

ON-SITE FLORIDA BLUE SUPPORT

At Pasco County Schools, we are fortunate to have an onsite Florida Blue representative available to assist you with any medical 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.



Patty Nguyen **Florida Blue On-Site Service Representative**

Pasco County School Board
7227 Land O' Lakes Blvd., Bldg. #4: HREQ/EBARM
Land O' Lakes, FL 34638

Office Phone #: 813-794-2492

Patricia.Nguyen@floridablue.com

Current Position Highlights:

- Offer education on how to utilize and understand Pasco County Schools' medical benefits
- Answer member questions regarding medical benefits, claims processing, money-saving tips
- Promote Florida Blue's value-added services and wellness initiatives
- Assist you and your dependents with resolving medical claims issues and provider billing issues

Personal:

- Moved from Middletown, CT to Lutz in Pasco County 27 years ago
- Have 3 awesome children; Oldest son lives in Santa Monica, CA and works in Commercial Real Estate, Middle son works in the Asset Management Department at the Publix Corporation and daughter recently relocated to Seattle, WA to work for The Hershey Company.
- Enjoys nature hikes, biking, taking walks on the beach and traveling to our Nation's State Parks

Patty's Frequently Asked Questions:

Q.: My HMO Primary Care Physician (PCP) is recommending that I consult with a Specialist. Do I need a referral from my PCP?

A.: No. Referrals are not required if you are consulting with a specialist participating in the BlueCare HMO network (HMO Basic/Premium Enrollees). However, you may need an authorization for a specialist to **perform** a procedure and/or test.

Q: How often may I have my annual physical and well-woman/man exam?

A: Once per calendar year.

Q.: Which lab is covered under my health plan?

A.: Quest Diagnostics is the preferred in-network lab in the state of Florida for Florida Blue members.

YOUR HEALTH PLAN

The benefit cost shares, deductible and out of pocket maximum will run from January 1 – December 31.

The HMO plan requires you to assign a Primary Care Physician (PCP). Selecting the right PCP is important, as they are your point of contact and will coordinate care, when you need to seek medical advice or if you need specialist care.

You do not need a referral from your PCP to consult with an in-network specialist. The exception would be a Dermatologist. You have 5 visits, then you would need a referral on the 6th visit. Please note that some providers may require a referral to be seen in their practice. Please advise your specialist that your HMO plan does not require referrals.

There may be diagnostic tests, surgeries, and imaging services that require prior authorization from your physician. This may include Advanced Imaging Tests (e.g., MRIs, CT Scans, Nuclear Medicine, etc.), Inpatient and/or Outpatient hospital services, Dialysis, Durable Medical Equipment, Home Health, Sleep Studies, etc. To avoid unexpected out of pocket costs and/or delays in your care, please verify with Florida Blue that the authorization was submitted, and approval has been granted prior to services.

For 2026, the calendar year deductible and out of pocket maximum amounts and coinsurance have changed. Also, copays for select services have increased. However, preventive services by an in-network provider, i.e., Adult and Child physicals, Well women and men exams will continue to be \$0 copay once per calendar year when services are billed as preventive. Therefore, please make sure you schedule your well visits.



CARE OPTIONS & WHEN TO USE THEM

YOUR CARE OPTIONS

While we recommend that you seek routine medical care from your primary care physician whenever possible, there are alternatives available to you. Services may vary, so it's a good idea to visit the medical plan's website. Be sure to check that the provider is in-network by calling Patty Nguyen, Florida Blue On-Site Representative or the toll-free number on the back of your medical ID card, or by visiting myhealthtoolkitFL.com.



[Primary Care vs. Urgent Care vs. ER](#)



PRIMARY CARE

- Routine, primary/preventive care
- Non-urgent treatment
- Chronic disease management

For routine, primary/ preventive care or non-urgent treatment, we recommend going to your Primary Care Physician. Don't have one yet? Consider Sanitas Medical Center Primary Care, a Value Choice Provider.

Refer to page 13 for more information about how to access care from a Value Choice Provider.



TELADOC/VIRTUAL VISITS

- Rash
- Sinus Infection
- Common Cold
- Cough
- Flu
- Urinary Tract Infection

Virtual visits let you speak securely by online video with your network or Teladoc family doctor, mental health provider or specialist.

Call your doctor and ask if they offer virtual visits or register with Teladoc at myhealthtoolkitfl.com.



