBlue w/ Traditional network wrap-around	NetworkBlue w/ Traditional network wrap-around	BlueSelect - PPO/EPO (no coverage for some services outside EPO network), w/Traditional PPS wrap-around but <b>NO</b> PHS hospital wrap-around
<b>Out-of-Pocket Maximum</b>		Includes DED, coinsurance and copays (excluded Rx) Per Person  Plan Options Include:	Includes DED, coins and copays (excludes Rx, and member cost after BCBSF \$50 payment for office services) Per Person			Includes DED, coinsurance and copays (excluded Rx) Per Person/Family Aggregate  Plan Options include:
In-Network	N/A	\$2,500, \$5,000, \$10,000	\$2,500	N/A	N/A	\$2,500/\$7,500, \$6,000/\$12,000, \$7,000/\$14,000, \$7,500/\$15,000, \$10,000/\$20,000
Out-of-Network	N/A	\$5,000, \$10,000, \$25,000	\$5,000	N/A	N/A	\$7,500 / \$15,000, \$25,000/\$25,000
<b>Benefit Period Maximum</b>	N/A	N/A	N/A	N/A	\$25,000	N/A
<b>Lifetime Maximum</b>	N/A	\$5,000,000	\$5,000,000	N/A	\$50,000	\$1,000,000, \$5,000,000

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<b>Cost Sharing</b>	BCBSF pays / Member pays	BCBSF pays / Member pays	BCBSF pays / Member pays	BCBSF pays / Member pays	BCBSF pays / Member pays	BCBSF pays / Member pays
<b>Physician Office Services</b>						
In-Network	\$50 or Allowance (whichever is less)/ balance up to Allowance	80% of Allowance after DED / DED + 20% of Allowance	\$50 or Allowance (whichever is less)/ balance up to Allowance	\$50 or Allowance (whichever is less)/ balance up to Allowance	\$50 or Allowance (whichever is less)/ balance up to Allowance	% of allowance after member cost share / Copayment or DED + coins as applicable
Out-of-Network	<p><u>PPS Traditional Provider:</u> \$50 or Allowance (whichever is less)/ balance up to Allowance</p> <p><u>Non-Par Provider:</u> \$50 or Allowance (whichever is less)/ balance up to charge</p>	<p><u>PPS Traditional Provider:</u> 60% of Allowance / DED + 40% of Allowance</p> <p><u>Non-Par Provider:</u> 60% of Allowance / DED + balance up to charge</p>	\$50 or Allowance (whichever is less)/ balance up to charge	<p><u>PPS Traditional Provider:</u> \$50 or Allowance (whichever is less)/ balance up to Allowance</p> <p><u>Non-Par Provider:</u> \$50 or Allowance (whichever is less)/ balance up to charge</p>	<p><u>PPS Traditional Provider:</u> \$50 or Allowance (whichever is less)/ balance up to Allowance</p> <p><u>Non-Par Provider:</u> \$50 or Allowance (whichever is less)/ balance up to charge</p>	<p><u>PPS Traditional Provider:</u> 50% of Allowance / DED + 50% of Allowance</p> <p><u>Non-Par Provider:</u> 50% of Allowance / DED + balance up to charge</p>
<b>Preventive Care</b>						
Mammograms	\$50 or Allowance (whichever is less)/ balance up to Allowance (Par), or charge (Non-Par). (covered in office, IDTF and Outpatient Hospital)	100% / \$0	100% / \$0	100% / \$0	100% / \$0	100% / \$0
Well Child	\$50 or Allowance (whichever is less)/ balance up to Allowance (Par), or charge (Non-Par).	Applicable % of Allowance after DED / DED + applicable % coinsurance (Par), or up to charge (Non-Par).	\$50 or Allowance (whichever is less)/ balance up to Allowance (Par), or charge (Non-Par).	Not Covered	Not Covered	<p><u>In-Network</u> - Balance of allowance after Copay or coinsurance / Copay or Coinsurance</p> <p><u>OON</u> - Balance of allowance after coinsurance / Coinsurance (Par), Balance up to charge (Non-Par).</p>
Adult Wellness	\$50 or Allowance (whichever is less)/ balance up to Allowance (Par), or charge (Non-Par).	Not Covered	\$50 or Allowance (whichever is less)/ balance up to Allowance (Par), or charge (Non-Par).	\$50 or Allowance (whichever is less)/ balance up to Allowance (Par), or charge (Non-Par).	\$50 or Allowance (whichever is less)/ balance up to Allowance (Par), or charge (Non-Par).	<p><u>In-Network</u> - Balance of allowance after Copay or coinsurance / Copay or Coinsurance (no max)</p> <p><u>OON</u> - Balance of allowance after coinsurance / Coinsurance (\$150 Max PBP)</p>

