



# 2024 Benefits

## State Employees' PPO Plan

*Florida Blue*   
Your local Blue Cross Blue Shield

Department of  
**MANAGEMENT  
SERVICES**   
▶ State Group Insurance



# Coverage that fits your lifestyle

If you're looking for a health plan that's flexible enough to meet your needs, the State Employees' PPO Plan<sup>1</sup> is designed with you in mind.

You'll get coverage for most major medical expenses for covered illnesses and injuries, including doctor and hospital services, and best of all, there's no need for referrals. Plus, you get many preventive benefits with no out-of-pocket expense to you.

You'll also get the freedom to choose any doctor or hospital, but you'll get the most value when you select from Florida Blue's extensive network of quality providers — located in the communities where you live and work. And, being "in-network" means there are no claims to file and protection from balance billing.

## Two plan options available to you depending on your situation:

**Option 1:** If you prefer predictable copayments and lower deductibles, the **Standard PPO Plan** is the perfect choice.

**Option 2:** If you prefer to flex your financial muscle, consider the **High Deductible PPO Plan** with pretax savings advantages. You get lower premiums, achieved through cost-sharing and higher deductibles. When combined with a Health Savings Account (HSA) you can put aside tax-free dollars to help pay for qualified medical expenses. For more information on the Health Savings Account feature, please call the **People First Service Center at 1-866-663-4735**.

As with most health plans though, any related deductibles, copayments, coinsurance, per admission

deductibles, non-covered services, non-network charges over and above the allowed amount, amounts above the PPO Plan limitations, and fees associated with not certifying non-network hospital admissions, are the responsibility of the member.

For details about each of the options, please see the Summary of Benefits starting on page 5.

## How to find a doctor

To see which providers participate in your health plan's network, check out the online provider directory at [floridablue.com](http://floridablue.com), click on the **Find a Doctor** tab, and select BlueOptions (PPO). You can find doctors, specialists, hospitals, labs and urgent care centers. You can even learn about a doctor's admitting privileges, the medical school they attended, languages they speak, their gender, their specialty and their office locations.

This online provider directory is also available in Spanish.

## Coverage that goes with you

Wherever you go, with the **BlueCard**<sup>®2</sup> program, your health care coverage goes with you. **BlueCard** provides you access to a nationwide network of inpatient, outpatient and professional health care providers.

To find participating doctors and hospitals outside of Florida, call **1-800-810-BLUE (2583)** or visit **bcbs.com** and click on Find a Doctor or Hospital.

<sup>1</sup> Administered by the Division of State Group Insurance (DSGI) within the Department of Management Services. DSGI has full and final decision making authority concerning eligibility, coverage, and benefits. Blue Cross and Blue Shield of Florida, D/B/A Florida Blue, under contract with the state of Florida, is the Servicing Agent for the medical component of the State Employees' PPO Plan.



# Flexible Benefits

## Cut costs on prescription meds

The State Employees' Prescription Drug Plan is designed to provide you with affordable choices in prescription medications along with information to help you use your pharmacy plan to lower your costs.

You can fill your prescriptions three ways: (1) use a participating 30-day retail pharmacy for short-term medications and for drugs you need right away; (2) fill your maintenance prescription medications through the mail order pharmacy where you get up to a 90-day supply for the cost of two 30-day fills; (3) or fill your maintenance prescription medications by using a participating 90-day maintenance at retail pharmacy for the cost of two 30-day fills. Prescriptions for maintenance medications must be filled through the mail order pharmacy or by a participating 90-day maintenance at retail pharmacy after three (3) fills at a 30-day retail pharmacy. For more information or to find a participating pharmacy, refer to [myBenefits.myflorida.com/health](https://myBenefits.myflorida.com/health).

## Telehealth and immunizations

**Telehealth and Virtual Visits:** You and your covered family members can receive some medical services provided remotely through a two-way interactive electronic device that includes both audio and visual communication. You may use Florida Blue's telehealth vendor, Teladoc®, or virtual visits provided by your current Network or Non-Network Provider.

