



**Group Proposal  
for MR. PRINT**

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Presented by  
CAROLINE AND JEREMY INC



Health Options and its Parent, Blue Cross and Blue Shield of Florida, are independent licensees of the Blue Cross and Blue Shield Association.

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## BlueOptions:

**Imagine health care coverage that's accessible, affordable and convenient.**

**Meet the diverse needs of your workforce with benefit choices through BlueOptions.**

Blue Cross and Blue Shield of Florida, Inc. (BCBSF) and its affiliates developed a wide range of benefit options—including wellness programs and decision support—to keep up with the ever-changing health insurance industry and the needs of consumers. Our wide range of plan designs place the power of choice where it belongs – in the hands of both you and your employees. Choices that give you the flexibility to put together a program that works within your budget and can help improve employee health outcomes and productivity. It's the total package:

- **Value:** personalized solutions for employees at a price you can afford
- **Choice Model:** a multiple-plan offering to meet the diverse needs of your company
- **Long-Term Solution:** a health benefit plan you can count on for your company's future

### It all begins with BlueOptions.

Our BlueOptions health benefit plans offer you choice, affordability and simplicity. They're specifically designed to offer a variety of coverage choices with different benefits and premiums to make health care more accessible.

- **Conventional health benefit plans** range from those with predictable copayments for covered office visits to plans with Deductibles and Coinsurance.
- **Lower-premium health benefit plans** offer savings on premiums, with plans ranging from those with predictable copayments for covered family physician office visits and 50% coinsurance for many covered services, to those that primarily provide coverage for hospitalization, surgeries and related services. Plus, other plans include coverage for routine health care and hospital stays, with a maximum on the covered benefits payable by BCBSF and the number of office services/visits.
- **Qualified high-deductible health benefit plans** are designed to be paired with financial accounts such as a Health Savings Account (HSA)<sup>1</sup> or a Health Reimbursement Account (HRA). We also offer plans with coverage for hospitalization and surgeries that are HSA-compatible. These plans are a great option for saving on premiums now, while accumulating savings for health needs later on.

**Access.** BlueOptions gives your employees the freedom to choose the providers that best suit their needs, with no referrals. They can select in-network physicians, hospitals and even specialists from **NetworkBlue**<sup>2</sup> to receive the lowest out-of-pocket expenses. They are also protected from balance billing when they receive covered services from an out-of-network provider who participates in our Traditional provider program.

And every BlueOptions health benefit plan comes with a pharmacy solution – most include a **BlueScript**<sup>®</sup> **Pharmacy Program**, while others offer access to pharmacy discounts through the **BlueRx Discounts**<sup>3</sup> program.

<sup>1</sup>For consumers choosing a Health Savings Account (HSA) option, Blue Cross and Blue Shield of Florida offers only the high-deductible health benefit plan to be used in conjunction with the HSA. An HSA is an individual's account to manage in conjunction with any qualified financial institution or trustee of their choice. For more information on the tax advantages and implications of HSAs as used with a high-deductible health benefit plan, contact your legal or tax advisor.

<sup>2</sup>NetworkBlue is one of our preferred provider networks made up of independent hospitals, physicians and ancillary providers, and is the PPO provider network designated as 'in-network' for BlueOptions plans. NetworkBlue has a wide variety of hospitals, from local hospitals to ones that offer specialized services like children's and teaching hospitals. There are two in-network options from which to choose; each option represents varying cost levels for hospital services.

<sup>3</sup>Certain BlueOptions products include the BlueRx Discounts program that is administered by Prime Therapeutics LLC and only participating pharmacies offer these program discounts. Participating

*Pharmacies are independently contracted. The BlueRx Discounts program is not an insurance product or part of the BlueOptions insurance policy.*

## BlueCare

### **Comprehensive coverage for your most valuable resource with BlueCare (HMO).**

We're proud to offer BlueCare through our HMO subsidiary, Health Options, Inc. (HOI). This health care coverage can save your employees money while helping your bottom line. BlueCare is comprehensive, affordable coverage designed to help keep your most valuable resource – your employees – healthy and happy. Plus, you can take comfort knowing your employees are getting coverage that includes pharmaceuticals, prenatal care, children's wellness, women's health needs and out-of-state coverage with Away from Home Care®.

### **How BlueCare works.**

BlueCare offers convenient, comprehensive coverage, including access to one of Florida's largest networks<sup>1</sup> of independent, contracted physicians and hospitals as well as a large network of pharmacies. Health care plans are tailored to the individual needs of your employees and are designed to provide your employees with the coverage they want and need. We contract with independent physicians, hospitals and other providers dedicated to the care of your employees. To ensure your employees' care is properly coordinated, in most cases, benefits must first be authorized by a Primary Care Physician (PCP) – unless it is an emergency.

#### **Primary Care Physician.**

- Every family member is allowed to choose his or her own Primary Care Physician from our network of more than 4,400 providers
- This Primary Care Physician will help coordinate all aspects of the individual's health care
- This physician can be in individual private practice or a group arrangement

And every BlueCare health benefit plan comes with a pharmacy solution – the **BlueCare Rx** pharmacy benefit program – which provides employees with an affordable copayment on most plans when they purchase prescription drugs at a participating pharmacy or when purchasing a 90-day supply of maintenance medication through the mail order program.

<sup>1</sup>*Networks are made up of independent contracted health care providers.*

### **More choice from Blue.**

For additional choice and flexibility, we offer a variety of financial programs that complement our health benefit plans to give both you and your employees tax advantages and greater control over health care expenses. A Flexible Spending Account (FSA) or Health Reimbursement Account (HRA) supplemented with convenient reimbursement options for your employees, such as automatic reimbursement or a debit card for qualified purchases, could work for you. Or, BCBSF offers access to a convenient, one-stop Health Savings Account (HSA) solution through an arrangement with ACS/Mellon Financial Corporation, our preferred HSA administrator.

### **Here's how Blue adds value to your health benefit plans**

- **MyBlueService**, our 24/7 online member self-service lets your employees request extra ID cards, review benefits, check claims status, print forms and more.
- **Blueprint for Health**<sup>SM</sup> provides comprehensive care and wellness programs, with personalized service
  - **Access to discounts**<sup>1</sup> on vision care, hearing care, alternative care, fitness clubs and more.

- **Online tools<sup>1</sup> to research physicians, local hospitals, treatment options and medical conditions**, to help them think through health care decisions for themselves and their families.
  - **Access to valuable health information and resources<sup>1</sup>**—including personal care decision support over the phone or online—to help your employees focus on prevention and proactively identify health and wellness issues.
  - Access to a healthy lifestyle program called **Stay Fit for Sports** allows your employees to select a physician who values their appreciation of fitness and exercise.
  - Our **e-medicine services<sup>1</sup>** offer physicians and their patients a safe and confidential way to communicate online about non-urgent health care needs.
  - **A Member Health Statement** that summarizes employees health care activity for the preceding month.
- **The BlueCard<sup>®</sup> program** offers your employees access to health care services across the country. As a part of the BlueCard program, **BlueCard Worldwide<sup>®</sup>** provides your employees access to a global network of traditional inpatient, outpatient and professional health care providers around the world. The program includes a range of medical assistance and claim support services for your employees traveling or living in countries outside their Home Plan service area.
  - **Online enrollment tools**, available for groups of 50 or more, support your employees' enrollment with interactive support tools.
  - **COBRA/FHICCA administration information and certain services** are available at no additional cost to groups<sup>2</sup>.
  - **And, through our affiliates**, a full suite of additional ancillary products are available to you, such as dental and life insurance<sup>3</sup> policies.

