



**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay For Covered Services

**Coverage for:** Individual and/or Family | **Plan Type:** PPO

 **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, [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group). 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.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group) or call 1-800-352-2583 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <u>deductible</u>?</b>	In-Network: <b>\$2,000</b> Per Person/ <b>\$6,000</b> Family. <u>Out-of-Network</u> : <u>Combined with In-Network</u> .	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. <u>Preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No.	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	Yes. In-Network: <b>\$2,000</b> Per Person/ <b>\$6,000</b> Family. <u>Out-Of-Network</u> : <b>\$6,000</b> Per Person/ <b>\$12,000</b> Family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	<u>Premium</u> , <u>balance-billed</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="https://providersearch.floridablue.com/providersearch/pub/index.htm">https://providersearch.floridablue.com/providersearch/pub/index.htm</a> or call 1-800-352-2583 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 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
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	Value Choice Provider: No Charge/ Primary Care Visits: \$25 <u>Copay</u> per Visit/ Virtual Visits: No Charge	<u>Deductible</u> + 40% <u>Coinsurance</u> / Virtual Visits: Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Specialist</u> visit	Value Choice Specialist: \$20 <u>Copay</u> per Visit/ Specialist: \$50 <u>Copay</u> per Visit/ Virtual Visits: \$50 <u>Copay</u> per Visit	<u>Deductible</u> + 40% <u>Coinsurance</u> / Virtual Visits: Not Covered	Physician administered drugs may have higher cost share. Virtual Visit services are <u>only</u> covered for In-Network providers.
	<u>Preventive care/screening/immunization</u>	No Charge	40% <u>Coinsurance</u>	Physician administered drugs may have higher cost share. You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	Value Choice Specialist: \$20 <u>Copay</u> per Visit/ Independent Clinical Lab: No Charge/ Independent Diagnostic Testing Center: <u>Deductible</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost share.
	Imaging (CT/PET scans, MRIs)	<u>Deductible</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	Tests performed in hospitals may have higher cost share. Prior Authorization may be required. Your benefits/services may be denied.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <b>prescription drug coverage</b> is available at <a href="http://www.floridablue.com/tools-resources/pharmacy/medication-guide">www.floridablue.com/tools-resources/pharmacy/medication-guide</a>	Generic drugs	\$10 <u>Copay</u> per Prescription at retail, \$25 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	\$50 <u>Copay</u> per Prescription at retail, \$125 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	Non-preferred brand drugs	\$80 <u>Copay</u> per Prescription at retail, \$200 <u>Copay</u> per Prescription by mail	50% <u>Coinsurance</u>	Up to 30 day supply for retail, 90 day supply for mail order.
	<u>Specialty drugs</u>	<u>Specialty drugs</u> are subject to the cost share based on applicable drug tier.	<u>Specialty drugs</u> are subject to the cost share based on the applicable drug tier.	Not covered through Mail Order. Up to 30 day supply for retail.
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	<u>Deductible</u>	<u>Deductible</u> + 40% <u>Coinsurance</u>	————none————
	Physician/surgeon fees	<u>Deductible</u>	Ambulatory Surgical Center: <u>Deductible</u> + 40% <u>Coinsurance</u> / Hospital: <u>Deductible</u>	————none————
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	\$150 <u>Copay</u> per Visit	\$150 <u>Copay</u> per Visit	————none————
	<u>Emergency medical transportation</u>	<u>Deductible</u>	<u>In-Network Deductible</u>	————none————
	<u>Urgent care</u>	Value Choice Provider: No Charge - Visits 1-2 \$55 <u>Copay</u> for remaining Visits/ Urgent Care Visits: \$55 <u>Copay</u> per Visit	Value Choice Provider: Not Covered/ Urgent Care Visits: <u>Deductible</u> + \$55 <u>Copay</u> per Visit	————none————
<b>If you have a hospital</b>	Facility fee (e.g., hospital room)	<u>Deductible</u>	<u>Deductible</u> + 40%	Inpatient Rehab Services limited to 30 days.

