



Welcome to Blue Cross and Blue Shield of Florida, Inc.

For members of ICUBA

April 2017





Welcome

It's good to be Blue®

By selecting Blue Cross and Blue Shield of Florida, Inc. (BCBSF), you can feel confident about your health coverage. You now have access to the best quality of care from the largest provider network in the nation.

Your BCBSF membership comes with excellent resources to help you understand your health plan and how to make the most of it. Throughout this guide, these symbols will indicate where you can go to access tools and information for a specific topic:



Visit our main website at www.MyHealthToolkitFL.com or visit icubabenefits.org for the ICUBA member single sign-on.



Go to our main website and log in to your **My Health Toolkit®** account.



Call the number on the back of your membership card to speak to a **customer service advocate**.





We've got you covered with your membership card

Get to know your card. Your BCBSF membership card contains important information. Keep it with you at all times and show it to your health care provider at the beginning of your visit.

The diagram shows a membership card with the following details:

- Member Name:** NORAH K STARK
- Member ID:** ABC123456789012
- Website:** MyHealthToolkitFL.com
- Plan Type:** PPO

Callouts provide additional information:

- Green circle:** Your member ID contains a set of letters and numbers that are unique to you.
- Teal circle:** The subscriber's name will appear on the card. Other family members covered by the health plan can use the card, but only the subscriber's name will be on it.
- Blue circle:** Visit our main website for additional information and to log in to your My Health Toolkit account.

What if you forget your card?

It can happen to anyone — you arrive at a doctor's appointment without your card. Luckily, you can use your mobile device to access the information you need.

 Log in to **My Health Toolkit** from your mobile device and select **Member ID Card** from the main menu or visit icubabenefits.org for your single sign-on.

How do you request a new card?

If you lose your card or need an additional card for a covered family member, you can easily request one.

 Log in to your **My Health Toolkit** account, select the **Benefits** tab, then click **ID Card Request**.



My Health Toolkit

My Health Toolkit is the one-stop shop for answers about your health care — customized just for you! It has everything you need to understand your health plan coverage and manage your benefits. All members ages 16 and older, including spouses and dependents, should sign up for an account. It's easy to register and it's free.

Register in just a few clicks

1. Go to www.MyHealthToolkitFL.com or your single sign-on at icubabenefits.org.
2. Click the **Register Now** button on the right-hand side of the page.
3. Enter the **Member ID** located on your membership card.
4. Follow the instructions to **Create Your Profile**.

What if you don't know your Member ID?

No problem. After you select **Register Now**, select **Haven't received your membership card?** Enter the subscriber's Social Security number and *your* date of birth, then follow the instructions to **Create Your Profile**.

Inside your toolkit

My Health Toolkit is filled with resources that are customized to you and your health benefits. Look for this icon throughout the guide to learn more about what's inside. 



Find the right doctor, choose the right care

It's a big decision. Who will you turn to when you have a nagging health problem, a sick child or symptoms that might be serious — or might not? The online Doctor and Hospital Finder makes the decision a lot easier.

How to use the Doctor and Hospital Finder

1.  Log in to [My Health Toolkit](#)
2. Select the [Resources](#) tab
3. Click [Find a Doctor or Hospital](#)

You can search by city or ZIP code for doctors near your home or work. Or narrow your search to find specialists, such as pediatricians or allergists. If you already have a doctor's name, you can see whether he or she is in your network. You can even do an advanced search for doctors who match your gender or language preferences.

What do other patients think?

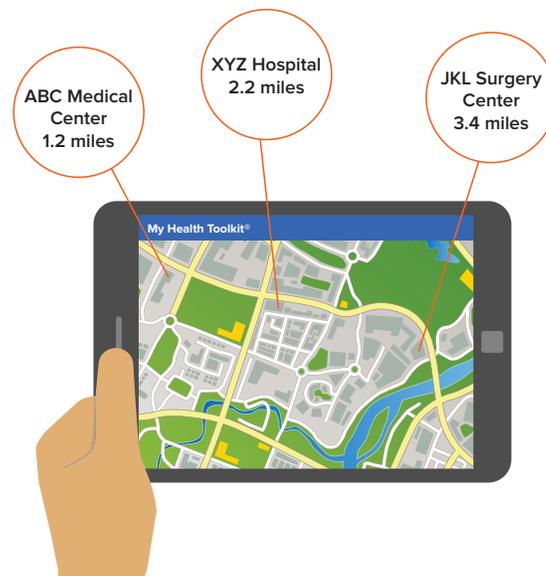
See how other members rated the doctor you are considering. During your search, you can:

- See the percentage of members who recommend the provider or facility.
- Use the star ratings to gauge other members' experiences at-a-glance.
- Check out the member comments, pros and cons.