<sup>1</sup>As a courtesy, Blue Cross and Blue Shield of Florida, Inc. (BCBSF) has entered into an arrangement with vendors such as Health Dialog®, Accordant Health Services®, and Subimo® to provide our members with value-added features that include care decision support tools and services. BCBSF has not certified or credentialed, and cannot guarantee or be held responsible for, the quality of services provided by these vendors. All value-added features may not apply to all plans. Please remember that all decisions pertaining to medical/clinical judgment should be made with your Physician or other health care provider, and BCBSF and the aforementioned vendors do not provide medical care or advice. The written terms of your policy, certificate or benefit booklet determine what is covered.

<sup>2</sup>COBRA administration services, offered through Ceridian COBRA Continuation Services (for groups 20+), assist with COBRA compliance requirements by providing you with tools and services to help you comply with federal COBRA regulations. For groups with fewer than 20 employees, FHICCA administration services, offered through Coverage Continuation Services, Inc. (CCSI) also offers tools and services to help members elect Florida Health Insurance Coverage Continuation Act (FHICCA).

<sup>3</sup>Offered by Florida Combined Life Insurance Company, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

## How can Blue help you?

Ask your Blue Cross and Blue Shield of Florida representative or sales agent for more details on additional health benefit plans, ancillary products, financial programs, personalized care, support and wellness programs, plus other valuable services that can greatly enhance the health care experience for you and your employees.

## Benefits and Rates Summary

Health Product – Single Plan Selections	Basic HMO	Standard HMO	BlueOptions
<b>Plan Number</b>	Option One	Option One	Standard Health Plan 1090
<b>Office Services</b>			
<b>Physician Office Services</b>			
E-Office Visit In-Network Family Physician / PCP	\$25 Copayment	\$25 Copayment	DED + Coinsurance
E-Office Visit In-Network Specialist	\$75 Copayment	\$50 Copayment	DED + Coinsurance
In-Network Family Physician / PCP	\$25 Copayment	\$25 Copayment	DED + Coinsurance
In-Network Specialist	\$75 Copayment	\$50 Copayment	DED + Coinsurance
Out-of-Network Provider	Not Covered	Not Covered	DED + Coinsurance
<b>Advanced Imaging Services (AIS)</b> (MRI, MRA, PET, CT & Nuclear Medicine)			
In-Network Family Physician / PCP	\$0 X-ray; \$25 Dx Testing	\$0 X-ray; \$25 Dx Testing	DED + Coinsurance
In-Network Specialist	\$0 X-ray; \$75 Dx Testing	\$0 X-ray; \$50 Dx Testing	DED + Coinsurance
<b>Maternity</b> (due at initial visit only)			
In-Network Specialist	\$75 Copayment	\$50 Copayment	DED + Coinsurance
Out-of-Network Provider	Not Covered	Not Covered	DED + Coinsurance
<b>Allergy Injections</b> (rendered by an In-Network Family Physician)	\$25 Copayment	\$25 Copayment	DED + Coinsurance
<b>Preventive Care</b>			
<b>Adult Wellness Benefit Maximum (PBP^)</b> - In-Network	\$250	\$250	\$250
<b>Adult Wellness Benefit Maximum (PBP^)</b> - Out-of-Network	Not Covered	Not Covered	Combined with In-Network
<b>Routine Adult Physical Exam and Immunizations</b> (Applies towards Adult Wellness Max, if applicable)			
In-Network Family Physician / PCP	\$25 Copayment	\$25 Copayment	Coinsurance
In-Network Specialist	\$75 Copayment	\$50 Copayment	Coinsurance
Out-of-Network Provider	Not Covered	Not Covered	Coinsurance
<b>Well Woman Exam</b> (e.g. Annual GYN) (Applies towards Adult Wellness Max, if applicable)			
In-Network Family Physician / PCP	\$25 Copayment	\$25 Copayment	Coinsurance
In-Network Specialist	\$75 Copayment	\$50 Copayment	Coinsurance
Out-of-Network Provider	Not Covered	Not Covered	Coinsurance
<b>Mammograms</b> (member cost; In and Out-of-network)	\$0	\$0	\$0
<b>Well Child</b> (No PBP^ Max)			
In-Network Family Physician / PCP	\$25 Copayment	\$25 Copayment	Coinsurance
In-Network Specialist	\$75 Copayment	\$50 Copayment	Coinsurance
Out-of-Network Provider	Not Covered	Not Covered	Coinsurance
<b>Prescription Drug Program</b>			
Deductible	\$0	\$0	\$0
Generic/Brand/Non-preferred/Self-Admin. Injectables	\$10/\$50/ \$100/NA <sup>RX1</sup>	\$10/\$30/ \$50/NA <sup>RX1</sup>	\$10/\$30/ \$50/NA
Self-Admin. Injectables Out-of-Pocket Max	Not Applicable	Not Applicable	Not Applicable
Mail Order (90 days) - Generic/Brand/Non-preferred	Not Covered	Not Covered	Not Covered
<b>Emergency Medical Care</b>			
<b>Urgent Care Centers</b>			
In-Network	\$75 Copayment	\$50 Copayment	DED + Coinsurance
Out-of-Network	Not Covered	Not Covered	DED + Coinsurance

<b>Health Product – Single Plan Selections</b>	<b>Basic HMO</b>	<b>Standard HMO</b>	<b>BlueOptions</b>
<b>Plan Number</b>	Option One	Option One	Standard Health Plan 1090
<b>Emergency Room Facility Services</b> (per visit; copayment waived if admitted)			
In-Network	\$250	\$150	DED + 20%
Out-of-Network	\$250	\$150	DED + 20%
<b>Outpatient Diagnostic Services</b>			
<b>Independent Diagnostic Testing Facility</b> (includes Provider Services)			
In-Network	\$0 Xrays; \$200 All other	\$0 Xrays; \$100 All other	DED + Coinsurance
In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	\$0 Xrays; \$200 Dx Testing	\$0 Xrays; \$100 Dx Testing	DED + Coinsurance
Out-of-Network	Not Covered	Not Covered	DED + Coinsurance
<b>Independent Clinical Lab</b>			
In-Network	\$0	\$0	DED + Coinsurance
Out-of-Network	Not Covered	Not Covered	DED + Coinsurance
<b>Outpatient Hospital Facility Services</b> (per visit)			
In-Network	\$200 - Diagnostic Imagery \$500 - All other	\$100 - Diagnostic Imagery \$200 - All other	Option 1 - DED + Coins. Option 2 - DED + Coins.
Out-of-Network	Not Covered	Not Covered	DED + Coinsurance
<b>Mental Health/Substance Dependency</b>			
<b>Mental Health</b> (PBP <sup>^</sup> Max; inpatient/outpatient)	5 Days / 10 Visits	10 Days / 20 Visits	10 Days / 20 Visits
<b>Inpatient Hospital Facility Services</b> (per admit)			
In-Network	\$100 Copayment per day	\$100 Copayment per day \$1,500 Maximum	Option 1 - DED + Coins. Option 2 - DED + Coins.
Out-of-Network	Not Covered	Not Covered	DED + Coinsurance
<b>Outpatient Office Visit</b>			
In-Network Family Physician / PCP	\$25 Copayment	\$25 Copayment	DED + Coinsurance
In-Network Specialist	\$25 Copayment	\$25 Copayment	DED + Coinsurance
Out-of-Network Provider	Not Covered	Not Covered	DED + Coinsurance
<b>Substance Dependency</b> (Lifetime Maximum)	\$2,000	\$2,000	\$2,000
<b>Inpatient Hospital Facility Services</b> (per admit)			
In-Network	\$100 Copayment per day	\$100 Copayment per day \$1,500 Maximum	Option 1 - DED + Coins. Option 2 - DED + Coins.
Out-of-Network	Not Covered	Not Covered	DED + Coinsurance
<b>Outpatient Office Visit</b>			
In-Network Family Physician / PCP	\$25 Copayment	\$25 Copayment	DED + Coinsurance
In-Network Specialist	\$25 Copayment	\$25 Copayment	DED + Coinsurance
Out-of-Network Provider	Not Covered	Not Covered	DED + Coinsurance
<b>Other Provider Services</b>			
<b>Provider Services at Hospital and ER</b>			
In-Network	\$0	\$0	DED + Coinsurance
Out-of-Network	Not Covered	Not Covered	DED + In-network Coins
<b>Radiology, Pathology and Anesthesiology</b>			
<b>Provider Services at an Ambulatory Surgical Center</b>			
In-Network	\$0	\$0	DED + 20%
Out-of-Network	Not Covered	Not Covered	DED + 20%
<b>Provider Services at Locations other than Office, Hospital and Emergency Room</b>			
In-Network Family Physician / PCP	\$0	\$0	DED + Coinsurance
In-Network Specialist	\$0	\$0	DED + Coinsurance
Out-of-Network Provider	Not Covered	Not Covered	DED + Coinsurance