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<b>Emergency Room</b>						
In-Network	Not Covered	<b>Non-Surgical</b> ER visits not resulting in admission - 80% of Allowance after PVD / \$2,500 PVD + 20% Coinsurance <b>Surgery</b> or visits resulting in admission - 80% of Allowance after DED / DED + 20% of Allowance	<b>Non Surgical</b> ER visits not resulting in admission - 90% of allowance after PVD + DED / \$500 PVD + DED + 10% coinsurance <b>Surgery</b> or visits resulting in admission - 90% of allowance after DED / DED + 10% coinsurance	Not Covered	80% of Allowance after DED / DED + 20% of Allowance	Balance of allowance after member cost share / Applicable copayment or DED + coinsurance
Out-of-Network	Not Covered	<u>PHS Traditional Provider:</u> <b>Non-Surgical</b> ER visits not resulting in admission - \$2,500 PVD + Coinsurance <b>Surgery</b> or visits resulting in admission - CYD + Coinsurance <u>Non-Par Provider:</u> Same, but member billed to charge	<b>Non-Surgical</b> ER visits not resulting in admission - 60% of allowance after PVD + DED / \$500 PVD + DED + balance to charge. <b>Surgery</b> or visits resulting in admission - 60% of allowance after DED / DED + balance to charge.	Not Covered	<u>PHS Traditional Provider:</u> 80% of allowance after DED / DED + 20% Coinsurance <u>Non-Par Provider:</u> 60% of Allowance after DED / DED + balance up to charge	Balance of allowance after member cost share / Applicable copayment or DED + coinsurance
<b>Urgent Care Center</b>		<b>Surgically Services only</b>				
In-Network	\$50 or Allowance (whichever is less)/ balance up to Allowance	80% of Allowance after DED / DED + 20% of Allowance	\$50 or Allowance (whichever is less)/ balance up to Allowance	\$50 or Allowance (whichever is less)/ balance up to Allowance	<b>Non-Surgical</b> - \$50 or Allowance (whichever is less)/ balance to Allowance <b>Surgery</b> - 80% of Allowance after DED / DED + 20% of Allowance	Balance of allowance after member cost share / Applicable copayment or DED + coinsurance
Out-of-Network	<u>PPS Traditional Provider:</u> \$50 or Allowance (whichever is less)/ balance up to Allowance <u>Non-Par Provider:</u> \$50 or Allowance (whichever is less)/ balance up to charge	<u>PPS Traditional Provider:</u> 60% of Allowance / DED + 40% of Allowance <u>Non-Par Provider:</u> 60% of Allowance / DED + balance up to charge	\$50 or Allowance (whichever is less)/ balance up to charge	<u>PPS Traditional Provider:</u> \$50 or Allowance (whichever is less)/ balance up to Allowance <u>Non-Par Provider:</u> \$50 or Allowance (whichever is less)/ balance up to charge	<u>PPS Traditional Provider:</u> <b>Non-Surgical</b> - \$50 or Allowance (whichever is less)/ balance to Allowance <b>Surgery</b> - 80% of Allowance after DED / DED + 20% of Allowance <u>Non-Par Provider:</u> 60% of Allowance after DED / DED + balance up to charge	<u>PPS Traditional Provider:</u> Balance of allowance after member cost share / Applicable copayment or DED + coinsurance <u>Non-Par Provider:</u> Same, but member billed up to charge

Product Name	GoBlue	BlueOptions Hospital Surgical	Miami-Dade Blue Product	Cover Florida (Gov Plan) GoBlue (Non-Catastrophic)	Cover Florida (Gov Plan) GoBlue (Catastrophic)	BlueSelect
<b>Outpatient Diagnostic Services</b>	Only Mammograms and osteoporosis screening covered at IDTF & OP Hosp.	ONLY for services related to Surgery.	Authorization required for Advanced Imaging Services.	Only Mammograms and osteoporosis screening covered at IDTF or OP Hospital	Mammograms & osteoporosis screening covered at IDTF or OP Hospital	Authorization required.