For more information about limitations and exceptions, see the [plan](#) or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
stay			Coinsurance	
	Physician/surgeon fees	Deductible	Deductible	—————none—————
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No Charge/ Specialist Virtual Visits: No Charge	40% Coinsurance/ Specialist Virtual Visits: Not Covered	Virtual Visit services are <u>only</u> covered for In-Network providers.
	Inpatient services	No Charge	Physician Services: No Charge/ Hospital: 40% Coinsurance	Prior Authorization may be required. Your benefits/services may be denied.
If you are pregnant	Office visits	\$50 Copay on initial Visit	Deductible + 40% Coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	Deductible	Deductible	—————none—————
	Childbirth/delivery facility services	Deductible	Deductible + 40% Coinsurance	—————none—————
If you need help recovering or have other special health needs	Home health care	Deductible	Deductible + 40% Coinsurance	Coverage limited to 60 visits.
	Rehabilitation services	\$50 Copay per Visit	Deductible + 40% Coinsurance	Coverage limited to 35 visits, including 26 manipulations. Services performed in hospital may have higher cost share. Prior Authorization may be required. Your benefits/services may be denied.
	Habilitation services	Not Covered	Not Covered	Not Covered
	Skilled nursing care	Deductible	Deductible + 40% Coinsurance	Coverage limited to 60 days.
	Durable medical equipment	Deductible	Deductible + 40% Coinsurance	Excludes vehicle modifications, home modifications, exercise, bathroom equipment and replacement of <u>DME</u> due to use/age.
	Hospice services	Deductible	Deductible + 40% Coinsurance	—————none—————
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered
	Children's glasses	Not Covered	Not Covered	Not Covered

For more information about limitations and exceptions, see the plan or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Children's dental check-up	Not Covered	Not Covered	Not Covered

**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.)			
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Bariatric surgery</li> <li>• Cosmetic surgery</li> <li>• Dental care (Adult)</li> <li>• Habilitation services</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Infertility treatment</li> <li>• Long-term care</li> <li>• Pediatric dental check-up</li> <li>• Pediatric eye exam</li> </ul>	<ul style="list-style-type: none"> <li>• Pediatric glasses</li> <li>• Private-duty nursing</li> <li>• Routine eye care (Adult)</li> <li>• Routine foot care unless for treatment of diabetes</li> <li>• Weight loss programs</li> </ul>	
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)			
<ul style="list-style-type: none"> <li>• Chiropractic care - Limited to 35 visits</li> </ul>	<ul style="list-style-type: none"> <li>• Most coverage provided outside the United States. See <a href="http://www.floridablue.com">www.floridablue.com</a>.</li> </ul>	<ul style="list-style-type: none"> <li>• Non-emergency care when traveling outside the U.S.</li> </ul>	

**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: State Department of Insurance at 1-877-693-5236, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). 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 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 the insurer at 1-800-352-2583. You may also contact your State Department of Insurance at 1-877-693-5236 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). For group health coverage subject to ERISA contact your employee services department. For non-federal governmental group health plans and church plans that are group health plans contact your employee services department. You may also contact the state insurance department at 1-877-693-5236. Additionally, a consumer assistance program can help you file your appeal. Contact U.S. Department of Labor Employee Benefits Security Administration at 1-866-4-USA-DOL (866-487-2365) or [www.dol.gov/ebsa/consumer\\_info\\_health.html](http://www.dol.gov/ebsa/consumer_info_health.html).

**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.

For more information about limitations and exceptions, see the plan or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).

**Does this plan meet the 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.*—————

For more information about limitations and exceptions, see the plan or policy document at [www.floridablue.com/plancontracts/group](http://www.floridablue.com/plancontracts/group).

## 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 providers 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)

■ <u>The plan's overall deductible</u>	\$2,000
■ <u>Specialist Copayment</u>	\$50
■ <u>Hospital (facility) No Charge</u>	\$0
■ <u>Other No Charge</u>	\$0

This **EXAMPLE** event includes services like:

Specialist office visits (prenatal care)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (ultrasounds and blood work)  
Specialist visit (anesthesia)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$2,060</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ <u>The plan's overall deductible</u>	\$2,000
■ <u>Specialist Copayment</u>	\$50
■ <u>Hospital (facility) No Charge</u>	\$0
■ <u>Other No Charge</u>	\$0

This **EXAMPLE** event includes services like:

Primary care physician office visits (including disease education)  
Diagnostic tests (blood work)  
Prescription drugs  
Durable medical equipment (glucose meter)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$1,600
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$30
<b>The total Joe would pay is</b>	<b>\$1,630</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ <u>The plan's overall deductible</u>	\$2,000
■ <u>Specialist Copayment</u>	\$50
■ <u>Hospital (facility) No Charge</u>	\$0
■ <u>Other Copayment</u>	\$150

This **EXAMPLE** event includes services like:

Emergency room care (including medical supplies)  
Diagnostic test (x-ray)  
Durable medical equipment (crutches)  
Rehabilitation services (physical therapy)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$1,700
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,000</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: [www.floridablue.com](http://www.floridablue.com).