CONVENIENT CARE

- Cold and flu-like symptoms
- Sinus infection
- Rash/skin conditions
- Urinary tract infection

Convenient care centers may be a good option. They usually have a similar copay to a PCP and treat things like the above.

Be sure to check to see if convenient care centers are in your plan's network.



URGENT CARE

- Cold, flu and fever
- Strains, sprains and/or breaks
- Infections
- Mild burns

Urgent care centers are **less expensive than ERs** and often have **shorter wait times**. Visit GuideWell Emergency Doctors Urgent Care Center, a Value Choice Provider, for conditions like the above. You receive 2 visits (not virtual) per calendar year at \$0 copay.

To find an urgent care center near you visit myhealthtoolkitFL.com and select **Find a Doctor**.



EMERGENCY ROOM

- Severe chest pain
- Signs of a possible stroke
- Severe or sudden shortness of breath
- Sudden or unexplained loss of consciousness

Going to an ER for an issue that is not life-threatening often results in long wait times and high medical bills.

If you have a life-threatening emergency, call 911 right away.



MY HEALTH ONSITE

My Health Onsite HWCs include FREE treatment for acute and chronic needs such as:

- Colds, flu, sore throats
- High blood pressure, high cholesterol, diabetes

- Well-woman and Well-man Exams
- On-site dispensaries with generic medications
- X-rays, lab work, immunizations

Providers can see children as young as 8 for non-urgent care such as sore throats, ear aches, bumps and scrapes.

FLORIDA BLUE VALUE CHOICE PROVIDER

Choose a Value Choice Provider and save money on your health care.

Finding the right doctor can help you get and stay healthy. As a Florida Blue member, you have access to doctors who put a special focus on helping you stay well while saving on out-of-pocket costs.

Your path to health can start today

Sanitas Medical Center and GuideWell Emergency Doctors are Value Choice Providers that offer Florida Blue members extra care — and they're in your plan's network. Services vary based on location and provider and may include:

 **Primary care**

 **Specialist care**

 **Urgent care**

 **Labs and imaging**

 **Virtual visits**

Diagnostic services vary by location and are subject to change without notice. Please contact your doctor's office for the most up-to-date services.

Value Choice Providers

Scan the QR code to find a location near you.
*Services vary based on location and provider.

 **Sanitas** For members of
MedicalCenter *Florida Blue* 



[MySanitas.com](https://www.mysanitas.com)
1-844-665-4827

GUIDEWELL
EMERGENCY DOCTORS



[GuideWellEmergency.com](https://www.guidewellemergency.com)
See locations for phone numbers

Florida Blue 
Your Health Solutions Partner

Value Choice Providers is a designation Florida Blue given to some in-network providers, including Sanitas Medical Center and GuideWell Emergency Doctors. Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO. 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. You may access the Nondiscrimination and Accessibility Notice at [FloridaBlue.com/ndnotice](https://www.floridablue.com/ndnotice). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773). ATANYSION: 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).

MEMBER PERKS

Discounts for you — just for being Blue!

In addition to superior health coverage, your membership provides access to exclusive discounts on a variety of products and services. The member discounts program includes items that generally are not covered by health insurance.



Log in to My Health Toolkit, select the **Resources** tab, then **Blue365® Discounts**. On a mobile device, select **Menu**, then **Blue365® Discounts**. You'll find details on discounts for:



Fitness

- ◆ Gym memberships
- ◆ Wearable fitness devices
- ◆ Activewear
- ◆ Home fitness equipment
- ◆ Vitamins and nutritional supplements



Personal care

(please note that some restrictions may apply for these services.)

- ◆ Allergy relief
- ◆ Acupuncture
- ◆ Chiropractic services
- ◆ Massage therapy
- ◆ Hair restoration
- ◆ Teeth whitening



Healthy eating

- ◆ Weight loss programs
- ◆ Cookbooks and recipes
- ◆ Online cooking classes



Hearing and vision

- ◆ Hearing aids
- ◆ Eyewear



Lifestyle

- ◆ Travel clubs
- ◆ Vacation packages
- ◆ Pet care

FLORIDA BLUE MY HEALTH TOOLKIT

GETTING STARTED WITH MY HEALTH TOOLKIT

my**HEALTH**toolkit®

My Health Toolkit isn't just for people who are actively seeking health care. Here's some common questions and answers to get you started.

What is My Health Toolkit?

