

Servicing Agent:



**BlueCross BlueShield
of Florida**

An Independent Licensee of the
Blue Cross and Blue Shield Association



State Employees' PPO Plan

Your Benefit Information
Effective January 1, 2010

Greater Choices From the Name You Know and Trust



Blue Cross and Blue Shield of Florida, Inc. has a strong tradition of helping to keep Florida families healthy and happy. We're proud to be the Servicing Agent for the State Employees' PPO Plan.¹

The State Employees' PPO Plan covers most major medical expenses and gives you access to an extensive network of providers as well as a number of special benefits, services and additional programs. These include our Healthy AdditionSM prenatal education program, health-related resources and information, and out-of-state health care coverage with the BlueCard[®] Program.²

We know how important it is that you stay healthy. That's why we've developed these special programs for our members so you can feel safe and comfortable with your health care choices.

Choice of Benefit Options

State employees who select the State Employees' PPO Plan have two options to choose from – a Standard PPO option or a Health Investor PPO option. With the Health Investor PPO option, you are also eligible to enroll in a Health Savings Account. A Health Savings Account (HSA) is a unique program that allows you to put aside tax-free dollars to help pay for Qualified Medical Expenses. For more information on the Health Savings Account feature, you should contact The People First Service Center at **1-866-663-4735**.

Your Responsibilities

The State Employees' PPO Plan is designed to cover most major medical expenses for covered illnesses and injuries, including hospital and physician services. Participants will, of course, be responsible for any related deductibles, copayments, coinsurance, admission fees, and non-covered services. Additionally, members will be responsible for charges over and above the allowed amount for non-network services, amounts above the PPO Plan limitations, and fees associated with not certifying non-network hospital admissions.

Please refer to the Benefit Summary in this booklet or the State Employees' PPO Group Health Insurance Plan Booklet and Benefit Document for more information.

Exclusion for Pre-existing Conditions

The State Employees' PPO Plan has a "6-month/12-month" pre-existing condition exclusion for new members. This means that if you and/or any of your dependents have received diagnostic treatment or services for any covered accident or illness within the previous 6 months before coverage took effect, it is considered a pre-existing condition. Services related to the care and treatment of this pre-existing condition will not be covered for 12 months after the effective date of coverage. You and your dependents may be eligible to receive full or partial credit toward the State Employees' PPO Plan pre-existing condition exclusion if you have satisfied the full or partial pre-existing exclusion period under prior health insurance coverage and have not had a loss of coverage that exceeds 63 days. You can submit your request for a pre-existing condition waiver to People First.



¹Administered by the Division of State Group Insurance (DSGI) within the Department of Management Services. DSGI has full and final decision-making authority concerning eligibility, coverage, and benefits. Blue Cross and Blue Shield of Florida, under contract with the state of Florida, is the Servicing Agent for the medical component of the State Employees' PPO Plan.

²The BlueCard Program is made available through the Blue Cross and Blue Shield Association.



Prescription Drug Program

The prescription drug program is designed to give you access to prescription medications at affordable prices. It is administered by Caremark, Inc. If you would like more information or want to find a participating provider, call **1-800-378-4408**.

Freedom to Visit Any Doctor or Hospital You Choose

With the State Employees' PPO Plan, you have the freedom to visit any doctor or hospital you choose from our extensive network of providers. There are no referral authorization requirements, no claims to file and no balance billing. So you are free to seek care where and when you need it.

If you choose, you can also visit a provider outside the PPO network. You will, however, experience higher out-of-pocket expenses for services received from non-participating providers. (To see a list of participating providers, visit **www.bcbsfl.com**.)

Health-Related Resources and Information

When it comes to making important decisions about your health, a little extra information and support may be helpful. That's why we offer Health Dialog[®], a comprehensive resource for health information, including access to English- or Spanish-speaking Health Coaches, on the phone and online 24 hours a day, 7 days a week. Health Coaches, who are specially trained health professionals, present a balanced discussion of different treatment options and provide complimentary literature and videotapes that may be of assistance to you. The Dialog CenterSM website, operated and maintained by Health Dialog, is filled with medical information and support.

Talk to your doctor about Health Dialog, and become a partner in choosing the health care solution that best fits your needs. On the phone and online, access to a Health Coach and the Dialog Center website is easy. Call **1-877-789-2583** or visit **www.bcbsfl.com**.