In-Network	\$50 or Allowance (whichever is less)/ balance up to Allowance	80% of Allowance after DED / DED + 20% of Allowance	Office - \$50 or Allowance (whichever is less)/ balance up to Allowance IDTF - 100% of Allowance after \$75 Copayment / \$75 Copayment Outpatient Hospital (related to surgery only) - 90% of Allowance after DED / DED +10% coinsurance	Mammograms & Bonescans for Osteoporosis - 100% / \$0	<b>Mammograms &amp; Bonescans</b> for Osteoporosis - 100% / \$0  <b>All other</b> - Services related to Surgery Only - 80% of allowance after DED / DED + 20% coins	Outpatient Hospital & IDTF - Balance of allowance after member cost share / Applicable copayment or DED + coinsurance
Out-of-Network	PPS Traditional Provider: \$50 or Allowance (whichever is less)/ balance up to Allowance  Non-Par Provider: \$50 or Allowance (whichever is less)/ balance up to charge	PPS Traditional Provider: 60% of Allowance / DED + 40% of Allowance  Non-Par Provider: 60% of Allowance / DED + balance up to charge	Office - \$50 or Allowance (whichever is less)/ balance up to charge IDTF - 60% of Allowance after DED / DED +balance up to charge Outpatient Hospital (related to surgery only) - 60% of Allowance after DED / DED +balance up to charge	PPS/PHS Traditional Provider: Mammograms & Bonescans for Osteoporosis - 100% of Allowance / \$0  Non-Par Provider: Mammograms & Bonescans for Osteoporosis - 100% of Allowance/ Difference up to charge	PPS/PHS Traditional Provider: <b>Mammograms &amp; Bonescans</b> for Osteoporosis - 100% / \$0 <b>All other</b> - Services related to Surgery Only - 80% of allowance after DED / DED + 20% coinsurance  Non-Par Provider: <b>Mammograms &amp; Bonescans</b> for Osteoporosis - 100% / \$0 <b>All other</b> - Services related to Surgery Only - 60% of allowance after DED / DED + balance to charge	PPS Traditional Provider: IDTF - 50% of allowance after DED / DED + 50% coinsurance  Non-Par Provider: Outpatient Hospital & IDTF - 50% of allowance after DED / DED + balance up to charge.
