

The State Employees' PPO Plan
A Self-Funded Health Care Plan for State of Florida Employees,
Retirees, COBRA Participants, and their Eligible Dependents

Summary of Plan Description
Material Modification

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The Division of State Group Insurance, Department of Management Services, has amended the State Employees' PPO Plan, a self-insured health insurance plan, effective **January 1, 2018**. Accordingly, certain provisions in your *State Employees' PPO Plan Group Health Insurance Plan Booklet and Benefit Document* have been clarified to describe and explain the PPO Plan, as amended. The following description adds to or replaces the information in the Benefit Document as indicated.

Servicing Agent:



In the pursuit of health®

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- Page IV In the "Notice" box, bullet two, delete "Certifying" and insert "Falsely certifying"; bullet four, delete "Enrolling" and insert "Falsely enrolling"; and delete bullets seven and eight.
- Page 1-1 "Global Network (OOP) Maximum," second column, delete "\$7,150" and insert "\$7,350" and delete "\$14,300" and insert "\$14,700"
- Page 1-3 "Other Covered Services" section, first column, line 13, after "Physical/Massage" insert "/Occupational"
- Page 1-4 "Plan Maximums", before "Skilled Nursing Facility" insert "Occupational Therapy (excluding occupational therapy for the treatment of Autism Spectrum Disorder, Down Syndrome, and under hospice and home health care services); down one line insert, "Days per 6-month period.....21"
- Page 2-1 "Calendar Year Deductible", second column, delete "\$1,300" and insert "\$1,350" and delete "\$2,600" and insert "\$2,700"
- "Global Network (OOP) Maximum, second column, delete "\$4,300" and insert "\$4,350"; and delete "\$8,600" and insert "\$8,700"; and delete "\$6,550" and insert "\$6,650"
- Page 2-3 "Other Covered Services" section, first column, line 13, after "Physical/Massage" insert "/Occupational"
- Page 2-4 "Plan Maximums", before "Skilled Nursing Facility" insert "Occupational Therapy (excluding occupational therapy for the treatment of Autism Spectrum Disorder, Down Syndrome, and under hospice and home health care services); down one line insert, "Days per 6-month period.....21"
- Page 2-5 Second column, in blue box, delete "\$200" and insert "\$300"; and delete "\$2,600" and insert "\$2,700"
- Page 3-3 Second column, "Fertility Testing and Treatment", line one delete "Some tests" and insert "Tests"; line two delete "some"; line three delete "Certain fertility" and insert "Fertility"; line four delete "are"; line five delete "and"
- Page 3-5 Second column, alphabetically insert "**Occupational Therapy**", and first paragraph "Occupational therapy services are covered for conditions resulting from a physical or mental illness, injury, or impairment. Coverage and payment for occupational therapy shall not exceed 21 treatment days during any six-month period, counting backwards from the date of each treatment. This maximum applies to all out-patient occupational therapy treatments regardless of location of service. Occupational therapy services must be provided by a healthcare professional licensed to provide such services. Occupational therapy is also covered for the treatment of Autism Spectrum Disorder and Down Syndrome and under both home health care and hospice services."

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Summary of Plan Description
Material Modification

