

Medical Insurance Provider: Florida Blue

What plans are available?

Pasco County Schools offers three medical plans for you to choose from:

- HMO Basic
- HMO Premium
- PPO Standard

Glossary of Terms

What is Coinsurance?

Coinsurance is the cost sharing between you and the plan that will occur after the deductible has been met. For 2023, the in-network medical coinsurance amounts are:

Coinsurance Breakdown by plan		
	Employee's percentage	District's percentage
HMO Basic	20%	80%
HMO Premium	10%	90%
PPO Standard	30%	70%

What is an out-of-pocket maximum?

The out-of-pocket maximum is the most that you will have to pay in a year for deductible and coinsurance for covered medical and pharmacy benefits. It operates like a safety net, to protect you from high costs.

What are reasonable and customary amounts?

Reasonable and customary (R&C) amounts are the fees the insurance carrier considers appropriate for a medical expense based on the typical rates charged by other providers for a comparable service within the provider's zip code. If you go to an **out-of-network** provider who charges more than the allowable amounts established by the insurance carrier, the provider may bill you for the remaining balance.

At Pasco County Schools, we are fortunate to have an onsite Florida Blue representative available to assist you with any claims or coverage issues that you may experience. If you have questions, please contact Patty Nguyen, the Florida Blue On-site Representative at (813)794-2492, (727)774-2492, or (352)524-2492 or work cell phone (904)635-9221.

Updates to HMO Basic and HMO Premium Plans

Effective January 1, 2023, plan design changes were made to both the HMO Basic and the HMO Premium Plans. Here are some updates to the most utilized services:

HMO Basic:

- Office copays for a Primary Care Physician (PCP) will be \$40 per visit.
- Office copays for a Specialist will be \$75 per visit.
- Office copays for Behavioral Health providers will be \$40 copay per visit.
- Allergy Injections will be \$20 copay per visit.
- Emergency Room copays will be \$500 per visit.
- Copays for surgical procedures at an Ambulatory Surgical Center will be \$400 per visit.
- The Per Admission Deductible of \$100 for Inpatient Hospital Care will be removed.

HMO Premium:

- Office copays for Primary Care Physician (PCP) will be \$35 per visit.
- Office copays for a Specialist will be \$65 per visit.
- A Deductible of \$1,500 per person and \$4,500 for family were added. The deductible will apply to certain services such as inpatient hospital, outpatient hospital, Physician fees at the ER and hospital, Skilled Nursing Facility, Ambulance Services, etc. Office services are not subject to the deductible.
- A 10% Coinsurance after the Deductible has been met was added.
- A Deductible of \$1,500 per person and 10% Coinsurance will apply to Ambulance Services.
- Copays for Advanced Imaging in a physician's office and at a standalone imaging center will be \$200 copay per visit.
- Copays for Diagnostic Tests, such as x-rays and ultrasounds in a physician's office and at a standalone imaging center will be \$50 per visit.
- Emergency Room Copays will be \$500 per visit.
- Copays for surgical procedures at an Ambulatory Surgical Center will be \$200 per visit.

Annual Out-of-Pocket Maximum			
Basic HMO		Premium HMO	
Individual	Family	Individual	Family
\$5,500	\$11,000	\$5,500	\$11,000

What are the Differences between the HMO Basic and HMO Premium Plan?

The HMO Basic Plan is available at “no cost” for employee only coverage, but has higher out of pocket costs associated with deductibles, coinsurance and copays. The HMO Premium Plan requires you to contribute additional “buy up” costs of \$75/\$90 per payroll deduction (depending on your pay type 24/20), but in most cases, has lower out-of-pocket costs at time of service. Here are some of the differences:

HMO BASIC	HMO PREMIUM
\$2,000 Deductible Per Person/\$6,000 Family	\$1,500 Deductible Per Person/\$4,500 Family
20% Coinsurance after Deductible met	10% Coinsurance after Deductible Met
\$40 Primary Care Physician Office Copay	\$35 Primary Care Physician Office Copay
\$70 Specialist Office Copay	\$65 Specialist Office Copay
\$400 Copay for Surgery at an Ambulatory Surgical Center	\$200 Copay for Surgery at an Ambulatory Surgical Center
\$300 Copay for approved Advanced Imaging Services at an Independent Diagnostic Testing Facility or Physician’s Office	\$200 Copay for approved Advanced Imaging Services at an Independent Diagnostic Testing Facility or Physician’s Office
20% cost share for Provider Administered Medications in an office setting, up to \$200 monthly out of pocket maximum (i.e., cortisone shots, chemotherapy services)	0% cost share for Provider Administered Medications in an office setting (i.e., cortisone shots, chemotherapy services)

When evaluating whether you should enroll in the HMO Basic Plan or the HMO Premium Plan, consider the following circumstances:

- Do you have a chronic or serious health condition where you need to see a doctor every month?
- Do you require services at an outpatient hospital on a frequent basis? For example, infusion treatment or radiation.
- Do you require provider administered medications, i.e., cortisone shots, chemotherapy services in a physician’s office?

The HMO Basic and HMO Premium Plans share the following:

- You need to assign yourself and any dependents a Primary Care Physician (PCP) when you enroll.
- No referrals from a Primary Care Physician (PCP) are required to consult with an **in-network Specialist**.
- The plan type is “BlueCare (HMO)” for both HMO plans.
- You are only covered when you use **in-network** providers.
- You are only covered for **emergency services** if you are outside the service area or out of state.
- You have a **Deductible** you need to meet before Florida Blue will pay any part of your claim for major services. **Some** of the services that apply to the Deductible are: inpatient or outpatient hospital services, doctors’ fees associated with a hospital visit/admission, ambulance services, etc.
- The Annual Calendar Year Out of Pocket Maximum is \$5,500 per person and \$11,000 Family Aggregate.



BlueCare
For Large Groups
HMO Basic Plan 48



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED) ¹ (PBP) ² (DED is the amount the member is responsible for before Florida Blue HMO pays)	\$2,000 per person \$6,000 per family	NA per person NA per family
Inpatient Hospital Facility Services Per Admission Deductible (PAD)	NA	NA
Coinsurance (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	NA
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$5,500 per person \$11,000 per family	NA per person NA per family
Office Services		
Virtual Visits ³ Value Choice Primary Care Physician ⁴ Value Choice Specialist ⁴ Primary Care Physician Specialist	\$0 Copay \$20 Copay \$0 Copay \$75 Copay	Not Covered Not Covered Not Covered Not Covered
Physician Office Services Value Choice Primary Care Physician ⁴ Value Choice Specialist ⁴ Primary Care Physician Specialist (includes Chiropractor) Convenient Care (Advent Health Express Care in Walgreens)	\$0 Copay \$20 Copay \$40 Copay \$75 Copay \$40 Copay	Not Covered Not Covered Not Covered Not Covered Not Covered
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$40 Copay \$75 Copay	Not Covered Not Covered
Allergy Injections (per visit) Primary Care Physician Specialist	\$20 Copay \$20 Copay	Not Covered Not Covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$300 Copay	Not Covered
Medical Pharmacy - Physician-Administered Medications (applies to Office/Home Setting and Specialty Pharmacy Vendors) Monthly Out-of-Pocket (OOP) Maximum ⁵ Preferred Non-Preferred	\$200 Combined with Preferred OOP	NA NA
Provider Preferred Non-Preferred	20% 20%	Not Covered Not Covered
Important Note: Physician-Administered Medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the <i>medical benefit</i> . Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		

¹DED = Deductible / ²PBP = Per Benefit Period / ³Virtual Visit services are only covered for In-Network providers. / ⁴Value Choice Providers are only available in select counties. / ⁵In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

