



affordable health plan options  
with comprehensive benefits for  
individuals and small employers.



**BlueCross BlueShield  
of Florida**

An Independent Licensee of the  
Blue Cross and Blue Shield Association

**BlueSelect is unique and affordable!**

- ✦ The BlueSelect network uses a community-focused network without reducing benefits.
- ✦ The network covers all medical specialties and is largely concentrated in the area where members live, work, and play.
- ✦ BlueSelect provides comprehensive coverage priced up to 20% less.
- ✦ Members should check to see if the doctor or hospital where they plan to visit is part of the BlueSelect network.
- ✦ We will continue to add community-based network providers throughout the year. Check the OPD for the most current list.
- ✦ Members must use an exclusive provider for certain ancillary services (see back for complete list).
- ✦ If members choose to seek care outside of the network, their cost share will be higher.

**Business Segment Targets:**

- ✦ Individuals under 65, Small Group
- ✦ Only available in select markets
- ✦ Working uninsured and those who may become uninsured within the next 18 months. These consumers may be insured customers that feel they have reached an unacceptable price/value proposition

**Participating Hospitals**

**Pinellas County**

Bayfront Medical Center  
IASIS Palms of Pasadena  
All Children's Hospital

**Note:** The physician network includes all specialties

**Hillsborough County**

Tampa General  
IASIS Memorial Hospital of Tampa  
IASIS AMI Town & Country

<b>Introductory Market</b>	<ul style="list-style-type: none"> <li>✦ 1/1/2009 Effective date</li> <li>✦ Tampa area (Pinellas and Hillsborough Counties)</li> </ul>
<b>New Developments</b>	<ul style="list-style-type: none"> <li>✦ Expansion mid 2009 to N. Broward, Polk, Charlotte, Pasco and Hernando Counties targeting a 7/1/09 effective date.</li> <li>✦ Additional expansion markets to be pursued throughout 2009</li> </ul>
<b>New Programs</b>	<ul style="list-style-type: none"> <li>✦ Prior authorization for Advanced Imaging Services</li> <li>✦ Prior Authorization for certain drugs covered under medical benefits</li> <li>✦ Prior Authorization for certain self-administered drugs covered under pharmacy benefits</li> <li>✦ A new prior authorization program for Durable Medical Equipment and Medical Supplies effective 7/1/09</li> </ul>

## Important Guidelines

<b>Remain In Network</b>	✦ ER visits and all related services
	✦ Maternity, mammograms, colonoscopies, and well-child care visits, including checkups and immunizations
	✦ All diabetic equipment and supplies
	✦ Office visits, inpatient and outpatient services
<b>Use only Exclusive Providers* for Ancillary Services</b>	✦ Clinical lab tests
	✦ Behavioral health care and substance dependency services
	✦ Durable medical equipment and medical supplies
	✦ Home health care services

\*BlueSelect is a Preferred Provider/Exclusive Provider Network made up of independent hospitals, physicians, and ancillary providers. Services subject to an Exclusive Provider Provision are only covered when they are rendered by the Exclusive Provider for such services.



## BlueSelect Pharmacy Benefit Design:



### Utilization Management Programs

The BlueSelect product will incorporate several Utilization Management programs. The list of medications attached to these programs is distinct and can be found in the BlueSelect Medication Guide.

#### Prior Authorization

Require that specific clinical criteria be met before the drugs will be covered.

#### Responsible Quantity

Program allows a maximum quantity per time period.

#### Responsible Steps

Requires that members try another designated or prerequisite drug first before a drug listed in the Responsible Steps program will be covered.

- ✦ In-network pharmacy plan designs consist of a 2-tier plan structure (generic or brand).
- ✦ If generic drugs are available, but a brand drug is requested, the member is responsible for the cost difference between generic and brand (DAW1 & DAW2).
- ✦ BlueSelect uses a closed formulary: all generics are covered as tier 1 unless specifically excluded and coverage for brand drugs (covered as tier 2) is limited to brand drugs listed on the formulary.
- ✦ A formulary exception process is available in cases where special circumstances dictate the use of non-formulary drugs (process is outlined in the BlueSelect Medication Guide).
- ✦ The higher out-of-network cost share will apply when Specialty Medications are provided by a pharmacy other than BCBSF's preferred specialty pharmacies (CareMark, Accredo, CuraScript). How to obtain medications from these providers is outlined in the BlueSelect Medication Guide.
- ✦ Out-of-network pharmacy purchases are subject to higher member cost-share (brand deductible and/or 50% coinsurance).
- ✦ Maximum 30-day supply at retail; extended supply network is not available.
- ✦ A 90-day supply is available through Prime Therapeutics LLC, mail order pharmacy. With the exception of the generic only Rx plans.
- ✦ Self-administered medications are not covered under the BlueSelect medical benefit; coverage for self-administered medications is available through the pharmacy benefit.
- ✦ BlueSelect distinguishes between Retail Pharmacies and Specialty Pharmacies:
  - » Retail pharmacies are for non-specialty medications
  - » Specialty pharmacies are for those medications deemed as "specialty medications" and are listed as a specialty drug in the BlueSelect Medication Guide