<b>Mental Health</b>			\$10,000 LTM IP / OP - \$2,000 / \$600 PBP	Inpatient - Not covered Outpatient - \$500 PCY	Inpatient - \$2,000 PCY Outpatient - \$500 PCY	Inpatient - 30 Days PBP Outpatient - 20 Visits PBP
In-Network	Not Covered	Not Covered	<b>Office</b> - \$50 or Allowance (whichever is less)/ Balance up to Allowance <b>Hospital</b> - 90% of allowance after DED/ DED + 10% coins	\$50 or Allowance (whichever is less)/ Balance up to Allowance	<b>Office</b> - \$50 or Allowance (whichever is less)/ Balance up to Allowance <b>Hospital</b> - 80% of allowance after DED / DED + 20% coins	100% of allowance after copayment / Applicable copayment
Out-of-Network	Not Covered	Not Covered	<b>Office</b> - \$50 or Allowance (whichever is less)/ Balance up to charge <b>Hospital</b> - 60% of allowance after DED / DED + balance up to charge	PPS Traditional Provider: \$50 or Allowance (whichever is less)/ Balance up to Allowance  Non-Par Provider: \$50 or Allowance (whichever is less)/ Balance up to charge.	PPS Traditional Provider: <b>Office</b> - \$50 or Allowance (whichever is less)/ Balance up to Allowance <b>Hospital</b> - 80% of allowance after DED / DED + 20% coins  Non-Par Provider: <b>Office</b> - \$50 or Allowance (whichever less)/ Balance to chg <b>Hospital</b> - 60% of allowance after DED/ DED + balance to chg	Not Covered

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<b>Substance Dependency</b>			Inpatient - Detox Only Outpatient - \$2,000 LTM			Inpatient - Detox Only Outpatient - 20 Visits PCY
In-Network	Not Covered	Not Covered	<b>Office</b> - \$50 or Allowance (whichever is less)/ Balance up to Allowance <b>Hospital</b> - 90% of allowance after DED / DED + 10% coinsurance	Not Covered	Not Covered	100% of allowance after copay / Applicable copayment
Out-of-Network	Not Covered	Not Covered	<b>Office</b> - \$50 or Allowance (whichever is less)/ Balance up to charge <b>Hospital</b> - 60% of allowance after DED / DED + balance up to charge	Not Covered	Not Covered	Not Covered
<b>Hospital Coverage</b>	<b>Not Covered</b>			<b>Not Covered</b>		
In-Network	<b>Exception:</b> Complications of Pregnancy (IP or OP), Mammograms, Screening for Osteoporosis, Diabetes OP Self Mgmt and Training (OP only). \$50 or allowance (whichever is less) / Balance up to allowance.	<u>Inpatient</u> - 80% of allowance after DED / DED + 20% Coinsurance <u>Outpatient</u> - Not covered unless related to surgery	90% of allowance after DED / DED + 10% Coinsurance <u>Outpatient</u> - Related to surgery only. Exception: Comp. of Pregnancy, Mammograms, Osteoporosis Screening, Diabetes OP Self Mgmt/Trng.	<b>Exception:</b> Complications of Pregnancy (IP or OP), Diabetes OP Self Mgmt and Training (OP only). \$50 or allowance (whichever is less) / Balance up to allowance. Mammograms & Screening for Osteoporosis 100%.	80% of allowance after DED / DED + 20% Coinsurance <u>Outpatient</u> - Related to surgery only. Exception: Complications of Pregnancy, Mammograms, Screening for Osteoporosis, Diabetes OP Self Mgmt and Training (OP only).	% of allowance after member cost share / Copayment or DED + coinsurance as applicable
Out-of-Network	Same as In-network, but member pays balance up to charges if non-par provider.	<u>PHS Traditional Provider:</u> 60% of allowance after PAD & DED / PAD + DED + 40% Coinsurance <u>Non-Par Provider:</u> Same, but member billed up to charge <u>Outpatient</u> - Related to surgery only.	60% of allowance after PAD & DED / PAD + DED + balance up to charge. <u>Outpatient</u> - Related to surgery only. Exception: Comp. of Pregnancy, Mammograms, Osteoporosis Screening, Diabetes OP Self Mgmt/Trng.	Same as In-network, but member pays balance up to charges if non-par provider.	<u>PHS Traditional Provider:</u> 80% of allowance after PAD & DED / PAD + DED + 20% Coinsurance <u>Non-Par Provider:</u> 60% of allowance after PAD & DED / PAD + DED + balance up to charge <u>Outpatient</u> - Related to surgery only. Exception: Comp. of Pregnancy, Mammograms, Osteoporosis Screening, Diabetes OP Self Mgmt/Trng.	50% of allowance after DED / DED + balance up to charge

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<b>Ambulatory Surgical Center</b>						
In-Network	Not Covered	80% of allowance after DED / DED + 20% Coinsurance	90% of allowance after DED / DED + 10% Coinsurance	Not Covered	80% of allowance after DED / DED + 20% coinsurance	% of allowance after member cost share / Copayment or DED + coinsurance as applicable
Out-of-Network	Not Covered	PHS Traditional Provider: <u>Inpatient</u> - 60% of allowance after PAD & DED / PAD + DED + 40% Coinsurance <u>Outpatient</u> - 60% of allowance after DED / DED + 40% Coinsurance	60% of allowance after DED / DED + balance up to charge.	Not Covered	60% of allowance after DED / DED + 40% coinsurance	50% of allowance after DED / DED + balance up to charge
<b>Independent Clinical Lab Coverage</b>		ONLY for services related to Surgery.				