Healthy Addition for Expectant Mothers

If you're planning an addition to your family, call us to enroll in Healthy Addition as soon as you learn that you or your spouse is pregnant. This unique prenatal education and counseling program helps to assure you know what to expect while you're expecting. You'll also receive personalized care should any high-risk complications occur during pregnancy.

A Healthy Addition registered nurse will be assigned to monitor your progress, work with your physician, and provide you with all the information you'll need to help assure a healthy pregnancy.

To enroll in Healthy Addition, please call us at **1-800-825-2583**.

³ As an added value to our members, Blue Cross and Blue Shield of Florida, Inc. (BCBSF) has entered into an arrangement with Health Dialog[®], and Subimo[™], respectively, whereby Health Dialog has agreed to provide State employees and their covered dependents with care decision support services and information and Subimo has agreed to provide State employees and their covered dependents with access to its Hospital Advisor[™] application. BCBSF does not credential or maintain these programs and, therefore, cannot guarantee or be held responsible for the quality of the service or information provided. Please remember that all decisions that require or pertain to independent professional medical/clinical judgment or training, or the need for medical services, are solely your responsibility and the responsibility of your Physicians and other health care Providers. You and your Physicians are responsible for deciding what medical care should be rendered or received, and when and how care should be provided. In making Health Dialog and Hospital Advisor available to you, neither BCBSF, the State of Florida, Health Dialog Services Corporation, nor Subimo shall be deemed to be providing medical care or advice.

Quality Health Care Coverage When You're Away from Home

With the State Employees' PPO Plan, your health care coverage extends throughout the U.S. Should anything happen while you or a family member are away from home, the BlueCard Program helps to assure you'll enjoy all covered benefits while you're traveling.

You receive all the same benefits you would at home. And your claims are automatically filed for you when you use the services of a participating provider.

If you or a family member have questions or need health care while traveling or living outside of Florida, you can call our toll-free number: **1-800-810-2583**. A Customer Service Representative can give you the names and phone numbers of the nearest BlueCard Program participating providers of other independent Blue Cross and/or Blue Shield organizations.

Online Resources Just for You

We've created a section of our website specifically for members of the State Employees' PPO Plan. Just visit www.bcbsfl.com and click **Members>State Employees>State Employees' PPO Plan** to find the following resources 24 hours a day, 7 days a week:

- MyBlueServiceSM, our secure online member self-service tool designed to help you manage your health, allows you to check claim status, request a replacement ID card, access personalized health tools powered by WebMD, update Other Party Liability information, make general inquiries and much more.
- Access to information on discounts and special services such as savings on eye wear and care, LASIK surgery, hearing aids, alternative medicine, fitness club memberships and more.
- Information on care decision support programs and the BlueCard program.
- A link to the Division of State Group Insurance website.

- A link to the PPO provider directory: **Find a doctor or hospital**.
- The State Employees' PPO Plan Booklet and Benefits Document.

We're Here to Help You

If you ever have questions, concerns or suggestions, we'd be happy to hear from you. Dedicated Customer Service Representatives are available Monday - Friday from 8:00 a.m. to 5:00 p.m. to answer your questions and assist in any way they can. To contact a dedicated Customer Service Representative, call **1-800-825-2583**.



