

Understanding HMO Plans

HMO plan participation requires the members to obtain services within an authorized network of providers. If you enroll in one of the HMO plans, you will need to choose a Primary Care Physician (PCP) in the BlueCare Network. Your PCP will help you manage all aspects of your health care.

Even though you will be required to select a PCP when you enroll, you do not need a referral from your (PCP) to consult with a specialist. However, you must verify that the specialist is a participating provider in the HMO BlueCare Network. This information should be confirmed when you schedule an appointment. You may locate a provider in your network by visiting www.floridablue.com and on the link, "Find a Doctor." Then select "BlueCare (HMO)" as your plan.

Like all HMOs, there is no coverage for services received from "out-of-network" or non-participating providers, except for qualified emergencies. Similarly, you do not have coverage out of state or out of the service area unless it is an emergency. For non-emergency and routine services to be covered, your PCP would need to request approval from Florida Blue prior to the services being rendered.

If you are comfortable with the requirements for HMO participation, then how will you choose between enrollment in the HMO Basic or HMO Premium plan?

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

The Basic HMO plan is available at "no cost" for employee only coverage, but has higher out-of-pocket costs associated with deductibles, coinsurance and copays.

The Premium HMO Plan requires you to contribute additional "buy-up" costs of \$35-\$42 per payroll deduction (depending on your pay type 20/24) but in most cases, has lower out-of-pocket-costs at the time of service. When evaluating your participation in an HMO plan, consider the following circumstances:

- Is your current physician in the Bluecare HMO network?
- Do you have a chronic condition where you need to see a doctor every month or have gone to the emergency room?
- Do you require services at an outpatient hospital on a frequent basis? For example, infusion.
- Do you require provider administered medications, i.e., cortisone shots, chemotherapy in a physician's office?

The HMO Basic plan is free for employee only coverage. However, while you do not have a per-pay-deduction for your plan participation, in most cases you will pay more at the time of service. The HMO basic plan has a large out-of-pocket annual maximum of \$5,500 per individual and \$11,000 per family aggregate.



Annual Out-of-Pocket Maximum			
Basic HMO		Premium HMO	
Individual	Family	Individual	Family
\$5,500	\$11,000	\$3,000	\$9,000

HMO Basic - Per Pay Deduction

Coverage Selected	24 - Deduct	20-Deduct
Employee Only	\$ -	\$ -
Employee Plus Child(ren)	\$ 165.08	\$ 198.10
Employee Plus Spouse	\$ 248.39	\$ 298.07
Employee Plus Spouse and Child(ren)	\$ 413.46	\$ 496.16
2 Married Employees of Board Plus Child(ren)	\$ 139.26	\$ 167.11

HMO Premium - Per Pay Deduction

Coverage Selected	24 - Deduct	20-Deduct
Employee Only	\$ 35.00	\$ 42.00
Employee Plus Child(ren)	\$ 268.87	\$ 322.64
Employee Plus Spouse	\$ 384.78	\$ 461.74
Employee Plus Spouse and Child(ren)	\$ 618.64	\$ 742.37
2 Married Employees of Board Plus Child(ren)	\$ 243.05	\$ 291.66

Is the out-of-pocket maximum for medical separate from the pharmacy out-of-pocket maximum?

No. The claims for in-network medical are combined with all claims for in-network pharmacy. Therefore, you can meet your out-of-pocket maximum with medical alone, pharmacy alone, or a combination of medical and pharmacy claims.

The HMO Basic plan has a deductible you have to meet before Florida Blue will pay any part of the claim. A \$2,000 Individual Deductible would apply for major services such as: inpatient or outpatient hospital services, doctors' fees associated with a hospital visit or admission, ambulance, surgical and non-surgical services. It is important to note that lab work, diagnostic imaging tests performed in a hospital will be subject to a deductible. You will receive one bill for the facility charges (hospital equipment/supplies) and one or more bills from the physicians, i.e., Surgeon, Radiologist, Anesthesiologist, Pathologist, etc.

With the Premium HMO plan, you know what to expect to pay upfront. This plan does not have deductibles just co-payments by service/procedure. Refer to the benefit summary to see the copays associated with that service. There is also a lower out-of-pocket individual maximum of \$3,000 and 9,000 per family associated with this benefit. If your doctors accept the BlueCare HMO plan and you regularly have a need to see a provider, you should consider enrollment in this plan.