In-Network	100% / \$0	80% after DED / DED + 20% Coinsurance	100% / \$0	100% / \$0	100% / \$0	100% / \$0
Out-of-Network	\$50 or allowance (whichever is less) / Balance up to allowance or charge (depending on provider status)	PPS Traditional Provider: 60% of Allowance / DED + 40% of Allowance  Non-Par Provider: 60% of Allowance / DED + balance up to charge	60% after DED / DED + 40% Coinsurance	\$50 or the Allowed Amount (whichever is lower) / the balance up to the Provider's Charge.	\$50 or the Allowed Amount (whichever is lower) / the balance up to the Provider's Charge.	Not Covered

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<b>Prescription Drug Program</b>	BlueScript Plan <b>Generic &amp; Brand</b> Plan 90- \$5/Rx or Allowance (whichever is less) / balance up to allowance. Plan 91- \$15/Rx or Allowance (whichever is less) / balance up to allowance.	BlueRx Discount program	BlueScript Plan <b>Generic Only</b> 100% of allowance after copay / \$10 copay  Discounts apply for Brand drugs.	BlueScript Plan <b>Generic &amp; Brand</b> \$15/Rx or Allowance (whichever is less) / balance up to allowance.	BlueScript Plan <b>Generic &amp; Brand</b> \$15/Rx or Allowance (whichever is less) / balance up to allowance.	BlueSelect Plan <b>Generic &amp; Brand</b> (Closed Formulary, Mandatory Generic/DAW2) <u>Retail</u> : 100% of allowance after Rx Ded and/or copay / Applicable Rx Ded and/or copay. <u>Specialty Drugs</u> must be purchased from Specialty Pharmacy for INN benefit. <u>OON</u> - 50% of allowance after Rx Ded and 50% coins / Rx Ded + balance up to charge
<b>Dental Coverage</b>	Plan 90 - Preventive Plan 91 - Preventive & Basic		Preventive & Basic	Preventive & Basic	Preventive & Basic	
In-Network	\$50 or allowance (whichever is less) / balance up to allowance.	Not Covered	\$50 or allowance (whichever is less) / balance up to allowance.	\$50 or allowance (whichever is less) / balance up to allowance.	\$50 or allowance (whichever is less) / balance up to allowance.	Not Covered
Out-of-Network	\$50 or allowance (whichever is less) / balance up to charge.	Not Covered	\$50 or allowance (whichever is less) / balance up to charge.	\$50 or allowance (whichever is less) / balance up to charge.	\$50 or allowance (whichever is less) / balance up to charge.	Not Covered
<b>NOTES:</b> Only the Miami-Dade Blue plan and BlueSelect have Small Group plans available. Differences are noted at right.			Small Group plan Includes: Maternity - Standard Mental Health - 30 IP/20 OP			Small Group plans include: Different DED & OOP options. INN coinsurance is 80/20% Maternity - Standard