Rate your own doctor

 After you see a doctor, share your experience to help others make the right decision. After your claim is processed for the visit:

- Log in to [My Health Toolkit](#)
- Select the [Resources](#) tab
- Click [Rate Your Visit](#)



Know before you go with the Treatment Cost Estimator

Lots of people like surprises — but not when it comes to your medical bill. Our online Treatment Cost Estimator can help you avoid that type of surprise. Using this tool beforehand can help you make better decisions about many common medical tests and procedures.



You've probably heard there can be huge differences in the prices different health care providers charge for the same test or surgery. It's hard to sort these things out. The Treatment Cost Estimator gathers claims data from around the country. Then it shows you details on cost, quality and location. It estimates your costs based on your benefits plan, deductible and out-of-pocket status.

For example, say you need arthroscopic surgery and cartilage repair on your knee. This tool will show you data on certain hospitals, including how far away they are, how many members have gone there for this knee surgery, the estimated total cost and the estimated amount you would pay.

Blue Distinction Specialty Care

Are you scheduling one of these procedures?

- Bariatric Surgery
- Cardiac Care
- Complex and Rare Cancers
- Knee and Hip Replacement
- Spine Surgery
- Transplants
- Maternity

If so, look for Blue Distinction Centers and Blue Distinction+ Centers. The hospitals recognized by the Blue Distinction program have proven to deliver better results — including fewer complications and readmissions — than those without these designations.

When using the Treatment Cost Estimator, your search results will indicate any hospital recognized with Blue Distinction designation.

To use the Treatment Cost Estimator

1. Log in to [My Health Toolkit](#).
2. Select the [Resources](#) tab.
3. Click [Treatment Cost Estimator](#).



Save Money by Choosing Blue Distinction Total Care (BDTC) Doctors



The \$0 cost share benefit applies to Family Care Physicians, Internal Medicine and Pediatricians who have the BDTC designation!

Need to see a doctor? [Choose a family physician, internal medicine physician or pediatrician with Blue Distinction Total Care \(BDTC\) designation and your copayment will be \\$0.](#) This is an enhanced benefit for members of the ICUBA health plan through Blue Cross and Blue Shield of Florida, Inc.

What is BDTC designation?

Doctors with this recognition are dedicated to improving the quality of care for their patients. They also specialize in care for people with chronic conditions, like diabetes, asthma, COPD and heart problems, to ensure each person receives preventive screenings and follow-up care.

BDTC designation does not necessarily mean they provide a higher standard of care than other doctors. It means these doctors take part in a quality improvement program recognized by BCBSF.

How do I find a BDTC doctor?

Use the online Doctor and Hospital Finder to locate doctors with BDTC designation:

Step 1: Log in to My Health Toolkit

Go to www.MyHealthToolkitFL.com and log in to your member account.



Step 2: Open the Doctor and Hospital Finder

Under the **Resources** tab, select **Find a Doctor** or **Hospital**.



Step 3: Add search criteria

- Enter “**ICI**” as the first three letters of your member ID.
- Enter a **specialty type**. The \$0 copayment will apply to doctors specializing in **family practice, internal medicine or pediatrics**.
- Enter your **location**.
- Under **Blue Distinction**, check the box for **Blue Distinction Total Care** and **Select**.
- Click **Go**.

Find a Doctor or Hospital

Search by Keyword | [Search by Specialty](#)

Already A Member OR Choose Your Network

ICI OR Select a Network

3 Search by: family practice

Location: Within 25 miles Fort Lauderdale, FL **GO**

Patient Ratings Extended Hours

Recognitions Affiliations

Accepting New Patients Gender

Languages Spoken Blue Distinction

Quality Measures

See matches with these:

- Blue Distinction Centers+ for Spine Surgery
- Blue Distinction Centers for Spine Surgery
- Blue Distinction Centers+ for Transplants
- Blue Distinction Centers for Transplants
- Blue Distinction Total Care

FIND URGENT CARE
Make an informed choice based on sy

Select

Which doctor is right for me?