<b>Health Product – Single Plan Selections</b>	<b>Basic HMO</b>	<b>Standard HMO</b>	<b>BlueOptions</b>
<b>Plan Number</b>	Option One	Option One	Standard Health Plan 1090
<b>Hospital/Surgical</b>			
<b>Ambulatory Surgical Center (ASC)</b>			
In-Network Facility	\$200 - Diagnostic Imagery	\$100 Copayment	DED + Coinsurance
Out-of-Network Facility	\$250 - All other Not Covered	Not Covered	DED + Coinsurance
<b>Inpatient Hospital Facility Services (per admit)</b>			
In-Network	\$750 Copayment per day	\$300 per day/ \$1,500 Maximum	Option 1 - DED + Coins. Option 2 - DED + Coins.
Out-of-Network	Not Covered	Not Covered	DED + Coinsurance
<b>Outpatient Hospital Facility Services (per visit)</b>			
In-Network	\$200 - Diagnostic Imagery	\$100 - Diagnostic Imagery	Option 1 - DED + Coins. Option 2 - DED + Coins.
Out-of-Network	\$500 - All other Not Covered	\$200 - All other Not Covered	DED + Coinsurance
<b>Emergency Room Facility Services</b> (per visit; copayment waived if admitted)			
In-Network	\$250	\$150	DED + 20%
Out-of-Network	\$250	\$150	DED + 20%
<b>Financial Features</b>			
<b>Benefit Period Maximum</b>	No Maximum	No Maximum	No Maximum
<b>Deductible (DED) (PBP<sup>^</sup>)</b> (per Person / Family Aggregate)			
In-Network	Not Applicable	Not Applicable	\$1,000 / \$3,000
Out-of-Network	Not Applicable	Not Applicable	Combined with In-Network
<b>Coinsurance</b> (percentage of covered services paid by Plan / Member)			
In-Network Provider	Not Applicable	Not Applicable	80% / 20%
Out-of-Network Provider	Not Applicable	Not Applicable	60% / 40%
<b>Out-of-Pocket Maximum (PBP<sup>^</sup>)</b> (per Person / Family Aggregate)			
In-Network	Includes Copayments only \$7,500 / \$15,000	Includes Copayments only \$3,000 / \$6,000	Includes DED, Coins, & Copays; excludes Rx \$5,000 / \$10,000
Out-of-Network	Not Applicable	Not Applicable	Combined with In-Network
<b>Total Lifetime Maximum Benefit</b>	\$2,000,000	\$5,000,000	\$5,000,000

<sup>^</sup> PBP = Per Benefit Period.

RX1 : Pharmacy plan is creditable for Medicare-eligible employees and covered dependents for Medicare Part D.

<b>Health Product – Single Plan Selections</b>	<b>BlueOptions</b>	<b>BlueOptions</b>
<b>Plan Number</b>	Basic Health Plan 1091	Standard Physician Copayment Plan 1490
<b>Office Services</b>		
<b>Physician Office Services</b>		
E-Office Visit In-Network Family Physician / PCP	DED + Coinsurance	\$25 Copayment
E-Office Visit In-Network Specialist	DED + Coinsurance	\$50 Copayment
In-Network Family Physician / PCP	DED + Coinsurance	\$25 Copayment
In-Network Specialist	DED + Coinsurance	\$50 Copayment
Out-of-Network Provider	DED + Coinsurance	DED + Coinsurance
<b>Advanced Imaging Services (AIS)</b> (MRI, MRA, PET, CT & Nuclear Medicine)		
In-Network Family Physician / PCP	DED + Coinsurance	\$25 Copayment
In-Network Specialist	DED + Coinsurance	\$50 Copayment
<b>Maternity</b> (due at initial visit only)		
In-Network Specialist	DED + Coinsurance	\$50 Copayment
Out-of-Network Provider	DED + Coinsurance	DED + Coinsurance
<b>Allergy Injections</b> (rendered by an In-Network Family Physician)	DED + Coinsurance	\$10 Copayment
<b>Preventive Care</b>		
<b>Adult Wellness Benefit Maximum (PBP^)</b> - In-Network	\$250	\$250
<b>Adult Wellness Benefit Maximum (PBP^)</b> - Out-of-Network	Combined with In-Network	Combined with In-Network
<b>Routine Adult Physical Exam and Immunizations</b> (Applies towards Adult Wellness Max, if applicable)		
In-Network Family Physician / PCP	Coinsurance	\$25 Copayment
In-Network Specialist	Coinsurance	\$50 Copayment
Out-of-Network Provider	Coinsurance	Coinsurance
<b>Well Woman Exam</b> (e.g. Annual GYN) (Applies towards Adult Wellness Max, if applicable)		
In-Network Family Physician / PCP	Coinsurance	\$25 Copayment
In-Network Specialist	Coinsurance	\$50 Copayment
Out-of-Network Provider	Coinsurance	Coinsurance
<b>Mammograms</b> (member cost; In and Out-of-network)	\$0	\$0
<b>Well Child</b> (No PBP^ Max)		
In-Network Family Physician / PCP	Coinsurance	\$25 Copayment
In-Network Specialist	Coinsurance	\$50 Copayment
Out-of-Network Provider	Coinsurance	Coinsurance
<b>Prescription Drug Program</b>		
Deductible	\$0	\$0
Generic/Brand/Non-preferred/Self-Admin. Injectables	\$10/\$50/ \$100/NA	\$10/\$30/ \$50/NA
Self-Admin. Injectables Out-of-Pocket Max	Not Applicable	Not Applicable
Mail Order (90 days) - Generic/Brand/Non-preferred	Not Covered	Not Covered
<b>Emergency Medical Care</b>		
<b>Urgent Care Centers</b>		
In-Network	DED + Coinsurance	\$75 Copayment
Out-of-Network	DED + Coinsurance	DED + Coinsurance
<b>Emergency Room Facility Services</b> (per visit; copayment waived if admitted)		
In-Network	DED + 20%	DED + 20%
Out-of-Network	DED + 20%	DED + 20%

