

Holmes County School District

October 1, 2013 - BLUE OPTIONS PLAN 3769

BCBSF is currently reviewing all health care reform legislation—the Patient Protection and Affordable Care Act and the Health Care and Education Affordability Reconciliation Act—which includes numerous provisions to expand access to health insurance, improve the quality and comprehensiveness of coverage, and make coverage more affordable for all Americans. Although some major elements of reform begin in 2010, others will be implemented over the next several years. Therefore, the information in our enrollment materials is subject to change based on the final result of this legislation.

COST SHARING	BlueOptions Predictable Cost 3769
Maximums shown are Per Benefit Period (BPM) unless noted	
Deductible (DED) (Per Person/Family Agg)	
In-Network	\$500 / \$1,500
Out-of-Network	\$1,500 / \$4,500
Coinsurance (Member Responsibility)	
In-Network	20%
Out-of-Network	50%
Out of Pocket Maximum (Per Person/Family Agg)	Includes DED, Coins, Copays; Excludes Rx
In-Network	\$3,000 / \$6,000
Out-of-Network	\$6,000 / \$12,000
Lifetime Maximum	No Maximum
PROFESSIONAL PROVIDER SERVICES	
Allergy Injections	
In-Network Family Physician	\$10
In-Network Specialist	\$10
Out-of-Network	DED + 50%
E-Office Visit Services	
In-Network Family Physician	\$10
In-Network Specialist	\$10
Out-of-Network	DED + 50%
Office Services	
In-Network Family Physician	\$25 FP
In-Network Specialist	\$60 SP
Out-of-Network	DED + 50%
Provider Services at Hospital and ER	
In-Network Family Physician	\$100
In-Network Specialist	\$100
Out-of-Network	\$100
Provider Services at Other Locations	
In-Network Family Physician	\$25 FP
In-Network Specialist	\$60 SP
Out-of-Network	DED + 50%
Radiology, Pathology and Anesthesiology Provider Services at Hospital or Ambulatory Surgical Center	
In-Network Specialist	\$60 SP
Out-of-Network	In-Ntwk \$60 SP
PREVENTIVE CARE	
Adult Wellness Office Services	
In-Network Family Physician	\$25 FP
In-Network Specialist	\$60 SP
Out-of-Network	50% (No DED)
Colonoscopies (Routine)	Age 50+ then Frequency Schedule Applies
In-Network	\$0
Out-of-Network	\$0
Mammograms (Routine and Dx)	
In-Network	\$0
Out-of-Network	\$0
Well Child Office Visits (No BPM)	
In-Network Family Physician	\$25 FP
In-Network Specialist	\$60 SP
Out-of-Network	50% (No DED)
EMERGENCY/URGENT/CONVENIENT CARE	
Ambulance Maximum (per Day)	\$5,500
In-Network	DED + 20%
Out-of-Network	In-Ntwk DED + 20%
Convenient Care Centers (CCC)	
In-Network	\$25 FP
Out-of-Network	DED + 50%



COST SHARING	BlueOptions Predictable Cost 3769
Maximums shown are Per Benefit Period (BPM) unless noted	
Emergency Room Facility Services (also see Professional Provider Services) In-Network Out-of-Network	\$300 DED + 50%
Urgent Care Centers (UCC) In-Network Out-of-Network	\$65 DED + 50%
FACILITY SERVICES - HOSP/SURG/ICL/IDTF Unless otherwise noted, physician services are in addition to facility services. See Professional Provider Services.	
Ambulatory Surgical Center In-Network Out-of-Network	DED + 20% DED + 50%
Independent Clinical Lab In-Network Out-of-Network	\$0 DED + 50%
Independent Diagnostic Testing Facility - Xrays and AIS (Includes Physician Services) In-Network - Advanced Imaging Services (AIS) In-Network - Other Diagnostic Services Out-of-Network	DED + 20% \$50 DED + 50%
Inpatient Hospital (per admit) In-Network Out of State- In Network Out-of-Network	Option 1 - DED + 20% Option 2 - DED + 20% Option 1 - DED + 20% \$3,000 21 Days
Inpatient Rehab Maximum	21 Days
Outpatient Hospital (per visit) In-Network Out of State In Network Out-of-Network	Option 1 - DED + 20% Option 2 - DED + 20% Option 1 - DED & 20% DED + 50%
Therapy at Outpatient Hospital In-Network Out-of-Network	Option 1 - \$45 Option 2 - \$60 DED + 50%
MENTAL HEALTH AND SUBSTANCE ABUSE	
Inpatient Hospitalization In-Network Out-of-Network	Option 1 - \$0 Option 2 - \$0 50% (No DED)
Outpatient Hospitalization (per visit) In-Network Out-of-Network	Option 1 - \$0 Option 2 - \$0 50% (No DED)
Provider Services at Hospital and ER In-Network Family Physician or Specialist Out-of-Network Provider	\$0 \$0
Physician Office Visit In-Network Family Physician or Specialist Out-of-Network Provider	\$0 50% (No DED)
Emergency Room Facility Services (per visit) In-Network Out-of-Network	\$0 \$0
Provider Services at Locations other than Hospital and ER In-Network Family Physician In-Network Specialist Out-of-Network Provider	\$0 \$0 50% (No DED)
OTHER SPECIAL SERVICES AND LOCATIONS	
Advanced Imaging Services in Physician's Office In-Network Family Physician In-Network Specialist Out-of-Network	DED + 20% DED + 20% DED + 50%
Birthing Center In-Network Out-of-Network	DED + 20% DED + 50%
Diabetic Equipment and Supplies* In-Network Out-of-Network	DED + 20% DED + 50%
Durable Medical Equipment, Prosthetics, Orthotics BPM	Enteral Formulas:\$2,500 All Other: No Maximum