My Health Toolkit is a secure portal you can use to manage your benefits, connect with resources and personalize your experience with your health plan. Log in from wherever you access the internet or from the convenient mobile app to do all this and more:

- ◆ Verify who's covered on your plan.
- ◆ Get a snapshot of your coverage.
- ◆ Find in-network health care providers.
- ◆ Check the status of your claims.
- ◆ Access your digital ID card or order replacement cards.

You can use it to access health and wellness programs that can help you live your best life every day. Or log in to manage your contact preferences so we'll know just how to reach you with important updates.

Who can use My Health Toolkit?

You can set up a My Health Toolkit account if you are age 16 or older and are enrolled in a health or dental plan. That means each subscribing member and each covered spouse, child or other dependent who meets the age requirement can have his or her own account.

How can I access it?

Access My Health Toolkit through our member website. Or download the My Health Toolkit mobile app and manage your benefits wherever you go from the convenience of your mobile device. You can use the same username and password to log in via the website or the app.

How do I register?

Registering for My Health Toolkit is easy. From the member website, select the [Create An Account](#) link in the login box, or download the app and select the [Sign Up](#) button. To get started, simply enter the number from your member ID card or the subscribing member's Social Security number. Then choose your birthdate from the drop-down menu to indicate which plan member is signing up.

Once you've signed up, you can set up your profile, including selecting your preferred method of contact — such as text, email or regular mail — for certain types of notifications. This helps us get important notifications to you based on your personal preferences.



Download the My Health Toolkit app from your app store or register at www.MyHealthToolkitFL.com.



FLORIDA BLUE MY HEALTH TOOLKIT

MEET US ON

MY HEALTH TOOLKIT

my**HEALTH**toolkit®

Whether you join us from your smartphone or on your computer, Blue Cross and Blue Shield of Florida, Inc. looks forward to meeting you on My Health Toolkit.

Registration is easy.

All you need to get started with My Health Toolkit is the member ID located on your insurance card or subscribing member's Social Security number and your date of birth. If you share a health plan with family members ages 16 and over, they can register for individual accounts, too.

Enjoy the security and convenience of facial recognition.

We never forget a face. If you are accessing My Health Toolkit on your smartphone, make sure to enable facial recognition to make logging in safe, quick and easy.



Download the My Health Toolkit app from your app store or register at www.MyHealthToolkitFL.com.



Access your digital ID card.

There's no need to dig through your wallet. We keep a digital copy of your ID card at the ready so you can access it whenever and wherever you need it. You can also order a replacement card if you misplace yours.

Manage your contact preferences.

Choose how you want to hear from us. Whether it's by text, mail or email, you can select how you want to receive important health information.

Learn more about your coverage.

We want to make sure you are up to speed on all the features of your plan. Meet us on My Health Toolkit to look up your medical coverage, deductible and out-of-pocket spending.

Shop for care.

Let us introduce you to our crew. Using the Find Care link, you can view a list of network doctors and medical facilities in your area. Make sure you check out features like patient reviews, provider quality information and a list of doctors who are accepting new patients.

Check the status of your claims.

All of your details are at your fingertips. You can view the status of a current or previous medical claim, the dates of services, the amount charged by your provider and the amount you may owe. You can even mark claims as paid or add notes for your personal record-keeping.



Blue Cross and Blue Shield of Florida, Inc. is an Independent Licensee of the Blue Cross and Blue Shield Association.



