



In the pursuit of health®

**Florida College System RMC #78800
2019 BlueMedicare Group PPO (Employer PPO) Health Benefits**

Benefits	BlueMedicare Group PPO Plan 1
Premium (per member, per month)	\$270.94 for PPO1Rx1
Annual Deductible	\$0 In-Network / \$1,000 Out-of-Network
Out-of-Pocket Maximum (based on plan year)	\$1,000 In-Network / \$3,000 Out-of-Network In-Network out-of-pocket maximum accumulates toward Out-of-Network out-of-pocket maximum
Physician Office	
Primary Care (per visit)	In-Network \$10 Copayment Out-of-Network Deductible & 20% Coinsurance
Specialist Care (per visit)	In-Network \$30 Copayment Out-of-Network Deductible & 20% Coinsurance
Convenient Care Center	In-Network / Out-of-Network \$30 Copayment
Podiatry Services (per visit) (routine foot care up to 6 visits per year)	In-Network \$30 Copayment Out-of-Network Deductible & 20% Coinsurance
Chiropractic Services (per visit) For each Medicare-covered visit (manual manipulation of the spine to correct subluxation)	In-Network \$20 Copayment Out-of-Network Deductible & 20% Coinsurance
Outpatient Mental Health Care (per visit) For individual or group therapy (including partial hospitalization)	In-Network \$35 Copayment Out-of-Network Deductible & 20% Coinsurance
Outpatient Substance Abuse Care (per visit)	In-Network \$35 Copayment Out-of-Network Deductible & 20% Coinsurance
Part B Drugs (including chemotherapy)	In-Network 20% Coinsurance Out-of-Network Deductible & 20% Coinsurance
Allergy Serums for Injection	In-Network \$5 Copayment Out-of-Network Deductible & 20% Coinsurance

Benefits	BlueMedicare Group PPO Plan 1
Other Services	
Outpatient Surgery	In-Network <ul style="list-style-type: none"> • \$150 Copayment for each outpatient hospital facility visit • \$100 Copayment for each visit to an ambulatory surgical center Out-of-Network Deductible & 20% Coinsurance
Diagnostic Tests, X-Rays Office IDTF Outpatient Hospital	In-Network <ul style="list-style-type: none"> • PCP \$10 Copayment • Specialist \$30 Copayment Out-of-Network Deductible & 20% Coinsurance In-Network \$50 Copayment Out-of-Network Deductible & 20% Coinsurance In-Network \$150 Copayment Out-of-Network Deductible & 20% Coinsurance
Lab Services Independent Clinical Lab Outpatient Hospital All Locations	In-Network \$0 Copayment In-Network \$15 Copayment Out-of-Network Deductible & 20% Coinsurance
Advanced Imaging (MRI, MRA, CT Scan, PET Scan and Nuclear Medicine) Office IDTF Outpatient Hospital	In-Network \$125 Copayment Out-of-Network Deductible & 20% Coinsurance In-Network \$125 Copayment Out-of-Network Deductible & 20% Coinsurance In-Network \$150 Copayment Out-of-Network Deductible & 20% Coinsurance

Benefits	BlueMedicare Group PPO Plan 1
<p>Outpatient Hospital Services (per visit) Occupational Therapy, Physical Therapy, Speech & Language Therapy, Cardiac and Pulmonary Rehab (including intensive cardiac rehab)</p> <p>Radiation Therapy</p> <p>Dialysis</p> <p>Lab Only</p> <p>All Other Diagnostic Tests, X-Rays, Advanced Imaging, etc.</p>	<p>In-Network \$30 Copayment Out-of-Network Deductible & 20% Coinsurance</p> <p>In-Network \$50 Copayment Out-of-Network Deductible & 20% Coinsurance</p> <p>In-Network / Out-of-Network 20% Coinsurance</p> <p>In-Network \$15 Copayment Out-of-Network Deductible & 20% Coinsurance</p> <p>In-Network \$150 Copayment Out-of-Network Deductible & 20% Coinsurance</p>
<p>Urgently Needed Care (This is not emergency care, and in most cases is out-of-the-service area.)</p>	<p>In-Network / Out-of-Network \$30 Copayment</p>
<p>Emergency Services (Including Worldwide Coverage)</p>	<p>In-Network / Out-of-Network \$75 Copayment (\$25,000 maximum per plan year for worldwide emergency services received outside the U.S.)</p>
<p>Medicare-Covered Dental, Hearing and Vision</p>	<p>In-Network \$30 Copayment Out-of-Network Deductible & 20% Coinsurance</p>
<p>Home Health</p>	<p>In-Network / Out-of-Network \$0 Copayment</p>
<p>Ambulance</p>	<p>In-Network / Out-of-Network \$150 Copayment for Medicare-covered ambulance services</p>
<p>Outpatient Medical Services and Supplies</p>	
<p>Durable Medical Equipment/Diabetic Supplies Diabetic Supplies (glucose meters, test strips and lancets) <i>Note: needles, syringes and insulin for self-injection are covered under your Part D benefit</i></p> <p>Equipment: Plan-Approved Electric Customized Wheelchairs, Electric Scooters</p> <p>All Other Medicare-Covered Durable Medical Equipment</p>	<p>In-Network \$0 Copayment Out-of-Network Deductible & 20% Coinsurance</p> <p>In-Network 20% Coinsurance Out-of-Network Deductible & 20% Coinsurance</p> <p>In-Network \$0 Copayment Out-of-Network Deductible & 20% Coinsurance</p>