Jane Doctor, MD
Family Practice

2002, USA Medical University

Jane Doctor
1243 Care Corner
Suite 211
Anytown, USA 54321
Ph. (555) 397-2199
Affiliations: Healthy Medical Center

Blue Distinction Total Care

SAVE AND COMPARE

John Doctor, MD
Family Practice

1993, University Medical School

John Doctor
123 Main Street
Suite 803
Anytown, USA 54321
Ph. (555) 812-9715
Affiliations: Healthy Medical Center

Blue Distinction Total Care

SAVE AND COMPARE

Your search results will include all BDTC doctors in your area. Click the name of any doctor to see detailed information such as education, hospital affiliations, certifications and reviews from other patients.

When you find a doctor that might be right for you, click **Save and Compare**. To view your saved selections, click the drop-down arrow at the top, right. You can select specific doctors in your list for a side-by-side comparison.

Take advantage of the detailed information available in the Doctor and Hospital Finder to decide which doctor is right for you!



MyHealthToolkitFL.com



Remember! The \$0 cost share benefit is only for Family Care Physicians, Internal Medicine and Pediatricians who have the BDTC designation!



Explanation of Benefits (EOB)

Know your role and take control

Don't let that bill from your doctor frighten you. As our member, you have the upper hand when it comes to managing your health care costs. Before you pay a bill, take a quick look at your explanation of benefits, or EOB.

What's an EOB?

This is a report that's created whenever your health insurance processes a claim. An EOB shows you:

- How much your doctor charged for services
- How much your health plan paid
- The amount applied toward your deductible
- The amount you owe out of pocket

Why is it important to check your EOB?

The amount you pay your doctor depends on your specific health plan. To make sure you don't pay more than you should, simply compare your doctor's bill to the amount listed on your EOB. We send EOBs to our members every 21 days. But if you don't want to wait that long, you can view your EOB online.

View your summary EOB

-  Log in to [My Health Toolkit](#)
- Select the [Benefits](#) tab
- Click [Claims Status](#)
- Click "View Your Summary of Explanation of Benefits"

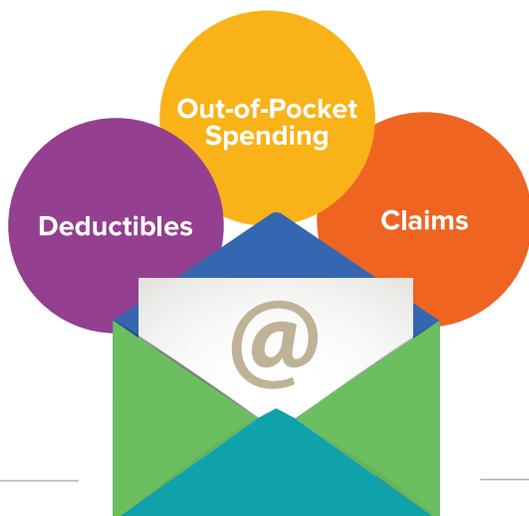
View an individual EOB for a specific service

-  Log in to [My Health Toolkit](#)
- Select the [Benefits](#) tab
- Click [Claims Status](#)
- Search by date of service, date range or claim number
- Or select a claim from the Claims Status List

We encourage you to go paperless!

Choose paperless notifications and we'll email you whenever a new EOB is ready to view:

-  Log in to [My Health Toolkit](#)
- Select the [Profile](#) tab
- Select [Change Notifications](#)
- Click [Online](#) as your preference





Details, details

Information to make sure you're covered

Coordination of benefits

Coordination of benefits — COB, for short — affects your benefits when you or a family member also are covered under another health insurance plan. COB makes sure the right plan processes your claims first. It prevents overpayments and duplication of services. And that helps keep costs down for everyone.

What you need to do: Be sure we have up-to-date information about your other insurance. That way your claims will be processed correctly and promptly.

- If you receive an Other Health Insurance Questionnaire in the mail, fill it out and return it right away. Even if you do not have coverage with another health plan, we need to know that, too.
-  You also can give us this information by logging in to **My Health Toolkit**. Select the **Benefits** tab, then click **Other Health Insurance**.
-  Or call the number on the back of your membership card and provide the information to a customer service advocate.

We appreciate your help with this.

Special enrollment rights

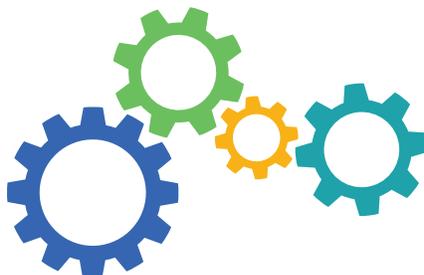
Special enrollment rights may apply to you, your spouse or other dependents even after you have declined coverage.