**Teladoc:** Teladoc® provides service 24 hours a day/ seven days a week and employs a national network of U.S. board-certified physicians that can diagnose, treat, and prescribe medications for your non-emergency conditions. To set up your account at Teladoc® go to **Teladoc.com**. For additional information you may call Teladoc® at **1-800-835-2362** or Florida Blue Customer Service at **1-800-825-2583**.

**Virtual Visits:** Your current in-network or out-of-network provider may also conduct visits through an audio or visual (telehealth) method. Just ask your provider if he or she provides virtual visit services and if your service is suitable for a virtual visit. For more information on telehealth virtual visits, call Florida Blue Customer Service at **1-800-825-2583**.

### Immunizations at Participating In-Network Pharmacies:

You and your covered family members can get your routine vaccinations, including flu shots, at any in-network pharmacy. Before you go, call the pharmacy just to make sure that the immunization you need is available and if an appointment is required. Retail pharmacies practice within the parameters of state and federal laws and regulations; it is possible that not all vaccinations will be available for everyone, i.e. some pharmacies may not be legally allowed to vaccinate children. For more information or to locate a participating in-network pharmacy refer to [myBenefits.myflorida.com/health](https://myBenefits.myflorida.com/health).

<sup>2</sup> The BlueCard program is made available through the Blue Cross and Blue Shield Association (BCBSA). Neither Florida Blue nor BCBSA shall be liable for losses, damages, or uncovered charges as a result of using the BlueCard Worldwide Service Center or receiving care from any provider listed on its website.

<sup>3</sup> The State Employees' Prescription Drug Plan is under a separate contract with the State of Florida and is not a Florida Blue product.



# Expert advice

Managing all the aspects of your health care can really be a workout. That's why we have experts that can help. You can get **information** on many types of health-related matters. If you ever have questions, concerns or suggestions, we'd be happy to hear from you.

Dedicated **Customer Service Representatives** are available Monday through Friday from 7 a.m. to 7 p.m. Eastern Time. Call **1-800-825-2583**.

For face-to-face support, **Florida Blue Centers** are open Monday through Saturday from 10 a.m. to 8 p.m. Eastern Time where representatives can help you with care or service. Call **1-877-352-5830**.

The **Nurseline** is available 24/7 for questions ranging from common symptoms and illnesses, children's health and allergies to diabetes, diagnostic testing and heart conditions. Call Health Dialog at **1-877-789-2583**.

**Care Consultants** can help you understand your condition, plus help you explore treatment options, providers and costs so you're able to make the choices that are best for you. Call **1-888-476-2227**.

The **Healthy Addition** program is a prenatal education and early intervention program designed to provide expecting moms information for a healthy pregnancy and delivery. Call **1-800-955-7635, option 6**.

For assistance with disease management, surgeries and extended care needs, **Care Coordinators** can help simplify the path of your treatment and recovery process, and help you understand how to maximize your benefits. Call **1-844-730-2583 (844-730-BLUE)**.

**Floridablue.com** or **floridablue.com/state-employees** is your online source to access personalized information, health management programs, discounts and services to keep you in charge of your health and health care. When you log in to your account, you'll be able to:

Join Better You Strides, an online program that gives you a step-by-step guide to better health:

Take a health assessment to get a picture of your health.

Receive your Personal Health Journey to help you get and stay healthy.

Track your progress using more than 100 popular wearable fitness devices and apps.

View your **Member Health Statement** that includes how claims were processed including your out-of-pocket costs, deductibles, and provider payments, and gives you resources and money-saving tips to help you take control of your health care costs. Click **Claims & Statements**.

Estimate the cost of medical services and office visits along with quality ratings. Click **Tools**, then **Compare Medical Costs**.



## Questions?

Use the QR Code to the left to go to **floridablue.com/state-employees**. It's your first stop for everything you need to know about your health coverage.

## Register Online

As soon as you receive your member ID card, register or log in at **floridablue.com** and get access to your information 24/7.