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Prosthetic Devices	In-Network \$0 Copayment for Medicare-covered items Out-of-Network Deductible & 20% Coinsurance
Outpatient Rehabilitation Occupational Therapy, Physical Therapy, Speech & Language Therapy, Cardiac and Pulmonary Rehab (including intensive cardiac rehab) Office or Freestanding Facility Services Outpatient Hospital Services	 In-Network \$30 Copayment for each visit Out-of-Network Deductible & 20% Coinsurance In-Network \$30 Copayment for each visit Out-of-Network Deductible & 20% Coinsurance
Dialysis	In-Network/Out-of-Network 20% Coinsurance
Inpatient Care	
Inpatient Hospital Care (including substance abuse treatment)	In-Network <ul style="list-style-type: none"> • \$150 Copayment each day for day(s) 1-7 for a Medicare-covered stay in a network hospital • After the 7th day, the plan pays 100% of covered expenses per stay Out-of-Network Deductible & 20% Coinsurance
Inpatient Mental Health Care (in a certified psychiatric facility) 190-day lifetime limit in a psychiatric hospital	In-Network <ul style="list-style-type: none"> • \$200 Copayment each day for day(s) 1-7 for a Medicare-covered stay in a network hospital • \$0 Copayment each day for day(s) 8-90 for a Medicare-covered stay in a network hospital Out-of-Network Deductible & 20% Coinsurance
Skilled Nursing Facility (in a Medicare-certified skilled nursing facility) There is a limit of 100 days for each benefit period 3-day prior hospital stay is not required	In-Network <ul style="list-style-type: none"> • \$0 Copayment each day for days 1-20 per benefit period • \$75 Copayment each day for days 21-100 per benefit period Out-of-Network Deductible & 20% Coinsurance
Hospice	Member must receive care from a Medicare-certified hospice

Benefits	BlueMedicare Group PPO Plan 1
Preventive Services	
Annual Screening Mammograms (for women with Medicare, age 40 and older)	In-Network \$0 Copayment for Medicare-covered screening mammograms Out-of-Network 20% Coinsurance
Pap Smears and Pelvic Exams (for women with Medicare)	In-Network <ul style="list-style-type: none"> • \$0 Copayment per pap smear • \$0 Copayment per pelvic exam Out-of-Network 20% Coinsurance
Bone Mass Measurement (for people with Medicare who are at risk)	In-Network \$0 Copayment for each Medicare-covered bone mass measurement Out-of-Network 20% Coinsurance
Colorectal Cancer Screening Exams (for people with Medicare age 50 and older)	In-Network \$0 Copayment for Medicare-covered colorectal screening exams Out-of-Network 20% Coinsurance
Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	In-Network \$0 Copayment for Medicare-covered prostate cancer screening exams Out-of-Network 20% Coinsurance
Medicare-Covered Immunizations	In-Network <ul style="list-style-type: none"> • \$0 Copayment for influenza vaccine • \$0 Copayment for pneumococcal pneumonia vaccine • \$0 Copayment for hepatitis B vaccine Out-of-Network 20% Coinsurance
Health & Wellness Benefit	
Fitness Program	Free membership through SilverSneakers

BlueMedicare Group PPO out-of-pocket maximum includes all covered health services member cost share rendered in/out of network on a Plan Year basis. Supplemental services and Part D costs are not applied to medical out-of-pocket maximum.

Medicare Part B - the premium provided under this plan excludes the Medicare Part B premium payments. (Members must continue to pay the Medicare Part B premium unless paid by Medicaid or another third party.)

Florida Blue is a PPO Plan with a Medicare contract. Enrollment in Florida Blue depends on contract renewal.



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**Florida College System RMC #78800
2019 BlueMedicare Group Rx (Employer PDP)**

Benefits	BlueMedicare Group Rx Option 1
Premium	Included in PPO1Rx1
Annual Deductible	\$0
Retail	31-day Supply
Tier 1 - Preferred Generics	\$10 Copayment
Tier 2 - Generics	\$10 Copayment
Tier 3 - Preferred Brand	\$40 Copayment
Tier 4 - Non-Preferred Brand	\$70 Copayment
Tier 5 - Specialty Drugs	25% Coinsurance
Mail Order	90-day Supply with Mail Order
Tier 1 - Preferred Generics	\$0 Copayment
Tier 2 - Generics	\$0 Copayment
Tier 3 - Preferred Brand	\$80 Copayment
Tier 4 - Non-Preferred Brand	\$140 Copayment
Tier 5 - Specialty Drugs	25% Coinsurance (31-day supply only)
Gap	31-day Supply
Tier 1 - Preferred Generics	\$10 Copayment
Tier 2 - Generics	\$10 Copayment
Tier 3 - Preferred Brand	\$40 Copayment
Tier 4 - Non-Preferred Brand	\$70 Copayment
Tier 5 - Specialty Drugs	25% Coinsurance
Catastrophic	\$3.40 Copayment for generic drugs \$8.50 Copayment for brand drugs

Florida Blue is an Rx (PDP) Plan with a Medicare contract. Enrollment in Florida Blue depends on contract renewal.

Prescription drug copayments do not accumulate towards the health plan-year out-of-pocket maximum.

Part D Creditable Coverage – The enrolling member may incur Part D late enrollment penalties as defined and set by CMS in accordance with Part D guidelines if prior creditable coverage cannot be proven.