- For example, you might have declined coverage because other health insurance or another group health plan was in effect. Later, you may want to seek coverage with this plan if you or your dependents became ineligible for the other coverage or the employer stops contributing to the other coverage. You must request our coverage within 30 days after this other coverage ends OR after the employer contribution stops.

- You also may be able to get coverage if you have a new dependent because of marriage, birth, adoption or placement for adoption. Again, you must request enrollment within 30 days of the event.

Please note that you may have been required to provide a written statement when you declined enrollment with us. If you did not provide this written statement, this health plan is not required to grant special enrollment rights to you or your dependents.

For more information, contact your employer's benefit department.





Helpful terms

Words commonly used in health care

Sometimes health care lingo can be confusing. But it's important to understand your health benefits and how they work. Here are some common terms to help.

Benefits: The items or services covered by your health insurance plan.

Claim: A request for payment that you or your health care provider submits to your health insurance company after you receive services.

Coinsurance: Your share of the costs for a covered health care service, calculated as a percentage. You pay coinsurance plus any deductibles you owe. For example, say your health plan's allowed amount for an office visit is \$100 and you've met your deductible. Your coinsurance payment of 20 percent would be \$20. Your health plan pays the rest of the allowed amount.

Copayment: The fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary, depending on the provider and the type of health care service.

Deductible: The amount you pay for services received before your health plan begins to pay. For example, if your deductible is \$1,000, your health plan will not pay for covered services until you've paid \$1,000 toward your covered health care expenses. After that, your health plan will pay for all covered services until the end of that benefit year.

Dependent: A child, spouse or other family member covered by a subscriber's health plan. For example, an employer-sponsored health plan may cover the employee (subscriber), plus the employee's spouse and their children (dependents).

Facility: The location where you receive health care services. For example, a medical facility could be a doctor's office or a hospital.

Network: The facilities, providers and suppliers your health plan contracts with to provide health care services. You will typically pay less for services received in network versus out of network.

Out of pocket: These are your costs for medical care expenses that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance and copayments for covered services plus all costs for services that aren't covered.

Subscriber: The person who enrolls in a health plan. There is only one subscriber per health plan. The subscriber can add eligible dependents to a family health plan.

Preauthorization: A decision that a service, prescription drug or type of treatment is medically necessary. Certain services and medications require preauthorization before you receive them, except in an emergency. You may also hear this referred to as precertification or prior authorization.

Premium: The amount you pay for your health plan, usually biweekly or monthly.

Provider: This can refer to the medical professional who delivers care or the location where you receive health care services. For example, your provider could be a doctor, specialist, nurse practitioner or hospital.

Primary care physician (PCP): The main doctor and primary contact for your health care services. Your PCP coordinates care if you need to see other doctors or medical specialists.

Radiology: Procedures such as X-rays, ultrasounds and magnetic resonance imaging (MRI) that are used to detect medical conditions.

Specialist: A doctor or health care professional who focuses on a specific area of medicine. For example, pediatricians, dermatologists and cardiologists are specialists.



You've got a health coach in your corner

Ready to get on track with your health but not sure where to start? You don't have to figure it out on your own. Your health plan includes one-on-one coaching from a health care professional for free.

What is a health coach?

Our team of nationally accredited health coaches includes registered nurses, dietitians, health educators, respiratory therapists, certified diabetes educators, licensed behavioral health specialists and other health and well-being professionals. Wherever you are in your journey, we can connect you to the right coach. He or she will work with you to make positive, meaningful changes at your own pace.

Behavioral and chronic disease Coaching

- Attention deficit hyperactivity disorder (ADHD)
- Asthma (pediatric and adult)
- Bipolar disorder
- Coronary artery disease (CAD)
- Congestive heart failure (CHF)
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Diabetes (adult and pediatric)
- Hypertension (high blood pressure)
- Hyperlipidemia (high cholesterol)
- Metabolic health
- Migraine
- Recovery support

Wellness and healthy lifestyle coaching

- Back care
- Maternity (preconception, maternity and postpartum care)
- Stress management
- Tobacco-free living
- Weight management (adults and children)

Ready to become a healthier you?

 To learn more and download resources, log in to [My Health Toolkit](#), select the [Wellness](#) tab, then click [Health Coaching](#).

To enroll, call the health coaching team at [855-838-5897](tel:855-838-5897).



