

Florida College System Risk Management Consortium
 2014 BlueMedicare Group PPO* Health Benefits

Benefits	BlueMedicare Group PPO* Plan 1
Premium (per member, per month)	\$311.02
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-Network \$30 copay Out-of-Network CYD & 20%
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 \$35 copay Out-of-Network CYD & 20%
Outpatient Substance Abuse Care (per visit)	In-Network \$35 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 Out-of-Network CYD & 20%

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	In-Network / Out-of-Network <ul style="list-style-type: none"> • \$0 copay for Physician Services 	
Diagnostic Tests, X-Rays Office IDTF Lab Services Independent Clinical Lab Outpatient Hospital Advanced Imaging (MRI, MRA, Cat Scan, Pet Scan & Nuclear Med): Office IDTF Outpatient Hospital	In-Network <ul style="list-style-type: none"> • PCP \$10 copay • Specialist \$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 In-Network \$15 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, Cardiac and Pulmonary 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 / Out-of-Network \$30 copay	
Emergency Services	In-Network / Out-of-Network \$50 copay Worldwide coverage	
Dental - Medicare approved (No Preventive)	In-Network \$30 copay Out-of-Network CYD & 20%	

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Home Health	In-Network / Out-of-Network \$0 copay
Ambulance	In-Network / Out-of-Network \$150 copay for Medicare-covered ambulance services
Outpatient Medical Services and Supplies	
Durable Medical Equipment/Diabetic Supplies <ul style="list-style-type: none"> • Diabetic Supplies (glucose meters, test strips and Lancets) – needles, syringes and insulin for self-injection is covered under your Part D benefit • Equipment: Electric customized wheelchairs, electric scooters • All other Medicare-covered durable medical equipment 	In-Network \$0 copay Out-of-Network CYD & 20% In-Network 20% coinsurance Out-of-Network CYD & 20% 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 and Pulmonary Rehab • Dialysis 	In-Network \$30 copay for each visit Out-of-Network CYD & 20% In-Network/Out-of-Network 20% coinsurance
Outpatient Rehabilitation – Outpatient Hospital Services: <ul style="list-style-type: none"> • Occupational Therapy • Physical Therapy • Speech and Language Therapy • Cardiac and Pulmonary Rehab 	In-Network \$30 copay for each visit Out-of-Network CYD & 20%
Inpatient Care	
Inpatient Hospital Care (includes Substance Abuse)	In-Network <ul style="list-style-type: none"> • \$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)	In-Network <ul style="list-style-type: none"> • \$200 copay each day for day(s) 1-7 for a Medicare-covered stay in a network psychiatric hospital • For day(s) 8-90, \$0 copay for

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	<p>Medicare-covered stay in a network psychiatric hospital 190-day lifetime limit in a psychiatric hospital Out-of-Network CYD & 20%</p>
<p>Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 copay each day for days 1-20 per benefit period • \$75 copay each day for days 21-100 per benefit period <p>There is a limit of 100 days for each benefit period 3-day prior hospital stay is not required Out-of-Network CYD & 20%</p>
<p>Hospice</p>	<p>Member must receive care from a Medicare-certified hospice</p>
Preventive Services	
<p>Annual Screening Mammograms (for women with Medicare age 40 and older)</p>	<p>In-Network:</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered Screening Mammogram <p>Out-of-Network CYD & 20%</p>
<p>Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>In-Network:</p> <ul style="list-style-type: none"> • \$0 copay per Pap smear • \$0 copay per pelvic exam <p>Out-of-Network CYD & 20%</p>
<p>Bone Mass Measurement (for people with Medicare who are at risk)</p>	<p>In-Network:</p> <ul style="list-style-type: none"> • \$0 copay for each Medicare-covered Bone Mass Measurement <p>Out-of-Network CYD & 20%</p>
<p>Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<p>In-Network:</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered Colorectal screening exam <p>Out-of-Network CYD & 20%</p>
<p>Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>In-Network:</p> <ul style="list-style-type: none"> • \$0 copay for Medicare-covered Prostate Cancer Screening exam <p>Out-of-Network CYD & 20%</p>
<p>Vaccines – Medicare covered</p>	<p>In-Network / Out-of-Network</p> <ul style="list-style-type: none"> • \$0 copay for Influenza vaccine • \$0 copay for Pneumococcal vaccine • \$0 copay for Hepatitis B vaccine
Health & Wellness Benefit	
<p>Fitness</p>	<p>Free membership through SilverSneakers</p>



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- * 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. Supplemental services and 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 PPO Plan with a Medicare contract. .

Florida College System Risk Management Consortium
 2014 BlueMedicare Group Rx*

Benefits	BlueMedicare Group Rx* Option 1
Premium	Included with PPO1 Plan
Deductible	\$0
Retail	31-day Supply
Tier 1 - Preferred Generics	\$10
Tier 2 - Non-Preferred Generics	\$10
Tier 3 - Preferred Brand	\$40
Tier 4 - Non-Preferred Brand	\$70
Tier 5 - Specialty Drugs	25%
Mail Order	90-day Supply with PRIME Mail Order
Tier 1 - Preferred Generics	\$0
Tier 2 - Non-Preferred Generics	\$0
Tier 3 - Preferred Brand	\$80
Tier 4 - Non-Preferred Brand	\$140
Tier 5 - Specialty Drugs	25%
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
Gap	31-day Supply
Tier 1 - Preferred Generics	\$10
Tier 2 - Non-Preferred Generics	\$10
Tier 3 - Preferred Brand	\$40
Tier 4 - Non-Preferred Brand	\$70
Tier 5 - Specialty Drugs	25%
Catastrophic	Greater of \$2.55 or 5% / Greater of \$6.35 or 5%

- * Florida Blue is an Rx (PDP) Plan with a Medicare contract.
- * Prescription drug copays do not accumulate towards the health plan calendar year out-of-pocket maximum.
- * 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.