Summary of Benefits Using Network and Non-Network Providers

	Standard PPO Option	Health Investor (HI) PPO Option Individual Purchaser	Family Purchaser	Comments, Limits, and/or Exclusions
Deductibles/Copayments/Limits				
Calendar Year Deductible (CYD) (per person/family aggregate)				
Network	\$250 / \$500	\$1250 / NA	\$2500 / \$2500	HI Option: Family aggregate amt must be met either by one member or a combination of family members before any claims will be paid for any member. The CYD does not count toward the coinsurance maximum. This is a combined Health and Prescription Drug CYD.
Non-Network	\$750 / \$1500	\$2500 / NA	\$5000 / \$5000	
Per Visit Fee for Physician Office Visits				Standard Option: Includes services rendered at the same time and by the same provider. Services related to the office visit, but rendered by separate providers and/or at a different time are subject to the Calendar Year Deductible.
Primary Care Physician (PCP)				
Network	\$15 Per Visit Fee (PVF)	No PVF; subject to CYD	No PVF; subject to CYD	
Non-Network	Coinsurance only no CYD or PVF	No PVF; subject to CYD	No PVF; subject to CYD	
Specialist (all other specialties)				
Network	\$25 PVF	No PVF; subject to CYD	No PVF; subject to CYD	
Non-Network	Coinsurance only no CYD or PVF	No PVF; subject to CYD	No PVF; subject to CYD	
Per Admission Deductible (PAD) – Inpatient Hospital				
Network	\$250 per admission	No PAD; subject to CYD	No PAD; subject to CYD	
Non-Network	\$500 per admission	\$1000 per admission + CYD	\$1000 per admission + CYD	
Emergency Room Facility Services Copayment (per visit)				
Network	\$50 copay (waived if admitted)	No copayment; subject to CYD	No copayment; subject to CYD	
Non-Network	Coinsurance only; no copayment or CYD	No copayment; subject to CYD	No copayment; subject to CYD	
Coinsurance Maximum (Out-of-Pocket - OOP) (Per person/family aggregate)				Note: For the HI Option, the Network and Non-Network OOPs cross accumulate. Family aggregate OOP max must be met either by one member or a combination of family members before any claims are paid at 100%. This is a combined Health and Prescription Drug coinsurance maximum. Deductibles and copays do not count toward coinsurance maximum.
Network	\$2500 / \$5000	\$3000 / NA	\$6000 / \$6000	
Non-Network	Combined w/In-Network	\$7500 / NA	\$15,000 / \$15,000	
Lifetime Maximum	\$2 million (health only)	\$2 million (health and Rx combined)	\$2 million (health and Rx combined)	
Hospital Services*				
Room and Board (semi-private)				For Non-Network facilities only: Daily Room and Board Allowance limits: • \$190 / day for a semi-private room • \$285 / day for progressive care unit • \$380 / day for intensive care
Network	80% Allowed Amt after PAD	80% Allowed Amt after CYD	80% Allowed Amt after CYD	
Non-Network	60% Allowance after PAD	60% Allowance after PAD and CYD	60% Allowance after PAD and CYD	
Intensive/Progressive Care				
Network	80% Allowed Amt after PAD	80% Allowed Amt after CYD	80% Allowed Amt after CYD	
Non-Network	60% Allowance after PAD	60% Allowance after PAD and CYD	60% Allowance after PAD and CYD	
Inpatient Ancillaries (x-ray, lab, drugs, oxygen, OR, etc.)				
Network	80% Allowed Amt after PAD	80% Allowed Amt after CYD	80% Allowed Amt after CYD	
Non-Network	60% Allowance after PAD	60% Allowance after PAD and CYD	60% Allowance after PAD and CYD	
Outpatient Services				
Network	80% Allowed Amt after CYD	80% Allowed Amt after CYD	80% Allowed Amt after CYD	
Non-Network	60% Allowance after CYD	60% Allowance after CYD	60% Allowance after CYD	
Emergency Room				
Network	100% Allowed Amt after ER copay	80% Allowed Amt after CYD	80% Allowed Amt after CYD	
Non-Network	60% of Allowance (no copayment or CYD)	60% Allowance after CYD	60% Allowance after CYD	
Physician Services				
Office Visit				Standard Option: Includes services rendered at the same time and by the same provider. Services related to the office visit, but rendered by separate providers and/or at a different time are subject to the Calendar Year Deductible.
Network	100% of Allowed Amt after applicable PVF	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	
Non-Network	60% of Allowance (no PVF or CYD)	60% of Allowance after CYD	60% of Allowance after CYD	
Hospital Visit				
Network	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	
Non-Network	60% of Allowance after CYD	60% of Allowance after CYD	60% of Allowance after CYD	
Surgery (Inpatient/Outpatient)				
Network	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	
Non-Network	60% of Allowance after CYD	60% of Allowance after CYD	60% of Allowance after CYD	
Pathology/Radiology/ Anesthesiology				
Network	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	
Non-Network	60% of Allowance after CYD	60% of Allowance after CYD	60% of Allowance after CYD	
Outpatient Services (outpatient visits, consultations, maternity care, etc.)				Network and Non-Network: Includes all outpatient services not rendered in conjunction with an office visit. Note: Maternity care is not covered for dependent children who become pregnant, except for certain pregnancy complications.
Network	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	
Non-Network	60% of Allowance after CYD	60% of Allowance after CYD	60% of Allowance after CYD	

CYD = Calendar Year Deductible

PCP = Primary Care Physician

PAD = Per Admission Deductible

PVF = Per Visit Fee

OOP = Out-of-Pocket

Summary of Benefits Using Network and Non-Network Providers (continued)