COST SHARING	BlueOptions Predictable Cost 3769
Maximums shown are Per Benefit Period (BPM) unless noted	
In-Network	DED + 20%
Out-of-Network	DED + 50%
Home Health Care BPM	20 Visits
In-Network	DED + 20%
Out-of-Network	DED + 50%
Hospice LTM	No Maximum
In-Network	DED + 20%
Out-of-Network	DED + 50%
Outpatient Therapy and Spinal Manipulations BPM	35 Visits (Includes up to 26 Spinal Manipulations)
Skilled Nursing Facility BPM	60 Days
In-Network	DED + 20%
Out-of-Network	DED + 50%
PRESCRIPTION DRUGS	
In-Network (30 day supply)	
Generic/Preferred Brand/Non-Preferred	\$15/\$30/\$50
Mail Order (90 Days supply)	\$40/\$75/\$125
Generic/Preferred Brand/Non-Preferred	
Medical Pharmacy (Provider-Administered Rx)**	\$200 Monthly OOP Max
In-Network	20% (No DED)
Out-of-Network	DED + 50%

* Diabetic Supplies (lancets, strips, etc.) are covered under the Rx benefit . Diabetic Equipment (insulin pumps, tubing) are always covered under the medical benefit.

** (1) Medical Pharmacy Monthly OOP Max includes the drug cost share and applies to the health plan OOP Max. (2) Physician Services are in addition to drug costs (separate cost share applies). (3) Separate drug cost share does not apply to allergy injections or immunizations; only office cost share applies.

This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.

BCBSF is currently reviewing all health care reform legislation—the Patient Protection and Affordable Care Act and the Health Care and Education Affordability Reconciliation Act—which includes numerous provisions to expand access to health insurance, improve the quality and comprehensiveness of coverage, and make coverage more affordable for all Americans. Although some major elements of reform begin in 2010, others will be implemented over the next several years. Therefore, the information in our enrollment materials is subject to change based on the final result of this legislation.



BlueScript Pharmacy Benefits

Your Prescription Drug Benefit Plan - \$15/\$30/\$50

(Mail Order Available)

The BlueOptions® health benefit plan your employer is offering you is paired with our BlueScript® Pharmacy Program. With a large network of Participating Pharmacies statewide and nationally, you can obtain Prescription Drugs at a location convenient to you.

You may also be able to receive more savings on Prescription Drugs by purchasing your Drugs through the mail order program.

See below for your specific plan details.

Pharmacy Deductible	
In/Out-of-Network	\$0
Preferred Generic Prescription Drugs	
In-Network	\$15
Mail Order (90 days).....	\$40
Out-of-Network.....	50% Coinsurance
Preferred Brand Name Prescription Drugs	
In-Network	\$30
Mail Order (90 days).....	\$75
Out-of-Network.....	50% Coinsurance
Non-Preferred Prescription Drugs	
In-Network	\$50
Mail Order (90 days).....	\$125
Out-of-Network.....	50% Coinsurance

Advantages of our Pharmacy Program:

With our BlueScript Pharmacy Program, you'll receive coverage for Preferred Generic, Preferred Brand Name, and Non-Preferred Prescription Drugs, as well as Self-administered Injectables and specialty medications. You have easy access to Participating Pharmacies throughout Florida and to National Network Pharmacies with over 60,000 locations.

Save when purchasing your Prescription Drugs:

You can reduce your out-of-pocket costs by purchasing Covered Prescription Drugs listed on our Preferred Medication List. These Prescription Drugs should cost you less than Prescription Drugs not on the list.

Generic Prescription Drugs

You pay a lower cost for Generic Prescription Drugs that appear on the Preferred Medication List. If you request a Brand Name Prescription Drug when a Generic is available, you will be responsible for:

1. The copayment applicable to Brand Name Prescription Drugs; and
2. The difference in cost between the Generic Prescription Drug and the Brand Name Prescription Drug, as indicated in the BlueOptions Pharmacy Program Schedule of Benefits.

