

# BlueSelect Gold Plan 1835

## Your plan includes:

- **A dedicated group of doctors, hospitals, pharmacies and other facilities.** Remember, you'll pay less when you see health care providers who are part of the network. Some services, including lab work, prescriptions, dental and vision care (if included in your plan), home health and durable medical equipment, require you to use certain providers for your care to be covered.
- **\$0 annual wellness checkup**, including \$0 preventive screenings and related lab work so you and your doctor can better monitor your health!
- **\$0 virtual visits** with primary care doctors and behavioral health specialists.<sup>1</sup>
- **\$0 preventive immunizations and vaccinations.**
- **\$0 for certain generic contraceptives.**
- **The #1 customer service experience nationwide.**<sup>2</sup>

## We provide more value and ways to save!

- ✓ **Now earn up to \$500 toward your premium!** Get rewarded just for choosing programs and activities that match your health goals with our Better You Strides wellness program.<sup>3</sup> We even provide help getting to the doctor!
- ✓ **\$0 for a 90-day supply** of your generic prescription medications for certain ongoing conditions when you use home delivery.

## As you use your plan throughout the year, your out-of-pocket costs will go down.

### Start of Your Plan

Each year, you'll need to reach your deductible. This is the dollar amount you pay for certain covered services before your plan helps pay for in-network services.

**\$1,500 / \$3,000**

Your (Individual/Family) Deductible

### Coinsurance Begins

You'll pay a percentage of what's charged and we'll cover the rest.

### Out-of-Pocket Maximum Reached

Once you've reached your out-of-pocket max for in-network covered health services, we've got you covered for the rest of the plan year. Not everything you pay (like your premium or services that aren't covered) applies.

**\$5,500 / \$11,000**

Your (Individual/Family) Out-of-Pocket Max

## Know Your Cost When You Need Care

The amount you pay, usually at the time you receive a covered health care service, may either be a copay (a fixed amount) or coinsurance (a percentage of the costs for a covered service). In some plans there are services not subject to the deductible.

|                       |  |  |
|-----------------------|--|--|
| <b>Doctor Visits</b>  | \$40 Copay<br>Primary Care Doctor Visit  | \$75 Copay<br>Specialist Visit   |
|                       | \$0 Copay<br>Virtual Doctor Visit  | \$75 Copay<br>Virtual Specialist Visit   |
| <b>Immediate Care</b> | \$75 Copay<br>Urgent Care<br>These centers are less expensive than ERs and often have shorter wait times.                                | \$450 Copay<br>Emergency Room<br>In a real emergency like chest pain, always call 911 or go to the nearest ER.                 |
| <b>Hospital</b>       | Deductible + 20% Coinsurance<br>Inpatient Hospital Facility  | Deductible + 20% Coinsurance<br>Outpatient Hospital Facility   |
| <b>Other Services</b> | \$20 Copay<br>Lab services that are not part of your annual wellness checkup, including bloodwork at an <b>Independent Clinical Lab.</b> | \$325 Copay<br>MRIs, MRAs, CTs, PETs and Nuclear Medicine provided at an <b>Independent Imaging Facility.</b>                  |
|                       |  | Deductible + 20% Coinsurance<br>MRIs, MRAs, CTs, PETs and Nuclear Medicine provided at an <b>Outpatient Hospital Facility.</b> |

# When You Need Prescriptions

|   | Retail  | Home Delivery 90-day supply |
|---|---|-----------------------------|
| <b>Tier 1</b><br>Preventive             | \$0   | \$0                         |
|   | Preventive and care medications, and immunizations that are covered at no additional cost when purchased at a participating pharmacy.   |                             |
| <b>Tier 2</b><br>Condition Care Generic | \$4   | \$0                         |
|   | Specific generic medications that treat an ongoing health condition such as diabetes, high blood pressure, high cholesterol or depression. These are often available at low or no cost. |                             |
| <b>Tier 3</b><br>All Other Generic      | \$20  | \$50                        |
|   | Additional generic medications not in one of the categories above.  |                             |
| <b>Tier 4</b><br>Condition Care Brand   | \$33  | \$83                        |
|   | Specific brand-name medications used to treat an ongoing health condition such as diabetes, high blood pressure, high cholesterol or depression.  |                             |
| <b>Tier 5</b><br>Preferred Brand        | \$65  | \$163                       |
|   | Preferred brand-name drugs cost more than generic drugs, but less than non-preferred ones.  |                             |
| <b>Tier 6</b><br>Non-Preferred Brand    | 50% Coinsurance   | 50% Coinsurance             |
|   | Non-preferred brand-name drugs are generally one of the most expensive medications to buy.  |                             |
| <b>Tier 7</b><br>Specialty              | 50% Coinsurance   | NC                          |
|   | Specialty drugs are high-cost medications that require special care and handling. You will buy these through a specialty pharmacy, unless they're given to you by a doctor.             |                             |

\*NC=Not Covered

**Be sure to know before you go fill your prescription:**<sup>4</sup> Drug and pharmacy information can be found 24/7 in your account at [floridablue.com](http://floridablue.com) and through the Florida Blue mobile app.

- Search your Medication Guide for the list of covered drugs, the tier the drug is in, if an approval is needed or if you need to try another drug first
- Review your benefits (prescription copays or coinsurance amounts)
- Find pharmacies in your network
- Find the lowest cost for your drugs

<sup>1</sup> Please refer to your policy for information on the specific cost shares applicable to this service.

<sup>2</sup> Florida Blue received the highest CX Index™ score among Health Insurers in Forrester's proprietary 2020 CX Index™ survey. The ranking was based on responses from 12,763 US individuals measuring 17 brands. The proprietary survey results are based on consumers' opinions of the experiences with the brands in the survey. Forrester Research does not endorse any company included in any CX Index™ report and does not advise any person to select the products or services of any particular company based on the ratings included in such reports. Forrester Research does not endorse any company included in any CX Index™ report and does not advise any person to select the products or services of any particular company based on the ratings included in such reports.

<sup>3</sup> Rewards available for individual ACA members 18 years or older. Reward amounts will apply to premiums and excess amounts may be redeemed subject to the reward program's terms and conditions.

<sup>4</sup> CVS-owned pharmacies are excluded from the pharmacy network including: Target Pharmacy, Bear Creek Pharmacy, Care Pharmacy, CarePlus CVS/Pharmacy, CarePlus, Longs Drug Store, Longs Pharmacy, Navarro Discount Pharmacy, Navarro Health Services, RxAmerica and Wellness Works Pharmacy. Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue, an Independent Licensee of the Blue Cross and Blue Shield Association. The policy has limitations and exclusions. The amount of benefits provided depends on the plan selected and the premium may vary with the amount of benefits selected. This document is only a summary of the benefits under this plan. In the event there is a conflict between this summary and the contract the terms and conditions of the contract will control.

Florida Blue does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-352-2583 (TTY: 1-877-955-8773).

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).