<b>Health Product – Single Plan Selections</b>	<b>BlueOptions</b>	<b>BlueOptions</b>
<b>Plan Number</b>	Basic Health Plan 1091	Standard Physician Copayment Plan 1490
<b>Outpatient Diagnostic Services</b>		
<b>Independent Diagnostic Testing Facility</b> (includes Provider Services) In-Network In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) Out-of-Network	DED + Coinsurance DED + Coinsurance DED + Coinsurance	DED + Coinsurance DED + Coinsurance DED + Coinsurance
<b>Independent Clinical Lab</b> In-Network Out-of-Network	DED + Coinsurance DED + Coinsurance	DED + Coinsurance DED + Coinsurance
<b>Outpatient Hospital Facility Services</b> (per visit) In-Network  Out-of-Network	Option 1 - DED + Coins. Option 2 - DED + Coins. DED + Coinsurance	Option 1 - DED + Coins. Option 2 - DED + Coins. DED + Coinsurance
<b>Mental Health/Substance Dependency</b>		
<b>Mental Health</b> (PBP <sup>^</sup> Max; inpatient/outpatient) Inpatient Hospital Facility Services (per admit) In-Network  Out-of-Network Outpatient Office Visit In-Network Family Physician / PCP In-Network Specialist Out-of-Network Provider	5 Days / 10 Visits  Option 1 - DED + Coins. Option 2 - DED + Coins. DED + Coinsurance  DED + Coinsurance DED + Coinsurance DED + Coinsurance	10 Days / 20 Visits  Option 1 - DED + Coins. Option 2 - DED + Coins. DED + Coinsurance  \$25 Copayment \$50 Copayment DED + Coinsurance
<b>Substance Dependency</b> (Lifetime Maximum) Inpatient Hospital Facility Services (per admit) In-Network  Out-of-Network Outpatient Office Visit In-Network Family Physician / PCP In-Network Specialist Out-of-Network Provider	\$2,000  Option 1 - DED + Coins. Option 2 - DED + Coins. DED + Coinsurance  DED + Coinsurance DED + Coinsurance DED + Coinsurance	\$2,000  Option 1 - DED + Coins. Option 2 - DED + Coins. DED + Coinsurance  \$25 Copayment \$50 Copayment DED + Coinsurance
<b>Other Provider Services</b>		
<b>Provider Services at Hospital and ER</b> In-Network Out-of-Network	DED + Coinsurance DED + In-network Coins	DED + Coinsurance DED + In-network Coins
<b>Radiology, Pathology and Anesthesiology</b> <b>Provider Services at an Ambulatory Surgical Center</b> In-Network Out-of-Network	DED + 60% DED + 40%	DED + 20% DED + 20%
<b>Provider Services at Locations other than Office, Hospital and Emergency Room</b> In-Network Family Physician / PCP In-Network Specialist Out-of-Network Provider	DED + Coinsurance DED + Coinsurance DED + Coinsurance	DED + Coinsurance DED + Coinsurance DED + Coinsurance
<b>Hospital/Surgical</b>		
<b>Ambulatory Surgical Center (ASC)</b> In-Network Facility Out-of-Network Facility	DED + Coinsurance DED + Coinsurance	DED + Coinsurance DED + Coinsurance

<b>Health Product – Single Plan Selections</b>	<b>BlueOptions</b>	<b>BlueOptions</b>
<b>Plan Number</b>	Basic Health Plan 1091	Standard Physician Copayment Plan 1490
<b>Inpatient Hospital Facility Services</b> (per admit) In-Network  Out-of-Network	Option 1 - DED + Coins. Option 2 - DED + Coins. DED + Coinsurance	Option 1 - DED + Coins. Option 2 - DED + Coins. DED + Coinsurance
<b>Outpatient Hospital Facility Services</b> (per visit) In-Network  Out-of-Network	Option 1 - DED + Coins. Option 2 - DED + Coins. DED + Coinsurance	Option 1 - DED + Coins. Option 2 - DED + Coins. DED + Coinsurance
<b>Emergency Room Facility Services</b> (per visit; copayment waived if admitted) In-Network Out-of-Network	DED + 20% DED + 20%	DED + 20% DED + 20%
<b>Financial Features</b>		
<b>Benefit Period Maximum</b>	No Maximum	No Maximum
<b>Deductible (DED) (PBP<sup>^</sup>)</b> (per Person / Family Aggregate) In-Network Out-of-Network	\$2,500 / \$7,500 Combined with In-Network	\$1,000 / \$3,000 Combined with In-Network
<b>Coinsurance</b> (percentage of covered services paid by Plan / Member) In-Network Provider Out-of-Network Provider	60% / 40% 40% / 60%	80% / 20% 60% / 40%
<b>Out-of-Pocket Maximum (PBP<sup>^</sup>)</b> (per Person / Family Aggregate) In-Network Out-of-Network	Includes DED, Coins, & Copays; excludes Rx \$7,500 / \$15,000 Combined with In-Network	Includes DED, Coins, & Copays; excludes Rx \$3,000 / \$6,000 Combined with In-Network
<b>Total Lifetime Maximum Benefit</b>	\$2,000,000	\$5,000,000

<sup>^</sup> PBP = Per Benefit Period.

<b>Health Product – HSA Package 2</b>	<b>BlueOptions</b>	<b>BlueOptions</b>
<b>Plan Number</b>	HSA-Compatible Plan 1062	HSA-Compatible Plan 1063
<b>Office Services</b>		
<b>Physician Office Services</b>		
E-Office Visit In-Network Family Physician / PCP	DED + Coinsurance	DED + Coinsurance
E-Office Visit In-Network Specialist	DED + Coinsurance	DED + Coinsurance
In-Network Family Physician / PCP	DED + Coinsurance	DED + Coinsurance
In-Network Specialist	DED + Coinsurance	DED + Coinsurance
Out-of-Network Provider	DED + Coinsurance	DED + Coinsurance
<b>Advanced Imaging Services (AIS)</b> (MRI, MRA, PET, CT & Nuclear Medicine)		
In-Network Family Physician / PCP	DED + Coinsurance	DED + Coinsurance
In-Network Specialist	DED + Coinsurance	DED + Coinsurance
<b>Maternity</b> (due at initial visit only)		
In-Network Specialist	DED + Coinsurance	DED + Coinsurance
Out-of-Network Provider	DED + Coinsurance	DED + Coinsurance
<b>Allergy Injections</b> (rendered by an In-Network Family Physician)	DED + Coinsurance	DED + Coinsurance
<b>Preventive Care</b>		
<b>Adult Wellness Benefit Maximum (PBP^)</b> - In-Network	\$250	\$250
<b>Adult Wellness Benefit Maximum (PBP^)</b> - Out-of-Network	Combined with In-Network	Combined with In-Network
<b>Routine Adult Physical Exam and Immunizations</b> (Applies towards Adult Wellness Max, if applicable)		
In-Network Family Physician / PCP	Coinsurance	Coinsurance
In-Network Specialist	Coinsurance	Coinsurance
Out-of-Network Provider	Coinsurance	Coinsurance
<b>Well Woman Exam</b> (e.g. Annual GYN) (Applies towards Adult Wellness Max, if applicable)		
In-Network Family Physician / PCP	Coinsurance	Coinsurance
In-Network Specialist	Coinsurance	Coinsurance
Out-of-Network Provider	Coinsurance	Coinsurance
<b>Mammograms</b> (member cost; In and Out-of-network)	\$0	\$0
<b>Well Child</b> (No PBP^ Max)		
In-Network Family Physician / PCP	Coinsurance	Coinsurance
In-Network Specialist	Coinsurance	Coinsurance
Out-of-Network Provider	Coinsurance	Coinsurance
<b>Prescription Drug Program</b>	BlueScript <sup>RX2</sup>	BlueScript <sup>RX2</sup>
Deductible	In-Network CYD~	In-Network CYD~
Generic/Brand/Non-preferred/Self-Admin. Injectables	\$15/\$30/ \$50/NA	\$15/\$30/ \$50/NA
Self-Admin. Injectables Out-of-Pocket Max	Not Applicable	Not Applicable
Mail Order (90 days) - Generic/Brand/Non-preferred	Not Covered	Not Covered
<b>Emergency Medical Care</b>		
<b>Urgent Care Centers</b>		
In-Network	DED + Coinsurance	DED + Coinsurance
Out-of-Network	DED + Coinsurance	DED + Coinsurance
<b>Emergency Room Facility Services</b> (per visit; copayment waived if admitted)		
In-Network	DED + Coinsurance	DED + Coinsurance
Out-of-Network	DED + Coinsurance	DED + Coinsurance