## Section 1557 Notification: Discrimination is Against the Law

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO (collectively, "Florida Blue"), Florida Combined Life and the Blue Cross and Blue Shield Federal Employee Program® (FEP) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Blue, Florida Blue HMO, Florida Blue Preferred HMO, Florida Combined Life and FEP:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact:

- Florida Blue (health and vision coverage): 1-800-352-2583
- Florida Combined Life (dental, life, and disability coverage): 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Florida Blue (including FEP members):**

Section 1557 Coordinator  
4800 Deerwood Campus Parkway, DCC 1-7  
Jacksonville, FL 32246  
1-800-477-3736 x29070  
1-800-955-8770 (TTY)  
Fax: 1-904-301-1580  
section1557coordinator@floridablue.com

**Florida Combined Life:**

Civil Rights Coordinator  
17500 Chenal Parkway  
Little Rock, AR 72223  
1-800-260-0331  
1-800-955-8770 (TTY)  
civilrightscoordinator@fclife.com

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.



You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, by mail or phone at:

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). FEP: Llame al 1-800-333-2227

**ATANSYON:** Si w pale Kreyòl ayisyen, ou ka resevwa yon èd gratis nan lang pa w. Rele 1-800-352-2583 (pou moun ki pa tande byen: 1-800-955-8770). FEP: Rele 1-800-333-2227

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có dịch vụ trợ giúp ngôn ngữ miễn phí dành cho bạn. Hãy gọi số 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Gọi số 1-800-333-2227

**ATENÇÃO:** Se você fala português, utilize os serviços linguísticos gratuitos disponíveis. Ligue para 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Ligue para 1-800-333-2227

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-352-2583 (TTY: 1-800-955-8770)。FEP: 請致電1-800-333-2227

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-352-2583 (ATS : 1-800-955-8770). FEP : Appelez le 1-800-333-2227

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Tumawag sa 1-800-333-2227

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-352-2583 (телетайп: 1-800-955-8770). FEP: Звоните 1-800-333-2227

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-352-2583 (رقم هاتف الصم والبكم: 1-800-955-8770). اتصل برقم 1-800-333-2227.

**ATTENZIONE:** Qualora fosse l'italiano la lingua parlata, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-352-2583 (TTY: 1-800-955-8770). FEP: chiamare il numero 1-800-333-2227

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: +1-800-352-2583 (TTY: +1-800-955-8770). FEP: Rufnummer +1-800-333-2227

주의: 한국어 사용을 원하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-352-2583 (TTY: 1-800-955-8770) 로 전화하십시오. FEP: 1-800-333-2227 로 연락하십시오.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-352-2583 (TTY: 1-800-955-8770). FEP: Zadzwoń pod numer 1-800-333-2227.

**सुचना:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવા તમારા માટે ઉપલબ્ધ છે.

**ફોન કચે** [1-800-352-2583](tel:1-800-352-2583) (TTY: [1-800-955-8770](tel:1-800-955-8770)). FEP: **ફોન કચે** [1-800-333-2227](tel:1-800-333-2227)

ประกาศ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โดยติดต่อหมายเลขโทรศัพท์ **1-800-352-2583 (TTY: 1-800-955-8770)** หรือ FEP โทร **1-800-333-2227**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-352-2583（TTY: 1-800-955-8770）まで、お電話にてご連絡ください。FEP: 1-800-333-2227

**توجه:** اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی رایگان در دسترس شما خواهد بود.  
با شماره 1-800-352-2583 (TTY: 1-800-955-8770) تماس بگیرید. FEP: با شماره 1-800-333-2227 تماس بگیرید.