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HMO Basic Plan 48



Amount Member Pays

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations (Adult & Child Physicals, one per calendar year)	\$0 Copay	Not Covered
Mammograms (Routine and Diagnostic)	\$0 Copay	Not Covered
Colonoscopy (Routine for age 45+; Diagnostic, no age criteria)	\$0 Copay	Not Covered
Emergency Medical Care		
Urgent Care Centers Value Choice Provider ⁴	\$0 Copay - Visits 1-2 PBP; \$50 Copay for Remaining Visits PBP	Not Covered
	All Other Providers	Not Covered
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$500 Copay	\$500 Copay
Ambulance Services (Out of Network, only for emergencies)	DED + 20%	INN DED + 20%
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$50 Copay	Not Covered
	\$300 Copay	Not Covered
Independent Clinical Lab (e.g., Blood Work) Quest Diagnostics	\$0 Copay	Not Covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	DED + 20%	Not Covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$400 Copay	Not Covered
Outpatient Hospital Facility Services (per visit) Therapy Services All other Services (Surgical or Non-Surgical)	\$75 Copay	Not Covered
	DED + 20%	Not Covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)	DED + 20%	Not Covered

⁴Value Choice Providers are only available in select counties.

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Amount Member Pays

Summary of Benefits for Covered Services

In-Network

Out-of-Network

Mental Health / Substance Dependency		
Virtual Visits³		
Primary Care Physician	\$35 Copay	Not Covered
Specialist	\$35 Copay	Not Covered
Physician Office Services		
Primary Care Physician	\$40 Copay	Not Covered
Specialist	\$40 Copay	Not Covered
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$500 Copay	\$500 Copay
Outpatient Hospitalization Facility Service (per visit)	DED + 20%	Not Covered
Inpatient Hospitalization Facility Services (per admit)	DED + 20%	Not Covered
Provider Services at Hospital	\$0 Copay	Not Covered
Provider Services at ER (Out of Network, only for emergencies)	\$0 Copay	\$0 Copay
Provider Services at Locations other than Office, Hospital & ER	\$40 Copay	Not Covered
Other Provider Services		
Provider Services at Hospital (Fees for Surgeon(s), Radiologist, Anesthesiologist, and Pathologist, etc.)	DED + 20%	Not Covered
Provider Services at ER (Out of Network, only for emergencies)	DED + 20%	INN DED + 20%
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	\$75 Copay	Not Covered
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician	\$40 Copay	Not Covered
Specialist	\$75 Copay	Not Covered
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$75 Copay	Not Covered
Outpatient Hospital Facility Services (per visit)	\$75 Copay	Not Covered
Durable Medical Equipment, Diabetic Equipment & Supplies, Prosthetics and Orthotics (Services coordinated by CareCentrix, call 1-877-561-9910.)		
Motorized Wheelchair	\$500 Copay	Not Covered
All Other	\$0 Copay	Not Covered
Home Health Care (Services coordinated by CareCentrix, call 1-877-561-9910.)	\$0 Copay	Not Covered
Skilled Nursing Facility	DED + 20%	Not Covered
Hospice	DED + 20%	Not Covered
Birthing Center or Dialysis Center	DED + 20%	Not Covered
Bariatric Surgery: Effective January 1, 2020 only Gastric Sleeve (CPT code 43775) is covered. Special Guidelines apply. Please contact Patty Nguyen, Florida Blue On-site Rep. at 813-794-2492 or 1-904-635-9221 for details.		

³Virtual Visit services are only covered for In-Network providers.

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HMO Basic Plan 48



Preauthorization for select services: Members don't need a referral to see a participating specialist, however authorizations are required for certain services such as CT/MRI scans and select injectables, as well as other medical services like hospitalization, rehabilitation services, home health care, and select durable medical equipment. Ensure members know that **before an appointment** they should visit floridablue.com/Authorization or call the toll-free number on their member ID card to see if a prior authorization is required.

Benefit Maximums	
Home Health Care	35 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Outpatient Therapy Modalities	4 per day (therapeutic exercises, electric stimulation, massage, etc.)
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

Additional Benefits and Features

We encourage you to call the care consultants team at 1-888-476-2227 to find out more about your benefits and/or treatment options. This can help you save time and money.

You have online access to everything about your health benefit plan as well as all of our self-service tools at floridablue.com.

Go to floridablue.com, click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in your plan's network and you don't need a referral to see a participating provider.

Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Florida Blue HMO, you'll find a Pharmacy Program information sheet enclosed. Please review it carefully, as you'll find it contains an overview of your benefits and how to utilize them.

Should it become necessary, a grievance procedure is available to all Members as detailed in the Master Policy.

This summary is only a partial description of the many benefits and services covered by Florida Blue HMO, an HMO subsidiary of Blue Cross and Blue Shield of Florida, Inc. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue HMO BlueCare Benefit Booklet and Schedule of Benefits; its terms prevail.

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For Large Groups
HMO Premium Plan 61



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (EM DED)¹ (PBP)² (DED is the amount the member is responsible for before Florida Blue HMO pays)	\$1,500 per person \$4,500 per family	NA per person NA per family
Coinsurance (Coinsurance is the percentage the member pays for services)	10% of the allowed amount	NA
Out-of-Pocket Maximum (EM OOP)³ (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$5,500 per person \$11,000 per family	NA per person NA per family
Office Services		
Virtual Visits⁴ Value Choice Primary Care Physician ⁵ Value Choice Specialist ⁵ Primary Care Physician Specialist	\$0 Copay \$20 Copay \$0 Copay \$65 Copay	Not Covered Not Covered Not Covered Not Covered
Physician Office Services Value Choice Primary Care Physician ⁵ Value Choice Specialist ⁵ Primary Care Physician Specialist (includes Chiropractor) Convenient Care (Advent Health Express Care in Walgreens)	\$0 Copay \$20 Copay \$35 Copay \$65 Copay \$35 Copay	Not Covered Not Covered Not Covered Not Covered Not Covered
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$35 Copay \$65 Copay	Not Covered Not Covered
Allergy Injections (per visit) Primary Care Physician Specialist	\$20 Copay \$20 Copay	Not Covered Not Covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$200 Copay	Not Covered
Medical Pharmacy - Physician-Administered Medications (applies to Office/Home Setting and Specialty Pharmacy Vendors) Monthly Out-of-Pocket (OOP) Maximum Preferred Non-Preferred Provider Preferred Non-Preferred	\$0 \$0 0% 0%	NA NA Not Covered Not Covered
Important Note: Physician-Administered Medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the <i>medical benefit</i> . Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		

¹EM DED = Deductible is Embedded: A covered member's family deductible costs are capped at the individual deductible amount on the family plan. / ²PBP = Per Benefit Period / ³EM OOP = Out-of-Pocket Maximum is Embedded: A covered family member's out-of-pocket costs are capped at the individual out-of-pocket maximum amount on the family plan. / ⁴Virtual Visit services are only covered for In-Network providers. / ⁵Value Choice Providers are only available in select counties.