# Summary of Benefits Using Network and Non-Network Providers

	Standard PPO Option	High Deductible (HD) PPO Option	Comments, Limits, and/or Exclusions
<b>Deductibles/Copayments/Limits</b>			
<b>Calendar Year Deductible (CYD)</b> (per person/family aggregate)			The CYD does not count toward the coinsurance maximum. The In-network portion of the CYD counts toward the Global Out of Pocket Maximum.
Network Non-Network	\$250 / \$500 \$750 / \$1,500	\$1,600 / \$3,200 \$2,500 / \$5,000	
<b>Per Visit Fee for Physician Office Visits</b>			<b>Standard Option:</b> Includes services rendered at the same time and by the same provider. Services related to the office visit, but rendered by separate providers and/or at a different time are subject to the Calendar Year Deductible.
Primary Care Physician (PCP)			
Network Non-Network	\$15 Per Visit Fee (PVF) Coinsurance only no CYD or PVF	No PVF; subject to CYD No PVF; subject to CYD	
Teladoc®			
Network Non-Network	\$0 PVF Not Applicable	No PVF; subject to CYD Not Applicable	
Virtual Visit			
Network Primary Care Physician (PCP) Network Specialist Non-Network (PCP and Specialist)	\$15 PVF \$25 PVF Coinsurance only no CYD or PVF	Coinsurance after CYD Coinsurance after CYD Coinsurance after CYD	
Specialist (all other specialties)			
Network Non-Network	\$25 PVF Coinsurance only no CYD or PVF	No PVF; subject to CYD No PVF; subject to CYD	
Urgent Care Center			
Network Non-Network	\$25 PVF \$25 PVF	No PVF; subject to CYD No PVF; subject to CYD	
<b>Per Admission Deductible (PAD)</b>			
Inpatient Hospital			
Network Non-Network	\$250 per admission \$500 per admission	No PAD; subject to CYD \$1,000 per admission + CYD	
<b>Emergency Room Facility Services Copayment</b> (per visit)			
Network Non-Network	\$100 copay (waived if admitted) \$100 copay (waived if admitted)	No copayment; subject to CYD No copayment; subject to CYD	
<b>Coinsurance Maximum</b> (Out-of-Pocket - OOP) (per person/family aggregate)			Only the amount of coinsurance you pay applies to the coinsurance/out-of-pocket (OOP) maximum. Deductibles and copays do not count toward the coinsurance/OOP maximum.
Network Non-Network	\$2,500 / \$5,000 Combined w/In-Network	\$3,000 / \$6,000 \$8,050/\$16,100	
<b>In-Network Global Out-of-Pocket Maximum</b> (per person/family aggregate)			Global Out of Pocket is comprised of all In-Network member cost share for per visit fees, calendar year deductible, coinsurance, ER copayments, per admission deductibles, and prescription drugs. Once limit is reached, In-Network claims are paid at 100% for the remainder of the year without member cost share.
Network Non-Network	\$9,450 / \$18,900 Not Applicable	\$4,600 / \$9,200 <sup>1</sup> Not Applicable <sup>1</sup> No one person in a family plan shall exceed \$7,600.	
<b>Lifetime Maximum</b>	Not Applicable	Not Applicable	
<b>Hospital Services*</b>			
<b>Room and Board</b> (semiprivate)			
Network Non-Network	80% of Allowed Amt after PAD 60% of Allowance after PAD	80% of Allowed Amt after CYD 60% of Allowance after PAD and CYD	
<b>Intensive/Progressive Care</b>			
Network Non-Network	80% of Allowed Amt after PAD 60% of Allowance after PAD	80% of Allowed Amt after CYD 60% of Allowance after PAD and CYD	
<b>Inpatient Ancillaries</b> (x-ray, lab, drugs, oxygen, OR, etc.)			
Network Non-Network	80% of Allowed Amt after PAD 60% of Allowance after PAD	80% of Allowed Amt after CYD 60% of Allowance after PAD and CYD	
<b>Outpatient Services</b>			
Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	
<b>Emergency Room</b>			
Network Non-Network	100% of Allowed Amt after ER copay 100% of Allowance after ER copay	80% of Allowed Amt after CYD 80% of Allowance after CYD	
<b>Physician Services</b>			
<b>Office Visit</b>			Standard Option: Includes services rendered at the same time and by the same provider. Services related to the office visit, but rendered by separate providers and/or at a different time are subject to the Calendar Year Deductible.
Network Non-Network	100% of Allowed Amt after applicable PVF 60% of Allowance (no PVF or CYD)	80% of Allowed Amt after CYD 60% of Allowance after CYD	

