Florida College System Risk Management Consortium (FCSRMC)
2012 BlueMedicare Group PPO* Health Benefits

Benefits	BlueMedicare Group PPO* Plan 1
Premium (per member, per month)	$355.85
Deductible	$0 in-network / $1,000 out-of-network
Out-of Pocket Max	$1,000 in-network / $3,000 out-of-network. In-network out-of-pocket max accumulates toward out-of-network out-of-pocket max.
Physician Office	
Primary Care (per visit)	In Network $10 copay Out-of-Network CYD & 20%
Specialist Care (per visit)	In Network $30 copay Out-of-Network CYD & 20%
e-visit	In Network $5 copay Out-of-Network CYD & 20%
Convenient Care Center	In/Out-of-Network $30 copay
Podiatry Services (per visit) (Routine foot care up to 6 visits per year)	In Network $30 copay Out-of-Network CYD & 20%
Chiropractic Services (per visit) For each Medicare covered visit (manual manipulation of the spine to correct subluxation)	In Network $20 copay Out-of-Network CYD & 20%
Outpatient Mental Health Care (per visit) For individual or group therapy	In Network $30 copay Out-of-Network CYD & 20%
Outpatient Substance Abuse Care (per visit)	In Network $30 copay Out-of-Network CYD & 20%
Part B drugs (including Chemotherapy)	In Network 20% coinsurance Office visit or facility copay may apply Out-of-Network CYD & 20% Office visit or facility charges may apply
Allergy Injections	In Network $5 copay Out-of-Network CYD & 20%
Other Services	
Outpatient Surgery	In Network • $150 copay for each outpatient hospital facility visit • $100 copay for each visit to an ambulatory surgical center • $0 copay for Physician Services Out-of-Network CYD & 20%

Benefits	BlueMedicare Group PPO* Plan 1
Diagnostic Tests, X-Rays Office IDTF Lab Services Advanced Imaging (MRI, MRA, Cat Scan, Pet Scan & Nuclear Med): Office IDTF Outpatient Hospital	 In Network $0 copay Office visit copay may apply Out-of-Network CYD & 20% In Network $50 copay Out-of-Network CYD & 20% In Network $0 copay Office visit or facility copay may apply Out-of-Network CYD & 20% In Network $125 copay Out-of-Network CYD & 20% In Network $125 copay Out-of-Network CYD & 20% In Network $150 copay Out-of-Network CYD& 20%
Outpatient Hospital Services (per visit): • Occupational Therapy, Physical Therapy, Speech & Language Therapy and Cardiac Rehab • Radiation • Dialysis • Lab only • All other Diagnostic Tests, X-Rays Advanced Imaging, etc.	In Network / Out-of-Network $30 / CYD & 20% $50 / CYD & 20% 20% / 20% $15 / CYD & 20% $150 / CYD & 20%
Urgently Needed Care (This is not emergency care, and in most cases is out of the service area.)	In Network or Out-of-Network $30 copay
Emergency Services	In Network or Out-of-Network $50 copay Worldwide coverage
Dental - Medicare approved (No Preventive)	In Network $30 copay Out-of-Network CYD & 20%
Home Health	In-Network or Out-of-Network $0 copay
Ambulance	$150 copay for Medicare covered ambulance services

Benefits	BlueMedicare Group PPO* Plan 1
Outpatient Medical Services and Supplies	
Durable Medical Equipment • Electric customized wheelchairs, electric scooters • All other Medicare-covered items	In Network 20% co-insurance In Network $0 copay Out-of-Network CYD & 20%
Prosthetic Devices	In Network $0 copay for Medicare covered items Out-of-Network CYD & 20%
Outpatient Rehabilitation - Office or Free Standing Facility Services: • Occupational Therapy • Physical Therapy • Speech and Language Therapy • Cardiac Rehab • Dialysis	In Network $30 copay for each visit Out-of-Network CYD & 20% $30 copay In Network & Out-of-Network
Outpatient Rehabilitation – Outpatient Hospital Services: • Occupational Therapy • Physical Therapy • Speech and Language Therapy • Cardiac Rehab	In Network $30 copay for each visit Out-of-Network CYD & 20%
Renal Dialysis	In/Out-of-Network $0 copay
Inpatient Care	
Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	In Network $150 copay each day for day(s) 1-7 for a Medicare-covered stay in a network hospital After the 7th day, the plan pays 100% of covered expenses per stay. Out-of-Network CYD & 20%
Inpatient Mental Health Care (may also include Substance Abuse and Rehabilitation Services)	In Network $150 copay each day for day(s) 1-7 for a Medicare-covered stay in a network psychiatric hospital After the 7th day, the plan pays 100% of covered expenses per stay. 190-day lifetime limit in a psychiatric hospital Out-of-Network CYD & 20%
Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	In Network • $0 copay each day for days 1-20 • $75 copay each day for days 21-100 per benefit period There is a limit of 100 days for each benefit period