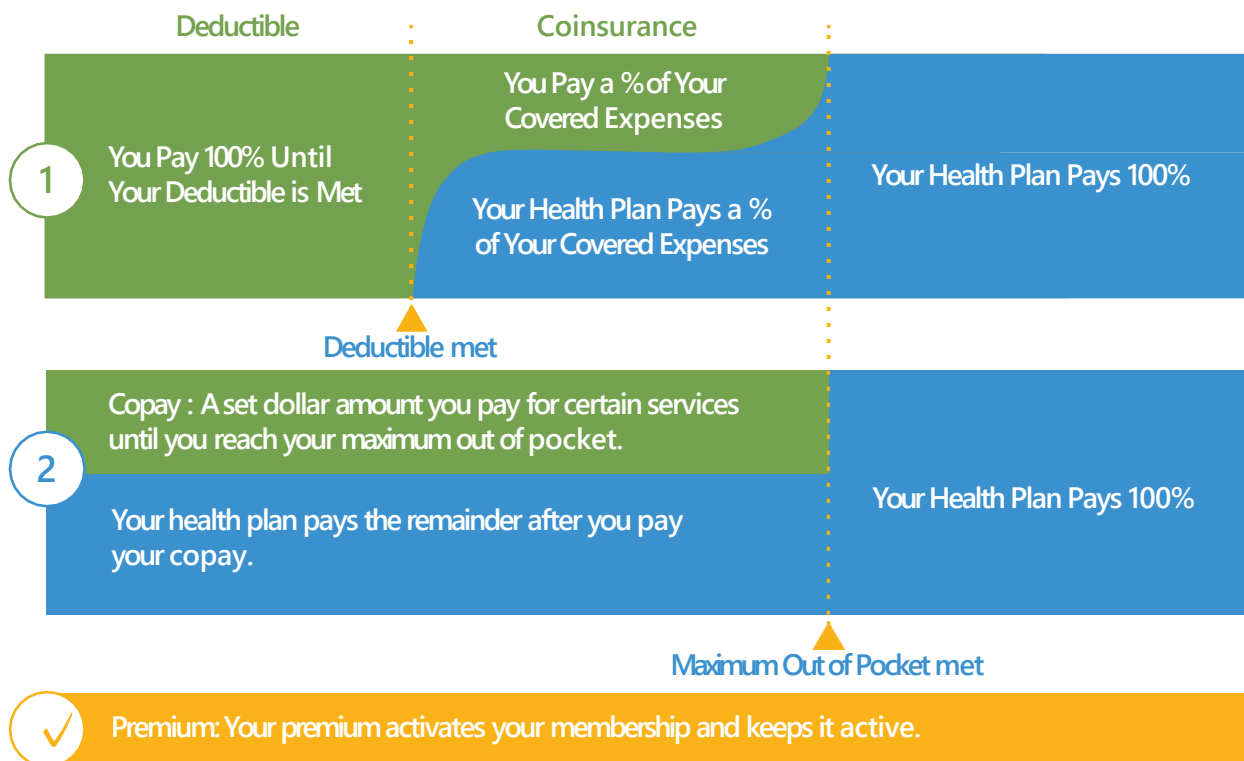
FLORIDA BLUE ADDITIONAL RESOURCES

HOW YOU AND YOUR PLAN SHARE HEALTH CARE COSTS

Health insurance helps cover the cost of your medical expenses.

How your annual insurance benefits work: what you can expect to pay

Each service you receive gets paid through path 1 or path 2.



Terms you need to know

Your **deductible** is the set total amount you pay for medical services before your coinsurance kicks in. For example, you would meet your \$1,000 deductible after your payments for covered medical services add up to \$1,000. For most health plans, your copay does not count toward your deductible.

Coinsurance is the percentage of medical costs you pay after you've met your deductible. For example, you might pay 20 percent once you've met your deductible. Your health plan would pay 80 percent.

A **copay**, or copayment, is a set rate you pay for doctor visits, prescriptions and some other types of care. For example, you might pay \$20 for an in-network doctor visit and \$15 for a prescription.

Your **maximum out-of-pocket amount** is the most you have to pay for covered services in one plan year. For example, let's say your maximum out-of-pocket amount is \$4,000. Once your in-network payments for deductibles, copays and coinsurance add up to \$4,000, your health plan then will pay 100 percent of the costs for covered services for the rest of that benefit year.

For more terms you'll see and hear in health insurance and health care, please see the Helpful Terms page near the end of this benefits guide.

To find your deductible, coinsurance, copay and maximum out-of-pocket amounts, review your summary of benefits or log in to **My Health Toolkit®**.

FLORIDA BLUE ADDITIONAL RESOURCES

HELP ALONG THE WAY TO BETTER HEALTH

Ready to get on track with your health but not sure where to start? You don't have to figure it out on your own. Your health plan includes free care management programs and resources to help you make positive, meaningful changes at your own pace.

What is care management?

It's a personalized approach that gives you support and lots of options. A care manager can help you reach your health goals, make the most of your benefits and serve as your advocate if you run into obstacles receiving care.

This program is included in your benefits for no additional cost. In some cases, your care manager may help you find ways to lower your medical or pharmacy costs. Connect digitally or by phone!

