

New Health Plans Offer Temporary Insurance Options

Starting this fall, we're offering individuals under 65 years of age new temporary insurance plans called *BlueOptionsSM Temporary Insurance* and *BlueSelect Temporary Insurance*. These plans are for consumers who are in-between jobs or want health coverage while they are waiting for full-time coverage to begin. The plans are available year-round.

Individuals can purchase a temporary insurance plan for 30, 60, 90 or 180 days starting October 1, 2018, with January 1, 2019 being the earliest effective date. They can purchase additional policies as often as needed up to 180 days. The benefit period starts again for each new policy.

Temporary insurance plans are different from our other health plans. Here are a few important things to know:

Networks

- We base the temporary plans on our existing BlueOptions (NetworkBlue) and BlueSelect (BlueSelect network) health plans.
- The NetworkBlue and BlueSelect provider networks are in-network for our temporary insurance plans. Traditional (PHS/PPS)* network pricing will apply to covered out-of-network services.
- Individuals enrolled in a temporary insurance plan cannot be balance billed by providers.

*Payment for Hospital Services/Payment for Professional Services

Benefits

- Temporary insurance plans don't cover pre-existing health conditions. If a member receives treatment for an injury, illness or ongoing health condition that they had in the 24-month period before the plan's start date, they will have to pay the full cost of any care.
- Covered benefits include services such as doctor office visits, hospitalization, surgeries, well-child care visits, home health, mammograms, and advanced imaging services.
- Benefits reset for each contract period, including member cost share amounts such as deductibles, coinsurance and out-of-pocket maximums.
- Adult wellness visits and pharmacy services are not covered. However, we will offer members a BlueRx Discount Card to help with prescriptions costs.

Eligibility and Benefits

- Remember to ask members for a copy of their ID card at each visit.
- Verify a member's benefits and eligibility electronically through Availity^{®1} at availity.com.

Referrals and Authorizations

- Referrals are not required if a member needs to see a specialist.
- Preauthorization is not required for most inpatient or outpatient services or surgical procedures. However, we strongly recommend that you request voluntary preservice reviews. The terms and benefits of a member's contract will overrule an authorization when applicable. For example, if a health condition is determined to be pre-existing, the services will deny and the member will have to pay the full cost of the services.
- Certain medical services such as advanced imaging require authorization.

More Information

For more information about our BlueOptions and BlueSelect Temporary Insurance Plans, please visit the *Manual for Physicians and Providers* at floridablue.com > Tools & Resources > [Provider Manual](#).

If your patients have questions about temporary insurance plans, please refer them to our website at floridablue.com.

¹Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity's website at Availity.com.
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