Temporary Insurance Plans Quick Guide

We’re offering temporary insurance plans to help individuals under age 65 who need short-term coverage. Temporary insurance plans are based on our existing BlueOptionsSM (NetworkBlue) and BlueSelect (BlueSelect network) plans. We developed this quick guide to help you understand our temporary insurance plans and how they differ from other health plans.

Provider Networks
- Our NetworkBlue and BlueSelect provider networks are in-network for temporary insurance plans.
- Traditional Payment for Hospital Services/Payment for Professional Services (PHS/PPS) network pricing applies to covered out-of-network services.

Benefits

**Please Keep in Mind:** Temporary insurance plans do not have the same level of coverage as Affordable Care Act (ACA) plans. An important difference is that they do **not** provide coverage for pre-existing conditions. If a member has a temporary insurance plan and is treated for an injury, illness or ongoing health condition that they had in the 24-month period before the plan effective date, they will have to pay the full cost of any care. Be sure to verify a member’s benefits and eligibility electronically through Availity® at availity.com.

Below is a high-level comparison between temporary insurance and ACA plans.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Temporary Insurance Plans</th>
<th>ACA Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-existing conditions</td>
<td>X</td>
<td>✔</td>
</tr>
<tr>
<td>Pediatric oral and vision care</td>
<td>X</td>
<td>✔</td>
</tr>
<tr>
<td>Maternity and newborn care</td>
<td>Only if maternity rider is purchased</td>
<td>✔</td>
</tr>
<tr>
<td>Preventive and wellness care</td>
<td>Children only</td>
<td>✔</td>
</tr>
<tr>
<td>Habilitative services (those that help patients acquire, maintain or improve skills necessary for daily functioning)</td>
<td>X</td>
<td>✔</td>
</tr>
<tr>
<td>Retail prescription drugs BlueRx DiscountsSM program only</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Outpatient ambulatory services</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Emergency room services</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Mental health and substance use disorder services, including behavioral health treatment</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Laboratory services</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>
Temporary Insurance Benefits

Pre-existing Conditions
If a member receives treatment for an injury, illness or ongoing health condition such as asthma, diabetes or cancer that they had in the 24-month period before the temporary insurance start date, they will have to pay the full cost of any care. Even if a member had a health plan that covered pre-existing conditions, pre-existing conditions are not covered under temporary insurance plans. Please see the examples below.

Pre-existing Conditions

\[\text{OFFICE VISIT} \quad 15 \text{ MARCH} \]
Patient visits doctor to check on their blood sugar level in October.

\[\text{OFFICE VISIT} \quad 17 \text{ OCTOBER} 2018 \]
During an exam a patient finds out that they have diabetes.

\[1 \text{ FEBRUARY} \quad \text{COVERAGE STARTS} \]
Member purchases a temporary insurance plan with Florida Blue.

Will this be covered?

\[\text{NO} \]
This visit is due to pre-existing condition and will likely not be covered under their temporary insurance plan.
Preventive Care Services
Preventive care is covered for children only up to their 17th birthday. With the exception of mammograms, adult preventive care is not covered.

Preventive care for children includes:
- Periodic examinations including a history, physical examination and developmental assessment, and guidance necessary to monitor the normal growth and development of a child
- Oral and/or injectable immunizations
- Laboratory tests normally performed for a well child

Services should be provided according to current medical standards consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics, and the U.S. Preventive Services Task Force or the Advisory Committee on Immunization Practices established under the Public Health Service Act.

Medical Pharmacy Benefits
Prescription drugs provided in a physician’s office are covered subject to the member’s medical pharmacy cost share. Note that allergy injections and immunizations are not part of the medical pharmacy benefit.
Retail Pharmacy Benefits

Your patients enrolled in temporary insurance plans do not have retail pharmacy benefits. However, they do have access to the BlueRx DiscountsSM program. The BlueRx Discounts program is managed on our behalf by Prime Therapeutics LLC, our pharmacy benefits manager. Through this program, discounts for prescription drugs are available at over 40,000 pharmacies across the country for drugs listed in our Care Choice Medication Guide at a discounted price. You can find the drug list at floridablue.com> Providers> Tools & Resources> Medical & Pharmacy Policies and Guidelines> Medication Guides.

Maternity and Newborn Benefits

Maternity and newborn benefits are not covered unless a member purchased a maternity rider along with the temporary insurance plan. Please note that a maternity rider has a separate deductible from the temporary insurance plan. Members are only eligible for this rider if a pregnancy occurs after a temporary insurance plan has been in effect for at least 30 days.

Maternity rider benefits include:

- Physician or midwife services provided for a routine pregnancy, delivery and post-partum follow-up.
- Hospital or birth center services for labor and delivery of the baby, including a physical assessment of the mother and any necessary clinical tests according to current medical standards, newborn assessment, room and board for the mother, and routine nursery care. The member may also choose to deliver her baby at home.
- Routine nursery care for the newborn child during the covered portion of the mother’s maternity stay is included under this benefit. However, when a newborn requires non-routine treatment during or after the mother’s stay, the newborn is considered a patient in his or her own right and is covered only if enrolled under the mother’s plan. The newborn’s hospital admission in this case would be subject to separate cost share amounts according to the terms of the member contract.

Member ID Cards

BlueOptions and BlueSelect temporary insurance plan members have a unique ID card. Please see sample ID cards below.
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 pre-service reviews. Please note that 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.

Examples of Pre-existing Conditions

Note: All services are subject to a review for pre-existing conditions. Pre-existing conditions include, but are not limited to:

- Alcohol and substance abuse disorders, including mental and behavioral disorders due to substance use
- Diseases, disorders, infections and malformations of the brain, nervous, circulatory and/or respiratory systems
- Injuries to the abdomen, head, neck, thorax, back, spine, pelvis or genitals
- Neoplasms, malignant and benign
- Congenital malformations (e.g., musculoskeletal, genital, etc.) and chromosomal abnormalities
- Complications of surgical and medical care
- Heart disease and disorders, including hypertension and diseases of the arteries, arterioles and capillaries
- Organ (e.g., gallbladder, kidneys) and blood disorders
- Mental and behavioral diseases and disorders including birth trauma
- Infectious diseases including but not limited to HIV, bacterial and viral infections, influenza and pneumonia
- Aplastic and other anemias and other bone marrow failure syndromes
- Diabetes
- Degenerative diseases of the nervous system
- Cerebral palsy and other paralytic syndromes
- Tuberculosis
How Pre-Existing Conditions Apply to Back-to-Back Temporary Insurance Plans

Policies for Three Months or Less:
The look-back for pre-existing conditions will always be 24 months from the effective date of each policy.

Please note that accumulators will reset between policies.

Each Policy: 24-month pre-existing look-back

For Six-Month Policies Only:
To create a policy that feels more like 12 months, Florida Blue allows members to purchase two six-month policies back-to-back so that the pre-existing condition look-back is done only once.

Please note that accumulators will reset between policies.

For more information about temporary insurance policies, please refer to the Manual for Physicians and Providers at floridablue.com> Providers.