Know Before You Go

BlueSelect Plan 1439A

See inside for more ways to save and stay healthy!

Your plan includes all these services at NO COST:

- **$0** Routine physicals, immunizations, well-child visits and more
- **$0** Generic oral contraceptives and mail order generic drugs for depression, diabetes, asthma, high blood pressure and cholesterol
- **$0** Eye exams, lenses and more for children under age 19

Plus much more:

- A nurseline for health questions 24/7 — call 1-877-789-2583[1]
- Health programs for heart disease, diabetes, asthma and more

TIP: Using these benefits won't raise the cost of your health plan. For routine preventive services at $0, tell the doctor's office to write "wellness exam" on the claim.

We are here to help!

As a member, you can talk to us or go online for answers about the quality and cost of your care, doctors in our networks and more — we can help you save time and money.

- **Call** 1-888-476-2227 about benefits or treatment costs
- **Click** floridablue.com and log in to your member account
- **Visit** a Florida Blue Center – find one near you at floridablue.com

How Your Health Plan Works

What you pay for covered services is based on an "allowed amount." This is a lower cost we have negotiated with in-network providers. An out-of-network provider may charge more than the allowed amount and you may have to pay the difference. This is called "balance billing."

Copay

For some health care services you'll pay a flat fee, usually at the time you receive the care.

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Deductible

The dollar amount that you must pay each year before insurance begins to pay for certain health care services. You pay the plan deductible first, then coinsurance (%) may apply.

In-network	Out-of-network
$1,600 per person	$4,200 per person
$3,200 per family	$8,400 per family

Coinsurance (%)

The percentage (%) you may pay for services **after** you meet the deductible.

In-network	Out-of-network
10% of the allowed amount	50% of the allowed amount

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Out-of-Pocket Maximum

This is the most you pay for covered health care services during your plan's calendar year. All of your covered expenses go toward this maximum. Once you reach the maximum, your plan pays 100% for covered services.

In-network	Out-of-network
$4,200 per person	$8,400 per person
$8,400 per family	$16,800 per family

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 or call the toll-free number on your member ID card to see if a prior approval is needed and your next steps.

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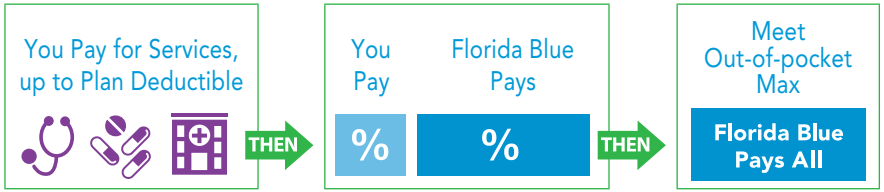
How the Deductible Works for Covered Services



What You'll Pay In-network

Costs shown are for BlueSelect in-network providers. BlueSelect is one of our preferred networks made up of independent contracted hospitals, physicians and ancillary providers who are considered in-network for your BlueSelect health plan. You can receive care from providers who are not in this network, but you will pay more.

TIP: You can easily find BlueSelect providers by logging in to your account at **floridablue.com**.

Health Services	Where to go for your services	What you pay in-network
Office Services	Blue Physician Recognition Primary Care Physician	10% after Deductible
	Primary Care Physician	10% after Deductible
	Convenient Care Center	10% after Deductible
	Specialist	10% after Deductible
	Urgent Care Center	10% after Deductible

TIP: The Blue Physician Recognition (BPR) designation means the physician has demonstrated a commitment to delivering quality and patient-centered care by participating in one of the following Florida Blue programs: Patient Centered Medical Home (PCMH), Comprehensive Primary Care (CP2) or an Accountable Care arrangement. The BPR designation does not serve as a measure of the quality of care provided by a physician or whether the physician will meet your particular healthcare needs. Absence of a BPR icon does not mean the physician is of low quality. It simply means that the physician does not participate in one of these programs.