When you have questions, we'll help you get answers

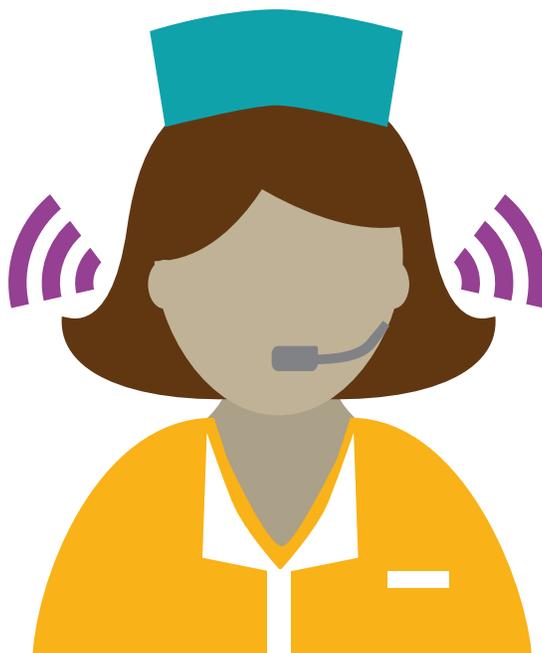
The health care system can seem confusing when you're trying to get reliable information. That's why we offer Essential AdvocateSM as a free service of your health plan.

Call Essential Advocate any time of the day, any day of the week. A care coordinator will connect you with a registered nurse or other expert who can provide information, support or health pointers. For example, you can get help with:

- Concerns about medications and side effects.
- Finding a doctor, specialist or urgent care center.
- Scheduling an appointment with your doctor.
- Comparing costs before scheduling medical treatment.
- Preparing for surgery and taking steps for a healthy recovery.
- Locating helpful programs and resources in your community.

Try using Essential Advocate when you have questions. It can make navigating the health care system a little simpler.

Call toll free: 888-521-2583





Better begins now with Rally[®]

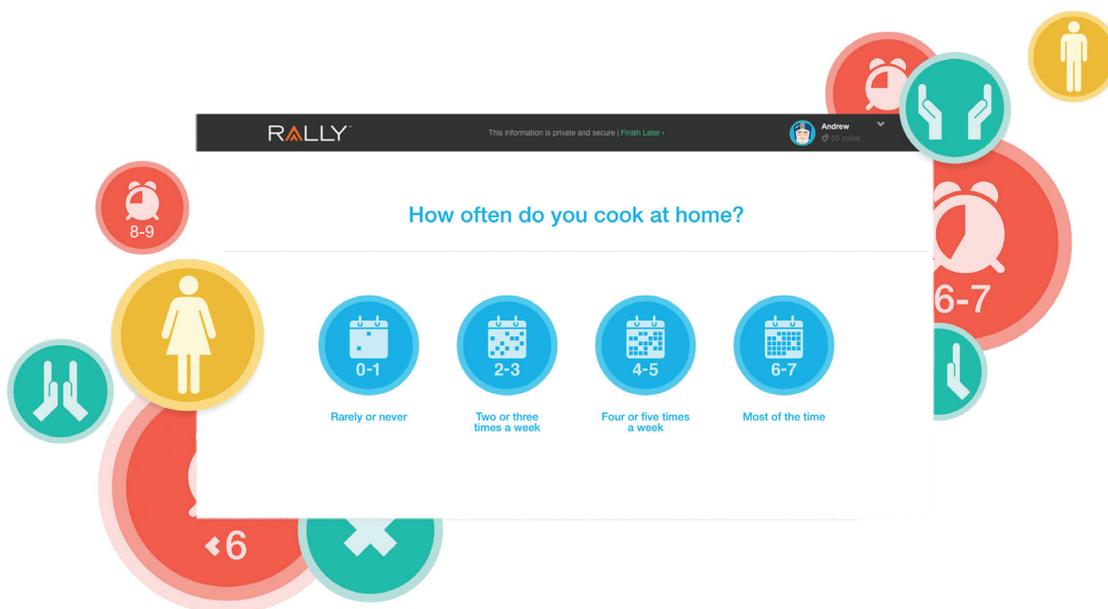
Rally is a website and mobile app that offers personalized recommendations to help you move more, eat better and feel great. Rally is a product of Rally Health Inc., an independent company that offers a digital health platform on behalf of your health plan. Here's how it works.

Create your user account

 Log in to My Health Toolkit. Select the Wellness tab, then click Rally. If this is your first time visiting Rally, select "Sign Up" and follow the instructions to complete registration.

