

myBlue Silver Plan 1710

Your plan includes:

- **A dedicated myBlue primary care doctor.** Your doctor, or another one in the same medical group, will take care of your health care needs including referrals to specialists and hospitals.
- **Comprehensive in-network care.** Remember, unless it's an emergency, you may pay the full cost for medical care if you don't start with your myBlue doctor or you seek care outside of the network.
- **\$0 annual wellness checkup**, including \$0 preventive screenings and related lab work so you and your doctor can better monitor your health! Just remember to use in-network providers.
- **\$0 virtual visits** with primary care doctors and behavioral health specialists.¹
- **\$0 preventive immunizations** and vaccinations.
- **\$0 for certain generic contraceptives.**
- **The #1 customer service experience nationwide.**²

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.³ 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.
- ✓ **\$0 doctor visits and labs**, and two \$0 urgent care visits when you choose a Value Choice Provider. (available in select counties.)⁴

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.

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.

\$6,200 / \$12,400

Your (Individual/Family) Deductible

\$8,550 / \$17,100

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.

Doctor Visits	\$55 Copay Primary Care Doctor Visit	\$85 Copay Specialist Visit
	\$0 Copay Virtual Doctor Visit	\$85 Copay Virtual Specialist Visit
Immediate Care	\$85 Copay Urgent Care These centers are less expensive than ERs and often have shorter wait times.	\$600 Copay Emergency Room In a real emergency like chest pain, always call 911 or go to the nearest ER.
Hospital	Deductible + 10% Coinsurance Inpatient Hospital Facility	Deductible + 10% Coinsurance Outpatient Hospital Facility
Other Services	\$26 Copay Lab services that are not part of your annual wellness checkup, including bloodwork at an Independent Clinical Lab.	Deductible + 10% Coinsurance MRIs, MRAs, CTs, PETs and Nuclear Medicine provided at an Independent Imaging Facility.
		Deductible + 10% Coinsurance MRIs, MRAs, CTs, PETs and Nuclear Medicine provided at an Outpatient Hospital Facility.

When You Need Prescriptions

	Retail	Home Delivery 90-day supply
Tier 1 Preventive	\$0	\$0
	Preventive and care medications, and immunizations that are covered at no additional cost when purchased at a participating pharmacy.	
Tier 2 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.	
Tier 3 Low-Cost Generics	\$30	\$75
	Low-cost generic medications that treat various health conditions or illnesses outside of tiers 1 and 2.	
Tier 4 Condition Care Brand	\$50	\$125
	Specific brand-name medications used to treat an ongoing health condition such as diabetes, high blood pressure, high cholesterol or depression.	
Tier 5 High-Cost Generic and Preferred Brand	\$100	\$250
	Commonly prescribed higher-cost generic and preferred brand drugs that have a less expensive alternative.	
Tier 6 Specialty Generic and Brand	50% Coinsurance	50% Coinsurance
	Specialty self-administered generic and brand drugs that are generally the highest cost and require special handling and storage. These are used to treat ongoing chronic health conditions or rare diseases. This tier also covers the highest cost non-preferred brand drugs that have covered alternatives available.	

*NC=Not Covered

Choose a Walgreen's⁵ pharmacy any time you need a prescription filled.

Be sure to know before you go fill your prescription: Drug and pharmacy information can be found 24/7 in your account at 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

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

² 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.

³ 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.

⁴ Primary care and urgent care visits at \$0 do not apply to Health Savings Account (HSA) plans; the deductible will still apply. Only first two (2) urgent care visits for non HSA plans are \$0, after that urgent care cost share applies.

⁵ myBlue members in Seminole County can also use FHCP Pharmacies.

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.

HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association. We do 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).