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Amount Member Pays

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Colonoscopy (Routine for age 45+; Diagnostic no age criteria)	\$0 Copay	Not Covered
Emergency Medical Care		
Urgent Care Centers Value Choice Provider ⁵	\$0 Copay - Visits 1-2 PBP; \$50 Copay for Remaining Visits PBP	Not Covered
	All Other Providers	Not Covered
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$500 Copay	\$500 Copay
Ambulance Services (Out of Network, only for emergencies)	DED + 10%	INN DED + 10%
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$50 Copay	Not Covered
	\$200 Copay	Not Covered
Independent Clinical Lab (e.g., Blood Work) Quest Diagnostics	\$0 Copay	Not Covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	DED + 10%	Not Covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$200 Copay	Not Covered
Outpatient Hospital Facility Services (per visit) Therapy Services All other Services (Surgical or Non-Surgical)	\$65 Copay	Not Covered
	DED + 10%	Not Covered
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Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$500 Copay	\$500 Copay
Outpatient Hospitalization Facility Service (per visit)	DED + 10%	Not Covered
Inpatient Hospitalization Facility Services (per admit)	DED + 10%	Not Covered
Provider Services at Hospital	\$0 Copay	Not Covered
Provider Services at ER (Out of Network, only for emergencies)	\$0 Copay	\$0 Copay
Provider Services at Locations other than Office, Hospital & ER	\$35 Copay	Not Covered
Other Provider Services		
Provider Services at Hospital (Fees for Surgeon(s), Radiologist, Anesthesiologist, and Pathologist, etc.)	DED + 10%	Not Covered
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Benefit Maximums	
Home Health Care	Unlimited Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Outpatient Therapy Modalities	4 per day (therapeutic exercises, electric stimulation, massage, etc.)
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

Additional Benefits and Features

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Go to floridablue.com, click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in your plan's network and you don't need a referral to see a participating provider.

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HMO Away From Home Care

Extended Stays
(Away From Home Care® Program)
1-800-507-9820



If you will be in a different service area for at least 90 Consecutive days, the Guest Membership program may provide ongoing access to the care you need. Here's how it works:

1. Before you or a covered dependent leave, call the customer service number on your member ID card to see if a participating HMO is in the area where you'll be staying.
2. If a participating HMO is in the area where you will be going (called a Host HMO), Florida Blue HMO will work with you to complete a Guest Membership application. The application will be mailed to you for signature. After you sign, date and return the application, Florida Blue HMO will forward it to the host HMO in your destination location.
3. The Host HMO will provide you with a member ID card, a primary care physician (you may be asked to choose your own primary care physician), and details on how your coverage and benefits work in the Host HMO service area.
4. When you need medical care, you call the primary care physician located in the Host HMO service area.
5. Coverage is limited to 6 months for the policy holder and up to 12 months for dependents, with annual renewal.

You won't have to complete a claim form, and you'll only have to pay for your usual out-of-pocket expenses, which may include non-covered services, deductible, copayment and coinsurance. (Please note that these payment amounts may be different from those required by Florida Blue HMO. The Host HMO will communicate this information to you upon acceptance of your Guest Membership application.)

***Not available in all States or Counties. The AFHC Coordinator will verify participation. ***

COVERAGE INCLUDES:

- Families Apart:** Available to spouses and dependents living outside the Florida service area
- Students:** Available to dependents away to school
- Long Term Travelers:** Available to members with dual residences or long-term work assignments

KEEP IN MIND:

- Guest Membership is a temporary courtesy enrollment in a Host HMO that enables members who are living away from home to receive a comprehensive range of benefits, including routine & preventive services.
- Guest must follow the Host HMO plan benefits, which may differ from the Home HMO plan.
- There are no prescription benefits under the AFHC program, therefore you must use your Florida Blue ID for all prescriptions.
- Policy holder must have a Florida address in order to enroll in an AFHC Host plan

Understanding the PPO Standard Plan

If your doctor does not participate in the BlueCare HMO network or you have family members who participate and live out-of-state, you might want to consider enrollment in the PPO standard plan.

A PPO is a group of providers (doctors, hospitals, and other medical facilities) who have agreed to provide services at discounted rates. A significant difference between an HMO and a PPO is that a PPO allows you to use providers who are not in the network.

When you use an in-network provider, the percentage you pay out-of-pocket will be based on a negotiated fee, which is usually lower than the actual charges. If you use an out-of-network provider, you are subject to a deductible and coinsurance, as well as any charges that are higher than what is considered reasonable and customary (R&C) by Florida Blue, and you could pay substantially more out-of-pocket.

Accessing out-of-network services may also subject you to plan limitations that might be avoided when you receive care from in-network providers.

Always remember to verify a provider’s participation status prior to receiving health care services. Access www.floridablue.com and click on the “Find a Doctor” link. Select “BlueOptions” for your plan. Out of state providers, skip “Select a Plan”. Scroll down to the bottom of the page and under “Other Provider Searches”, click on “Doctors & Hospitals Nationally”.

As a PPO participant, you must be proactive and check on the status of all providers that will be involved in your care/treatment. For example, if you are having surgery, verify with the surgeon if he or she will be using an assistant surgeon. If so, make sure he/she is participating in the BlueOptions network. Also, make sure the anesthesiologist, pathologist or radiologist is participating. This could save you significant out-of-pocket expenses. If any of these providers are out-of-network, then a \$4,000 deductible and 40% coinsurance would apply. You would be responsible for the difference of what the provider bills and what Florida Blue allows, in addition to the out-of-network deductible and coinsurance. This is called out-of-network provider balance billing and it can be expensive.

An additional advantage of enrolling in a PPO plan is that you can receive treatment outside of the state of Florida, as long as the provider is a participant of the Independent Blue Cross and/or Blue Shield organization in that state. This is referred to as the “BlueCard PPO Program”. Covered services will pay at the in-network benefit rate. For example, your Florida specialist recommends a specialist in New York. That specialist participates with Empire Blue Cross Blue Shield of New York. Just make your appointment with the New York specialist and pay your specialist copay of \$80 per visit.

If you travel nationwide or have residence in another state, you have the peace of mind that you have coverage for “routine” as well as “emergency” visits.

PPO Standard - Pay Per Deduction		
Coverage Selected	24-Deduct	20-Deduct
Employee Only	\$ 117.50	\$ 141.00
Employee Plus Child(ren)	\$ 427.60	\$ 513.12
Employee Plus Spouse	\$ 639.74	\$ 767.69
Employee Plus Spouse & Child(ren)	\$ 949.84	\$1,139.81
2 Married Employees of Board Plus Child(ren)	\$ 394.55	\$ 473.46

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network

Financial Features		
Deductible (EM DED)¹ (PBP)² (DED is the amount the member is responsible for before Florida Blue pays)	\$2,500 per person \$7,500 per family	\$4,000 per person \$12,000 per family
Inpatient Hospital Facility Services Per Admission Deductible (PAD)	\$0	\$0
Coinsurance (Coinsurance is the percentage the member pays for services)	30% of the allowed amount	40% of the allowed amount
Out-of-Pocket Maximum (EM OOP)³ (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$5,500 per person \$11,000 per family	\$8,250 per person \$16,500 per family
Office Services		
Virtual Visits⁴ Primary Care Physician Specialist	\$0 Copay \$45 Copay	Not Covered Not Covered
Physician Office Services Value Choice Primary Care Physician ⁵ Value Choice Specialist ⁵ Primary Care Physician Specialist (includes Chiropractor) Convenient Care (Advent Health Express Care in Walgreens)	\$0 Copay \$20 Copay \$40 Copay \$80 Copay \$40 Copay	DED + 40% DED + 40% DED + 40% DED + 40% DED + 40%
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$40 Copay \$80 Copay	DED + 40% DED + 40%
Allergy Injections (per visit) Primary Care Physician Specialist	\$20 Copay \$20 Copay	DED + 40% DED + 40%
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$300 Copay	DED + 40%
Medical Pharmacy - Physician-Administered Medications (applies to Office/Home Setting and Specialty Pharmacy Vendors) Monthly Out-of-Pocket (OOP) Maximum Preferred Non-Preferred	\$0 Combined with Preferred OOP	NA NA
Provider Preferred Non-Preferred	0% 0%	DED + 40% DED + 40%
Important Note: Physician-Administered Medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the <i>medical benefit</i> . Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		

¹EM DED = Deductible is Embedded: A covered member's family deductible costs are capped at the individual deductible amount on the family plan. / ²PBP = Per Benefit Period / ³EM OOP = Out-of-Pocket Maximum is Embedded: A covered family member's out-of-pocket costs are capped at the individual out-of-pocket maximum amount on the family plan. / ⁴Virtual Visit services are only covered for In-Network providers. / ⁵Value Choice Providers are only available in select counties.