Health Services	Where to go for your services	What you pay in-network
Drugs Administered in the Office *Cost applies to the drug only and is in addition to the cost of the office visit*	Physician's Office	10% after Deductible
	Paid at 100% for the rest of the calendar month once out-of-pocket maximum is paid	Up to the monthly out-of-pocket maximum: $240
Emergency	Urgent Care Center	10% after Deductible
	Hospital	10% after Deductible

TIP: For non-emergency care, a Convenient Care or Urgent Care Center should be able to provide services at a lower cost.

Hospital and Surgical Facilities and Providers	Ambulatory Surgical Center	10% after Deductible
	Provider/Surgeon Fee	10% after Deductible
	Outpatient Hospital	10% after Deductible
	Provider/Surgeon Fee	10% after Deductible
	Inpatient Hospital	10% after Deductible
	Provider/Surgeon Fee	10% after Deductible
Basic Imaging (X-ray, Ultrasound, etc.)	Primary Care Physician	10% after Deductible
	Specialist	10% after Deductible
	Independent Imaging Facility (IDTC)	10% after Deductible
	Outpatient Hospital	10% after Deductible
Advanced Imaging (MRI, MRA, CT, PET, Nuclear Medicine)	Independent Imaging Facility (IDTC)	10% after Deductible
	Primary Care Physician, Specialist	10% after Deductible
	Outpatient Hospital	10% after Deductible

TIP: What you'll pay for imaging can be very different depending on where you go. Call, click or visit us for cost estimates before you go.

What You'll Pay In-network (continued)

Health Services	Where to go for your services	What you pay in-network
Rehabilitative Services	Outpatient Rehabilitation Facility	10% after Deductible
	Outpatient Hospital	10% after Deductible
Habilitative Services	Outpatient Rehabilitation Facility	10% after Deductible
	Outpatient Hospital	10% after Deductible
Outpatient Therapy and Spinal Manipulation	Primary Care Physician	10% after Deductible
	Specialist	10% after Deductible
	Outpatient Rehabilitation Facility	10% after Deductible
	Outpatient Hospital	10% after Deductible

Your plan offers 35 visits per person per calendar year. This includes any combination of Outpatient Cardiac Rehabilitation, Occupational, Physical, Speech and Massage Therapies, and Spinal Manipulations/Chiropractor visits.

Mental Health and/or Substance Dependency Services	Outpatient Office Visit	10% after Deductible
	Inpatient Hospital Facility Services	10% after Deductible

TIP: Call 1-866-287-9569 for coordination of all behavioral health care.

Exclusive Provider Services within the BlueSelect network: You don't need a referral to receive care from a BlueSelect provider. However, remember that if you do not receive care from an Exclusive Provider for the services listed below, you will be responsible for the full charge (except in certain situations such as emergencies).

Home Health	Outpatient Office Visit	10% after Deductible
Durable Medical Equipment	Primary Care Physician, Specialist	Motorized Wheel Chair: 10% after Deductible All other: 10% after Deductible
Lab Services (blood work)	Quest Diagnostics Clinical Lab	10% after Deductible

Know Before You Go

Before you get health services, we can help you **compare quality and cost** to make sure you're getting the best care at the best price. Log in to your member account, call us, or visit your local Florida Blue Center to know before you go.

Medical Treatment or Surgery	Quality	Cost
In-network Surgical Center	★ ★ ★	💵
In-network Hospital A	★ ★ ★	💵💵
Out-of-network Hospital B	★ ★ ★	💵💵💵

Exclusive Provider Services: If you do not receive care from an Exclusive Provider for the services listed below, you will have to pay the full cost of the service (except in certain situations such as emergencies). Log on to floridablue.com and click on **Find a Doctor and More** to find an Exclusive Provider near you. If your plan includes vision care, select the "routine vision" option. If your plan includes dental care, select the "dentist" option

Health Services	What you pay when you use an Exclusive Provider
Pediatric Vision Care *(under age 19)*	**Where to go for your services: Only Exclusive Provider** optometrists, ophthalmologists and retail providers.
Exam	$0
Eyeglass Lenses	$0
Frames	Pediatric Selection: $0 Non-Selection: Amount over standard $150 allowance, minus a 20% discount (No discount at Sam's/Walmart)
Contact Lenses *(Instead of eyeglasses)*	Amount over standard $150 allowance, minus a 15% discount (No discount at Sam's/Walmart)

Includes contact lenses, evaluation, fitting and follow up care.