- Page 3-6 Second column, "Preventive Care Services – Adult and Child" line 16, delete www.healthcare.gov/what-are-my-preventive-care-benefits and insert www.healthcare.gov/coverage/preventive-care-benefits
- Page 3-7 First column, line 18, delete "prescription" and insert "prescription"
- Page 5-1 Second column, last line, after "supervision;" delete "and,"
- Page 5-2 First column, top of the page line four, after "pharmacy" delete "." and insert "; and,"
First column, "Fertility Testing and Treatment", line one after "Treatment" insert "for the specific purpose to assist in achieving pregnancy,"; line two, after "insemination," insert "follicle puncture for retrieval of oocyte, abdominal or endoscopic aspiration of eggs from ovaries, all other procedures related to the retrieval and/or placement and/or storage of oocyte, eggs, embryos,"
- Page 5-3 First column, delete exclusion "Occupational Therapy"
Second column, "Recreational Therapy", after "Therapy" insert "including but not limited to treatment services and recreational activities that use a variety of techniques such as arts and crafts, animals, equine, sports, games, dance and movement, drama, music, and community outings."
- Page 7-2 First column, heading "Provider Administered Drug Program" line five, delete "ICORE Healthcare, LLC (ICORE)" and insert "Magellan RX"
Second column, third paragraph, line one, delete "ICORE at www.ICOREHealthcare.com/physician" and insert "Magellan RX Management at <http://ih.magellanrx.com>"
Second column, last line, delete "www.ICOREHealthcare.com/physician" and insert "www.cvsspecialty.com or www.covermymeds.com"
- Page 7-3 Second column, line ten, after "limited to" delete the remainder of the sentence and insert "diagnosis review in accordance with the most recent evidence-based medical guidelines, U. S. Food and Drug Administration labeling, lab results, safety requirements, and day supply quantity limits."
- Page 8-2 First column, heading "HopeBlue Palliative Care Program", second paragraph, second line, delete "(800) 955-7635, option 4" and insert "(800) 955-5692, option 3"
- Page 8-3 First column, heading "BlueCard® Program –" delete "Out-of-Area"; and after "Services" insert "Outside Florida Blue's Service Area"
First column, last paragraph, line two, delete "of Florida" and insert, "the BlueCard® Service Area, which includes the United States, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands,"

The State Employees' PPO Plan

A Self-Funded Health Care Plan for State of Florida Employees,
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Summary of Plan Description Material Modification

Page 8-4

First column, delete "**BlueCard Worldwide Program®**" and insert "**BCBS Global™ Core Program**"

First column, "**BlueCard Worldwide Program®**", first paragraph, line three, delete "hereinafter"

First column, "**BlueCard Worldwide Program®**", first paragraph, line six, delete, "BlueCard Worldwide Program®" and insert "BCBS Global™ Core Program"; and line seven, delete, "BlueCard Worldwide Program®" and insert "BCBS Global™ Core Program"; and line ten, delete, "BlueCard Worldwide Program®" and insert "BCBS Global™ Core Program"

Second column, line one, delete, "BlueCard Worldwide®" and insert "BCBS Global™ Core"

Second column, heading "Inpatient Services", line one, delete, "BlueCard Worldwide®" and insert "BCBS Global™ Core"; and line seven, "BlueCard Worldwide®" and insert "BCBS Global™ Core"

Second column, heading "Inpatient Services", line eight, delete "However, if you paid" and insert "If you use a Non-Network hospital or for any other reason pay"

Second column, heading "Inpatient Services", insert new last sentence "When you use a Non-Network provider this Plan will pay at the lower Non-Network level of benefits but you are protected from being balance billed and will not be responsible for the charges above the Non-Network Allowance."

Second column, "Outpatient Services", line one and line two delete "Network"; and, line three after "typically" insert "be Non-Network Providers and will generally"

Second column, heading "Outpatient Services", insert new last sentence "When you use a Non-Network provider this Plan will pay at the lower Non-Network level of benefits."

Second Column, delete "**Submitting a BlueCard Worldwide Claim**" and insert "**Submitting a BCBS Global™ Core Claim**"

Second column, last paragraph, line two, after "Area" insert "(the United States, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands)"; and line four, delete "BlueCard Worldwide® Service Center or online at www.bluecardworldwide.com" and insert "BlueCard Global Core Service Center or online at www.bcbsglobalcore.com"; and, line nine, delete "BlueCard Worldwide® Service Center" and insert "BlueCard Global Core Service Center"

Second column, insert new last section, "**BCBS Global™ Core Website**"; after new heading insert "**The BCBS Global™ Core** website includes many valuable resources in addition to helping you find hospitals and doctors outside the BlueCard® Service

The State Employees' PPO Plan

A Self-Funded Health Care Plan for State of Florida Employees,
Retirees, COBRA Participants, and their Eligible Dependents