**Baa ákonínzin:** Diné bizaad bee yániiti'go, saad bee áká anáwo', t'áá jíík'eh, ná hóló. Kojj' hodiílnih 1-800-352-2583 (TTY: 1-800-955-8770). FEP ígíí éi kojj' hodiílnih 1-800-333-2227.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

<b>Summary of Benefits for Covered Services</b>	Amount Member Pays	
	In-Network	Out-of-Network

<b>Financial Features</b>		
<b>Deductible</b> (EM DED) <sup>1</sup> (PBP) <sup>2</sup> (DED is the amount the member is responsible for before Florida Blue pays)	\$2,000 per person \$6,000 per family	Combined with In-Network Combined with In-Network
<b>Inpatient Hospital Facility Services Per Admission Deductible (PAD)</b>	\$0	\$0
<b>Coinsurance</b> (Coinsurance is the percentage the member pays for services)	0% of the allowed amount	40% of the allowed amount
<b>Out-of-Pocket Maximum</b> (EM OOP) <sup>3</sup> (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$2,000 per person \$6,000 per family	\$6,000 per person \$12,000 per family
<b>Office Services</b>		
<b>Virtual Visits<sup>4</sup></b> Primary Care Physician Specialist	\$0 Copay \$50 Copay	Not Covered Not Covered
<b>Physician Office Services</b> Value Choice Primary Care Physician <sup>5</sup> Value Choice Specialist <sup>5</sup> Primary Care Physician Specialist	\$0 Copay \$20 Copay \$25 Copay \$50 Copay	DED + 40% DED + 40% DED + 40% DED + 40%
<b>Maternity</b> (Cost Share for initial visit only) Primary Care Physician Specialist	\$25 Copay \$50 Copay	DED + 40% DED + 40%
<b>Allergy Injections</b> (per visit) Primary Care Physician Specialist	\$10 Copay \$10 Copay	DED + 40% DED + 40%
<b>Advanced Imaging Services (AIS)</b> (MRI, MRA, PET, CT, Nuclear Medicine)	DED	DED + 40%
<b>Medical Pharmacy - Physician-Administered Medications</b> (applies to Office Setting and Specialty Pharmacy Vendors) <b>Monthly Out-of-Pocket (OOP) Maximum<sup>6</sup></b> Preferred Non-Preferred	\$200 Combined with Preferred OOP	NA NA
<b>Provider</b> Preferred Non-Preferred	20% 20%	DED + 50% DED + 50%
<b>Important Note:</b> Physician-Administered Medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the <i>medical benefit</i> . Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		

<sup>1</sup>EM DED = Deductible is Embedded: A covered member's family deductible costs are capped at the individual deductible amount on the family plan. / <sup>2</sup>PBP = Per Benefit Period / <sup>3</sup>EM OOP = Out-of-Pocket Maximum is Embedded: A covered family member's out-of-pocket costs are capped at the individual out-of-pocket maximum amount on the family plan. / <sup>4</sup>Virtual Visit services are only covered for In-Network providers. / <sup>5</sup>Value Choice Providers are only available in select counties. See the Agent Toolkit for a full list of counties where they are available. / <sup>6</sup>In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

**Note: Out-of-Network services may be subject to balance billing.**

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
<b>Preventive Care</b>		
<b>Routine Adult &amp; Child Preventive Services, Wellness Services, and Immunizations</b>	\$0 Copay	40%
<b>Mammograms</b>	\$0 Copay	\$0 Copay
<b>Colonoscopy</b> (Routine for age 50+ then frequency schedule applies)	\$0 Copay	\$0 Copay
<b>Emergency Medical Care</b>		
<b>Urgent Care Centers</b> Value Choice Provider <sup>5</sup>  All Other Providers	\$0 Copay - Visits 1-2 PBP \$55 Copay for Remaining Visits PBP \$55 Copay	DED + \$55  DED + \$55
<b>Emergency Room Facility Services<sup>7</sup></b> (per visit) (cost share waived if admitted)	\$150 Copay	\$150 Copay
<b>Ambulance Services</b>	DED	INN DED
<b>Outpatient Diagnostic Services</b>		
<b>Independent Diagnostic Testing Facility Services</b> (per visit) (e.g. X-rays) (Includes Provider Services) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	DED DED	DED + 40% DED + 40%
<b>Independent Clinical Lab</b> (e.g., Blood Work)	\$0 Copay	DED + 40%
<b>Outpatient Hospital Facility Services</b> (per visit) (e.g., Blood Work and X-rays) Option 1 Option 2	DED DED	DED + 40% DED + 40%
<b>Hospital / Surgical</b>		
<b>Ambulatory Surgical Center Facility (ASC)</b>	DED	DED + 40%
<b>Outpatient Hospital Facility Services</b> (per visit) Therapy Services Option 1 Option 2 All other Services Option 1 Option 2	\$45 Copay \$60 Copay DED DED	DED + 40% DED + 40% DED + 40% DED + 40%
<b>Inpatient Hospital Facility and Rehabilitation Services<sup>7</sup></b> (per admit) Option1 Option2	DED DED	DED + 40% DED + 40%