<b>Health Product – HSA Package 2</b>	<b>BlueOptions</b>	<b>BlueOptions</b>
<b>Plan Number</b>	HSA-Compatible Plan 1062	HSA-Compatible Plan 1063
<b>Outpatient Diagnostic Services</b>		
<b>Independent Diagnostic Testing Facility</b> (includes Provider Services)		
In-Network	DED + Coinsurance	DED + Coinsurance
In-Network Advanced Imaging Services (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	DED + Coinsurance	DED + Coinsurance
Out-of-Network	DED + Coinsurance	DED + Coinsurance
<b>Independent Clinical Lab</b>		
In-Network	DED	DED
Out-of-Network	DED + Coinsurance	DED + Coinsurance
<b>Outpatient Hospital Facility Services</b> (per visit)		
In-Network	Option 1 - DED + 20% Option 2 - DED + 25%	Option 1 - DED + 20% Option 2 - DED + 25%
Out-of-Network	DED + 40%	DED + 40%
<b>Mental Health/Substance Dependency</b>		
<b>Mental Health</b> (PBP^ Max; inpatient/outpatient)	30 Days / 20 Visits	30 Days / 20 Visits
<b>Inpatient Hospital Facility Services</b> (per admit)		
In-Network	Option 1 - DED + 20% Option 2 - DED + 25% DED + 40%	Option 1 - DED + 20% Option 2 - DED + 25% DED + 40%
Out-of-Network		
<b>Outpatient Office Visit</b>		
In-Network Family Physician / PCP	DED + Coinsurance	DED + Coinsurance
In-Network Specialist	DED + Coinsurance	DED + Coinsurance
Out-of-Network Provider	DED + Coinsurance	DED + Coinsurance
<b>Substance Dependency</b> (Lifetime Maximum)	\$2,500	\$2,500
<b>Inpatient Hospital Facility Services</b> (per admit)		
In-Network	Option 1 - DED + 20% Option 2 - DED + 25% DED + 40%	Option 1 - DED + 20% Option 2 - DED + 25% DED + 40%
Out-of-Network		
<b>Outpatient Office Visit</b>		
In-Network Family Physician / PCP	DED + Coinsurance	DED + Coinsurance
In-Network Specialist	DED + Coinsurance	DED + Coinsurance
Out-of-Network Provider	DED + Coinsurance	DED + Coinsurance
<b>Other Provider Services</b>		
<b>Provider Services at Hospital and ER</b>		
In-Network	DED + Coinsurance	DED + Coinsurance
Out-of-Network	DED + In-network Coins	DED + In-network Coins
<b>Radiology, Pathology and Anesthesiology</b>		
<b>Provider Services at an Ambulatory Surgical Center</b>		
In-Network	DED + Coinsurance	DED + Coinsurance
Out-of-Network	DED + Coinsurance	DED + Coinsurance
<b>Provider Services at Locations other than Office, Hospital and Emergency Room</b>		
In-Network Family Physician / PCP	DED + Coinsurance	DED + Coinsurance
In-Network Specialist	DED + Coinsurance	DED + Coinsurance
Out-of-Network Provider	DED + Coinsurance	DED + Coinsurance
<b>Hospital/Surgical</b>		
<b>Ambulatory Surgical Center (ASC)</b>		
In-Network Facility	DED + Coinsurance	DED + Coinsurance
Out-of-Network Facility	DED + Coinsurance	DED + Coinsurance

<b>Health Product – HSA Package 2</b>	<b>BlueOptions</b>	<b>BlueOptions</b>
<b>Plan Number</b>	HSA-Compatible Plan 1062	HSA-Compatible Plan 1063
<b>Inpatient Hospital Facility Services</b> (per admit)		
In-Network	Option 1 - DED + 20%	Option 1 - DED + 20%
	Option 2 - DED + 25%	Option 2 - DED + 25%
Out-of-Network	DED + 40%	DED + 40%
<b>Outpatient Hospital Facility Services</b> (per visit)		
In-Network	Option 1 - DED + 20%	Option 1 - DED + 20%
	Option 2 - DED + 25%	Option 2 - DED + 25%
Out-of-Network	DED + 40%	DED + 40%
<b>Emergency Room Facility Services</b> (per visit; copayment waived if admitted)		
In-Network	DED + Coinsurance	DED + Coinsurance
Out-of-Network	DED + Coinsurance	DED + Coinsurance
<b>Financial Features</b>		
<b>Benefit Period Maximum</b>	No Maximum	No Maximum
<b>Deductible (DED) (PBP<sup>^</sup>)</b> (per Person / Family Aggregate)		
In-Network	\$2,500 / Not Applicable	\$5,000 / \$5,000
Out-of-Network	\$5,000 / Not Applicable	\$10,000 / \$10,000
<b>Coinsurance</b> (percentage of covered services paid by Plan / Member)		
In-Network Provider	80% / 20%	80% / 20%
Out-of-Network Provider	60% / 40%	60% / 40%
<b>Out-of-Pocket Maximum</b> (PBP <sup>^</sup> ) (per Person / Family Aggregate)	Includes DED, Coins, & Copays	Includes DED, Coins, & Copays
In-Network	\$5,000 / Not Applicable	\$10,000 / \$10,000
Out-of-Network	\$10,000 / Not Applicable	\$20,000 / \$20,000
<b>Total Lifetime Maximum Benefit</b>	\$5,000,000	\$5,000,000

<sup>^</sup> PBP = Per Benefit Period.

<sup>~</sup> DED, coinsurance and copays for covered prescription drugs apply to the In-Network Out-of-Pocket Maximum.

RX2 : Pharmacy plan is non-creditable for Medicare-eligible employees and covered dependents for Medicare Part D.

## Health Rates

### Rates for Basic HMO Option One

Age Band	Male Ee	Female Ee	Male Ee+Sp	Female Ee+Sp	Male Ee+Ch	Female Ee+Ch	Male Ee+Family	Female Ee+Family
00-24	259.82	671.87	931.69	931.69	996.70	1,408.75	1,668.57	1,668.57
25-29	337.68	753.23	1,090.91	1,090.91	998.04	1,413.59	1,751.27	1,751.27
30-34	424.29	756.73	1,181.02	1,181.02	1,131.17	1,463.61	1,887.90	1,887.90
35-39	477.66	800.47	1,278.13	1,278.13	1,140.23	1,463.04	1,940.70	1,940.70
40-44	652.62	831.96	1,484.58	1,484.58	1,311.63	1,490.97	2,143.59	2,143.59
45-49	796.97	957.94	1,754.91	1,754.91	1,424.23	1,585.20	2,382.17	2,382.17
50-54	1,074.29	1,139.03	2,213.32	2,213.32	1,651.81	1,716.55	2,790.84	2,790.84
55-59	1,378.73	1,325.37	2,704.10	2,704.10	1,979.15	1,925.79	3,304.52	3,304.52
60-64	1,891.38	1,626.31	3,517.69	3,517.69	2,301.08	2,036.01	3,927.39	3,927.39
65+P	530.15	492.53	1,022.68	1,022.68	665.45	627.83	1,157.98	1,157.98
<b>Total Monthly Premium</b>					\$1,891.38			
<b>Total Monthly Employer Contribution</b>					\$1,891.38			