We offer care management for these conditions:

- ◆ Attention-deficit hyperactivity disorder (adults)
- ◆ Asthma (adults and children)
- ◆ Bipolar disorder
- ◆ Heart disease and heart failure
- ◆ Chronic obstructive pulmonary disease
- ◆ Depression
- ◆ Diabetes (adults and children)
- ◆ High blood pressure and high cholesterol
- ◆ Metabolic health (metabolic syndrome and prediabetes)
- ◆ Migraine
- ◆ Recovery support for substance use disorder

Extra help with complex issues

If you experience complex or difficult health issues, your nurse care manager will reach out to you to provide support. Things he or she can help with include cancer, transplants, end-stage renal disease, trauma and neonatal intensive care.

Maternity wellness

- ◆ Personalized digital support during and after your pregnancy
- ◆ On-demand access to a maternity nurse



Ready to become a healthier you?



If you qualify for one of our care management programs, we will reach out to you with a phone call, email, text or letter to help you get started. If you have questions, connect with us by phone at **855-838-5897** or through our app, My Health PlannerSM. Just search for **My Health Planner** in the Apple App Store or Google Play and enter access code **ACTNOW** to get started.

FLORIDA BLUE ADDITIONAL RESOURCES

WOMEN’S HEALTH

Support your healthy lifestyle with recommended screenings

Connecting with friends is good for you —along with regular exercise, a healthful diet with lots of fruits and vegetables, and getting a good night’s sleep.



Don’t forget to schedule regular health screenings, too. These recommendations are in addition to the standard wellness guidelines for adults.

Women’s Recommendations	
Mammogram	Women 40 and up should get checked yearly.
Cholesterol	Ages 30 – 35 should be tested if at high risk. Women 45 and older should be tested.
Pap Test	Every three years for ages 21 – 65. Or, Pap test and HPV test every five years for ages 30-60. Those who’ve had a hysterectomy or are over age 65 might not need a Pap test.*
Osteoporosis Screening	Screenings should begin at age 65 or at age 60 if risk factors are present.*
Aspirin Use	At ages 50 – 79, talk with your doctor about the benefits and risks of aspirin use.
Pelvic Exam	Ages 21 and over should have an exam every year.*

*Recommendations may vary. Discuss screening options with your doctor, especially if you are at increased risk.
Sources: American Cancer Society, U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, U.S. Preventive Services Task Force, National Institutes of Health

MEN’S HEALTH

Take care —and be your best at every age



Guys are competitive, and sometimes it seems like they compete for the record time between doctor visits.

But your friends and family want you to stay around, so how about paying some attention to your health?

Have a primary care physician. (You can find one using the Shopping for Care tool on your health plan’s My Health Toolkit® site.) Then get your annual checkup.

The chart shows things you need to discuss with your doctor.

Recommendations for Men	
20s and 30s	Stay on top of your weight and get blood pressure checked. Have yearly vision checks and dental cleanings. If at risk for high cholesterol, get screened. If you use tobacco, quit.
40s	Start screenings for Type 2 diabetes and colon cancer at age 45. Manage your weight to reduce risks for many diseases including cancer. Monitor cholesterol levels.
50s and older	Talk to your doctor about benefits and risks of aspirin use. Discuss prostate cancer screening (or around age 45 if at higher risk). At 65 – 75, get screened for abdominal aortic aneurysm if you have ever smoked.

Sources: American Cancer Society, U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, U.S. Preventive Services Task Force. These are independent organizations that offer health information you may find helpful.

QUALITY CARE ...ANYTIME AND ANYWHERE WITH TELADOC HEALTH

Why wait for the care you need now? Teladoc Health gives you 24/7/365 access to a board-certified physician through the convenience of phone or video consults. Teladoc Health is an independent company that provides telehealth consultation services on behalf of your health plan.



The care you need

Teladoc Health doctors can treat many of the most common medical conditions, including:

- ◆ Cold and flu symptoms
- ◆ Allergies
- ◆ Bronchitis
- ◆ Urinary tract infections*
- ◆ Respiratory infections
- ◆ Sinus problems
- ◆ Behavioral health and dermatology services may also be covered.

They can also write prescriptions, according to the regulatory guidelines of your state.

*Some services may have age restrictions.

When you need it

Teladoc Health has a national network of doctors ready to answer your call. With an average call-back time of only eight minutes, you can forget about spending hours in the waiting room. Now, you can quickly and easily consult an experienced doctor from the comfort of your home.

