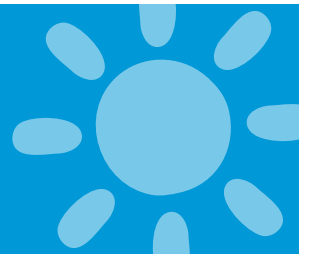


The Real VALUE of Health Coverage



No one plans to get sick or hurt, but most of us will need medical care sometime during the year. Having health coverage means you won't have to pay the whole cost of care on your own, whether you have a simple stomach bug or a serious accident or injury.

Did You Know?



An ambulance ride can cost more than **\$1,500**.¹



Fixing a broken leg can cost up to **\$7,500**.²



The average cost of a three-day hospital stay is around **\$30,000**.²



Comprehensive cancer care can cost **hundreds of thousands** of dollars.²

Here's what you'll get with most Florida Blue plans:

\$0 preventive care and screenings: See your doctor each year and keep tabs on your health. Plus, you'll get vaccinations and preventive screenings, like mammograms and colonoscopies, for no extra cost.

Lower costs for covered medical services and prescriptions: Part of our job is to gather quality doctors, hospitals and pharmacies together in a network. Then we work with them on your behalf to offer lower costs on doctor's visits, hospital stays and prescriptions. So, just by being enrolled in one of our health plans, you'll typically pay less when you need care or a prescription drug than if you didn't have coverage—even before you meet your deductible.

Other ways to save and stay healthy:

- discounts on everyday health and fitness items
- support if you need it with special care programs
- talk with a nurse³ 24/7

Help to see if you qualify for financial assistance:

If you buy your health plan for you and your family, you may be able to get help from the government paying your monthly premium. This is called a premium tax credit, and we can help see if you qualify based on your income. (Premium tax credits are not available if you get insurance through your job.)

Could this be you?



Steve got bronchitis, but he didn't have a health plan to help pay for a doctor visit. After a week off from work, he had to go to the ER, which cost more than \$1,000 out of his pocket. And because he missed another week of work without pay, he couldn't make his car payment.



Stacey broke her leg sliding into home plate during a softball game. Treatment at the urgent care center, plus follow-up visits to the bone specialist, came to nearly \$10,000—which she paid out of her own pocket. Now, she can't afford the trip that her family has been planning for years.



Protection from unexpected medical costs:

Knowing your plan's deductible and out-of-pocket maximum lets you plan and budget for health care costs.

Here's how it works:

Once you've met your plan's deductible, you may pay a coinsurance percentage or a set copay amount when you get medical care or need a prescription. There's a limit to how much you could have to pay for care each year; it's called your plan's out-of-pocket maximum. All copayments, coinsurance and deductibles, including pharmacy, apply to your plan's out-of-pocket maximum. After you reach your out-of-pocket max, your plan will pay 100% of covered medical services for the rest of the year.

Here's an example:

Let's say you have a \$6,400 deductible. Once you've paid \$6,400 for medical costs, you'd only have to pay \$500 more for any covered services the rest of the year.*

Deductible	Out-of-Pocket Maximum	Total Amount You Could Have to Pay for Care During the Plan Year
\$6,400	\$6,900	\$6,900

In this example, no matter how high your yearly medical bills for services covered by your plan, you'd pay a total of \$6,900 toward your care. Log into your member account at floridablue.com to see your plan's details.

*Plan benefits vary. If you use an out-of-network doctor, hospital or pharmacy, for some plans the costs may be higher or not covered at all.

Definition of Terms

Network: The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay.

Copayment: A fixed amount (\$20, for example) you pay for a covered health care service.

Coinsurance: The percentage of costs you pay of a covered health care service (20%, for example)

after you've paid your deductible. Florida Blue pays the rest of the cost, usually a larger percentage.

Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs for covered benefits. The out-of-pocket limit doesn't include your monthly premiums or anything you may spend for services your plan doesn't cover.

Not having coverage can cost more than you may think.

Unexpected medical bills can cause stress and financial strain—even bankruptcy. Your Florida Blue health plan is here when you need it, all year long.

¹Source: <http://www.nytimes.com/2013/12/05/health/think-the-er-was-expensive-look-at-the-ambulance-bill.html>

²Source: healthcare.gov

³As a courtesy, Florida Blue, has entered into an arrangement with Health Dialog® to provide this service. Florida Blue has not certified or credentialed, and cannot guarantee or be held responsible for, the quality of services provided by Health Dialog. Please remember that all decisions pertaining to medical/clinical judgment should be made with your physician or other health care provider. Florida Blue and Health Dialog do not provide medical care or advice.

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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). 91712 0718R