CYD = Calendar Year Deductible | PCP = Primary Care Physician | PAD = Per Admission Deductible | PVF = Per Visit Fee | OOP = Out-of-Pocket

\* The member is responsible for obtaining Hospital Stay Certification for all inpatient admissions to non-network hospitals, with the exception of rehabilitative hospitals, skilled nursing facilities, DOD and VA facilities.

# Summary of Benefits Using Network and Non-Network Providers

	Standard PPO Option	High Deductible (HD) PPO Option	Comments, Limits, and/or Exclusions
<b>Physician Services (continued)</b>			
<b>Teladoc®</b> Network Non-Network	100% of Allowed Amt Not Applicable	100% of Allowed Amt after CYD Not Applicable	
<b>Virtual Visit</b> Network Non-Network	100% of Allowed Amt after PVF 60% of Allowance (no PVF or CYD)	80% of Allowed Amt after CYD 60% of Allowance after CYD	
<b>Emergency Room</b> Network Non-Network	80% of Allowed Amt after CYD 80% of Allowance after CYD	80% of Allowed Amt after CYD 80% of Allowance after CYD	
<b>Hospital Visit</b> Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	
<b>Surgery (Inpatient/Outpatient)</b> Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	
<b>Pathology/Radiology/ Anesthesiology</b> Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	
<b>Outpatient Services</b> (outpatient visits, consultations, maternity care, etc.) Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	Network and Non-Network: Includes all outpatient services not rendered in conjunction with an office visit.
<b>Preventive Care – Child</b> Network Non-Network	100% of Allowed Amt 100% of Allowance	100% of Allowed Amt 100% of Allowance	Covered Child Preventive Care services are not subject to PVF or CYD. Preventive health care and immunization services are age and gender based and are covered in accordance with current recommendations of the U.S. Preventive Services Task Force established under the Public Health Service Act.
<b>Preventive Care – Adult</b> Network Non-Network	100% of Allowed Amt 100% of Allowance	100% of Allowed Amt 100% of Allowance	Covered Adult Preventive Care services, including routine mammograms, are not subject to PVF or CYD. Preventive health care and immunization services are age and gender based and are covered in accordance with current recommendations of the U.S. Preventive Services Task Force established under the Public Health Service Act.
<b>Other Covered Facility Services</b>			
<b>Ambulatory Surgical Center</b> Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	
<b>Birthing Center</b> Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	
<b>Home Health Care</b> Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	
<b>Osteopathic Hospital (Inpatient)</b> Network Non-Network	80% of Allowed Amt after PAD 60% of Allowance after PAD	80% of Allowed Amt after CYD 60% of Allowance after PAD and CYD	
<b>Outpatient Facility</b> Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	
<b>Rehab Hospital (Inpatient)</b> Network Non-Network	80% of Allowed Amt after PAD 60% of Allowance after PAD	80% of Allowed Amt after CYD 60% of Allowance after PAD and CYD	
<b>Rehab Hospital (Outpatient)</b> Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	
<b>Residential Treatment Facility</b> Network Non-Network	80% of Allowed Amt after PAD 60% of Allowance after PAD	80% of Allowed Amt after CYD 60% of Allowance after PAD and CYD	
<b>Skilled Nursing Facility</b> Network Non-Network	70% of Allowed Amt 70% of Allowance	70% of Allowed Amt after CYD 70% of Allowance after CYD	Network and Non-Network: Skilled nursing facility services are limited to 60 days per calendar year. Patient must meet the following criteria: <ul style="list-style-type: none"> <li>transferred directly from a hospital admission of at least three days; and</li> <li>must require skilled care for a condition that was treated in the hospital, as certified by a doctor.</li> </ul>
<b>Specialty Facility (Inpatient)</b> Network Non-Network	80% of Allowed Amt after PAD 60% of Allowance after PAD	80% of Allowed Amt after CYD 60% of Allowance after PAD and CYD	
<b>Specialty Facility (Outpatient)</b> Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	

CYD = Calendar Year Deductible | PCP = Primary Care Physician | PAD = Per Admission Deductible | PVF = Per Visit Fee | OOP = Out-of-Pocket

**Note:** Certain Categories of Network Providers may not currently be available in all geographic regions. Additionally, certain providers (e.g., radiologists, anesthesiologists, emergency room physicians, hospice facilities) rendering care at Network facilities may not be Network providers and are, therefore, subject to Non-Network benefits.

