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Blue Cross and Blue Shield Association

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Florida College System Risk Management Consortium 2013 BlueMedicare Group PPO* Health Benefits

Benefits	BlueMedicare Group PPO* Plan 1 Current Benefits
Premium (per member, per month)	\$305.70
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% coinsurance Office visit or facility charges may apply
Allergy Injections	In Network \$5 copay Out-of-Network CYD & 20%
Other Services	
Outpatient Surgery	In Network <ul style="list-style-type: none"> • \$150 copay for each outpatient hospital facility visit • \$100 copay for each visit to an ambulatory surgical center



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Benefits	BlueMedicare Group PPO* Plan 1 Current Benefits	
	In/Out-of-Network <ul style="list-style-type: none"> \$0 copay for Physician Services Out-of-Network CYD & 20%	
Diagnostic Tests, X-Rays Office IDTF Lab Services Advanced Imaging (MRI, MRA, Cat Scan, Pet Scan & Nuclear Med): Office IDTF Outpatient Hospital	In Network \$30 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): <ul style="list-style-type: none"> 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 \$30 \$50 20% \$15 \$150	Out-of-Network CYD & 20% CYD & 20% 20% CYD & 20% 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	



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Benefits	BlueMedicare Group PPO* Plan 1 Current Benefits
Outpatient Medical Services and Supplies	
Durable Medical Equipment <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Occupational Therapy • Physical Therapy • Speech and Language Therapy • Cardiac Rehab • Dialysis 	In Network \$30 copay for each visit Out-of-Network CYD & 20% 20% coinsurance In Network & Out-of-Network
Outpatient Rehabilitation – Outpatient Hospital Services: <ul style="list-style-type: none"> • Occupational Therapy • Physical Therapy • Speech and Language Therapy • Cardiac Rehab 	In Network \$30 copay for each visit Out-of-Network CYD & 20%
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 7 th 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 7 th 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 <ul style="list-style-type: none"> • \$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 3-day prior hospital stay is not required Out-of-Network CYD & 20%



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Benefits	BlueMedicare Group PPO* Plan 1 Current Benefits
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: <ul style="list-style-type: none"> • \$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: <ul style="list-style-type: none"> • \$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: <ul style="list-style-type: none"> • \$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: <ul style="list-style-type: none"> • \$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: <ul style="list-style-type: none"> • \$0 copay for Medicare-covered Prostate Cancer Screening exams • \$0 copay for each additional screening Out-of-Network CYD & 20%
Vaccines – Medicare covered	In/Out-of-Network <ul style="list-style-type: none"> • \$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.)

Florida Blue 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.



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Florida College System Risk Management Consortium 2013 BlueMedicare Group Rx*

Benefits	BlueMedicare Group Rx* Option 1 Current Benefits
Premium (per member, per month)	Included with PP01 Current Benefits 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: <ul style="list-style-type: none"> • Cough • Cold • Barbiturates • Benzodiazepines
Gap Tier 1 - Generics	\$5.00 / \$0 copay PRIME Mail Order
Gap Tier 2 - Preferred Brand	PENDING NEW CMS GUIDELINES
Gap Tier 3 – Non-Preferred Brand	PENDING NEW CMS GUIDELINES
Gap Tier 4 – Specialty Drugs	PENDING NEW CMS GUIDELINES
Catastrophic	Greater of \$2.65 or 5% / Greater of \$6.60 or 5%

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