Note: Out-of-Network services may be subject to balance billing.

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations (Adult & Child Physicals, one per calendar year)	\$0 Copay	40%
Mammograms (Routine and Diagnostic)	\$0 Copay	\$0 Copay
Colonoscopy (Routine for age 45+; Diagnostic, no age criteria)	\$0 Copay	\$0 Copay
Emergency Medical Care		
Urgent Care Centers Value Choice Provider ⁵	\$0 Copay - Visits 1-2 PBP \$50 Copay for Remaining Visits PBP \$50 Copay	N/A
All Other Providers		DED + \$50 Copay
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$500 Copay	\$500 Copay
Ambulance Services	DED + 30%	INN DED + 30%
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services) Diagnostic Services (except AIS) Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$50 Copay	DED + 40%
	\$300 Copay	DED + 40%
Independent Clinical Lab (e.g., Blood Work) Quest Diagnostics	\$0 Copay	DED + 40%
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	\$300 Copay	DED + 40%
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$200 Copay	DED + 40%
Outpatient Hospital Facility Services (per visit) Therapy Services All other Services (Surgical or Non-Surgical)	\$80 Copay	DED + 40%
	\$300 Copay	DED + 40%
Inpatient Hospital Facility and Rehabilitation Services⁷ (per admit)	DED + 30%	DED + 40%

⁵Value Choice Providers are only available in select counties.

Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Mental Health / Substance Dependency		
Virtual Visits⁴		
Primary Care Physician	\$35 Copay	Not Covered
Specialist	\$35 Copay	Not Covered
Physician Office Services		
Primary Care Physician	\$40 Copay	40%
Specialist	\$40 Copay	40%
Emergency Room Facility Services (per visit) (cost share waived if admitted)	\$500 Copay	\$500 Copay
Outpatient Hospitalization Facility Service (per visit)	\$40 Copay	40%
Inpatient Hospitalization Facility Services (per admit)	DED + 30%	40%
Provider Services at Hospital	\$0 Copay	\$0 Copay
Provider Services at ER	\$0 Copay	\$0 Copay
Provider Services at Locations other than Office, Hospital & ER	\$40 Copay	40%
Other Provider Services		
Provider Services at Hospital	\$80 Copay	\$80 Copay
Provider Services at ER	\$80 Copay	\$80 Copay
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	\$80 Copay	\$80 Copay
Provider Services at Locations other than Office, Hospital & ER		
Primary Care Physician	\$40 Copay	DED + 40%
Specialist	\$80 Copay	DED + 40%
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$40 Copay	DED + 40%
Outpatient Hospital Facility Services (per visit)	\$80 Copay	DED + 40%
Durable Medical Equipment, Diabetic Equipment & Supplies, Prosthetics and Orthotics (Services coordinated by CareCentrix, call 1-877-561-9910.)	DED + 30%	DED + 40%
Home Health Care (Services coordinated by CareCentrix, call 1-877-561-9910.)	DED + 30%	DED + 40%
Skilled Nursing Facility	DED + 30%	DED + 40%
Hospice	DED + 30%	DED + 40%
Birth Center or Dialysis Center	DED + 30%	DED + 40%
Bariatric Surgery: Effective 1/1/2020 only Gastric Sleeve covered. Special Guidelines apply. Contact Patty Nguyen, Florida Blue On-site Rep. at 813-794-2492 or 1-904-635-9221 for details.		

⁴Virtual Visit services are only covered for In-Network providers.

Important: To ensure quality care and to help you get the most value from your plan benefits, for certain medical services **you need to get an approval** from Florida Blue before your service or you'll have to **pay the entire cost** for the service. **Before an appointment**, visit floridablue.com/Authorization or call the toll-free number on your member ID card to see if a prior approval is needed and your next steps.

Benefit Maximums	
Home Health Care	60 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	35 Visits PBP
Outpatient Therapy Modalities	4 per day (therapeutic exercises, electric stimulation, massage, etc.)
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

Additional Benefits and Features

- We encourage you to call the care consultants team at 1-888-476-2227 to find out more about your benefits and/or treatment options. This can help you save time and money.
- You have online access to everything about your health benefit plan as well as all of our self-service tools at floridablue.com.
- Go to floridablue.com, click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in your plan's network and you don't need a referral to see a participating provider.

Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Florida Blue, you'll find a Pharmacy Program information sheet enclosed. Please review it carefully, as you'll find it contains an overview of your benefits and how to utilize them. Important Note: Your health plan may include prescription drug coverage that only provides coverage at Exclusive Pharmacies except for emergency situations.

Access to Our Strong Networks

NetworkBlueSM is the Preferred Provider Network designated as "In-Network" for BlueOptions. While In-Network providers remain the best value, members are still **protected from balance billing** if they go Out-of-Network to someone who is part of our Traditional Provider Network. You may also receive **out-of-state coverage through the BlueCard[®]** Program with access to the participating providers of independent Blue Cross and/or Blue Shield organizations across the country.

Physician Discount

Many NetworkBlue physicians offer BlueOptions members a rate which is at least 25 percent below the usual fees charged for services that are **not Covered Services** under your health plan. By taking advantage of this discount, you get the care you need from the doctor you trust. However, Florida Blue does not guarantee that a physician will honor the discount. Since you pay out-of-pocket for any non-covered services, it's your responsibility to discuss the costs and discounted rates for non-covered services with your physician **before** you receive services. 'Physician Discount' is not part of your insurance coverage or a discount medical plan. For more information, please refer to the online Provider Directory at floridablue.com.

This is not an insurance contract or Benefit Booklet. This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.