It's easy to get started

Register for Teladoc Health now — don't wait till you are sick! Call **866-789-8155**, or start by logging in to **My Health Toolkit**.

1. Select **Providers & Services, Telehealth**, then **Teladoc**. This will take you to the Teladoc site.
2. Your insurance information will appear so you can easily complete your registration.
3. From the My Health Toolkit app, select **Find Care**, then **Teladoc Health**.

Want to know more? Please visit your health plan's My Health Toolkit website to learn more about using Teladoc Health.

MEDICAL INSURANCE

2026 Pasco County School Board Plan Summary



Cost Sharing		HMO PLAN
Maximums shown are Per Benefit Period (PBP) unless noted		BlueCare
Deductible (DED) (Per Person/Family Agg)		
In-Network		\$3,500/\$7,000
Out-of-Network		Not Covered
Hospital Per Admission Deductible (PAD)		
In-Network		\$0 Copay
Coinsurance (Member Responsibility)		
In-Network		30%
Out-of-Network		Not Covered
Out of Pocket Maximum (Per Person/Family Agg) (Incl. DED, Coins., Medical & Rx Copays)		
In-Network		\$8,000/\$16,000
Out-of-Network		Not Covered
Lifetime Maximum		Unlimited
PROFESSIONAL PROVIDER SERVICES		
Allergy Injections (office)		
In-Network Family Physician		\$15 Copay
In-Network Specialist		\$15 Copay
Out-of-Network		Not Covered
Allergy Testing (office)		
In-Network Family Physician		\$60 Copay
In-Network Specialist		\$100 Copay
Out-of-Network		Not Covered
Virtual Visit Services		
In-Network Value Choice PCP		\$15 Copay
In-Network Value Choice Specialist		\$30 Copay
In-Network Family Physician		\$30 Copay
In-Network Specialist		\$100 Copay
In-Network Behavior Health Specialist (LMHC, Psychiatrist)		\$55 Copay
Out-of-Network		Not Covered
Office Services (per visit)		
In-Network Value Choice PCP		\$15 Copay
In-Network Value Choice Specialist		\$30 Copay
In-Network Family Physician		\$60 Copay
In-Network Specialist (Includes Chiropractor office visit)		\$100 Copay
In-Network Behavioral Health Specialist (LMHC, Psychiatrist)		\$75 Copay
Out-of-Network		Not Covered
Provider Services at Hospital and ER		
In-Network Family Physician		DED + 30%
In-Network Specialist		DED + 30%
Out-of-Network (only for emergencies)		INN DED + 30%
Provider Services at Other Locations		
In-Network Family Physician		\$60 Copay
In-Network Specialist		\$100 Copay
Out-of-Network		Not Covered
Radiology, Pathology and Anesthesiology Provider Services at Ambulatory Surgical Center (ASC)		
In-Network Specialist		\$500 Copay
Out-of-Network		Not Covered

MEDICAL INSURANCE

2026 Pasco County School Board Plan Summary



Cost Sharing	
Maximums shown are Per Benefit Period (PBP) unless noted	
HMO PLAN	
BlueCare	
PREVENTIVE CARE	
Adult Wellness Office Services (Annual Physical & Well Woman, one per calendar year)	
In-Network Family Physician	\$0 Copay
In-Network Specialist	\$0 Copay
Out-of-Network	Not Covered
Colonoscopies (Routine age 45+; Non-Routine/Diagnostic, no age criteria)	
In-Network	\$0 Copay
Out-of-Network	Not Covered
Mammograms (Routine, one per calendar year; Diagnostic no frequency limit)	
In-Network	\$0 Copay
Out-of-Network	Not Covered
Well Child Office Visits (one per calendar year)	
In-Network Family Physician	\$0 Copay
In-Network Specialist	\$0 Copay
Out-of-Network	Not Covered
EMERGENCY/URGENT/CONVENIENT CARE/TELADOC TELEHEALTH	
Ambulance Services (Air, Ground, water)	
In-Network	DED + 30%
Out-of-Network (only for emergencies)	INN DED + 30%
Convenient Care Centers (CCC)	
In-Network	\$60 Copay
Out-of-Network	Not Covered
Emergency Room Facility Services (per visit) (Copayment waived if admitted) (Refer to Professional Provider Services on page 1.)	
In-Network	\$1,000 Copay
Out-of-Network	\$1,000 Copay
Urgent Care Centers (UCC)	
Value Choice Urgent Care Provider (\$0 for visits 1-2 per benefit period)	\$0, then \$150 Copay
In-Network	\$150 Copay
Out-of-Network	Not Covered
TELADOC TELEHEALTH (To register, call 1-866-789-8155 or access www.MyHealthtoolkitFL.com)	
General Medicine	\$15 Copay
Dermatologist	\$40 Copay
Behavior Health Specialist (LMHC)	\$40 Copay
DIAGNOSTIC TESTING (e.g., Lab, x-rays)	
Independent Clinical Lab (Quest Diagnostic is preferred in-network lab in Florida.)	
In-Network	\$0 Copay
Out-of-Network	Not Covered
Independent Diagnostic Testing Facility (IDTF) - X-rays and AIS (Includes Physician Services)	
In-Network - Advanced Imaging Services (AIS) (I.E., MRI's, CT scans, Nuclear Medicine)	\$500 Copay
In-Network - Other Diagnostic Services (x-rays, ultrasounds)	\$100 Copay
Out-of-Network	Not Covered

