

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 2022, the in-network medical coinsurance amounts are 20% your responsibility and 80% plan responsibility.

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, (352)524-2492 or work cell number (904)635-9221.



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 HMO 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 BlueCare HMO 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 \$39.75-\$47.70 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 treatment.
- 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.



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

HMO Basic - Per Pay Deduction

Coverage Selected	24 - Deduct	20-Deduct
Employee Only	\$ -	\$ -
Employee Plus Child(ren)	\$ 184.69	\$ 221.63
Employee Plus Spouse	\$ 290.45	\$ 348.54
Employee Plus Spouse and Child(ren)	\$ 475.14	\$ 570.17
2 Married Employees of Board Plus Child(ren)	\$ 156.99	\$ 188.38

HMO Premium - Per Pay Deduction

Coverage Selected	24 - Deduct	20-Deduct
Employee Only	\$ 39.75	\$ 47.70
Employee Plus Child(ren)	\$ 309.18	\$ 371.02
Employee Plus Spouse	\$ 461.09	\$ 553.31
Employee Plus Spouse and Child(ren)	\$ 730.52	\$ 876.62
2 Married Employees of Board Plus Child(ren)	\$ 262.81	\$ 315.37

Updates to Understand the HMO Plans

The HMO plans have 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 in a hospital setting. You would need to satisfy the \$2,000 calendar year deductible before Florida Blue pays any part of your hospital claim. After you meet the \$2,000 calendar year deductible, Florida Blue will pay 80% of the allowable charges and you will pay 20%. The \$2,000 deductible plus 20% coinsurance applies to major services such as: inpatient or outpatient hospital services, doctors' fees associated with a hospital visit or admission, ambulance, surgical and non-surgical services (i.e., lab work and diagnostic imaging tests). 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).

Although a \$2,000 deductible per person has been added this year to the HMO Premium plan, hospital services are still subject to copays. The copay is still \$500 per day for up to 5 days or \$2,500 if you are admitted to the hospital. Also, for outpatient hospital services it remains a \$500 copay per visit. Your physician fees would be covered for in-network providers at \$0 cost to you. If you are needing services at a hospital and regularly have a need to see a specialist, then you may consider enrollment in this plan.



BlueCare
HMO Basic
Health Benefit 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	Not covered
In-Network Inpatient Hospital Facility Services Per Admission Deductible (PAD)	\$100	Not Applicable
Coinsurance (Coinsurance is the percentage the member pays for services)	20% of the allowed amount	Not covered
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$5,500 per person \$11,000 per family	Not covered
Office Services		
Physician Office Services Value Choice Provider (in select counties) Primary Care Physician Specialist Convenient Care	\$0 Copay \$35 Copay \$65 Copay \$35 Copay	Not covered Not covered Not covered Not covered
Virtual Visits Family Physician/Specialist (Virtual Behavioral INN Providers \$35)	\$0 Copay/\$65 Copay	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	\$10 Copay \$10 Copay	Not covered Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$300 Copay	Not covered
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) In-Network Monthly Out-of-Pocket (OOP) Maximum ³ Preferred Non-Preferred Provider Preferred Non-Preferred	\$200 Combined with Preferred OOP Maximum 20% 20%	 Not covered Not covered
Physician-Administered Medications – These 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</i> benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	Not covered
Mammograms (Routine & Diagnostic)	\$0	Not covered
Colonoscopy (Routine for age 50+; no age criteria for high risk)	\$0	Not covered

¹ DED = Deductible

² PBP = Per Benefit Period

³ In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

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BlueCare
HMO Basic
Health Benefit Plan 48



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Emergency Medical Care		
Urgent Care Centers	\$50 Copay	Not covered
Emergency Room Facility Services (per visit) (copayment waived if admitted)	\$300 Copay	\$300 Copay
Ambulance Services	20% after Deductible	20% after In-Network Deductible
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services)		
Diagnostic Services (except AIS)	\$50 Copay	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$300 Copay	Not covered
Independent Clinical Lab (e.g., Blood Work) Quest Diagnostics is preferred lab	\$0	Not covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	20% after Deductible	Not covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$250 Copay	Not covered
Outpatient Hospital Facility Services (per visit)		
Therapy Services	\$65 Copay	Not covered
All other Services	20% after Deductible	Not covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)	\$100 PAD, then 20% after Deductible	Not covered
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)	\$100 PAD, then 20% after Deductible	Not covered
Outpatient Hospitalization Facility Service (per visit)	20% after Deductible	Not covered
Emergency Room Facility Services (per visit)	\$300 Copay	\$300 Copay
Provider Services at Hospital		
Primary Care Physician / Specialist	\$0	Not covered
Provider Services at ER		
Primary Care Physician / Specialist	\$0	\$0
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician / Specialist	\$35 Copay	Not covered
Outpatient Office Visit		
Primary Care Physician / Specialist	\$35 Copay	Not covered
Other Provider Services		
Provider Services at Hospital	20% after Deductible	Not covered
Provider Services at ER	20% after Deductible	20% after In-Network Deductible
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	\$65 Copay	\$65 Copay
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician	\$35 Copay	Not covered
Specialist	\$65 Copay	Not covered
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$65 Copay	Not covered
Outpatient Hospital Facility Services (per visit)	\$65 Copay	Not covered

BlueCare

HMO Basic

Health Benefit Plan 48



Summary of Benefits for Covered Services

	Amount Member Pays	
	In-Network	Out-of-Network

Other Special Services (continued)		
Durable Medical Equipment, Prosthetics and Orthotics		
Motorized Wheelchair	\$500 Copay	Not covered
All Other (Services coordinated by CareCentrix, call 1-877-561-9910)	\$0	Not covered
Home Health Care (Services coordinated by CareCentrix, call 1-877-561-9910)	\$0	Not covered
Skilled Nursing Facility	20% after Deductible	Not covered
Hospice	20% after Deductible	Not covered
Bariatric Surgery: Effective 1/1/2020 only Gastric Sleeve covered. Special Guidelines apply. Contact Patty Nguyen, Florida Blue On-site Rep. -Office: 1-813-794-2492 Cell: 1-904-635-9221 for details.		

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
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.

BlueCare Rx 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.

BlueCare
HMO Premium
Health Benefit Plan 61



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	Not covered
Coinsurance (Coinsurance is the percentage the member pays for services)	0%	Not covered
Out-of-Pocket Maximum (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$5,500 per person \$11,000 per family	Not covered
Office Services		
Physician Office Services Value Choice Provider (in select counties) Primary Care Physician Specialist Convenient Care	\$0 Copay \$30 Copay \$50 Copay \$30 Copay	Not covered Not covered Not covered Not covered
Virtual Visits Family Physician/Specialist (Virtual Behavioral INN Providers \$35 Copay)	\$30 Copay/\$50 Copay	Not covered
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$30 Copay \$50 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 Med.)	\$50 Copay	Not covered
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) In-Network Monthly Out-of-Pocket (OOP) Maximum ³ Preferred Non-Preferred Provider Preferred Non-Preferred	\$0 \$0 0% 0%	Not covered Not covered
Physician-Administered Medications – These 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</i> benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	Not covered
Mammograms (Routine & Diagnostic)	\$0	Not covered
Colonoscopy (Routine for age 50+; no age criteria for high risk)	\$0	Not covered
Emergency Medical Care		
Urgent Care Centers	\$50 Copay	Not covered
Emergency Room Facility Services (per visit) (copayment waived if admitted)	\$300 Copay	\$300 Copay

¹ DED = Deductible

² PBP = Per Benefit Period

³ In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

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Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Emergency Medical Care (continued)		
Ambulance Services	\$100 Copay	\$100 Copay
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services)		
Diagnostic Services (except AIS)	\$0	Not covered
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$50 Copay	Not covered
Independent Clinical Lab (e.g., Blood Work) Quest Diagnostics is preferred lab	\$0	Not covered
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	\$500 Copay	Not covered
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$400 Copay	Not covered
Outpatient Hospital Facility Services (per visit)		
Therapy Services	\$50 Copay	Not covered
All other Services	\$500 Copay	Not covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)	\$500 Copay per day (\$2,500 max)	Not covered
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)	\$500 Copay per day (\$2,500 max)	Not covered
Outpatient Hospitalization Facility Service (per visit)	\$35 Copay	Not covered
Emergency Room Facility Services (per visit)	\$300 Copay	\$300 Copay
Provider Services at Hospital		
Primary Care Physician / Specialist	\$0	Not covered
Provider Services at ER		
Primary Care Physician / Specialist	\$0	\$0
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician / Specialist	\$35 Copay	Not covered
Outpatient Office Visit		
Primary Care Physician / Specialist	\$35 Copay	Not covered
Other Provider Services		
Provider Services at Hospital	\$0	Not covered
Provider Services at ER	\$0	\$0
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	\$0	\$0
Provider Services at Locations other than Office, Hospital and ER		
Primary Care Physician	\$0	Not covered
Specialist	\$0	Not covered
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$30 Copay	Not covered
Outpatient Hospital Facility Services (per visit)	\$50 Copay	Not covered
Durable Medical Equipment, Prosthetics and Orthotics		
Motorized Wheelchair	\$500 Copay	Not covered
All Other (Services coordinated by CareCentrix, call 1-877-561-9910)	\$0	Not covered
Home Health Care (Services coordinated by CareCentrix, call 1-877-561-9910)	\$0	Not covered

BlueCare
HMO Premium
Health Benefit Plan 61



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	In-Network	Out-of-Network
Other Special Services (continued)		
Skilled Nursing Facility	\$0	Not covered
Hospice	\$0	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
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

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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 \$3,000 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 \$50 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 - Per Pay Deduction

Coverage Selected	24 - Deduct	20-Deduct
Employee Only	\$ 83.00	\$ 99.60
Employee Plus Child(ren)	\$ 367.50	\$ 441.00
Employee Plus Spouse	\$ 562.12	\$ 674.54
Employee Plus Spouse and Child(ren)	\$ 846.62	\$ 1,015.94
2 Married Employees of Board Plus Child(ren)	\$ 312.38	\$ 374.85

BlueOptions

PPO Standard

Health Benefit Plan 03768



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Financial Features		
Deductible (DED¹) (PBP²) (DED is the amount the member is responsible for before Florida Blue pays)	\$2,000 per person \$6,000 per family	\$4,000 per person \$12,000 per family
Coinsurance (Coinsurance is the percentage the member pays for services)	20%	40% of the allowed amount
Out-of-Pocket Maximum (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		
Physician Office Services Value Choice Provider (in select counties) Primary Care Physician Specialist Convenient Care	\$0 Copay \$30 Copay \$50 Copay \$30 Copay	Not Covered 40% after Deductible 40% after Deductible 40% after Deductible
Virtual Visits Family Physician/Specialist (Virtual Behavioral INN Providers \$35)	\$10 Copay/\$45 Copay	Not Covered
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$30 Copay \$50 Copay	40% after Deductible 40% after Deductible
Allergy Injections (per visit) Primary Care Physician Specialist	\$20 Copay \$20 Copay	40% after Deductible 40% after Deductible
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.)	\$200 Copay	40% after Deductible
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) In-Network Monthly Out-of-Pocket (OOP) Maximum ³ Provider	\$0 0%	40% after Deductible
Physician-Administered Medications – These 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</i> benefit. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		
Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0	40%
Mammograms (Routine & Diagnostic)	\$0	\$0
Colonoscopy (Routine for age 50+; no age criteria if high risk)	\$0	40%
Emergency Medical Care		
Urgent Care Centers	\$50 Copay	\$50 Copay after Deductible
Emergency Room Facility Services (per visit) (copayment waived if admitted)	\$300 Copay	\$300 Copay
Ambulance Services	20% after Deductible	20% after In-Network Deductible

¹ DED = Deductible

² PBP = Per Benefit Period

³ In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

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

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BlueOptions
PPO Standard
Health Benefit Plan 03768



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
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 Med.)	\$50 Copay \$200 Copay	40% after Deductible 40% after Deductible
Independent Clinical Lab (e.g., Blood Work) Quest Diagnostics is preferred lab	\$0	40% after Deductible
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)	\$300 Copay	40% after Deductible
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	\$200 Copay	40% after Deductible
Outpatient Hospital Facility Services (per visit) Therapy Services All other Services	\$50 Copay \$300 Copay	40% after Deductible 40% after Deductible
Inpatient Hospital Facility and Rehabilitation Services (per admit)	20% after Deductible ⁴	40% after Deductible ⁴
Mental Health / Substance Dependency		
Inpatient Hospitalization Facility Services (per admit)	20% after Deductible	40% ⁴
Outpatient Hospitalization Facility Service (per visit)	\$35 Copay	40%
Emergency Room Facility Services (per visit)	\$300 Copay	\$300 Copay
Provider Services at Hospital and ER Primary Care Physician / Specialist	\$0	\$0
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician / Specialist	\$35 Copay	40%
Outpatient Office Visit Primary Care Physician / Specialist	\$35 Copay	40%
Other Provider Services		
Provider Services at Hospital and ER	\$50 Copay	\$50 Copay
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	\$50 Copay	\$50 Copay
Provider Services at Locations other than Office, Hospital and ER Primary Care Physician Specialist	\$30 Copay \$50 Copay	40% after Deductible 40% after Deductible
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations Outpatient Rehabilitation Therapy Center Outpatient Hospital Facility Services (per visit)	\$30 Copay \$50 Copay	40% after Deductible 40% after Deductible
Durable Medical Equipment, Prosthetics and Orthotics (Services coordinated by CareCentrix, call 1-877-561-9910)	20% after Deductible	40% after Deductible
Home Health Care (Services coordinated by CareCentrix, call 1-877-561-9910)	20% after Deductible	40% after Deductible

BlueOptions

PPO Standard

Health Benefit Plan 03768



Summary of Benefits for Covered Services	Amount Member Pays	
	In-Network	Out-of-Network
Other Special Services (continued)		
Skilled Nursing Facility	20% after Deductible	40% after Deductible
Hospice	20% after Deductible	40% after Deductible
Bariatric Surgery: Effective 1/1/2020 only Gastric Sleeve covered. Special Guidelines apply. Contact Patty Nguyen, Florida Blue On-site Rep. Office: 1-813-794-2492 Cell: 1-904-635-9221 for details.		

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
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.

BlueScript 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.



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

The chart below represents an employee's potential savings for covering a spouse and/or child(ren) through the Marketplace Exchange. Rates are as of August 2021 and will change for 2022. Subsidies are based on an individual's income and family circumstances.

**Gold BCBS 1605 - Basic HMO -
Exchange Plan District**

Coverage Type	Gender	Household Income	For 2021	Rate for 2022	Potential Monthly Savings	Subsidy Note
Non-Employee Spouse	M or F	\$20,000.00	\$163.14	\$690.90	(\$527.76)	Large Subsidy Applies
Non-Employee Spouse	M or F	\$45,000.00	\$543.36	\$690.90	(\$147.54)	Partial Subsidy Applies
Non-Employee Spouse	M or F	\$70,000.00	\$654.14	\$690.90	(\$36.76)	Small Subsidy Applies
Non-Employee Spouse	M or F	\$90,000.00	\$794.14	\$690.90	\$103.24	Full Price - No Subsidy
Spouse w/ 1 Child	M or F	\$20,000.00	\$158.14	\$1,060.92	(\$902.78)	Large Subsidy Applies - Child May Qualify for CHIP and This Category May Not Apply
Spouse w/ 1 Child	M or F	\$45,000.00	\$393.30	\$1,060.92	(\$667.62)	Partial Subsidy Applies
Spouse w/ 1 Child	M or F	\$70,000.00	\$722.30	\$1,060.92	(\$338.62)	Partial Subsidy Applies
Spouse w/ 1 Child	M or F	\$90,000.00	\$864.30	\$1,060.92	(\$196.62)	Small Subsidy Applies
Spouse w/ 2 Children	M or F	\$20,000.00	N/A	N/A	N/A	Eligible for Full Cost Coverage Through Other Programs
Spouse w/ 2 Children	M or F	\$45,000.00	\$244.14	\$1,060.92	(\$816.78)	Large Subsidy Applies - Children May Qualify for CHIP and This Category May Not Apply
Spouse w/ 2 Children	M or F	\$70,000.00	\$677.46	\$1,060.92	(\$383.46)	Partial Subsidy Applies
Spouse w/ 2 Children	M or F	\$90,000.00	\$932.46	\$1,060.92	(\$128.46)	Partial Subsidy Applies

Need to correct rates

Blue365 Discount Program



As part of Florida Blue's ongoing commitment to bringing expanded choices and greater value to your health plan, we are pleased to offer a program of discounted products and value-added services called, "Blue365 Discount Program." Blue365 Discount Program is available to you automatically as a plan member at no additional premium cost. This program includes these valuable services and more.

To take advantage of the Blue365 offerings, please follow these instructions:

1. Access the website: www.blue365deals.com/bcbsfl
2. On the Blue365 page, click on **Browse All Deals** or you may narrow your search by category, i.e. Fitness, Nutrition, Hearing and Vision, etc.
3. To redeem any offers, you will need to register by clicking on "Join."

Note: These vendors are subject to change without prior notice.

Nutrition

Eat Fit Go:

Save 25% with convenient, ready-to-eat healthy meals

Hungry Harvest:

\$20 credit for all new subscriptions to be used towards Hungry Harvest's customizable fruit and vegetable variety boxes and add on items like fresh eggs, cheese, bread, produce staples, coffee and more

Nutrisystem:

Save 50% on Nutrisystem Consecutive 4-week Auto-Delivery Program orders plus free protein shakes and shipping

Fitness

BurnAlong:

Online fitness & wellness classes for you and your entire family - \$39/year (normally \$120) or \$7.99/month (normally \$14.99)

Fyt:

\$50-\$100 off in-person and virtual personal training sessions

Garmin:

Step into shape with up to 20% off on Garmin devices plus free shipping

Vision

LASIK PLUS:

Receive \$800 off custom LASIK and get FREE Enhancements for Life on most technologies

EyeMed:

\$50 Eye exams and 35% off frames when paired with prescription lenses at any one of Eyemed's 45,000 participating providers nationwide

ContactsDirect® :

Save on contacts plus free express air shipping (a \$19.99 value)

Hearing

HearUSA:

Free Hearing screenings and savings between 30% and 73% off on Hearing Aids, plus unlimited service office visits for one year

Beltone:

Free Hearing screening and Hearing aids starting at \$1,010

TruHearing:

Save 30% to 60% on Hearing aids

Start Hearing:

Up to 60% savings on hearing aids



Away From Home Care (AFHC) Program



Away From Home Care (AFHC) is a valued-added, voluntary program providing managed care coverage to group HMO members temporarily residing within another BlueCross BlueShield Plan's HMO operational area. Members eligible and enrolled in this program have access to routine and emergency care while out of the service area or outside the state of Florida.

To qualify for AFHC, the member must be in the Host service area for more than 90 consecutive days. The subscriber or policy holder should start the AFHC process as early as possible. The process consists of contacting the Customer Service telephone number on the identification card and requesting AFHC. The AFHC Coordinator will review the request to determine if coverage is available using the member's out-of-area address (P.O. Boxes are not acceptable). If coverage is available, an application will be created and sent to the subscriber. The subscriber must sign and return the application before Florida Blue can send any information to the other BlueCross BlueShield Plan. In addition to the application, a release of personal information form must also be completed and returned.

Those members for whom subscribers should consider AFHC are:

- Students (away at school in another state)
- Families apart (dependents in other states)
- Long term travel to another state

Florida Counties included in the service area for the AFHC Program: Calhoun, Gadsden, Jefferson, Liberty, Leon and Wakulla. (Note: Students attending school in Tallahassee (Leon County), i.e., FSU, Tallahassee Community College or FAMU.)

The AFHC Program may not be available in all states or counties within the states.

The AFHC coordinator will verify participation.

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

WHAT'S NEW? EFFECTIVE JANUARY 1, 2022

WALGREENS IS YOUR EXCLUSIVE RX NETWORK

- To help lower costs and save you money, your pharmacy network is changing in the new benefit year. **Effective January 1, 2022, Walgreens** will be your exclusive retail pharmacy. You **may only** fill prescriptions for **generic** and/or **Brand Name drugs** at your local **Walgreens** retail pharmacy. **This does NOT apply to Self-Administered Specialty Drugs**. Using any other retail pharmacy would be **out of network** for HMO members and **NOT covered**. For PPO members, it would be **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.
- **Mail-order for up to a 90-day supply** will continue to be provided through **Express Scripts Pharmacy**. You pay less for ordering a 90-day supply by mail, rather than going to a retail pharmacy, one month at a time. Call 1-866-230-7261 to get started.
- **NEW!** Fill all of your **Self-Administered Specialty medications** using **Accredo** (1-888-425-5970) with the exception of limited distribution medications. **(Note: If Accredo can supply your Limited Distributed Drug then you may be required to switch.)**
- 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 limited distribution medications. 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 2022)

UP TO 30 DAY SUPPLY AT RETAIL WALGREENS	
CATEGORY	YOU PAY
TIER 1: GENERIC	\$10.00
TIER 2: PREFERRED BRAND	\$35.00
TIER 3: NON-PREFERRED BRAND	\$60.00

UP TO 90 DAY EXTENDED RETAIL WALGREENS	
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 SUPPLY HOME DELIVERY EXPRESS SCRIPTS	
CATEGORY	YOU PAY
TIER 1: GENERIC	\$20.00
TIER 2: PREFERRED BRAND	\$70.00
TIER 3: NON-PREFERRED BRAND	\$120.00

Member Prescription Cost Share for Specialty Drugs (Up to 30 day supply only)

Specialty Generic	Specialty Preferred	Specialty Non-Preferred
\$25	\$50	\$100

MEMBER FAQ'S – WALGREENS PHARMACY TRANSITION

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 continue to use the same retail pharmacy other than Walgreens on January 1, 2022 or later?

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**.

Behavioral Health Benefits



New Directions Behavioral Health

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).

Once you locate a participating behavioral health specialist (counselor, psychologist, psychiatrist), just confirm he/she is contracted with your health plan network (BlueCare HMO or BlueOptions PPO). Then provide your Florida Blue Member ID card and pay \$35 copay per office visit. The provider will submit the claims directly to Florida Blue.

Behavioral Health Benefits by Plan			
MH=Mental Health PAD=Per Admission Deductible	SA=Substance Abuse Coins.= Coinsurance	DED=Deductible	
		BlueCare HMO Basic	Blue Options PPO Standard
MH/SA Emergency Room Services <i>In & Out-of-Network</i>		\$300 Copay	\$300 Copay
MH/SA Inpatient Hospital Facility Services <i>In-Network</i>		\$100 PAD + \$2,000 DED + 20% Coins.	\$2,000 DED + 20% Coins.
<i>Out-of-Network</i>		Not Covered	40% Coins.
MH/SA Inpatient Residential Treatment Facility <i>In-Network</i>		\$100 PAD + \$2,000 DED + 20% Coins.	\$2,000 DED + 20% Coins.
<i>Out-of-Network</i>		Not Covered	40% Coins.
MH/SA Outpatient (Physician's Office) Family Physician & Specialist <i>In-Network</i>		\$35 Copay	\$35 Copay
<i>Out-of-Network</i>		Not Covered	40% Coins.
MH/SA Outpatient Hospital Facility Services <i>In-Network</i>		\$2,000 DED + 20%	\$35 Copay
<i>Out-of-Network</i>		Not Covered	40% Coins.
MH/SA Provider Services at Locations other than office, hospital & ER; Family Physician & Specialist <i>In-Network</i>		\$35 Copay	\$35 Copay
<i>Out-of-Network</i>		Not Covered	40% Coins.
Out of Pocket Maximum (Individual/ Family Aggregate) <i>In-Network combine with medical</i>		\$5,500/\$11,000	\$5,500/\$11,000

• Access behavior health services/ providers: 1-866-287-9569, available 24 hrs. a day 7 days a week

• Benefit information or questions: 1-800-507-9820 or contact Patty Nguyen, Florida Blue's on-site representative at District 813-794-2492

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?

- 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:

Central Pasco - (813) 794-2366

East Pasco- (352) 524-2366

West Pasco- (727) 774-2366



Sunbelt Worksite Marketing, Inc.

PO Box 1287

Auburndale, FL 33823-1287

Customer Service 1.800.822.8045

Information contained herein does not constitute an insurance certificate or policy.

Certificates will be provided to participants following the start of the plan year, if applicable.