### Rates for Standard HMO Option One

Age Band	Male Ee	Female Ee	Male Ee+Sp	Female Ee+Sp	Male Ee+Ch	Female Ee+Ch	Male Ee+Family	Female Ee+Family
00-24	299.80	775.23	1,075.03	1,075.03	1,150.04	1,625.47	1,925.27	1,925.27
25-29	389.64	869.11	1,258.75	1,258.75	1,151.59	1,631.06	2,020.70	2,020.70
30-34	489.57	873.15	1,362.72	1,362.72	1,305.19	1,688.77	2,178.34	2,178.34
35-39	551.14	923.62	1,474.76	1,474.76	1,315.63	1,688.11	2,239.25	2,239.25
40-44	753.03	959.96	1,712.99	1,712.99	1,513.42	1,720.35	2,473.38	2,473.38
45-49	919.58	1,105.31	2,024.89	2,024.89	1,643.34	1,829.07	2,748.65	2,748.65
50-54	1,239.57	1,314.26	2,553.83	2,553.83	1,905.93	1,980.62	3,220.19	3,220.19
55-59	1,590.85	1,529.27	3,120.12	3,120.12	2,283.63	2,222.05	3,812.90	3,812.90
60-64	2,182.37	1,876.51	4,058.88	4,058.88	2,655.10	2,349.24	4,531.61	4,531.61
65+P	611.71	568.30	1,180.01	1,180.01	767.82	724.41	1,336.12	1,336.12
<b>Total Monthly Premium</b>					\$2,182.37			
<b>Total Monthly Employer Contribution</b>					\$2,182.37			

### Rates for Standard Insurance Standard Health Plan 1090

Age Band	Male Ee	Female Ee	Male Ee+Sp	Female Ee+Sp	Male Ee+Ch	Female Ee+Ch	Male Ee+Family	Female Ee+Family
00-24	228.40	567.75	796.15	796.15	912.78	1,252.13	1,480.53	1,480.53
25-29	295.11	648.96	944.07	944.07	965.87	1,319.72	1,614.83	1,614.83
30-34	377.77	659.11	1,036.88	1,036.88	1,067.60	1,348.94	1,726.71	1,726.71
35-39	393.00	675.78	1,068.78	1,068.78	1,069.28	1,352.06	1,745.06	1,745.06
40-44	555.42	753.37	1,308.79	1,308.79	1,168.54	1,366.49	1,921.91	1,921.91
45-49	703.34	804.12	1,507.46	1,507.46	1,287.30	1,388.08	2,091.42	2,091.42
50-54	936.09	993.37	1,929.46	1,929.46	1,473.74	1,531.02	2,467.11	2,467.11
55-59	1,201.47	1,155.07	2,356.54	2,356.54	1,759.75	1,713.35	2,914.82	2,914.82
60-64	1,648.85	1,417.55	3,066.40	3,066.40	2,029.97	1,798.67	3,447.52	3,447.52
65+P	461.88	429.25	891.13	891.13	587.21	554.58	1,016.46	1,016.46
<b>Total Monthly Premium</b>					\$1,648.85			
<b>Total Monthly Employer Contribution</b>					\$1,648.85			

*Rates for Basic Insurance Basic Health Plan 1091*

Age Band	Male Ee	Female Ee	Male Ee+Sp	Female Ee+Sp	Male Ee+Ch	Female Ee+Ch	Male Ee+Family	Female Ee+Family
00-24	180.36	448.33	628.69	628.69	720.78	988.75	1,169.11	1,169.11
25-29	233.04	512.46	745.50	745.50	762.71	1,042.13	1,275.17	1,275.17
30-34	298.31	520.48	818.79	818.79	843.04	1,065.21	1,363.52	1,363.52
35-39	310.34	533.64	843.98	843.98	844.37	1,067.67	1,378.01	1,378.01
40-44	438.60	594.91	1,033.51	1,033.51	922.76	1,079.07	1,517.67	1,517.67
45-49	555.40	634.99	1,190.39	1,190.39	1,016.53	1,096.12	1,651.52	1,651.52
50-54	739.20	784.43	1,523.63	1,523.63	1,163.76	1,208.99	1,948.19	1,948.19
55-59	948.77	912.12	1,860.89	1,860.89	1,389.62	1,352.97	2,301.74	2,301.74
60-64	1,302.05	1,119.39	2,421.44	2,421.44	1,603.00	1,420.34	2,722.39	2,722.39
65+P	364.73	338.97	703.70	703.70	463.70	437.94	802.67	802.67
<b>Total Monthly Premium</b>					\$1,302.05			
<b>Total Monthly Employer Contribution</b>					\$1,302.05			

*Rates for Standard Insurance Standard Physician Copayment Plan 1490*

Age Band	Male Ee	Female Ee	Male Ee+Sp	Female Ee+Sp	Male Ee+Ch	Female Ee+Ch	Male Ee+Family	Female Ee+Family
00-24	247.11	614.26	861.37	861.37	987.55	1,354.70	1,601.81	1,601.81
25-29	319.29	702.12	1,021.41	1,021.41	1,044.99	1,427.82	1,747.11	1,747.11
30-34	408.72	713.10	1,121.82	1,121.82	1,155.06	1,459.44	1,868.16	1,868.16
35-39	425.19	731.14	1,156.33	1,156.33	1,156.87	1,462.82	1,888.01	1,888.01
40-44	600.92	815.09	1,416.01	1,416.01	1,264.27	1,478.44	2,079.36	2,079.36
45-49	760.96	870.00	1,630.96	1,630.96	1,392.75	1,501.79	2,262.75	2,262.75
50-54	1,012.78	1,074.75	2,087.53	2,087.53	1,594.47	1,656.44	2,669.22	2,669.22
55-59	1,299.90	1,249.69	2,549.59	2,549.59	1,903.91	1,853.70	3,153.60	3,153.60
60-64	1,783.93	1,533.68	3,317.61	3,317.61	2,196.27	1,946.02	3,729.95	3,729.95
65+P	499.72	464.42	964.14	964.14	635.32	600.02	1,099.74	1,099.74
<b>Total Monthly Premium</b>					\$1,783.93			
<b>Total Monthly Employer Contribution</b>					\$1,783.93			

**HSA Package 2***Rates for BlueOptions HSA-Compatible Plan 1062*

Age Band	Male Ee	Female Ee	Male Ee+Sp	Female Ee+Sp	Male Ee+Ch	Female Ee+Ch	Male Ee+Family	Female Ee+Family
00-24	156.73	389.59	N/A	N/A	N/A	N/A	N/A	N/A
25-29	202.51	445.32	N/A	N/A	N/A	N/A	N/A	N/A
30-34	259.23	452.28	N/A	N/A	N/A	N/A	N/A	N/A
35-39	269.68	463.73	N/A	N/A	N/A	N/A	N/A	N/A
40-44	381.13	516.96	N/A	N/A	N/A	N/A	N/A	N/A
45-49	482.63	551.79	N/A	N/A	N/A	N/A	N/A	N/A
50-54	642.35	681.66	N/A	N/A	N/A	N/A	N/A	N/A
55-59	824.46	792.61	N/A	N/A	N/A	N/A	N/A	N/A
60-64	1,131.45	972.73	N/A	N/A	N/A	N/A	N/A	N/A
65+P	316.95	294.56	N/A	N/A	N/A	N/A	N/A	N/A

*Rates for BlueOptions HSA-Compatible Plan 1063*

Age Band	Male Ee	Female Ee	Male Ee+Sp	Female Ee+Sp	Male Ee+Ch	Female Ee+Ch	Male Ee+Family	Female Ee+Family
00-24	N/A	N/A	421.19	421.19	482.89	662.42	783.25	783.25
25-29	N/A	N/A	499.45	499.45	510.98	698.17	854.30	854.30
30-34	N/A	N/A	548.55	548.55	564.81	713.64	913.50	913.50
35-39	N/A	N/A	565.43	565.43	565.69	715.30	923.21	923.21
40-44	N/A	N/A	692.40	692.40	618.20	722.92	1,016.76	1,016.76
45-49	N/A	N/A	797.50	797.50	681.02	734.34	1,106.43	1,106.43
50-54	N/A	N/A	1,020.76	1,020.76	779.67	809.97	1,305.20	1,305.20
55-59	N/A	N/A	1,246.70	1,246.70	930.98	906.42	1,542.05	1,542.05
60-64	N/A	N/A	1,622.25	1,622.25	1,073.94	951.57	1,823.88	1,823.88
65+P	N/A	N/A	471.44	471.44	310.65	293.39	537.74	537.74

