

Understanding your myBlue plan

myBlue is a plan that is centered around YOU and your myBlue primary care doctor. You have one doctor that serves you and coordinates care that you may need with other doctors. All your care is convenient and budget-friendly. myBlue plans don't include out-of-network coverage, except in the case of an urgent care or emergency situation. This helps keep the monthly premium lower than other types of plans.

When you go to the doctor, some services will have a copay or flat fee that you pay each time. Other services may have a deductible. This means that you pay for these services until you reach the deductible amount. The amount you pay is discounted for members.* After the deductible, you and your plan will pay a percentage, called coinsurance.

| | |
|--------------------------------------|---|
| Plan type | myBlue Gold Plans 1605, 1605O, 1605P |
| Copay | Varies by service |
| Annual deductible | \$940 Individual - \$1,880 Family |
| Coinsurance | 20% |
| Annual out-of-pocket maximum you pay | \$4,700 Individual - \$9,400 Family |

What you do

Benefit

How much it costs you

| What you do | Benefit | How much it costs you |
|---|--|--|
| Go directly to your primary care doctor | Annual wellness checkup, immunizations | \$0 |
| | Primary care visits when sick | \$95 Copay |
| Your primary care doctor will advise on where to go or give you a referral | Specialist visit | \$130 Copay |
| | Lab tests | \$0 |
| | X-rays and diagnostic tests (independent facility; not a hospital) | 20% after Deductible |
| | Urgent care visit (not in a hospital) | \$150 Copay |
| | Emergency room visit | 20% after Deductible |
| | Hospital visit | 20% after Deductible. The most you will pay in a year is \$4,700 (individual) or \$9,400 (family) |
| | Walgreens Pharmacies Only | Preventive prescription drugs (e.g., oral contraceptives): \$0 Prescription drugs for conditions such as asthma, high blood pressure, high cholesterol, diabetes and depression: \$4 Generic / \$30 Brand Name Low cost generic prescription drugs: \$10 High cost generic, preferred brand name prescription drugs: 15% after Deductible Specialty generic and brand prescription name drugs; non-preferred drugs: 50% after Deductible |

*Florida Blue HMO's discounted rate that has been negotiated with contracted health care providers. It is also referred to as the "allowed amount."

Here's how your benefits might work

✓ Feel sick with sore throat

| Medical service | You pay |
|-----------------------------|-------------------------|
| Primary care doctor visit | \$95 |
| Strep test | Covered under the visit |
| Low-cost generic antibiotic | \$10 |
| Total cost | \$105 |

✓ Managing type 2 diabetes

| Medical service | You pay |
|---|--------------|
| Primary care doctor visit | \$95 |
| Lab test (HbA1C and lipid) | \$0 |
| Generic prescription drug | \$4 |
| Glucose meter | \$0 |
| Test strips | \$30 |
| Diabetic retinal and podiatry exams, vaccines and other preventive care | \$0 |
| Total cost | \$129 |

✓ Hospitalized with appendicitis

Medical service

ER visit turns into hospitalization and includes all costs of removing appendix (for example: CT scan, surgery, specialists, overnight stay at hospital, and medications)

Generic antibiotics or prescription drugs for pain after you leave the hospital

Total cost

You pay

You pay the negotiated rate (for example \$10,000) until you meet your deductible (up to \$940). Afterward, you pay 20% of the negotiated rate.

\$10 at Walgreens

\$4,700 maximum (Without insurance, average cost of appendicitis care is \$33,000)

Note: Discounted rates vary depending on the providers you use. The above services are only examples and are not intended to be an exact calculation of claim payment. Examples are based on one individual being on the policy.

Florida Blue HMO is a trade name of Health Options, Inc., an HMO affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

Nondiscrimination and Accessibility Notice (ACA §1557)

Florida Blue and Florida Blue HMO comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Florida Blue and Florida Blue HMO does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Florida Blue and Florida Blue HMO 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)
- Provides 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 1-800-352-2583.