2023 Pasco County School Board Plan Comparison



Cost Sharing	HMO PLAN 48 HMO Basic BlueCare	HMO PLAN 61 HMO Premium BlueCare	PPO 03768 PPO Standard BlueOptions
Maximums shown are Per Benefit Period (PBP) unless noted			
Deductible (DED) (Per Person/Family Agg)			
In-Network	\$2,000/\$6,000	\$1,500/\$4,500	\$2,500/\$7,500
Out-of-Network	Not Covered	Not Covered	\$4,000/\$12,000
Hospital Per Admission Deductible (PAD)			
In-Network	\$0 Copay	\$0 Copay	\$0 Copay
Coinsurance (Member Responsibility)			
In-Network	20%	10%	30%
Out-of-Network	Not Covered	Not Covered	40%
Out of Pocket Maximum (Per Person/Family Agg) (DED/Coins./Medical & Rx Copays)			
In-Network	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000
Out-of-Network	Not Covered	Not Covered	\$8,250/\$16,500
Lifetime Maximum	Unlimited	Unlimited	Unlimited
PROFESSIONAL PROVIDER SERVICES			
Allergy Injections (office)			
In-Network Family Physician	\$20 Copay	\$20 Copay	\$20 Copay
In-Network Specialist	\$20 Copay	\$20 Copay	\$20 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
Allergy Testing (office)			
In-Network Family Physician	\$40 Copay	\$35 Copay	\$40 Copay
In-Network Specialist	\$75 Copay	\$65 Copay	\$80 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
Virtual Visit Services			
In-Network Value Choice PCP	\$0 Copay	\$0 Copay	\$0 Copay
In-Network Value Choice Specialist	\$20 Copay	\$20 Copay	\$20 Copay
In-Network Family Physician	\$0 Copay	\$0 Copay	\$0 Copay
In-Network Behavioral Health Specialist	\$35 Copay	\$35 Copay	\$35 Copay
In-Network Specialist	\$75 Copay	\$65 Copay	\$45 Copay
Out-of-Network	Not Covered	Not Covered	Not Covered
Office Services (per visit)			
In-Network Value Choice PCP	\$0 Copay	\$0 Copay	\$0 Copay
In-Network Value Choice Specialist	\$20 Copay	\$20 Copay	\$20 Copay
In-Network Family Physician	\$40 Copay	\$35 Copay	\$40 Copay
In-Network Specialist (Includes Chiropractor office visit)	\$75 Copay	\$65 Copay	\$80 Copay
In-Network Behavioral Health Specialist	\$40 Copay	\$35 Copay	\$40 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
Provider Services at Hospital and ER			
In-Network Family Physician	DED + 20%	DED + 10%	\$80 Copay
In-Network Specialist	DED + 20%	DED + 10%	\$80 Copay
Out-of-Network (For HMO Plans, only for emergencies)	INN DED + 20%	INN DED + 10%	\$80 Copay
Provider Services at Other Locations			
In-Network Family Physician	\$40 Copay	\$35 Copay	\$40 Copay
In-Network Specialist	\$75 Copay	\$65 Copay	\$80 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
Radiology, Pathology and Anesthesiology Provider Services at Ambulatory Surgical Center (ASC)			
In-Network Specialist	\$75 Copay	\$65 Copay	\$80 Copay
Out-of-Network	Not Covered	Not Covered	\$80 Copay

2023 Pasco County School Board Plan Comparison



Cost Sharing Maximums shown are Per Benefit Period (PBP) unless noted	HMO PLAN 48 HMO Basic BlueCare	HMO PLAN 61 HMO Premium BlueCare	PPO 03768 PPO Standard BlueOptions
PREVENTIVE CARE			
Adult Wellness Office Services (Annual Physical/Well Woman, one per calendar year) In-Network Family Physician In-Network Specialist Out-of-Network	\$0 Copay \$0 Copay Not Covered	\$0 Copay \$0 Copay Not Covered	\$0 Copay \$0 Copay 40% Coinsurance
Colonoscopies (Routine age 45+; Diagnostic, no age criteria) In-Network Out-of-Network	\$0 Copay Not Covered	\$0 Copay Not Covered	\$0 Copay 40% Coinsurance
Mammograms (Routine & Diagnostic) In-Network Out-of-Network	\$0 Copay Not Covered	\$0 Copay Not Covered	\$0 Copay \$0
Well Child Office Visits In-Network Family Physician In-Network Specialist Out-of-Network	\$0 Copay \$0 Copay Not Covered	\$0 Copay \$0 Copay Not Covered	\$0 Copay \$0 Copay 40% Coinsurance
EMERGENCY/URGENT/CONVENIENT CARE			
Ambulance Services (Air, Ground, water) In-Network Out-of-Network (For HMO Plans, only for emergencies)	DED + 20% INN DED + 20%	DED + 10% INN DED + 10%	DED + 30% INN DED + 30%
Convenient Care Centers (CCC) (Advent Health Express Care inside Walgreens Pharmacy) In-Network Out-of-Network	\$40 Copay Not Covered	\$35 Copay Not Covered	\$40 Copay DED + 40%
Emergency Room Facility Services (per visit) (Copayment waived if admitted) (also see Professional Provider Services) In-Network Out-of-Network	\$500 Copay \$500 Copay	\$500 Copay \$500 Copay	\$500 Copay \$500 Copay
Urgent Care Centers (UCC) Value Choice Urgent Care Provider (\$0 for visits 1-2 per benefit period) In-Network Out-of-Network	\$0, then \$50 Copay \$50 Copay Not Covered	\$0, then \$50 Copay \$50 Copay Not Covered	\$0, then \$50 Copay \$50 Copay DED + \$100
FACILITY SERVICES - HOSP/SURG/ICL/IDTF - unless otherwise noted, physician services are in addition to facility services. See professional provider services.			
Ambulatory Surgical Center (ASC) In-Network Out-of-Network	\$400 Copay Not Covered	\$200 Copay Not Covered	\$200 Copay DED + 40%
Independent Clinical Lab (Quest Diagnostics is preferred in network lab.) In-Network Out-of-Network	\$0 Copay Not Covered	\$0 Copay Not Covered	\$0 Copay DED + 40%
Independent Diagnostic Testing Facility (IDTF) - X-rays and AIS (Includes Physician Services) In-Network - Advanced Imaging Services (AIS) (I.E., MRI's, CT Scans, Nuclear Medicine) In-Network - Other Diagnostic Services (x-rays, ultrasounds) Out-of-Network	\$300 Copay \$50 Copay Not Covered	\$200 Copay \$50 Copay Not Covered	\$300 Copay \$50 Copay DED + 40%
Inpatient Hospital & Inpatient Rehab. Facility (per admission) In-Network Out-of-Network	DED + 20% Not Covered	DED + 10% Not Covered	DED + 30% DED + 40%

2023 Pasco County School Board Plan Comparison



	HMO PLAN 48 HMO Basic BlueCare	HMO PLAN 61 HMO Premium BlueCare	PPO 03768 PPO Standard BlueOptions
Cost Sharing Maximums shown are Per Benefit Period (PBP) unless noted			
Outpatient Hospital (per visit) (Surgical or Non-Surgical Svcs., i.e., lab work/ Dx Testing)			
In-Network	DED + 20%	DED + 10%	\$300 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
Therapy at Outpatient Hospital (per visit)			
In-Network	\$75 Copay	\$65 Copay	\$80 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
OTHER SPECIAL SERVICES			
Advanced Imaging Services in Physician's Office (per visit)			
In-Network Family Physician	\$300 Copay	\$200 Copay	\$300 Copay
In-Network Specialist	\$300 Copay	\$200 Copay	\$300 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
Birth Center			
In-Network	DED + 20%	DED + 10%	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
Diabetic Equipment¹ (CGM & Insulin Pump) (Coordinated via CareCentrix²)			
In-Network	\$0 Copay	\$0 Copay	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
Durable Medical Equipment, Prosthetics, Orthotics (Coordinated via CareCentrix²)			
In-Network	\$0/\$500 Motorized Wheelchair	\$0/\$500 Motorized Wheelchair	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
Home Health Care PBP (Coordinated via CareCentrix²)			
In-Network	35 visits PBP	Unlimited	60 visits PBP
Out-of-Network	\$0 Copay	\$0 Copay	DED + 30%
Not Covered	Not Covered	Not Covered	DED + 40%
Hospice			
In-Network	DED + 20%	DED + 10%	DED + 30%
Out-of-Network	Not Covered	Not Covered	DED + 40%
Outpatient Therapy and Spinal Manipulations (26 PBP) Combined Benefit Period Maximum			
In-Network	35 visits PBP	35 visits PBP	35 visits PBP
Out-of-Network	\$75 Copay	\$35 Copay	\$40 Copay
Not Covered	Not Covered	Not Covered	DED + 40%
Physician Office (per visit)			
In-Network Physical Therapist	\$75 Copay	\$35 Copay	\$40 Copay
Outpatient Hospital Facility Services (per visit)			
In-Network	\$75 Copay	\$35 Copay	\$40 Copay
Out-of-Network	Not Covered	Not Covered	DED + 40%
Skilled Nursing Facility PBP			
In-Network	60 days PBP	60 days PBP	60 days PBP
Out-of-Network	DED + 20%	DED + 10%	DED + 30%
Not Covered	Not Covered	Not Covered	DED + 40%
Medical Pharmacy (Physician Administered in office setting/home health setting)			
In-Network Monthly Out of Pocket Max ³ for medication only	\$200/\$200	\$0/\$0	\$0/\$0
In-Network Provider (cost of medication only, separate cost share for administration)	20%/20%	0%/0%	0%/0%
Out-of-Network Provider	Not Covered	Not Covered	DED + 40%