<sup>5</sup>Value Choice Providers are only available in select counties. See the Agent Toolkit for a full list of counties where they are available. / <sup>7</sup>If admitted as an Inpatient from the Emergency Room member pays the Option 1 In-Network Hospital cost share.

<b>Mental Health / Substance Dependency</b>		
<b>Virtual Visits<sup>4</sup></b>		
Primary Care Physician	\$0 Copay	Not Covered
Specialist	\$0 Copay	Not Covered
<b>Physician Office Services</b>		
Primary Care Physician	\$0 Copay	40%
Specialist	\$0 Copay	40%
<b>Emergency Room Facility Services<sup>7</sup></b> (per visit) (cost share waived if admitted)	\$0 Copay	\$0 Copay
<b>Outpatient Hospitalization Facility Service</b> (per visit)		
Option 1	\$0 Copay	40%
Option 2	\$0 Copay	40%
<b>Inpatient Hospitalization Facility Services<sup>7</sup></b> (per admit)		
Option 1	\$0 Copay	40%
Option 2	\$0 Copay	40%
<b>Other Special Services</b>		
<b>Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations</b>		
Outpatient Rehabilitation Therapy Center	\$50 Copay	DED + 40%
Outpatient Hospital Facility Services (per visit) Option 1	\$45 Copay	DED + 40%
Option 2	\$60 Copay	DED + 40%
<b>Durable Medical Equipment, Prosthetics and Orthotics</b>	DED	DED + 40%
<b>Home Health Care</b>	DED	DED + 40%
<b>Skilled Nursing Facility</b>	DED	DED + 40%
<b>Hospice</b>	DED	DED + 40%

<sup>4</sup>Virtual Visit services are only covered for In-Network providers. / <sup>7</sup>If admitted as an Inpatient from the Emergency Room member pays the Option 1 In-Network Hospital cost share.

**Important:** To ensure quality care and to help you get the most value from your plan benefits, for certain medical services **you need to get an approval** from Florida Blue before your service or you'll have to **pay the entire cost** for the service. **Before an appointment**, visit [floridablue.com/Authorization](http://floridablue.com/Authorization) or call the toll-free number on your member ID card to see if a prior approval is needed and your next steps.

<b>Benefit Maximums</b>	
<b>Home Health Care</b>	60 Visits PBP
<b>Inpatient Rehabilitation Therapy</b>	30 Days PBP
<b>Outpatient Therapy</b>	35 Visits PBP
<b>Spinal Manipulations</b>	26 PBP (accumulates towards the Outpatient Therapy maximum)
<b>Skilled Nursing Facility</b>	60 Days PBP

**Additional Benefits and Features**

- We encourage you to call the care consultants team at 1-888-476-2227 to find out more about your benefits and/or treatment options. This can help you save time and money.
- You have online access to everything about your health benefit plan as well as all of our self-service tools at [floridablue.com](http://floridablue.com).
- Go to [floridablue.com](http://floridablue.com), click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in your plan's network and you don't need a referral to see a participating provider.

**BlueScript Prescription Drug Program**

In the event your Group has purchased pharmacy coverage from Florida Blue, you'll find a Pharmacy Program information sheet enclosed. Please review it carefully, as you'll find it contains an overview of your benefits and how to utilize them. Important Note: Your health plan may include prescription drug coverage that only provides coverage at Exclusive Pharmacies except for emergency situations.

**Access to Our Strong Networks**

**NetworkBlue<sup>SM</sup>** is the Preferred Provider Network designated as "In-Network" for BlueOptions. While In-Network providers remain the best value, members are still **protected from balance billing** if they go Out-of-Network to someone who is part of our Traditional Provider Network. You may also receive **out-of-state coverage through the BlueCard<sup>®</sup>** Program with access to the participating providers of independent Blue Cross and/or Blue Shield organizations across the country.