## Health Plan Proposal Assumptions

### BlueOptions and BlueCare Plan Assumptions

- Rate calculations are based upon data furnished. Final rates, monthly premiums, benefits and effective dates are subject to Home Office approval.
  - Quotes are based on the census data received. Actual costs are based on the final enrollment data of employees and dependents insured on the plan's effective date.
  - This proposal assumes a group size of 1.
  - Final rates are guaranteed for twelve (12) months beginning no later than October 01, 2009
  - Quoted rates assume the following enrollment:  
Single Plans: Basic HMO Option One, Standard HMO Option One, BlueOptions Plan 1090, BlueOptions Plan 1091, BlueOptions Plan 1490  
HSA Package 2: BlueOptions Plan 1062, BlueOptions Plan 1063
- |                       |      |
|-----------------------|------|
| Number of Lives       | 1    |
| Employer Contribution | 100% |
| Minimum Participation | 70%  |
- Renewal rates will be presented at least 45 days before the policy anniversary date.
  - Our health proposal assumes Blue Cross and Blue Shield of Florida, Inc. (BCBSF) and/or Health Options, Inc. (HOI) will be the only carrier(s) providing health coverage for the group's employees.
  - Pre-existing exclusionary period waived for initial enrollees replacing a prior group health plan. Pre-existing condition exclusionary period is credited and/or waived for subsequent enrollees that had previous qualifying coverage, with no more than a 63-day lapse in coverage prior to their date of hire.
  - For employers with 20 or more employees, Federal law requires the group health plan to be primary over Medicare for all active employees over the age of 65 and/or their spouse over the age of 65.
  - Federal law requires active employees and/or their dependents who are entitled to Medicare disability solely on the basis of End Stage Renal Disease, to have the employer's coverage as primary payer for the first 30 months of their Medicare eligibility.
  - All Health rates are subject to Florida Department of Financial Services approval. For any change in rates, policyholders will be billed the proposed rates until those rates are approved by the Florida Department of Financial Services.
  - The Health proposal assumes no more than fifteen percent (15%) of employees reside outside the state of Florida.
  - Health coverage for eligible employees are those active full-time employees who regularly work a minimum of 25 hours per week.
  - The premiums in this proposal may include costs associated with the payment of compensation to independent, third parties for the sale of the products. Please contact your agent, broker or consultant if you have any questions.
  - This information is intended solely for MR. PRINT. If you are not MR. PRINT this information does not apply to you. The rates shown, which are based on the information provided, is subject to change and is not a guarantee of coverage. Also, coverage is not effective until after your application has been approved by BCBSF and/or HOI, a contract has been issued and the initial premium has been paid. No agent can make or change a contract term or waive any of the company's rights. The precise coverage afforded by any BCBSF and/or HOI policy is subject to the terms and conditions of the policies issued.
  - This proposal is only a summary of the benefits and provisions contained in the group master policies. Other benefits and restrictions may apply.

**BCBSF has a longstanding and deep commitment to conducting business ethically, with integrity, and in compliance with applicable law. Our Corporate Compliance Program reflects that commitment by providing basic guidance on the principal ethical and legal rules that affect our business activities. To this end, we have requirements that all employees protect the privacy and**

**integrity of confidential information (including confidential health and financial information). We employ technical, physical and procedural safeguards to protect the confidentiality of information. Additionally we have a process for reviewing requirements established by HHS regulations and we are committed to actively pursuing compliance with any of those requirements.**



## BlueComplements

As part of our ongoing commitment to bringing expanded choices and greater value to our health benefit plans, we are pleased to offer a program of discounted products and value-added services called BlueComplements.

BlueComplements is available automatically to health benefit plan members at no additional premium cost. And members can access these services throughout Florida and, where available, nationwide. This program includes:

**Healthy Alternatives<sup>SM\*</sup>: Discounts on alternative care.** Enjoy discounts on thousands of alternative medicine products and provider services through this complementary alternative medicine discount program. Receive discounts of up to 25% on the customary fees for acupuncture, chiropractic and massage therapy. Also receive up to 45% discounts and free standard shipping on vitamins, herbal supplements, sports nutrition remedies, fitness products, yoga, pilates, health-related books, tapes and videos, and more.

**Vision One<sup>®</sup>: Discounts\* on vision care.** Receive comprehensive vision care with significant savings on eyeglass exams and eyewear. Pay \$40 for eyeglass exams and receive up to 40% off retail prices for frames and lenses.

**HEARx\* and HearUSA: Discounts on hearing products.** Services include free hearing screenings and savings of up to 25% off the retail price of any hearing aid purchased at a HEARx or HCNetwork location, or special promotional prices that provide even greater savings. Hearing aids purchased at participating locations include a one-year warranty, a 60-day trial period, a package of hearing aid batteries, free annual check-ups, and a free loaner hearing aid (when appropriate).

**TruVision<sup>TM\*</sup>: Laser vision correction services.** Services include a discounted fee of \$895 per eye for traditional LASIK and \$1,295 per eye for Custom LASIK. All laser vision correction services are from TruVision's board certified Ophthalmologists. TruVision also offers 100% patient financing upon approved credit.

**TruVision<sup>TM\*</sup>: Contact Lens Mail Order Service.** Receive some of the largest discounts available on contact lenses. Prices on average are 15% lower than other national contact lens mail-order programs. Includes free shipping with delivery in five to seven days.

**GlobalFit<sup>TM\*</sup>: Discounted fitness club memberships.** The GlobalFit Fitness Program offers low monthly rates – up to 60% off regular club dues – at over 1500+ participating fitness clubs nationwide. Enjoy month-to-month memberships with no long-term contracts, transfer options to any participating club and more. A one-time enrollment fee will apply.

**SafeTech™\*:** **Discounted bicycle helmets.** Take advantage of a savings of 40% or more on bicycle helmets. Every helmet meets national impact and safety standards and includes a variety of special safety features.

**TruHearing™:** **Hearing aid discounts.** TruHearing offers discounts on state-of-the-art, 100% digital hearing aids at up to 60% off the manufacturer's suggested retail price. The offer is available to all members and their covered dependents. All hearing aids come standard with a two-year warranty as well as a money back guarantee.

**Jenny Craig®:** **Weight management discount.** Receive up to 50%\* off Jenny's Craig's weight loss management program with enrollment. All programs are personalized and offer one-on-one support by trained consultants. When you enroll, an easy at-home program is also available (Jenny Direct) offering the same tools and personal support as Jenny Craig Centres, with the added convenience of having Jenny's Cuisine delivered to the home.

\*Plus the cost of food.

\*The products, services and information provided through the BlueComplements program are made available as a courtesy to Blue Cross and Blue Shield of Florida (BCBSF) members and are not a part of insurance coverage, nor a substitute for medical advice. Please note: Your health benefit plan insurance coverage may already include benefits for some of the services available to you through BlueComplements, so it is important to exhaust those benefits first. BCBSF reserves the right to discontinue or change this program at any time without notice. BCBSF does not endorse and is not responsible for the products, services or information provided by the vendors that are a part of the BlueComplements program.



## **Blueprint for Health<sup>®</sup>: How Blue helps members!**

Your employees can take advantage of the comprehensive care and wellness programs, plus personalized solutions available through our innovative **Blueprint for Health** program. Through access to care decision resources and support, plus comprehensive health-related information, our members are discovering they can manage their health more effectively. This is why we're pleased to offer your employees a variety of programs and services designed to give them the information they need to make smarter decisions about their health care. In addition to helping to promote a better quality of life and improved employee productivity and satisfaction, these integrated care management programs encourage long-term cost-effective medical care. Our local teams of medical directors, nurses, clinicians and pharmacists are available to offer personalized care programs to suit your group's specific needs. Access to quality care and the caring spirit of our people set us apart.