2023 Pasco County School Board Plan Comparison

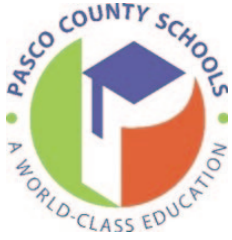


Cost Sharing	HMO PLAN 48 HMO Basic BlueCare	HMO PLAN 61 HMO Premium BlueCare	PPO 03768 PPO Standard BlueOptions
<p>Maximums shown are Per Benefit Period (PBP) unless noted</p> <p>Other Covered Services: Bariatric Surgery: Cover only Gastric Sleeve (CPT code 43775), effective 1/1/2020. Special Guidelines apply. Please contact Patty Nguyen, Florida Blue Rep. at 813-794-2492 or 904-635-9221 for details.</p>			

Note: Out of Network Services may be subject to balance billing.

- 1 Diabetic Testing Supplies (lancets, strips, meters, etc.) are covered under the Pharmacy Benefit. Diabetic Equipment (insulin pumps, CGMs) are always covered under the medical benefit.
- 2 CareCentrix' Phone Number is 1-877-561-9910
- 3 (1) Medical Pharmacy Monthly OOP Max includes the drug cost share and applies to the health plan OOP Max. (2) Physician Services are in addition to drug costs (separate cost share applies). (3) Separate drug cost share does not apply to allergy injections or immunizations; only office cost share applies

This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.



Pasco County Schools

Open Enrollment

Health Care Costs Too Expensive?

In a time when health care costs increase every year, Pasco County Schools continues to provide employees a health care option at no cost. However, we know that employees sometimes also need to cover their spouse and/or child(ren), and we want to ensure our employees are aware of all of the health care cost savings options available to them.



- Did you know that there may be a less expensive health care option with similar coverage for your spouse and/or child(ren) on the [Marketplace Exchange](#)?
- Did you know you may qualify for a subsidy to reduce your monthly health insurance premium cost through the Marketplace Exchange?
- Did you know [Florida KidCare](#) offers quality, affordable health and dental care for children to eligible employees that may cost less than covering them through the District's plan?

HealthCare.gov
Fl♥rida KidCare

To determine your potential healthcare savings

- visit [Healthcare.gov](#) and complete the [INCOME LEVELS & SAVINGS](#) and
- [APPLY NOW](#) for Florida KidCare



HEALTHY LIVING IS JUST A DEAL AWAY

Join Blue365 and start saving today!

Blue365 gives you access to savings across all aspects of your life— including 20 percent off on Fitbit devices and over \$800 off Lasik, discounts on healthy, organic meal delivery services like Sun Basket, and much more!

Register now for free to take advantage of Blue365. It's an online destination where participating members can find healthy deals and exclusive discounts, all you need is your Blue Cross and Blue Shield member card to get started.

Get started today at
www.Blue365Deals.com/register

Exclusive savings from



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Home Delivery from Amazon Pharmacy

A new way to save on medications

Amazon Pharmacy offers a home delivery service that lets you easily order and quickly get your non-specialty prescription medication¹ delivered at home.

And as a Florida Blue member, you get access to MedsYourWay™ prescription drug discount card pricing. The prescription discount card² gives you up to 80% savings³ on brand and generic medicines and is seamlessly built into the Amazon Pharmacy experience. You can get the lowest cost available while saving time and money. Using the MedsYourWay discount card is not insurance; however, using it for covered medications⁴ will also count toward your out-of-pocket maximum.

SHOP **Easy to use**

Amazon Pharmacy makes ordering your medications easier because it's like shopping on Amazon:

- Easy sign up, which includes the option to have your account auto-populated with your prescription history.
- Option for 90+ day supply.
- Pharmacists on call 24/7.
- Ability to manage your medication and order history.

SAVE **Built-in drug discount card**

Some drugs may be available at lower prices with a discount card. MedsYourWay discount pricing is built right into the Amazon Pharmacy experience.

- At check out, you'll see the lowest cost available for your medication. That's the price you'll pay.
- MedsYourWay discount card pricing is not insurance; however, all prescribed and covered purchases, whether paying a copay or using the discount card pricing, automatically count toward your annual out-of-pocket maximum.

SHIP **Convenient home delivery**

Skip the pharmacy line with home delivery.

- Fast delivery: Amazon Prime members get 2-day no-cost shipping on most orders; standard no-cost shipping for non-Amazon Prime members is 5-day but can be expedited to 2-day delivery for an additional fee.
- Real-time package tracking from order to delivery.

To learn more about Amazon Pharmacy's home delivery services, call the number on the back of your member ID card and say, "Pharmacy."

Or log on to your Florida Blue Member Account and see the **Pharmacy section** under **My Plan**.

¹ Amazon Pharmacy does not dispense Schedule 2 controlled substance drugs.

² MedsYourWay prescription drug discount card, administered by Inside Rx LLC, is not insurance. You are responsible for the cost of prescription(s) when using the card. Limitations apply. The discount pricing card is automatically available to all members with no additional sign up needed. The card is electronic only, a physical card will not be mailed.

³ Average savings based on usage and Inside Rx data as compared to cash prices; average savings are up to 80% for all generics and 37% for select brand medicines. Restrictions apply.

⁴ If your medicine has an unfulfilled requirement, the cost may not count towards your (accumulator) out-of-pocket maximum. Typical requirements include prior authorization (PA) needed, quantity limit exceeded or step therapy needed.

Savings are Coming Your Way!

Florida Blue 
In the pursuit of health

Your pharmacy network is designed to save you money. In the new benefit year, Walgreens will be your exclusive retail pharmacy.



Walgreens can save you money

You'll pay a lower price for many prescriptions at Walgreens. Sometimes the savings will be big! This means you'll often pay less when you have a deductible to meet. Or if the drug costs less than your copay, you'll pay the lower price¹.



At the corner or online—you'll find a Walgreens near you

With more than 800 locations in Florida (many with health care clinics) you'll find a Walgreens close to you. Add Walgreens' mobile app to your smartphone, and you can refill or transfer prescriptions, make a personal shopping list, order photos and browse weekly specials.



Moving your prescriptions

If you're using a retail pharmacy other than Walgreens, think about moving your prescriptions to Walgreens today. You can view a list of Walgreens pharmacies at floridablue.com/exclusivepharmacy.



Here's how to easily make the switch:

- Call or stop by your local Walgreens and tell the pharmacist you want to move your prescriptions from another pharmacy. They'll help you make the switch. Just have a list of your current medications handy.
- Using the free Walgreens mobile app on your smartphone, take a picture of your medicine bottle and send it to your nearest Walgreens.

If you continue to use a retail pharmacy other than Walgreens in the new benefit year, you'll experience higher out-of-pocket costs.

- You'll pay the full price of your medication out of your pocket if you don't have out-of-network pharmacy benefits.
- If you have out-of-network pharmacy benefits, you'll pay the full price of your medication and can file a claim for reimbursement. Your reimbursement will be based on out-of-network benefits.

Please refer to your summary of benefits to see if you have out-of-network pharmacy benefits. For greatest savings and convenience, always use an in-network pharmacy. If you currently fill prescriptions at a Walgreens pharmacy, you don't need to take any action.