Summary of Plan Description Material Modification

Area. After accepting the Terms of Use and End User License Agreement and entering the first three letters of your member ID number (XJJ), you will have the availability to search for doctors and hospitals in dozens of counties throughout the world; you can even search for specific doctor specialties. The provider profile lists the address (including a map), phone number, languages, education/certification, and more. You can also download a claim and submit it online. Additional information on the website includes country telephone codes, embassy locations and phone numbers, unit of currency and converter, general country information, vaccination requirements and health risks, Travel Resources including Department of State Travel Warnings, City Health Profile, translations for drug names, medical terms and medical phrases, and so much more. Before you travel outside the United States take advantage of the valuable information and resources on this website."

- Page 9-1 Second column, after third paragraph insert new section heading, "**Medication Synchronization at Retail Pharmacies**" after new section heading insert, "Medication Synchronization (Med Sync) allows you to save time and reduce the number of trips to your network retail pharmacy by requesting that your retail pharmacist "synchronize" all your medication refills so you can pick them all up on the same day. Med Sync is optional and only allowed once per calendar year at a network pharmacy and some medications are not eligible for synchronization. Ineligible medications are: all controlled substances, any drug dispensed in an unbreakable packaging from the manufacturer, and a multi-dose unit of medication. When synchronizing or aligning your refills some prescriptions will be for a shorter day supply. When this happens your copay or coinsurance will be prorated to the shortened-day supply that is actually dispensed. For example: assume by synchronizing your prescription you will only be picking up an eight-day supply of what would normally be a 30-day supply. If your cost is \$7.00 for this 30-day supply the cost per day is \$0.23 ($\$7 \div 30 = .23$), but since you are only getting an eight-day supply you will pay \$1.87 ($\0.23×8). Important Note: Any short or sync prescription fill that would have normally been filled for a 30-day supply will count as one of the three fills of maintenance medications allowed at a retail pharmacy before being required to use mail order or a 90-day participating retail pharmacy.
- Page 9-2 Second column, after eighth bullet insert new sentence "CVS/caremark will process your prescription upon receipt from either you or your physician."
- Page 10-1 First column, second paragraph, line two, delete "select" and insert "selected"
First column, "Full-time", line three, delete "other personal services (OPS)" and insert "OPS"
- Page 10-2 First column, heading "Retirees", "1.", line 7, delete ", or maintained continuous coverage under the Plan from termination until receiving retirement benefits"
Second column, first number 2, renumber as "3."

The State Employees' PPO Plan

A Self-Funded Health Care Plan for State of Florida Employees,
Retirees, COBRA Participants, and their Eligible Dependents

Summary of Plan Description Material Modification

Second column, first number 2, delete and insert "2. retire under the Florida Retirement System Investment Plan, and you: i. meet the age and service requirements to qualify for normal retirement as set forth in s. 121.021(29), Florida Statutes, or have attained the age specified by s. 72(t)(2)(A)(i), Internal Revenue Code and you have six (6) years of creditable service; and, ii. take an immediate distribution; and, (iii) maintained continuous coverage under the Plan from termination until receiving your distribution; or,

Second column, heading "Dependents Eligible for Coverage", number 3, after "stepchildren" insert "if you are still married to the stepchildren's parent"

Second column, heading "Dependents Eligible for Coverage", number 5, line 3, after "or" insert "unmarried children where you have been granted"

Second column, heading "Dependents Eligible for Coverage", number 5, line 3, after "temporary" insert "or other"

Second column, heading "Dependents Eligible for Coverage", number 7, last line delete "."

Second column, heading "Dependents Eligible for Coverage", insert new number 8, "8. Eligible children of your surviving spouse"

Second column, heading "Dependents Eligible for Coverage", insert new number 9, "9. Children of law enforcement, probation, or correctional officers who were killed in the line of duty and who are attending a college or university beyond their 18th birthday."