	Standard PPO Option	Health Investor (HI) PPO Option Individual Purchaser Family Purchaser	Comments, Limits, and/or Exclusions
Physician Services (continued)			
Urgent Care Center			
Network	100% of Allowed Amt after PCP (\$15) PVF	80% of Allowed Amt after CYD	
Non-Network	60% of Allowance (no PVF/CYD)	60% of Allowance after CYD	
Well Child Care Visits			
Network	100% of Allowed Amt	100% of Allowed Amt	Covered Well Child Care visits are not subject to PVF or CYD. Preventive health care and immunization benefits for children through age 16 are age and gender based in accordance with the prevailing medical practice as established by the American Academy of Pediatrics.
Non-Network	100% of Allowance	100% of Allowance	
Adult Preventive Care			
Network	100% of Allowed Amt	100% of Allowed Amt	Covered Adult Preventive Care services are not subject to PVF or CYD. Preventive health care and immunization benefits for all covered members over age 16 shall be age and gender based in accordance with the prevailing medical standards and recommendations of the American Academy of Physicians and the U.S. Preventive Task Force.
Non-Network	100% of Allowance	100% of Allowance	
Mammograms			
Network	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	Network and Non-Network: Screening mammograms are covered as follows: <ul style="list-style-type: none"> • age 35 through 39 – one baseline mammogram • age 40 through 49 – one mammogram every two years • age 50 and over – one mammogram every year Medically necessary mammograms are covered at any age.
Non-Network	60% of Allowance after CYD	60% of Allowance after CYD	
Other Covered Facility Services			
Ambulatory Surgical Center			
Network	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	
Non-Network	60% of Allowance after CYD	60% of Allowance after CYD	
Birthing Center			
Network	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	
Non-Network	60% of Allowance after CYD	60% of Allowance after CYD	
Outpatient Facility			
Network	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	
Non-Network	60% of Allowance after CYD	60% of Allowance after CYD	
Osteopathic Hospital (Inpatient)			
Network	80% of Allowed Amt after PAD	80% of Allowed Amt after CYD	For Non-Network facilities only: Daily Room and Board Allowance limits: <ul style="list-style-type: none"> • \$190 / day for a semi-private room • \$285 / day for progressive care unit • \$380 / day for intensive care
Non-Network	60% of Allowance after PAD	60% of Allowance after PAD and CYD	
Rehab Hospital (Inpatient)			
Network	80% of Allowed Amt after PAD	80% of Allowed Amt after CYD	For Non-Network facilities only: Daily Room and Board Allowance limits: <ul style="list-style-type: none"> • \$190 / day for a semi-private room • \$285 / day for progressive care unit • \$380 / day for intensive care
Non-Network	60% of Allowance after PAD	60% of Allowance after PAD and CYD	
Rehab Hospital (Outpatient)			
Network	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	
Non-Network	60% of Allowance after CYD	60% of Allowance after CYD	
Skilled Nursing Facility			
Network	70% of Allowed Amt	70% of Allowed Amt after CYD	Network and Non-Network: Skilled nursing facility services are limited to 60 days per calendar year. Patient must meet the following criteria: <ul style="list-style-type: none"> • transferred directly from a hospital admission of at least three days; and • must require skilled care for a condition that was treated in the hospital, as certified by a doctor. Daily room and board allowance is \$95.
Non-Network	70% of Allowance	70% of Allowance after CYD	
Specialty Facility (Inpatient)			
Network	80% of Allowed Amt after PAD	80% of Allowed Amt after CYD	For Non-Network facilities only. Daily Room and Board Allowance limits: <ul style="list-style-type: none"> • \$190 / day for a semi-private room • \$285 / day for progressive care unit • \$380 / day for intensive care
Non-Network	60% of Allowance after PAD	60% of Allowance after PAD and CYD	
Specialty Facility (Outpatient)			
Network	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	
Non-Network	60% of Allowance after CYD	60% of Allowance after CYD	

CYD = Calendar Year Deductible

PCP = Primary Care Physician

PAD = Per Admission Deductible

PVF = Per Visit Fee

OOP = Out-of-Pocket

Summary of Benefits Using Network and Non-Network Providers (continued)