These are the benefits provided the contract is active when the services are rendered. Oral and written statements cannot modify the coverage or benefits provided in the contract.

# Summary of Benefits Using Network and Non-Network Providers

	Standard PPO Option	High Deductible (HD) PPO Option	Comments, Limits, and/or Exclusions
<b>Other Covered Services</b>			
<b>Acupuncture</b> Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	Acupuncture may be provided by a medical doctor, a doctor of osteopathy, a chiropractor certified in acupuncture, or a certified acupuncturist.
<b>Ambulance</b> Network Non-Network	100% of Allowed Amt 100% of Covered Charge	100% of Allowed Amt after CYD 100% of Covered Charge after CYD	Ground ambulance services must be Medically Necessary to transport a patient: (1) from a Hospital unable to provide care to the nearest Hospital that can provide the Medically Necessary level of care; (2) from a Hospital to a home or nearest Skilled Nursing Facility that can provide the Medically Necessary level of care; or (3) from the place of an emergency medical Condition to the nearest Hospital that can provide the Medically Necessary level of care.  Air, helicopter, and boat ambulance services are covered to transport a patient from the location of an emergency medical Condition to the nearest Hospital that can provide the Medically Necessary level of emergency care, when: (1) the pick-up point is inaccessible by ground; (2) speed in excess of ground speed is critical; or (3) the travel distance by ground is too far to safely treat the patient.
<b>Contraceptives and supplies</b>	Paid according to the type of service rendered as noted above for Preventive Adult Care, Physician office visits, other Physician services, Durable Medical Equipment, and prescription drugs.	Paid according to the type of service rendered as noted above for Preventive Adult Care, Physician office visits, other Physician services, Durable Medical Equipment, and prescription drugs.	Medical services and supplies related to contraceptive management are covered under the medical component of the PPO Plan administered by Florida Blue. Contraceptive supplies and prescriptions dispensed by a retail or mail order pharmacy are covered under the State Employees' Prescription Drug Plan.
<b>Durable Medical Equipment (DME)/Supplies</b> Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	Coverage is limited to the standard model unless an upgraded model is determined to be Medically Necessary. Orthopedic shoes, build up, brace or support are not covered unless attached to a brace. Certain shoes may be eligible for coverage for diabetic patients.
<b>Laboratory, x-ray and diagnostic services</b> Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	
<b>Mammograms (Medical)</b> Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	Medically necessary mammograms are covered at any age.
<b>Manipulative Services</b> Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	Network and Non-Network: payment for manipulative services is limited to 26 treatments per calendar year.
<b>Midwife Services</b> Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	
<b>Physical Therapy</b> Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	Network and Non-Network: Payment for physical and massage therapy is limited to 4 treatments per day, not to exceed 21 treatment days during any six-month period. Massage therapy requires a physician's prescription noting medical necessity and specifying the number of treatments required, not to exceed the limitation.
<b>Occupational Therapy</b> Network Non-Network	80% of Allowed Amt after CYD 60% of Allowance after CYD	80% of Allowed Amt after CYD 60% of Allowance after CYD	Limited to 21 treatment days during any six-month period.
<b>Prescription Drugs</b> Retail Pharmacy 30-day Mail Order 90-day Participating Retail Pharmacy 90-day Non-Participating Retail Pharmacy Specialty Pharmacy	Generic / Preferred / Nonpreferred \$7 / \$30 / \$50 \$14 / \$60 / \$100 \$14 / \$60 / \$100 Member pays in full and files claim \$14 / \$60 / \$100	Generic / Preferred / Nonpreferred 30% / 30% / 50% after CYD 30% / 30% / 50% after CYD 30% / 30% / 50% after CYD Member pays in full and files claim 30% / 30% / 50% after CYD	Maintenance drugs may be filled at a retail pharmacy up to three times. After three 30-day retail fills, maintenance drugs must be filled through the mail order program or at a participating 90-day retail pharmacy.  Smoking Cessation prescription drugs are covered.
<b>Hospice Care</b>			
<b>Hospice (Inpatient)</b> Network Non-Network	70% of Allowed Amt 70% of Allowance	70% of Allowed Amt after CYD 70% of Allowance after CYD	Hospice care is limited to 210 days per person, per lifetime.
<b>Hospice (Outpatient/Home)</b> Network Non-Network	80% of Allowed Amt 80% of Allowance	80% of Allowed Amt after CYD 80% of Allowance after CYD	

CYD = Calendar Year Deductible | PCP = Primary Care Physician | PAD = Per Admission Deductible | PVF = Per Visit Fee | OOP = Out-of-Pocket

Refer to your Group Health Insurance Plan Booklet and Benefits Document for a more detailed description of the covered benefits and the expenses you may have to pay out of your pocket (such as copays, coinsurance or deductibles).



## Medicare Retirees

When you retire and you and/or your spouse are eligible for Medicare Parts A and B, the State Employees' PPO Plan becomes your secondary health coverage. This means after Medicare and the PPO Plan process your claims, you will have little to no out-of-pocket medical expenses<sup>5</sup>!

When Medicare is primary, this Plan will pay benefits up to the lesser of:

1. The covered expenses Medicare does not pay, up to the Medicare allowance; or
2. The amount this Plan would have paid if you had no other coverage.

### Here's how it works:

- When your claim is crossed-over from Medicare (after Medicare processed the claim), Florida Blue will determine how much the PPO Plan would have paid towards the claim IF the PPO Plan was primary.
- Since the PPO Plan isn't primary, Florida Blue would then look to see what the Medicare allowed amount was and how much Medicare actually paid towards the claim.

- Let's say the PPO Plan would have paid \$100 if it had been primary; and, let's say the Medicare allowed amount was \$75 AND Medicare applied the full \$75 towards your Medicare deductible. The PPO Plan would pay the lesser of the amount it would have paid if it had been primary (\$100) or the Medicare allowed amount minus the amount Medicare paid to you or the provider. In this example, the PPO Plan would pay the provider \$75 (because Medicare applied its allowed amount to your Medicare deductible) and you would not owe the provider anything.
- Services not covered by Medicare: If services are covered by the PPO Plan, the PPO Plan will pay as your primary coverage; some examples of services not covered by Medicare but covered by the PPO Plan are massage therapy, home health care, and acupuncture.
- Prescription Drugs: Your prescription drug plan provided through the State of Florida is considered Creditable Coverage and is as good as or better than prescription drug coverage offered by standard Medicare Part D plans.

## Call us, we're here to help!

Questions, concerns or suggestions? Florida Blue's dedicated Customer Service Representatives are available Monday through Friday from 7 a.m. to 7 p.m. Eastern Time. **1-800-825-2583**

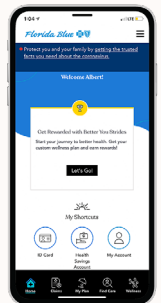
### People First Service Center

Monday through Friday, 8 a.m. to 6 p.m. Eastern Time  
**1-866-663-4735**

## Download our app

Download the Florida Blue app help you make the most of your health plan.

- Find care based on your location
- See your deductible and benefits
- Get a copy of your ID card
- And more!



<sup>5</sup> Individual claims can vary. This does not apply for any non-covered services.

Teladoc is an independent company contracted by Florida Blue to provide physician visits via phone or online video to members with non-emergent medical issues. Teladoc is only available in the U.S. Teladoc® is a trademark of Teladoc, Inc.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. 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 ed pou lang ki disponib gratis pou ou. Rele 1-800-352-2583 (TTY: 1-800-955-8770).

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