Second column, heading "Dependents Eligible for Coverage", last paragraph, first line, delete "for your dependent or risk losing coverage" and insert "to verify your dependent(s) eligibility. If you do not provide sufficient documentation to verify dependent eligibility as requested your dependent's coverage will be terminated."

Second column, heading "Dependents Eligible for Coverage", last paragraph, line eight, delete everything after "ineligible."

Page 10-3 First column, delete first paragraph

First column, heading "Eligibility Requirements for Dependents", number 2.c., first line, after "they" delete "live in" and insert "are a resident of"; after "Florida or" delete "attend school in another state" and insert "are a full-time or part-time student"

First column, heading "Eligibility Requirements for Dependents", delete number "2.b." and renumber following bullets

First column, heading "Eligibility Requirements for Dependents", number 3, delete "permanent"

The State Employees' PPO Plan
A Self-Funded Health Care Plan for State of Florida Employees,
Retirees, COBRA Participants, and their Eligible Dependents

Summary of Plan Description
Material Modification

Second column, heading "Eligibility Requirements for Dependents", second paragraph, line 3, after "the", delete "month" and insert "calendar year"

Second column, heading "When Coverage Ends," number 3, line 3, delete "." and insert "; or"

Page 10-4 First column, first number 4, line 3, delete "; or" and insert "."

First column, delete first number 5

First column, delete first number 3. and renumber the bullet number 4 as "3"

Second column, "An example", delete last sentence

Second column, heading "Option-2 Qualifying Status Change (QSC) Event", delete number 7

Page 11-2 First column, heading "Participating Pharmacies", insert new second paragraph: "If you do use your prescription ID card at a participating pharmacy and pay out-of-pocket for the full cost of the prescription, you may file a claim for reimbursement. Benefits under this Plan will be reimbursed at the participating pharmacy's negotiated reimbursement rate which generally will be less than the cash price of the prescription. For example: You pay \$100 out-of-pocket at a participating retail pharmacy for a 30-day supply of a preferred brand drug, the negotiated reimbursement rate is \$55, and the Plan copay for a 30-day supply of the preferred brand drug is \$30, you will be reimbursed \$25 (\$55 - \$30= \$25).

Page 15-1 First column, "Acupuncturist", line two after "licensed" insert "under Florida law or similar law of another state"

First column, "Ambulance", line one, delete "licensed" and line four after "attention" insert ", that is licensed under Florida law or similar law of another state"

First column, "Ambulatory Surgical Center", line one, after "licensed" delete "by the appropriate" and insert "under Florida law or similar law of another state"; and delete "state agency"

Page 15-2 First column, "Behavior Analyst", line three, after "Statutes," insert "or similar law of another state"

First column, "Birthing Center", line four, after "under" delete "state law" and insert "Florida law or similar law of another state"

First column, "Convenient Care Center", line one, delete "a properly licensed" and insert "an"; line two after "that" insert "is licensed under Florida law or similar law of another state"

Page 15-3 First column, "Diabetes Educator", line two after "certified" insert "or licensed under Florida law or similar law of another state"

The State Employees' PPO Plan

A Self-Funded Health Care Plan for State of Florida Employees,
Retirees, COBRA Participants, and their Eligible Dependents

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First column, "Dialysis Center", line three, after "Administration" insert "or otherwise authorized under the laws of another state"

First column, "Dietician", line two, after "law" insert "or similar law of another state"

First column, "Durable Medical Equipment (DME) Provider", line two, delete "under state law" and insert "by the state of Florida or similar law of another state"

First column, "Doctor/Physician", line four, delete "legally qualified"; after "licensed" insert "by the state of Florida or under similar law of another state,"; and "3." line two, delete "state" and insert "Florida"; and after "law" insert "or similar law of another state"

Second column, "Home Health Aides", line two, delete "state" and insert "Florida"; and after "law" insert "or similar law of another state"

Page 15-4 First column, "Home Health Care Agency", line two, after "appropriate" insert "Florida"; and after "agency" insert "or similar law of another state"

First column, "Hospital", line one, delete "a licensed" and insert "an"; and after "institution" insert "licensed under Florida law or similar law of another state"