If you believe that Florida Blue and Florida Blue HMO has 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:

Senior Manager of Business Ethics
4800 Deerwood Campus Parkway, DC1-7
Jacksonville, FL 32246
Phone 800-477-3736 X56300 (TTY: 800-955-8770)
Fax 904-357-8203
Email compass@floridablue.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Senior Manager of Business Ethics 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>, or by mail or phone at:

U.S. Department of Health and Human
Services, 200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
800-868-1019, 800-537-7697 (TDD)

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

Have a disability? Speak a language other than English? Call to get help for free.
1-800-352-2583 (TTY: 1-800-955-8770)

¿Habla español? ¿Tiene alguna discapacidad? Llame para obtener ayuda de forma gratuita al 1-800-352-2583 (TTY: 1-877-955-8773)

Èske w pale kreyòl ayisyen? Èske w andikape? Rele nou pou w jwenn èd gratis.
1-800-352-2583 (pou moun ki tande di: 1-800-955-8770)

Quý vị nói tiếng Việt? Quý vị bị khuyết tật? Hãy gọi trợ giúp miễn phí.
1-800-352-2583 (TTY: 1-800-955-8770)

Você fala português? Tem alguma deficiência? Telefone para obter assistência.
1-800-352-2583 (TTY: 1-800-955-8770)

您会讲中文吗? 是否为伤残人士? 如需帮助, 请拨打我们的免费电话:
1-800-352-2583 (TTY: 1-800-955-8770)

Vous parlez français ? Vous avez une incapacité ? Appelez pour recevoir une assistance gratuite. 1-800-352-2583 (TTY: 1-800-955-8770)

Nagsasalita ng Tagalog o Filipino? May kapansanan? Tumawag para sa libreng tulong.
1-800-352-2583 (TTY: 1-800-955-8770)

Вы говорите по-русски? Вы являетесь инвалидом? Свяжитесь с нами для получения бесплатной помощи по телефону 1-800-352-2583 (телетайп: 1-800-955-8770)

هل تتحدث (العربية)؟ هل لديك إعاقة؟ اتصل للحصول على مساعدة مجانية. 1-800-352-2583 (التواصل للذين يعانون من مشاكل في السمع: 1-800-955-8770)

Parli italiano? Hai una disabilità? Chiama per un'assistenza gratuita.
1-800-352-2583 (TTY: 1-800-955-8770)

Sprechen Sie deutsch? Haben Sie eine Behinderung? Rufen Sie an, um kostenlos Hilfe zu erhalten. 1-800-352-2583 (TTY: 1-800-955-8770)

한국어 통역이 필요하세요? 장애가 있나요? 전화하시면 무료로 도와드립니다.
1-800-352-2583 (TTY: 1-800-955-8770)

Mówi po polsku? Czy ma niepełnosprawność? Zadzwoń po bezpłatną pomoc.
1-800-352-2583 (TTY: 1-800-955-8770)

ગુજરાતી બોલો છો? અક્ષમતા ધરાવો છો? મફત સહાયતા મેળવવા ફોન કરો. ૧
1-800-352-2583 (TTY: 1-800-955-8770)

พูดภาษาไทยได้? เป็นผู้พิการใช่หรือไม่? โทรศัพท์ขอรับคำปรึกษาได้ฟรีที่ 1-800-352-2583 (หมายเลขโทรศัพท์สำหรับผู้พิการทางการได้ยิน: 1-800-955-8770)

日本語をご希望ですか? 障害をお持ちですか? 無料の電話サービスをご利用ください。1-800-352-2583 (TTY: 1-800-955-8770)

به زبان فارسی صحبت می کنید؟ دارای معلولیت هستید؟ برای دریافت کمک رایگان تماس بگیرید. 1-800-352-2583 (تلفن ناشنویان: 1-800-955-8770)