Take your health survey

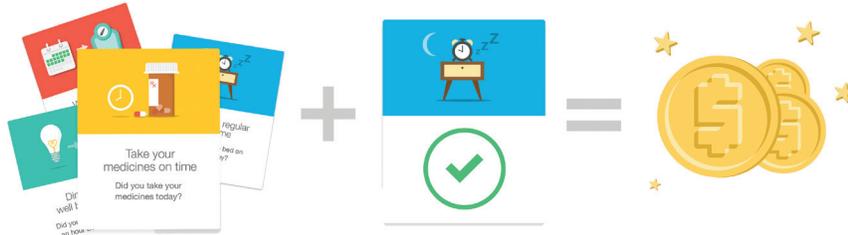
Rally gets to know you with a fast and fun health survey. When you complete the survey, you'll find out your Rally Age, a snapshot of your overall health.





Choose missions

Based on your responses to the health survey, Rally will recommend missions. These are simple activities designed to improve your diet, fitness and mood. You can start easy and level up when you're ready.

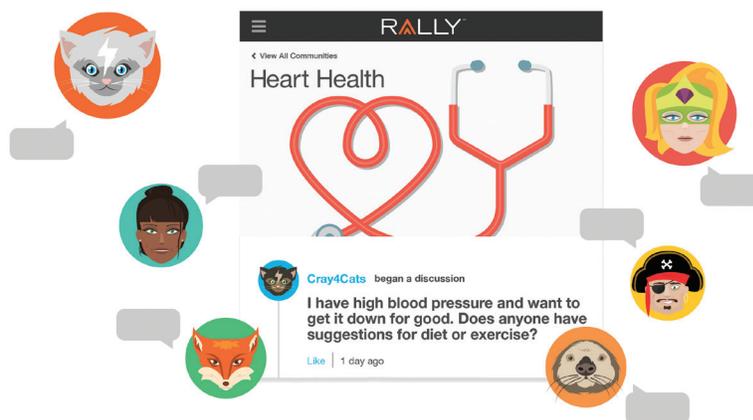


Compete in challenges

Sync your personal fitness device to your Rally account and join challenges. You can explore destinations around the world using your own steps on a virtual course. Compete against other Rally users and keep moving to meet daily or weekly milestones.

Join communities

Joining communities is a great way to get more involved with your health by meeting and interacting with Rally users who share your interests. When you join a community you can ask questions, get involved in discussions, meet and follow coaches, and more.



Earn rewards

For almost everything you do in Rally — completing your health survey, even just logging in — you will earn coins. You can use those coins to enter rewards sweepstakes. There are always new sweepstakes launching and some allow you to enter multiple times to increase your odds. So keep an eye on your coin balance and don't miss opportunities to win great rewards!



Quality care ... anytime and anywhere with Teladoc[®]

Why wait for the care you need now? Teladoc gives you 24/7/365 access to a board-certified physician through the convenience of phone or video consults. Teladoc is an independent company that provides telehealth consultation services on behalf of your health plan.

The care you need

Teladoc doctors can treat many of the most common medical conditions, including:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Urinary tract infections
- Respiratory infections
- Sinus problems
- And more!

They can also write prescriptions according to the regulatory guidelines of your state.

When you need it

Teladoc has a national network of doctors ready to answer your call. With an average call back time of only eight minutes, you can forget about spending hours in the waiting room. Now, you can quickly and easily consult with an experienced doctor from the comfort of your home.

It's easy to get started

Grab your insurance card and go to www.Teladoc.com or call **800-Teladoc** to set up your account. Once you have an account, simply log in with your username and password whenever you need to consult with a Teladoc physician.



Summary of PPO Benefits

Benefit Period April 1-March 31



A PPO, or Preferred Provider Organization, offers two levels of benefits. If you receive services from a provider who is in the PPO network, you'll receive the highest level of benefits. If you receive services from a provider who is not in the PPO network, you'll receive the lower level of benefits. In either case, you coordinate your own care. There is no requirement to select a Primary Care Physician (PCP) to coordinate your care. Below are specific benefit levels.