MEDICAL INSURANCE

2026 Pasco County School Board Plan Summary



Cost Sharing Maximums shown are Per Benefit Period (PBP) unless noted	HMO PLAN BlueCare
FACILITY (SURGICAL/NON-SURGICAL, THERAPY) (Note: Physicians bill separately for services in a Hospital, ASC or ER., Refer to Professional Provider Services on Page 1 for your cost shares.)	
Ambulatory Surgical Center (ASC)	
In-Network	\$750 Copay
Out-of- Network	Not Covered
Outpatient Hospital (per visit) (Surgical or Non-Surgical Svcs., i.e., lab work/Dx Testing)	
In-Network	DED + 30%
Out-of-Network	Not Covered
Inpatient Hospital & Inpatient Rehab. (per admission)	
In-Network	DED + 30%
Out-of-Network	Not Covered
Therapy at Outpatient Hospital (per visit)	
In-Network	\$150 Copay
Out-of-Network	Not Covered
OTHER SPECIAL SERVICES AND LOCATION	
Advanced Imaging Services in Physician's Office (per visit)	
In-Network Family Physician	\$500 Copay
In-Network Specialist	\$500 Copay
Out-of-Network	Not Covered
Birthing Center	
In-Network	DED + 30%
Out-of-Network	Not Covered
Diabetic Equipment¹ (Select CGMs & Insulin Pumps) (Coordinated via CareCentrix²)	
In-Network	DED + 30%
Out-of-Network	Not Covered
Durable Medical Equipment, Prosthetics, Orthotics (Coordinated via CareCentrix²)	
In-Network	DED + 30%
Out-of-Network	Not Covered
Home Health Care (Coordinated via CareCentrix²)	
In-Network	60 visits PBP
Out-of-Network	DED + 30%
	Not Covered
Hospice	
In-Network	DED + 30%
Out-of-Network	Not Covered

MEDICAL INSURANCE

2026 Pasco County School Board Plan Summary



Cost Sharing	HMO PLAN
Maximums shown are Per Benefit Period (PBP) unless noted	BlueCare
Outpatient Therapy and Spinal Manipulations Combined Benefit Period Maximum	30 Visits PBP
Outpatient Rehab Therapy Center (per visit)	4 modalities/day
In-Network	\$150 Copay
Out-of-Network	Not Covered
Physician Office (per visit)	
In-Network Physical Therapist	\$150 copay
Outpatient Hospital Facility Services (per visit)	
In-Network	\$150 Copay
Out-of-Network	Not Covered
Skilled Nursing Facility PBP	45 days PBP
In-Network	DED + 30%
Out-of-Network	Not Covered
Medical Pharmacy (Physician Administered in office setting/home health setting)	
In-Network Provider (Preferred or Non-Preferred Medication) ³ (cost of medication only, separate cost share for administration)	\$100 copay
Out-of-Network Provider	Not Covered
Bariatric Surgery Program: Coverage for Gastric Sleeve procedure (CPT code 43775) only. Must follow pre-surgery and post-surgery guidelines. Contact Patty Nguyen at 813-794-2492 for details.	
<ul style="list-style-type: none"> \$20,000 LIFETIME MAXIMUM FOR ALL BARIATRIC SURGERY AND RELATED SERVICES. RECONSTRUCTION SURGERY POST COVERED BARIATRIC SURGERY IS NOT COVERED. 	

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

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