Benefits	BlueMedicare Group PPO* Plan 1
	3-day prior hospital stay is not required Out-of-Network CYD & 20%
Hospice	Member must receive care from a Medicare-certified hospice
Preventive Services	
Annual Screening Mammograms (for women with Medicare age 40 and older)	In Network: • $0 copay for Medicare-covered Screening Mammogram • $0 copay for each additional screening Out-of-Network CYD & 20%
Pap Smears and Pelvic Exams (for women with Medicare)	In Network: • $0 copay per Pap smear • $0 copay per pelvic exam • $0 copay for each additional screening Out-of-Network CYD & 20%
Bone Mass Measurement (for people with Medicare who are at risk)	In Network: • $0 copay for each Medicare-covered Bone Mass Measurement Out-of-Network CYD & 20%
Colorectal Screening Exams (for people with Medicare age 50 and older)	In Network: • $0 copay for Medicare-covered Colorectal screening exam • $0 copay for each additional screening Out-of-Network CYD & 20%
Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	In Network: • $0 copay for Medicare-covered Prostate Cancer Screening exams • $0 copay for each additional screening Out-of-Network CYD & 20%
Vaccines – Medicare covered	• $0 copay for Influenza vaccine • $0 copay for Pneumococcal vaccine • $0 copay for Hepatitis B vaccine

* BlueMedicare Group PPO out-of-pocket maximum includes all covered health services member cost share rendered in/out of network on a calendar year basis.

Part D costs are not applied to out-of-pocket maximum.

Medicare Part B - the premium provided under this plan excludes the Medicare Part B premium payments. (Members must continue to pay the Medicare Part B premium unless paid by Medicaid or another third party.)

Blue Cross and BlueShield of Florida is a Medicare Advantage organization with a Medicare contract and is a Medicare-approved Part D sponsor. This contract is renewed annually, and availability beyond the end of the current contract year is not guaranteed

BlueCross BlueShield of Florida

GROUP ADMINISTRATOR USE ONLY – PLEASE DO NOT DISTRIBUTE

Florida College System Risk Management Consortium (FCSRMC)
2012 BlueMedicare Group Rx*

Benefits	BlueMedicare Group Rx* Option 1
Premium (per member, per month)	Included with PP01 plan
Deductible	$0
Tier 1 - Generics	$5.00 // $0 copay PRIME Mail Order
Tier 2 - Preferred Brand	$35.00
Tier 3 - Non-Preferred Brand	$65.00
Tier 4 - Specialty Drugs	25%
Mail Order	2x normal co-pay for a 90 day supply
Formulary Type	Added coverage for selected CMS excluded drugs. Generic & multi-source brand prescription drugs will be covered for the following categories: • Cough • Cold • Barbiturates • Benzodiazepines
Gap Tier 1 - Generics	$5.00 // $0 copay PRIME Mail Order
Gap Tier 2 - Preferred Brand	$17.50
Gap Tier 3 - Non-Preferred Brand	$32.50
Gap Tier 4 - Specialty Drugs	12.5% for Brand Drugs Only/ 25% for Generic Drugs
Catastrophic	Greater of $2.60 or 5% / Greater of $6.50 or 5%

* Prescription drug copays do not accumulate towards the health plan calendar year maximum out-of-pocket.

* Brand and generic drugs are covered through the coverage gap. Per CMS guidelines, when drugs reach the initial coverage stage amount of $2,930(even if the plan has no coverage gap), the member's brand and non-generic specialty drug copays and coinsurance are discounted by 50%. However, generic specialty drug coinsurance is not discounted.

* Part D Creditable Coverage – The enrolling member may incur late enrollment penalties as defined and set by CMS in accordance with Part D guidelines if prior creditable coverage cannot be proven.

* Blue Cross and Blue Shield of Florida is a Medicare-approved Part D sponsor.

* This contract is renewed annually, and availability beyond the end of the current contract year is not guaranteed.

Eligibility Requirements

- To be eligible to enroll in the BlueMedicare℠ Group PPO plan, eligible retirees and their eligible dependents must be enrolled in Medicare Part A and Medicare Part B. If a retiree did not enroll in Medicare Part B, the retiree must contact the Social Security Administration at 1-800-772-1213 for assistance in enrolling in Medicare Part B. TTY users should call 1-800-325-0778. A late enrollment penalty may apply.

- Medicare eligible dependents of an active group employee may enroll in the BlueMedicare℠ Group PPO plan. The active employee would need to select the group's commercial plan, and their Medicare eligible dependent can enroll in the BlueMedicare Group PPO plan. This is considered a "split-contract".

- The Medicare eligible group retiree and their Medicare eligible dependent must both enroll in the same BlueMedicare℠ Group plan, or both remain on the commercial plan.

- Eligible retirees and dependents may enroll during the group's Annual Open Enrollment Period. Retirees and their dependents may also enroll if they met the requirements for a Medicare Special Election Period.

- Retirees and their dependents may disenroll during the group's next Annual Open Enrollment Period, at the group's discretion if returning to the group's commercial plan, or per Medicare guidelines. The employer group will also need to contact Blue Cross and Blue Shield of Florida.