	Standard PPO Option	Health Investor (HI) PPO Option Individual Purchaser Family Purchaser	Comments, Limits, and/or Exclusions
Other Covered Facility Services (continued)			
Home Health Care			
Network	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	Occupational therapy is covered as a component of home health care.
Non-Network	60% of Allowance after CYD	60% of Allowance after CYD	
Other Covered Services			
Prescription Drugs	Generic / Brand / Non-Preferred	Generic/Brand/Non-Preferred	HI Option: Prescription Drug claims from both Participating Non-participating Pharmacies accumulate toward the health plan's In-Network CYD and OOP.
Participating Pharmacy	\$10 / \$25 / \$40	30% / 30% / 50% after In-Network CYD	
Mail Order	\$20 / \$50 / \$80	30% / 30% / 50% after In-Network CYD	
Non-Participating Pharmacy	Member pays in full and files claim	Member pays in full and files claim	
Physical Therapy			Network and Non-Network: Payment for physical and massage therapy is limited to 4 treatments per day, not to exceed 21 treatment days during any six-month period. Massage therapy requires a physician's prescription noting medical necessity and specifying the number of treatments required, not to exceed the limitation.
Network	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	
Non-Network	60% of Allowance after CYD	60% of Allowance after CYD	
Manipulative Services			Network and Non-Network: payment for manipulative services is limited to 26 treatments per calendar year, not to exceed payment of \$500.
Network	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	
Non-Network	60% of Allowance after CYD	60% of Allowance after CYD	
Midwife Services			
Network	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	
Non-Network	60% of Allowance after CYD	60% of Allowance after CYD	
Acupuncture			Acupuncture may be provided by a medical doctor, a doctor of osteopathy, a chiropractor certified in acupuncture, or a certified acupuncturist.
Network	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	
Non-Network	60% of Allowance after CYD	60% of Allowance after CYD	
Ambulance			Ambulance service must be medically necessary to transport (1) from hospital unable to provide care to nearest hospital that can provide proper care, (2) from hospital to home or skilled nursing facility, or (3) from place of emergency to nearest hospital that can provide proper care. Air, helicopter, and boat transport covered if (1) pick-up point is inaccessible by ground, (2) speed in excess of ground speed is critical, or (3) travel distance is too far for medical safety.
Network	100% Allowed Amt	100% of Allowed Amt after CYD	
Non-Network	100% Covered Charge	100% of Covered Charge after CYD	
Durable Medical Equipment (DME)/Supplies			For rental of trusses, braces or crutches: no shoe(s), shoe build-up, orthotic, shoe brace or shoe support will be covered unless the shoe is attached to a brace. Certain shoes may be eligible for coverage for diabetic patients.
Network	80% of Allowed Amt after CYD	80% of Allowed Amt after CYD	
Non-Network	60% of Allowance after CYD	60% of Allowance after CYD	
Contraceptives and supplies	Paid according to the type of service rendered as noted above for physician office visits, other physician services, and durable medical equipment.	Paid according to the type of service rendered as noted above for physician office visits, other physician services, and durable medical equipment.	Medical services and supplies related to contraceptive management are covered under the medical component of the PPO Plan administered by BCBSF. Contraceptive supplies and prescriptions dispensed by a retail or mail order pharmacy are covered under the prescription component of the PPO Plan administered by CareMark.
Hospice Care			
Hospice (Inpatient)			Hospice care is limited to 210 days per person, per lifetime.
Network	70% of Allowed Amt	70% of Allowed Amt after CYD	
Non-Network	70% of Allowance	70% of Allowance after CYD	
Hospice (Outpatient/Home)			Occupational therapy is covered as a component of hospice care.
Network	80% of Allowed Amt	80% of Allowed Amt after CYD	
Non-Network	80% of Allowance	80% of Allowance after CYD	

CYD = Calendar Year Deductible PCP = Primary Care Physician PAD = Per Admission Deductible PVF = Per Visit Fee OOP = Out-of-Pocket

*The member is responsible for obtaining Hospital Stay Certification for all inpatient admissions to non-network hospitals, with the exception of rehabilitative hospitals, skilled nursing facilities, DOD and VA facilities.

Note: Certain Categories of Network Providers may not currently be available in all geographic regions. Additionally, certain providers (e.g., radiologists, anesthesiologists, emergency room physicians, hospice facilities) rendering care at Network facilities may not be Network providers and are, therefore, subject to Non-Network benefits.

These are the benefits provided the contract is active when the services are rendered. Oral and written statements cannot modify the coverage or benefits provided in the contract.

Servicing Agent:

