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 Deducible 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 Premium Plan 61

Florida Blue HMO
Your local Blue Cross Blue Shield

Summary of Benefits for Covered Services	Amount Member Pays In-Network	Amount Member Pays 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 Visits[4]		
Value Choice Primary Care Physician[5]	$0 Copay	Not Covered
Value Choice Specialist[5]	$20 Copay	Not Covered
Primary Care Physician	$0 Copay	Not Covered
Specialist	$65 Copay	Not Covered
Physician Office Services		
Value Choice Primary Care Physician[5]	$0 Copay	Not Covered
Value Choice Specialist[5]	$20 Copay	Not Covered
Primary Care Physician	$35 Copay	Not Covered
Specialist (includes Chiropractor)	$65 Copay	Not Covered
Convenient Care (Advent Health Express Care in Walgreens)	$35 Copay	Not Covered
Maternity (Cost Share for initial visit only)		
Primary Care Physician	$35 Copay	Not Covered
Specialist	$65 Copay	Not Covered
Allergy Injections (per visit)		
Primary Care Physician	$20 Copay	Not Covered
Specialist	$20 Copay	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	$0	NA
Non-Preferred	$0	NA
Provider		
Preferred	0%	Not Covered
Non-Preferred	0%	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 *medical benefit*. Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		

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

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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[5] All Other Providers	 $0 Copay - Visits 1-2 PBP; $50 Copay for Remaining Visits PBP $50 Copay	 Not Covered 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 $200 Copay	 Not Covered 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 DED + 10%	 Not Covered Not Covered
Inpatient Hospital Facility and Rehabilitation Services (per admit)	DED + 10%	Not Covered

[5]Value Choice Providers are only available in select counties.

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Summary of Benefits for Covered Services	Amount Member Pays In-Network	Out-of-Network
Mental Health / Substance Dependency		
Virtual Visits [4]		
Primary Care Physician	$35 Copay	Not Covered
Specialist	$35 Copay	Not Covered
Physician Office Services		
Primary Care Physician	$35 Copay	Not Covered
Specialist	$35 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 + 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
Provider Services at ER (Out of Network, only for emergencies)	DED + 10%	INN DED + 10%
Radiology, Pathology and Anesthesiology Provider Services at an Ambulatory Surgical Center (ASC)	$65 Copay	Not Covered
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	$35 Copay	Not Covered
Outpatient Hospital Facility Services (per visit)	$65 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 + 10%	Not Covered
Hospice	DED + 10%	Not Covered
Birthing Center or Dialysis Center	DED + 10%	Not Covered
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.		

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

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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	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

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.