Second column, "Independent Clinical Laboratory", line two, delete "under state law" and insert "by the state of Florida or under similar law of another state"

Second column, "Massage Therapist", line two, after "law" insert "or similar law of another state"

Page 15-5 Second column, "Midwife", delete "under state law"; and after "licensed" insert "by the state of Florida or under similar law of another state,"

Second column, "Nurse Anesthetist", line one, after "Nurse" insert ", licensed by the state of Florida or under similar law of another state,"

Second column, "Outpatient Health Care Facility", line one, delete "licensed"; and after "facility" insert ", licensed by the state of Florida or under similar law of another state,"

Page 15-6 First column, "Physical Therapist", line two, after "law" insert "or similar law of another state"

First column, "Physician Assistant", line two, delete "under state law"; and after "licensed" insert "by the state of Florida or under similar law of another state"

Second column, "Prosthetist/Orthotist", line two, delete "under state law"; and after "licensed" insert "by the state of Florida or under similar law of another state"

Second column, "Registered Dietician", line two, after "certified" insert "by the state of Florida or under similar law of another state"

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Retirees, COBRA Participants, and their Eligible Dependents

Summary of Plan Description Material Modification

Second column, "Registered Nurse (RN) or Licensed Practical Nurse (LPN)", line two, delete "under state law"; and after "licensed" insert "by the state of Florida or under similar law of another state"

Second column, "Rehabilitative Hospital or Comprehensive Rehabilitative Hospital", line three, after "Administration" insert "or under similar law of another state"

Page 15-7 First column, "Residential Treatment Services", line two, after "Physician" insert "licensed by the state of Florida or under similar law of another state"; and line four, after "Facility" insert "all of which are licensed by the state of Florida or under similar law of another state"; and line five, after "Professional" insert "licensed by the state of Florida or under similar law of another state"

First column, "Skilled Nursing Facility", line one, delete "a licensed" and insert "an"; and after "institution" insert "licensed by the state of Florida or under similar law of another state"

Page 16-6 Delete and replace with the following:

Special Notice about the Medicare Part D Drug Program

January 1, 2018

Please read this notice carefully. It explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll in Medicare Part D.

Medicare prescription drug coverage (Medicare Part D) became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage.

All approved Medicare prescription drug plans must offer a minimum standard level of coverage set by Medicare. Some plans may offer more coverage than required. As such, premiums for Medicare Part D plans vary, so you should research all plans carefully.

The State of Florida Department of Management Services has determined that the prescription drug coverage offered by the State Employees' Health Insurance Program (State Health Program) is, on average, expected to pay out as much as or more than the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

If you do decide to enroll in a Medicare prescription drug plan and drop your State Health Program coverage, be aware that you and your dependents will be dropping your hospital, medical and prescription drug coverage. If you choose to drop your State Health Program coverage, you will

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Retirees, COBRA Participants, and their Eligible Dependents

Summary of Plan Description Material Modification

not be able to re-enroll in the State Health Program.

If you enroll in a Medicare prescription drug plan and do not drop your State Health Program coverage, you and your eligible dependents will still be eligible for health and prescription drug benefits through the State Health Program. However, if you are enrolled in a state-sponsored HMO offering a Medicare Advantage Prescription Drug Plan, you may have to change to the State Employees' PPO Plan to get all of your current health and prescription drug benefits.

If you drop or lose your coverage with the State Health Program and do not enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later. Additionally, if you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1 percent per month for every month that you did not have that coverage, and you may have to wait until the following November to enroll.

Additional information about Medicare prescription drug plans is available from:

- www.medicare.gov
- Your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number)
- (800) MEDICARE or (800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, payment assistance for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA). Contact your local SSA office, call (800) 772-1213, or www.socialsecurity.gov for more information. TTY users call (800) 325-0778.

For more information about this notice or your current prescription drug plan, call the People First Service Center at (866) 663-4735.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether you are required to pay a higher premium amount (a penalty).



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