ICUBA

Preferred PPO Plan

Benefit	In-Network	Out-of-Network
	<i>(Coinsurance and Copays displayed as Employee responsibility)</i>	
Deductible Per Benefit Period (PBP)		
Individual	\$2,000	\$3,500
Family	\$4,000	\$9,750
Coinsurance	20%	40%
Out-of-Pocket Maximums PBP <i>(includes deductible, coinsurance, and medical copays)</i>		
Individual	\$3,500	\$7,000
Family	\$7,000	\$14,000
Lifetime Maximum	No Maximum	
Physician Office Visits <i>(Internal Medicine, General Practice, Family Practice, Pediatrician, OB/GYN)</i>	20% (not subject to deductible)	40% after deductible
Blue Distinction Total Care Office Visit <i>(Internal Medicine, Family Practice, Pediatrician)</i>	0% (not subject to deductible or copayment)	N/A
Teladoc Telemedicine Visit	\$5 copay	N/A
Maternity Office Visit Benefit * <i>(initial OB visit only)</i>	\$20 copay (not subject to deductible)	40% after deductible
Specialist Office Visits	20% (not subject to deductible)	40% after deductible
Independent Clinical Labs ** <i>(free standing facilities and office visits)</i>	100% (not subject to deductible)	40% after deductible
Preventive Care - Annual Physical and Gynecological exam	0% (not subject to deductible)	Not Covered
Chlamydia and STD tests	0% (not subject to deductible)	Not Covered
PAP tests	0% (not subject to deductible)	Not Covered
Prostate cancer screenings (PSA)	0% (not subject to deductible)	Not Covered
Mammograms and Ultrasounds of the Breast	0% (not subject to deductible)	Not Covered
Urinalysis	0% (not subject to deductible)	Not Covered
Venipuncture/Conveyance Fee	0% (not subject to deductible)	Not Covered
General Health Blood Panel, Glucose Test, Lipid Panel, Cholesterol, and ALT/AST.	0% (not subject to deductible)	Not Covered
Adult and Pediatric Immunizations	0% (not subject to deductible)	Not Covered
Related Wellness Services (e.g., blood stool tests, colonoscopies, sigmoidoscopies, electrocardiograms, echocardiograms, and bone mineral density tests)	0% (not subject to deductible)	Not Covered

** Quest Diagnostic Labs is the In-Network Lab for BlueCross BlueShield of Florida.

Benefit	In-Network	Out-of-Network
	<i>(Coinsurance and Copays displayed as Employee responsibility)</i>	
Allergy Injections	0% (not subject to deductible)	40% after deductible
Emergency Room Services	0% after \$300 copay (waived if admitted)	
Medically Necessary Emergency Transportation	\$250 copay	
Convenient Care Clinic (Retail) Minute Clinic- CVS/Healthcare Clinic - Walgreens	0% after \$10 copay	
Urgent Care Center	0% after \$30 copay	
Hospital Expenses		
Inpatient	20% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible
Outpatient Surgery Office Setting (Physician or Specialist)	20% (not subject to deductible)	40% after deductible
Outpatient Facility	20% after deductible	40% after deductible
Related professional services	20% after deductible	40% after deductible
Infertility Services (Counseling and testing to diagnose only)	20% after deductible	40% after deductible
Outpatient Physical Therapy ***	20% (not subject to deductible) Limit: 30 visits/ benefit period	40% after deductible
Outpatient Speech Therapy *** (Restorative services only)	20% (not subject to deductible) Limit: 30 visits/ benefit period	40% after deductible
Outpatient Occupational Therapy	20% (not subject to deductible) Limit: 30 visits/ benefit period	40% after deductible
Spinal Manipulation	20% (not subject to deductible) Limit: 60 visits/ benefit period	
Diagnostic Services (X-Ray and other tests)	20% after deductible	40% after deductible
Outpatient Diagnostic Imaging (MRI, MRA, CAT Scan, PET Scan)	20% after deductible	40% after deductible
Durable Medical Equipment	20% after deductible	40% after deductible
Prosthetic Appliances	20% after deductible	40% after deductible
Hearing Care Services		
Hearing aid screening/exam	20% (not subject to deductible)	
Hearing aid	20% after in-network deductible Combined limit: \$1,500/ benefit period	
Temporomandibular Joint Disorder (Medical necessity required; excludes appliances and orthodontic treatment)	20% after deductible	40% after deductible
Inpatient Rehabilitation	20% after deductible Limit: 60 days/ benefit period	40% after deductible
Skilled Nursing Rehabilitation	20% after deductible Limit: 60 days/ benefit period	40% after deductible
Home Health Care	20% after deductible	40% after deductible
Private Duty Nursing	20% after deductible	40% after deductible
Hospice (Inpatient and Outpatient Care)	0% (not subject to deductible)	40% after deductible
Mental Health, Substance Abuse Benefits are provided by Aetna Behavioral Health - Available 24 hours at 877-398-5816		
Mental Health/Substance Abuse		
Inpatient	20% after deductible	40% after deductible
Outpatient	20% (not subject to deductible)	40% after deductible

***Up to 60 visits/benefit period combined with occupational therapy.

Note on Out-of-Network Providers: Services rendered by an out-of-network provider may be subject to balance billing by the out-of-network provider for the difference between the allowed amount and provider billed charges. This is not intended as a contract of benefits. It is designed purely as a reference of the many benefits available under your program. Please see your Plan Document for detailed information on plan terms and the appeals process.