¹Retail costs reflect the estimated amount you'll pay after your health plan's cost share, such as copay or coinsurance, have been met. Actual cost will be determined at the time of purchase.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, and HMO affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. You may access the Nondiscrimination and Accessibility notice at floridablue.com/ndnotice.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. llame al 1-800-352-2583 (TTY: 1-800-955-8770).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-352-2583 (TTY: 1-800-955-8770).

Pharmacy Benefit

Provider: Prime Therapeutics, Florida Blue's Pharmacy Benefit Manager

EFFECTIVE JANUARY 1, 2023 AMAZON PHARMACY WILL BE THE NEW MAIL ORDER PROVIDER.

- **NEW! Mail-order for up to a 90-day supply will** be provided through Amazon Pharmacy, where you'll have access to MedsYourWay™ discount card pricing. You pay less for ordering a 90-day supply by mail, rather than going to a retail pharmacy, one month at a time.
- **Effective January 1, 2023, Walgreens** will continue to be your exclusive retail pharmacy. You may only fill prescriptions for **non-specialty generic** and **Brand Name drugs** at your local **Walgreens** retail pharmacy. Using any other retail pharmacy would be **out of network** for HMO members and **NOT covered**. For PPO members, it would cost you **more out of pocket** and you would have to pay upfront and file a claim for reimbursement.
- You have 2 options at **Walgreens**; up to a 30 day supply or up to a 90-day supply for long-term medications.
- Fill your **Self-Administered Specialty medications** using **Accredo** (1-888-425-5970). Some exceptions may apply for certain Limited Distributed Drugs that **cannot** be filled by Accredo.
- Advise your doctor to fill all of your **Provider-Administered Specialty medications** (Medical Pharmacy Benefit) using **CVS CareMark Specialty Pharmacy** (1-866-278-5108) with the exception of certain limited distribution drugs. *Note: This does not apply if your doctor subscribes to the Provider Administered Drug Program (PADP).*

The Drug Categories are:

- **Generics:**
These contain the same active ingredients as their brand name equivalents, and offer the same effectiveness and safety. They have the lowest copay.
- **Preferred Brands:**
These are brand name drugs that are preferred by the plan and have a higher co-pay than their generic counterparts.
- **Non-Preferred Brands:**
These are higher cost because there is usually a generic or a preferred brand drug available instead.
- **Specialty Drugs:**
These are prescription medications that require special handling, administration or monitoring. These medications are used to treat chronic diseases or genetic disorders such as Multiple Sclerosis, Rheumatoid Arthritis, Hepatitis C, and Hemophilia.

Prior Authorization Programs (Responsible Steps and Responsible Quantity):

- Encourages the appropriate, safe and cost-effective use of medication. If you are currently taking or are prescribed a medication that is included in the Prior Authorization Program, your physician will need to submit a request form in order for your prescription to be considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered. A current listing of drugs requiring prior authorization are indicated in the prior authorization column following the product name in the Medication Guide which can be found online at www.floridablue.com.

Member Prescription Cost Share (no changes in 2023)	
UP TO 30 DAY SUPPLY AT RETAIL WALGREENS ONLY	
CATEGORY	YOU PAY
TIER 1: GENERIC	\$10.00
TIER 2: PREFERRED BRAND	\$35.00
TIER 3: NON-PREFERRED BRAND	\$60.00

Member Prescription Cost Share for Specialty Drugs (Up to 30 day supply only)		
Specialty Generic	Specialty Preferred	Specialty Non-Preferred
\$25	\$50	\$100

UP TO 90 DAY EXTENDED RETAIL WALGREENS ONLY	
CATEGORY	YOU PAY
TIER 1: GENERIC	\$25.00
TIER 2: PREFERRED BRAND	\$87.50
TIER 3: NON-PREFERRED BRAND	\$150.00

UP TO 90 DAY EXTENDED RETAIL AMAZON PHARMACY	
CATEGORY	YOU PAY
TIER 1: GENERIC	\$20.00
TIER 2: PREFERRED BRAND	\$70.00
TIER 3: NON-PREFERRED BRAND	\$120.00

**Self-Administered Specialty Drugs on SaveOnSP list:
Enroll in the Manufacturer Assistance Program and
you will pay \$0.**

Member FAQs - Pharmacy

Q: I currently have prescriptions filled through Express Scripts Home Delivery. Do they automatically transfer to the new Amazon Pharmacy?

A: Yes, the medications will move over to Amazon Pharmacy if your prescription has refills and is not expired.

Q: What happens if I do not have any refills left or my prescription has expired?

A: If your prescription expires before January 1, 2023 or you will have no refills on January 1, 2023, contact your doctor. Please ask them to send a new prescription to Amazon Pharmacy on or after January 1, 2023.

Q: What is the contact information for Amazon Pharmacy?

A: For questions, call Amazon Pharmacy Customer Care at 855-965-7539, Monday through Friday, 8:00 a.m. – 10:00 p.m. ET and Saturday and Sunday, 10:00 a.m. – 8:00 p.m. ET.

Q: How do I transfer my refills to Walgreens Pharmacy?

A: Call or stop by your local Walgreens and tell the pharmacist you want to move your prescriptions from another pharmacy. They'll help you make the switch. Just have a list of your current medications handy.

OR

Using the free Walgreens mobile app on your smartphone, take a picture of your medicine bottle and send it to your nearest Walgreens.

Q: If I have an existing authorization on file for one of my medications, will I need to get a new one?

A: No, as long as the authorization on file is still valid and has not expired, Walgreens should be able to run the script and the claim should pay. Some exceptions may apply. For example, if the medication is refilled too soon, it may deny.

Q: Are there certain classes of medications that DO NOT transfer and require a new prescription from your prescriber?

A: Yes, the following classes of medications would require a new prescription from your prescriber.

- Narcotics for pain
- Medications to treat ADHD and other behavioral health conditions.

Q: What happens if I use another retail pharmacy other than Walgreens?

A: For HMO Members, your medications will NOT be covered. You will have to pay the full price of your medication out of your pocket. For PPO Members, you'll pay the full price of your medication and can file a claim for reimbursement. Your reimbursement will be based on out-of-network benefits.



Specialty drugs can be expensive. That's why your pharmacy plan with Pasco County School Board will include the SaveOn Program. To participate, Accredo Specialty Pharmacy will be your exclusive provider for most of your self-administered specialty medication needs. They help members like you save money on specialty drugs.

Some specialty drugs may qualify for a \$0 cost share after copay assistance is applied.

Below are some member FAQ's regarding the SaveOnSP Program.

2023 SaveOnSP Program Member FAQ's	
QUESTIONS	ANSWER
Which specialty medications are impacted?	<ul style="list-style-type: none"> • Only self-administered specialty medications filled under your pharmacy benefit are impacted. • Physician administered medications, which are covered through your medical benefits under medical pharmacy, will NOT be impacted.
Will a member using a specialty pharmacy other than Accredo have to move their specialty medications to Accredo?	<ul style="list-style-type: none"> • Yes, if the specialty medication is not a Limited Distribution Drug (LDD) then the member has to switch to Accredo. • If the specialty medication is a Limited Distribution Drug (LDD) and Accredo is listed as a specialty pharmacy, then the member has to switch to Accredo. See link below to the list of LDDs. • http://www.bcbsfl.com/DocumentLibrary/Providers/Content/Rx_LimitedDistributionDrugs.pdf
I received a call to enroll on the SaveOn Program. Is this a scam?	<ul style="list-style-type: none"> • No, this is not a scam. You will save money by enrolling in the SaveOn Program. If you do not enroll you may have to pay 30% or more coinsurance for your self-administered specialty drug.
How to I find out if my specialty medication is part of the SaveOn Program?	<ul style="list-style-type: none"> • Please contact Patty Nguyen, Florida Blue On-site Representative at 813-794-2492 or email her at Patricia.Nguyen@bcbsfl.com to inquire if your specialty medication is part of the SaveOn Program.
What will the member's cost share be for their specialty medications under the SaveOn Program?	<ul style="list-style-type: none"> • \$0 cost share if your medication is on the SaveOn list and you qualify for and participate in the manufacturer assistance program. • If you are taking a specialty medication that does not qualify for the manufacturer assistance program, then you will pay the following cost shares for specialty medications: \$25 copay/\$50 copay/\$100 copay (up to 30 day supply only)
How long will a member receive the \$0 cost share if his/her medication is part of the SaveOn Program?	12 months
What number do I call to reach Accredo regarding the SaveOn Program?	1-888-425-5970