**Physician Discount**

Many NetworkBlue physicians offer BlueOptions members a rate which is at least 25 percent below the usual fees charged for services that are **not Covered Services** under your health plan. By taking advantage of this discount, you get the care you need from the doctor you trust. However, Florida Blue does not guarantee that a physician will honor the discount. Since you pay out-of-pocket for any non-covered services, it's your responsibility to discuss the costs and discounted rates for non-covered services with your physician **before** you receive services. 'Physician Discount' is not part of your insurance coverage or a discount medical plan. For more information, please refer to the online Provider Directory at [floridablue.com](http://floridablue.com).

**This is not an insurance contract or Benefit Booklet.** This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.

## BlueScript Pharmacy Benefits - \$10/\$50/\$80

For BlueOptions Plans– Open Formulary (Home Delivery 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 home delivery program.

See below for your specific plan details.

Drug Tier	In-Network Retail (One-Month Supply)	In-Network Home Delivery (Three-Month Supply)	Out-of-Network
Preferred Generic Prescription Drugs	\$10	\$25	50%
Preferred Brand Name Prescription Drugs	\$50	\$125	50%
Non-Preferred Prescription Drugs	\$80	\$200	50%
Oral Chemotherapy Drugs	\$10	\$25	50%

Specialty drugs are not available through home delivery.

### 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 on the BlueOptions pharmacy Program Schedule of Benefits.

### More Convenient Than Ever

Take your prescriptions to a participating pharmacy to have them 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 three-month supply and you can have it filled at select participating retail pharmacies. A three-month out-of-pocket cost (copay, coinsurance, and/or deductible) applies.
2. For additional savings, fill prescriptions via our home delivery program. This program allows covered members taking prescription drugs to receive up to a three-month supply for one Home Delivery Copayment, after Pharmacy Deductible, if applicable. Prescription drugs ordered through this program are provided by Express Scripts.

### Vaccines at the Pharmacy

Certain vaccines which are covered under your Wellness Benefits can be administered by Pharmacists that are certified.

### Contraceptive Coverage

Generic oral contraceptives and diaphragms are covered under your pharmacy benefit and are available at no cost to you. These contraceptives must be prescribed and obtained from a participating pharmacy.

### 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 [floridablue.com](http://floridablue.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 member ID card. For the hearing impaired, call Florida TTY Relay Services 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 on 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. The 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. Florida Blue 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 a "QL" following the product name. Florida Blue 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 [floridablue.com](http://floridablue.com).

### Responsible Steps

Drugs included in this program require that you try another designated 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. Florida Blue 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. You will be responsible for paying the full cost of such 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.

For drugs not covered you have access to a prescription savings discount card. With the discount card program, you will receive special discounted pricing at select participating pharmacies. This card provides savings for you or any of your family members on medications that are not covered under your BlueScript pharmacy benefit. The discount program is not an insurance product or part of your health benefit plan. For more information, log in to your account at [floridablue.com](http://floridablue.com). Go to My Plan and then Pharmacy to find the link to Prescription Drug Savings Card. You can also call the customer service number on the back of the member ID card.

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue. Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association. Florida Blue does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.



## BlueScript Pharmacy Benefits - \$10/\$50/\$80 For BlueOptions Plans (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.

	In-Network	Out-of-Network	Mail Order (90 days)
Pharmacy Deductible	\$0		
Preferred Generic Prescription Drugs	\$10	50%	\$25
Preferred Brand Name Prescription Drugs	\$50	50%	\$125
Non-Preferred Prescription Drugs	\$80	50%	\$200

### 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 on the BlueOptions pharmacy Program Schedule of Benefits.

### More Convenient Than Ever

Take your prescriptions to a participating pharmacy to have them 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®.

### Vaccines at the Pharmacy

Certain vaccines which are covered under your Wellness Benefits can be administered by Pharmacists that are certified.

### Contraceptive Coverage

Generic oral contraceptives and diaphragms are covered under your pharmacy benefit and are available at no cost to you. These contraceptives must be prescribed and obtained by a participating pharmacy.

### 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

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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 on 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**

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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 a "QL" following the product name. Florida Blue 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 [floridablue.com](http://floridablue.com).

### Responsible Steps

Drugs included in this program require that you try another designated 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. Florida Blue 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<sup>®</sup> 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.

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., D/B/A Florida Blue. Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association.