Note: Anything over the allowance will not go toward your out-of-pocket maximum.

What You'll Pay for Covered Drugs

Exclusive Provider Services: Always use a pharmacy designated as an Exclusive Provider when you need a prescription filled, or you'll have to pay the full cost of the drug (except in certain situations such as emergencies). Log on to your member account at floridablue.com and click on **Find a Doctor and More** to find an Exclusive Provider pharmacy near you.

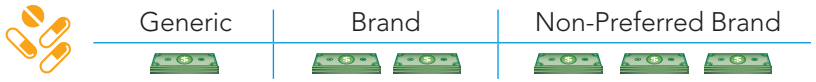
BlueSelect® Pharmacy Program Drug Tiers	What you pay when you use an Exclusive Pharmacy **Retail Pharmacy** (1 month supply)	 **Mail Order** (3 month supply)
Generic Drugs - Tier 1		
Preventive (e.g., oral contraceptives)	$0, no Deductible	$0, no Deductible
Condition Care Rx (high blood pressure, cholesterol, diabetes, depression, asthma)	$4 Copay, no Deductible	$0, no Deductible
All other Generics	$10 Copay, after Deductible	$25 Copay, after Deductible
Brand Drugs - Tier 2		
Condition Care Rx (high blood pressure, cholesterol, diabetes, depression, asthma)	$20 Copay, no Deductible	$50 Copay, no Deductible
All other Preferred Brand Drugs	$40 Copay, after Deductible	$100 Copay, after Deductible
Non-Preferred Brand Drugs - Tier 3		
Non-preferred Brand Drugs	$70 Copay, after Deductible	$175 Copay, after Deductible
Specialty Drugs - Tier 4		
Specialty Drugs purchased from a Specialty Pharmacy	$150 Copay, after Deductible	Not covered

Certain vaccines covered by Wellness Benefits can be given by Pharmacists who are certified.

TIP: Be sure to know before you go fill your prescription. Check the **Medication Guide** at floridablue.com or call us to find out how a drug is covered, and if it requires that your doctor requests an authorization or that you try another drug first.

Know Before You Go

Find the lowest drug prices: log in to your member account at floridablue.com to **shop and compare** drug prices at nearby pharmacies. **Generics: Just as Effective and Cost Less**



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Limitations and Exclusions

The following is a partial list of services that are excluded from coverage under the BlueSelect Contract.

- All services not specifically listed in the Contract or endorsement, unless such services are specifically required by state law
- Any service not Medically Necessary
- Elective cosmetic surgery
- Hearing aids
- Dental care or oral appliances
- Eyeglasses or vision care for adults age 19 and over
- Elective abortions
- Infertility services
- Complementary and Alternative Healing Methods (CAM)
- Routine foot care (except treatment for diabetic foot disease)

The policy has limitations and exclusions. The amount of benefits provided depends on the plan selected and the premium may vary with the amount of benefits selected. This document is only a partial description of the many benefits and services provided or authorized by Florida Blue and it does not constitute a contract. Florida Blue members should look at their BlueSelect contract for a complete description of benefits and exclusions.

Quality Assurance: Florida Blue has a quality assurance program in place to assess the services of Exclusive providers. Quality assurance includes formal review of care, problem identification, corrective actions and evaluation of actions taken.

How to Appeal an Adverse Benefit Determination or a Grievance: You have the right to appeal an Adverse Benefit Determination or file a Grievance with us. Your appeal or grievance will be reviewed using the review process described in your contract. It must be submitted to us in writing for an internal appeal within 365 days of the adverse benefit determination. But if it's a Concurrent Care Decision, it may require you to file within a shorter period of time from notice of the denial.

[1]As a courtesy, Florida Blue has entered into an arrangement with Health Dialog to provide this service. Florida Blue has not certified or credentialed, and cannot guarantee or be held responsible for, the quality of services provided by this vendor.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

Connect with us:

BlueSelect Essential Plan 1439A (Silver)
76278-0813