2023 SaveOnSP Program Member FAQ's

QUESTIONS	ANSWER
<p>Do members have to sign up for the manufacturer assistance programs every year?</p>	<ul style="list-style-type: none"> • Members do have to recertify for the manufacturer assistance programs annually or at the manufacturer specified times. • Accredo can assist members with understanding when they need to recertify when they call in to schedule their next refill.
<p>Will Accredo assist the members with applying for the manufacturer assistance programs?</p>	<ul style="list-style-type: none"> • Yes, the team at Accredo will assist the members with applying for and getting approved for the manufacturer assistance program. • For the manufacturer assistance programs that do not allow the team at Accredo to assist, the team will provide the member with all the information they require.
<p>What happens if a member's provider prescribes a new medication that is part of the SaveOn program?</p>	<ul style="list-style-type: none"> • No, this is not a scam. You will save money by enrolling in the SaveOn Program. If you do not enroll you may have to pay 30% or more coinsurance for your self-administered specialty drug.
<p>Can multiple members on the same contract be enrolled in this program?</p>	<ul style="list-style-type: none"> • Accredo will assist the member with getting set up on the manufacturer assistance program for the new medication.
<p>What will the member's cost share be for their specialty medications under the SaveOn Program?</p>	<ul style="list-style-type: none"> • Yes, this program is driven by the medication, not the contract. • Multiple members within the contract can be on the program and members can have multiple medications on the program as applicable.
<p>Will manufacturer assistance program /coupons count towards the member's calendar year out of pocket maximum and calendar year deductible?</p>	<ul style="list-style-type: none"> • No, these amounts will not count towards the member's calendar year out of pocket maximum or calendar year deductible. The member will have a \$0 cost share for any specialty medication that qualifies under the program.



Behavioral Health Benefits

New Directions Behavioral Health (NDBH)

NDBH is Florida Blue's partner for behavioral health capabilities and programs. NDBH manages behavioral health services for BlueCare HMO and BlueOptions PPO members receiving services in Florida. New Directions provides a centralized solution that coordinates all of the patient's behavioral health care needs (i.e., authorization and manages utilization management).

To locate a participating behavioral health specialist (counselor, psychologist, psychiatrist), contact NDBH at 1-800-287-9569, 24 hours a day, 7 days a week. Provide your Florida Blue Member ID card and pay \$35/\$40 copay per office visit. The provider will submit the claims directly to Florida Blue. Access www.ndbh.com for articles, videos and resources.

MEMBER OUT OF POCKET FOR BEHAVIORAL HEALTH SERVICES BY PLAN				
MH=Mental Health DED=Deductible *Individual Deductible	SA=Substance Abuse Coins.=Coinsurance	BlueCare HMO Basic	BlueCare HMO Premium	Blue Options PPO Standard
MH/SA Emergency Room Services In & Out-of-Network		\$500 Copay	\$500 Copay	\$500 Copay
MH/SA Inpatient Hospital Facility Services In-Network		\$2,000 DED* + 20% Coins. Not Covered	\$1,500 DED* + 10% Coins. Not Covered	\$2,500 DED* + 30% Coins. 40% Coins.
MH/SA Inpatient Residential Treatment Facility In-Network		\$2,000 DED* + 20% Coins. Not Covered	\$1,500 DED* + 10% Coins. Not Covered	\$2,500 DED* + 30% Coins. 40% Coins.
MH/SA Outpatient (Physician's Office) Family Physician & Specialist In-Network (virtual visits @ \$35 copay-all plans)		\$40 copay Not Covered	\$35 Copay Not Covered	\$40 copay 40% Coins.
MH/SA Outpatient Hospital Facility Services In-Network		\$2,000 DED* + 20% Coins. Not Covered	\$1,500 DED* + 10% Coins. Not Covered	\$40 copay 40% Coins.
MH/SA Provider Services at Locations other than office, hospital & ER; Family Physician & Specialist In-Network		\$40 copay Not Covered	\$35 Copay Not Covered	\$40 copay 40% Coins.
Out of Pocket Maximum (Individual/ Family Aggregate) In-Network combine with medical		\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000



Employee Assistance Program

The Employee Assistance Program (EAP) is a benefit program intended to ensure a healthy work environment for all staff. Through a partnership between the Pasco County Schools and New Directions (our behavioral health care provider), our employees will have access to enhanced services. These services include counseling and referral for personal or work-related issues, health coaching, legal and financial consultation, and a wealth of on-line resources.

Why does Pasco County Schools need an EAP?

- Benefits individuals needing help
- Improves the health and effectiveness of the organization
- Reduces rising medical insurance costs
- Reduces sick leave utilization
- Increases employee effectiveness and productivity

Who can access services through EAP?

All School Board employees and retirees are eligible for EAP services. Employees may be full or part time, active or on leave. Services are also available for all insurable dependents of our employees.

How many free counseling services are provided?

Up to five (5) counseling sessions are available per issue, at no cost, for each employee, retiree, and insurable dependent of an employee. If more specialized, intensive services are needed, the employee (or dependent, retiree) will be connected with the appropriate professional as available through the behavioral health insurance plan or other resources.

Where are counseling services provided?

Counseling services are available in private offices in Land O' Lakes, Lutz, Dade City, New Port Richey, Port Richey, Spring Hill, Tampa, Tarpon Springs, Trinity, Wesley Chapel, and Zephyrhills. All locations are totally separate from any school or district campuses.

When are services provided?

All of the EAP providers are individual professionals who schedule appointments according to their office hours. Most providers offer some appointments during the after school hours and/or on weekends.

What credentials do the counselors have?

All counselors are licensed through the Florida Department of Health. Program counselors include licensed psychologists, marriage and family therapists, mental health counselors, or clinical social workers. Some of the providers are also substance abuse professionals or certified addictions professionals.

What additional services are available through the EAP?

In addition to counseling services, the EAP offers

- Legal and Financial Consultation (face to face or telephonic)
- Health Coaching
- Elder Care Consultation
- Healthcare-related information, self-assessment, and educational guides
- Access to telephonic or on-line information and resources for varied Work/Life issues.
- Web-based family resource services
- Online Health Risk Assessments
- Interactive EAP website.

What types of issues can be addressed by the counseling and referral services?

In addition to counseling services, the EAP offers

- Marital and relationship issues
- Family/Child adjustment issues
- Job-related stress
- Stress/Burnout
- Depression
- Anxiety/Panic Attacks
- Alcohol/Substance Abuse
- Eating Disorders
- Tobacco Addiction
- Legal Issues
- Financial consultation

If you feel that you or your family needs assistance with these or any other issues, please call for help: **New Directions EAP services at 1-800-624-5544** / Direct referral to the District School Board's local counselor/ Clinical Coordinator or for further information:
Cental Pasco - (813) 794-2366 | East Pasco- (352) 524-2366
West Pasco- (727) 774-2366