- If a BlueMedicare℠ Group member permanently moves out of the plan service area, the member will need to contact the group and also contact the Centers for Medicare & Medicaid Services at 1-800-633-4227. TTY users should call 1-877-486-2048.
The employer group will also need to contact Blue Cross and Blue Shield of Florida.

Plan Design & Benefits
The benefit matrix attached is for informational purposes only. See plan documents for a complete description of benefits, limitations, and conditions of coverage. Governmental entities may be subject to Florida Statute 112.0801, which requires that retired employees and their eligible dependents be offered the same health coverage options that are offered to active employees. While retirees who are eligible for Medicare may be offered a separate plan and the plan may be experience rated separately from the active employee group plan, this coverage must be basically the same as the coverage offered to active employees. Also, if active employees are permitted to change plan options annually, Medicare eligible retirees must also be offered that option.

The employer group has the option as to whether or not to contribute to the BlueMedicare Group PPO plan.

BlueMedicare℠ Group PPO Plan Implementation

We will provide the following services at no additional cost:

- Assist employers in preparing communications to retirees

- Provide enrollment materials to the group for their retirees

- Assist in BlueMedicare℠ Group retiree enrollment meetings

- Maintain toll-free phone lines to answer retiree questions and assist them in the enrollment process

- Provide a dedicated BlueMedicare℠ Member Services Department & dedicated Group Administrator phone line and email access

Financial Conditions for BlueMedicare℠ Group Products

- **Effective Date –** The benefit plan design provided in this proposal will be effective from January 1, 2012 through December 31, 2012.

- **Rates and Benefit Approval –** All benefits, value-added services, and premiums are subject to CMS and the State of Florida OIR approvals, where applicable. All Group Medicare Advantage, PDP benefits, and service areas are subject to change at the next enrollment period.

- **Rates –** All rates are calculated and based on a per-member, per-month (PMPM) basis and are effective from January 1, 2012 through December 31, 2012.

Rates may be lower than quoted for those Medicare eligible retirees who meet the Low-Income Subsidy (LIS) guidelines. A retiree can confirm if they qualify for LIS by contacting Social Security at 1-800-772-1213, visit www.socialsecurity.gov on the web, or apply at the State Medical Assistance (Medicaid) office. TTY users should call 1-800-325-0778. The group's monthly invoice will reflect retirees' reduced premiums and the group must pass this savings on to the eligible retirees.

- **Part D Creditable Coverage** - If prior creditable coverage cannot be proven, the enrollee may incur a Late Enrollment Penalty (LEP) as defined and set by CMS. This may cause an increase in their premium.

- **Medicare Part B –** The premium/s provided in this proposal exclude the Medicare Part B premium required of Medicare eligible enrollees to enroll in Medicare Advantage or Medicare Supplement plans. Depending on the retiree's circumstances, CMS may impose a Part B late enrollment penalty.

❖ **BlueMedicare℠ Group Medicare Advantage plans replace Original Medicare, Individual Medicare plans, and commercial health and Rx plans offered under the employer's group plan.**

Enrollment Process

- The Employer Group agrees to send an enrollment meeting invitation letter to their Medicare eligible retirees.

- BCBSF will assist the Employer Group with the BlueMedicare℠ Group enrollment meeting.

- BlueMedicare℠ Group PPO enrollment forms will be returned to the Employer Group by the enrollees at the close of the Group's annual enrollment period. The Employer Group or their Third Party Administrator (TPA) will review the forms for completion, bundle them, and send them to the BCBSF Front End Services Department for processing. In addition, the Group or their TPA agrees to provide a roster of their enrollees to the BCBSF Account Management Specialist.
Note: If a member is renewing the same BlueMedicare Group PPO plan, they do not need to complete a new enrollment application for plan year 2012.

- Each accepted new BlueMedicare℠ Group PPO member will be mailed a Welcome Package. The Welcome Package includes a member I.D. card, Evidence of Coverage, if applicable, a Provider Directory, and other important information concerning their enrollment into the plan.
Note: If a member is renewing their same BlueMedicare Group PPO plan, they will not receive a new 2012 I.D. card. Please note their current BlueMedicare Group I.D. card is applicable for plan year 2012.

- Note: CMS makes the final determination of eligibility for all Medicare plans. If after receiving their Welcome Package, CMS determines that the member is not eligible for a BlueMedicare℠ Group plan, the member can then enroll as usual into the employer group's commercial plan.

- I.D. cards are normally sent out at least 5 days prior to the member's effective date. The effective date is always the first of the month.
- Family members who are eligible according to the group's eligibility guidelines but are not eligible for Medicare, should select the group's commercial plan under normal processing guidelines.

- The employer group will receive premium invoice for BlueMedicare℠ Group PPO members separate from their commercial plan invoice. Invoices are sent to the group, or by special request, can be billed to a Third Party Administrator (TPA).

I have reviewed and accept the attached renewal proposal:

Signature:_____ Date: _____

Title: _____ Group Name:_____