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ICUBA

Premier Copay Plan

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Prostate cancer screenings (PSA)	0% (not subject to deductible)	Not Covered
Mammograms and Ultrasounds of the Breast	0% (not subject to deductible)	Not Covered
Urinalysis	0% (not subject to deductible)	Not Covered
Venipuncture/Conveyance Fee	0% (not subject to deductible)	Not Covered
General Health Blood Panel, Glucose Test, Lipid Panel, Cholesterol, and ALT/AST.	0% (not subject to deductible)	Not Covered
Adult and Pediatric Immunizations	0% (not subject to deductible)	Not Covered
Related Wellness Services (e.g., blood stool tests, colonoscopies, sigmoidoscopies, electrocardiograms, echocardiograms, and bone mineral density tests)	0% (not subject to deductible)	Not Covered

** Quest Diagnostic Labs is the In-Network Lab for BlueCross BlueShield of Florida.

Benefit	In-Network	Out-of-Network
	<i>(Coinsurance and Copays displayed as Employee responsibility)</i>	
Allergy Injections	0% (not subject to deductible)	40% after deductible
Emergency Room Services	0% after \$300 copay (waived if admitted)	
Medically Necessary Emergency Transportation	0% after \$250 copay	
Convenient Care Clinic (Retail) Minute Clinic- CVS/Healthcare Clinic - Walgreens	0% after \$10 copay	
Urgent Care Center	0% after \$50 copay	
Hospital Expenses		
Inpatient	20% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible
Outpatient Surgery Office Setting		
Physician	0% after \$25 copay	40% after deductible
Specialist	0% after \$50 copay	40% after deductible
Outpatient Facility	20% after deductible	40% after deductible
Related professional services	20% after deductible	40% after deductible
Infertility Services (Counseling and testing to diagnose only)	20% after deductible	40% after deductible
Outpatient Physical Therapy ***	0% after \$30 copay Limit: 30 visits/ benefit period	40% after deductible
Outpatient Speech Therapy *** (Restorative services only)	0% after \$30 copay Limit: 30 visits/ benefit period	40% after deductible
Outpatient Occupational Therapy	0% after \$30 copay Limit: 30 visits/ benefit period	40% after deductible
Spinal Manipulation	0% after \$30 copay Limit: 60 visits/ benefit period	
Diagnostic Services (X-Ray and other tests)	20% after deductible	40% after deductible
Outpatient Diagnostic Imaging (MRI, MRA, CAT Scan, PET Scan)	20% after deductible	40% after deductible
Durable Medical Equipment	20% after deductible	40% after deductible
Prosthetic Appliances	20% after deductible	40% after deductible
Hearing Care Services		
Hearing aid screening/exam	20% (not subject to deductible)	
Hearing aid	20% after in-network deductible Combined limit: \$1,500/ benefit period	
Temporomandibular Joint Disorder (Medical necessity required; excludes appliances and orthodontic treatment)	20% after deductible	40% after deductible
Inpatient Rehabilitation	20% after deductible Limit: 60 days/ benefit period	40% after deductible
Skilled Nursing Rehabilitation	20% after deductible Limit: 60 days/ benefit period	40% after deductible
Home Health Care	20% after deductible	40% after deductible
Private Duty Nursing	20% after deductible	40% after deductible
Hospice (Inpatient and Outpatient Care)	0% (not subject to deductible)	40% after deductible
Mental Health, Substance Abuse Benefits are provided by Aetna Behavioral Health - Available 24 hours at 877-398-5816		
Mental Health/Substance Abuse		
Inpatient	20% after deductible	40% after deductible
Outpatient	0% after \$25 copay	40% after deductible

***Up to 60 visits/benefit period combined with occupational therapy.

Note on Out-of-Network Providers: Services rendered by an out-of-network provider may be subject to balance billing by the out-of-network provider for the difference between the allowed amount and provider billed charges. This is not intended as a contract of benefits. It is designed purely as a reference of the many benefits available under your program. Please see your Plan Document for detailed information on plan terms and the appeals process.

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice.

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance online at contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-844-396-0188]。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de ce plan médical, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

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We are excited to have you as part of the BCBSF family. Our goal is to help you get the most out of your benefit plan. Getting more information or answers to your questions is easy. Simply visit us online at www.MyHealthToolkitFL.com



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