More convenient than ever:

Take your prescriptions to a participating pharmacy to have it filled. Or, if you are taking a prescription medication on an ongoing basis, you have a couple of convenient options:

1. Your doctor can prescribe a 3-month supply and you can have it filled at select participating retail pharmacies. A 3-month out-of-pocket cost (copay, coinsurance and/or deductible) applies.
2. For additional savings, fill prescriptions via our mail-order program. This program allows covered members taking Prescription Drugs to receive up to a 3-month supply for one Mail Order Copayment, after Pharmacy Deductible, if applicable. Prescription Drugs ordered through this program are provided by Prime Therapeutics® mail order facility, PrimeMail®.

Diabetic Supplies

Diabetic supplies such as blood glucose testing strips and tablets, lancets, glucometers, and acetone test tablets and/or syringes and needles are covered under your pharmacy benefit. Diabetic supplies require a prescription and can be obtained from a participating pharmacy.

Medication Guide

The Preferred Medication List, which is part of the Medication Guide, is available online at www.bcbsfl.com. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Medication Guide online or by calling the customer service number listed on your identification card. For the hearing impaired, call Florida TTY Relay Service 711. The Medication Guide also identifies specialty drugs, and drugs requiring prior authorization. When reviewing the Preferred Medication List with your doctor, ask your provider to consider a Prescription Drug from the Preferred Medication List, particularly a Preferred Generic Prescription Drug.

Pharmacy Options Affect Your Out of Pocket

There are two different types of pharmacies for you to be aware of as you decide where to get your prescriptions filled—retail pharmacies and specialty pharmacies. To save the most money, before you get a prescription filled you should confirm which pharmacy is considered ‘in-network’ for that particular medication.

- **Retail Pharmacy Network**

Non-specialty ‘Generic’ medications and ‘Brand Name’ medications listed in the Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go to a non-participating pharmacy, your prescription will cost you more.

- **Specialty Pharmacy Network**

We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a ‘Specialty Drug’ in the Medication Guide. To be covered under your pharmacy program at the In-Network cost share, they must be purchased at a participating Specialty Pharmacy. These pharmacies are different than the retail pharmacies and are identified in both the Provider Directory and the Medication Guide. Using an in-network Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications

- **Non-Participating Pharmacy**

Choosing a non-participating pharmacy will cost you more money. You may have to pay the full cost of the medication and then file a claim to be reimbursed. Our payment will be based on our Non-Participating Pharmacy Allowance minus your deductible and/or coinsurance. You will be responsible for the deductible and/or coinsurance and the difference between our Allowance and the cost of the medication.

- **The National Pharmacy Network**

The National Pharmacy Network includes more than 50,000 chain and independent Pharmacies across the United States. These National Network Pharmacies are available to our members traveling or residing outside of Florida. Simply present your member ID card at time of purchase.

Utilization Management / Responsible Rx Programs

Prior Coverage Authorization

Drugs selected for Prior Coverage Authorization (PA) may require that specific clinical criteria be met before the Drugs will be covered under your pharmacy benefit. The list of drugs requiring Prior Authorization is located in the Medication Guide and are designated with a “PA” following the product name, BCBSF reserves the right to change the Drugs that require PA at any time and for any reason.

Responsible Quantity

Drugs included in this program allow a maximum quantity per time period. Quantity limits are typically developed based upon FDA-approved Drug labeling and nationally recognized therapeutic clinical guidelines. The list of Drugs that have quantity limits are designated in the Formulary List with “QL” following the product name. BCBSF reserves the right to change the Drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a Responsible Quantity Drug is medically required, your doctor or health care provider can request an override. Responsible Quantity override forms are available at www.bcbsfl.com.

Responsible Steps

Drugs included in this program require that you try another designated or prerequisite Drug first before a Drug listed in the Responsible Steps Medication Chart will be covered. If due to medical reasons you cannot use the prerequisite Drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. These medications are designated in the Formulary List with “RS” following the product name. Medications included in the Responsible Steps Program are listed in the Medication Guide. BCBSF reserves the right to change the Drugs subject to the Responsible Steps program at any time and for any reason.

Drugs That Are Not Covered

Your Pharmacy benefit may not cover select medications. The Medication Guide contains a list of non-covered drugs. Some reasons a medication may not be covered are:

- The Drug has been shown to have excessive adverse effects and/or safer alternatives are available.
- The Drug has a preferred formulary alternative.

Prescription Discounts

With the BlueSaver® prescription savings card program, you will receive special discounted pricing on non-covered prescription medications when you show your BlueSaver ID card at select participating pharmacies. This card provides savings for you or any of your covered family members on medications that are not covered under your BlueScript pharmacy benefit. The BlueSaver savings program is not an insurance product or part of your health benefit plan.