### **Health and Wellness**

#### **Health Risk Assessments**

Health Risk Assessments (HRAs) are valuable tools that identify and evaluate patient risks, and then place these risks in the context of what matters to the patient. Your employees can use the online HRA tool "How's your Health", which is used to obtain self-reported condition and treatment information in order to identify health coaching opportunities.

#### **Worksite Awareness**

Our Better You from Blue health promotion program is designed to help members live a healthy lifestyle. Components of this program may include consultations on worksite wellness initiatives, worksite health fairs, group level health risk assessment data analysis, interventions to address findings and follow-up assessments.

#### **Healthy Addition<sup>SM</sup>**

Healthy Addition, our voluntary prenatal education/early intervention program, is designed to help expectant women take the necessary steps for a healthy pregnancy and delivery. Special emphasis is placed on educating and monitoring expectant mothers who have been identified as having risk factors that may indicate a problem pregnancy and to provide cost-effective intervention for any complications that may occur. Healthy Addition obstetrical nurses help coordinate the health benefits and services available to implement the physicians' treatment plans.

#### **MyActiveRewards<sup>SM</sup>**

MyActiveRewards is a member loyalty club available to BlueOptions<sup>SM</sup> members who choose to participate. This free program encourages, promotes and recognizes your employee's preventive care and proactive healthy behaviors. Members and their families (anyone covered on the BlueOptions coverage regardless of age) receive rewards for doing healthy things.

## **BlueComplements<sup>SM</sup>**

Our BlueComplements program helps members stretch their premium dollars by offering valuable discounts on health-related products and services. Members need only to show participating providers their ID card to take advantage of these discounts.

## **Stay Fit for Sports**

Our healthy lifestyle program called Stay Fit for Sports allows your employees enrolled in BlueOptions to select a physician that values their appreciation of fitness and exercise.

## **Decision Support**

### **Health Coaching and Support<sup>1</sup>**

Sometimes it's difficult to make informed decisions regarding health care. Our Health Coaches offer free, 24 hour, personalized support to members who call for symptom analysis and management, treatment options, condition education, significant medical decisions or just a shoulder to lean on. We're here to help your employees navigate the health care system and encourage them to take an active role in their health care decisions. You'll take comfort knowing these services are conveniently available if your employees need them.

### **Information Resources and Educational Support<sup>1</sup>**

Another feature of care support is online access to comprehensive health resources and information to help your employees identify health care choices and provide health education, information, and decision support via the web.

In addition to being able to speak with a Health Coach or obtain information online at any time, your employees will also have access to audiotapes on more than 400 health care topics. Also, when appropriate, Health Coaches may offer videotapes that present unbiased information on the benefits and risks of various treatment options for topics such as breast cancer and low back pain.

### **Health Care Decision Support Tools<sup>1,2</sup>**

With so many health care options to choose from, your employees may need help making their decision. That's why we're pleased to offer access to an online suite of decision support tools. These web-based tools will enable your employees to choose a hospital based on their preferences and objective information, research physicians based on what's important to them, and access to information on over 150 medical conditions and treatment options. In addition, employees can view network status and estimate their out-of-pocket costs for many. Most importantly, your employees will be able to view a hospital's clinical and quality experience for the specific procedure they're seeking, and understand their share of the costs. They'll be armed with the information they need to find a hospital equipped to best meet their needs.

## **Personal Health Report**

Our Personal Health Report for BlueOptions members is a free, personalized quarterly report that outlines health care expenses paid based on the previous quarter's claims activity. The report offers members a broad picture of health care activity that can help them plan for future expenses.

## **Pharmacy Information**

Our comprehensive member-directed website, MyRxHealth.com, enables your employees to easily access helpful information on prescription drugs and their costs, pharmacy benefit information and general health topics. This secure tool encourages cost-conscious purchasing behavior by promoting generic utilization, formulary compliance and healthy lifestyles.

## **Chronic Condition Support**

### **Disease Management Programs**

We have contracted with Health Dialog to help members navigate the health care system and provide them with information they need to make more educated decisions about health care. Several resources are available including:

- Health coaching 24 hours a day, 7 days a week
- Educational materials mailed to member's home
- Access to health content on the web
- Chronic condition management

## **Acute Condition Support**

### **Personal Case Management**

Personal Case Management is a voluntary program that focuses on members who have serious, complex health conditions. If a member has an acute or chronic condition, we may assign a personal case manager to help coordinate coverage, benefits or payment for services received. Case managers work directly with members and their families, physicians, hospital staff, social workers, community resources, and alternative providers.

### **Hospital Care Coordination**

Our Utilization Management process reviews hospital facility admissions and treatment information for appropriateness and coverage using clinical support criteria. We offer outreach programs to assist members in understanding their benefits and coverage options and other programs and resources available to them. Regionally located teams of Registered Nurses contact members prior to admissions for select inpatient surgeries to identify available coverage and benefits options when planning their care with their physicians.

### **Voluntary Pre-Service Coverage Review Program**

This voluntary program allows a member or their physician to request a review of services before they are rendered to determine if they are covered by the health plan. This program is designed to give your employees information that may help them make better decisions about costs associated with their care.

<sup>1</sup>As a courtesy, Blue Cross and Blue Shield of Florida, Inc. has entered into arrangements with various vendors to provide value-added features that include care decision support tools and services to its members. These programs are not part of insurance coverage. All decisions that members make pertaining to medical/clinical judgment should be made in conjunction with their Physician since neither BCBSF nor its vendors provide medical care or advice.

<sup>2</sup>As a standard, these programs/services are not available with BlueCare plans.

# Health Savings Account

## What Is a Health Savings Account?

A Health Savings Account (HSA)\* is a tax-deductible savings account that you and/or your employees can contribute to for health care expenses that are not paid through health insurance or any other health reimbursement source. Any interest and investment earnings are not taxable, so the money in HSAs grows tax-free.

When paired with a compatible high-deductible health benefit plan, Health Savings Accounts (HSA) enable your employees to:

- lower their insurance premiums,
- pay routine medical bills from their HSA and have the security of comprehensive insurance coverage in the event of an unexpected hospitalization or a major illness,
- save taxes on the amount they spend each year for health care expenses,
- have the potential to build savings for future qualified medical expenses, and;
- maintain the account year-to-year, even if they change jobs or move to another state.

## A Compatible High-Deductible Health Benefit Plan

A BlueOptions HSA-compatible health benefit plan can be a cost-effective alternative to a traditional health benefit plan. We offer a range of affordable BlueOptions high-deductible health benefit plans designed specifically to meet federal HSA requirements for 'qualified high-deductible health benefit plans'. Each includes:

- major medical coverage,
- access to our NetworkBlue\*\* provider network, with no referrals needed,
- care management programs and education to help members manage their health concerns, and;
- a variety of health information and care decision support programs.

With several deductibles and both employee-only and family health benefit plans to choose from, we're sure you'll find one to fit your budget and meet the needs of your employees.

## A Choice of Pharmacy Programs

With the BlueOptions HSA-compatible health benefit plan, you have the option of offering one of two prescription drug programs:

- The first is a traditional pharmacy program that applies money spent on prescription drugs at participating and non-participating pharmacies toward the health benefit plan in-network deductible and out-of-pocket maximum. After the in-network deductible has been met, members pay the applicable copayment or coinsurance until their in-network out-of-pocket is met.
- The second, a discount program, offers access to discounts on virtually all prescription drugs. With a large network of over 40,000 participating pharmacies statewide and nationally, your employees will be able to obtain prescription drugs at a location convenient to them.

## Easy HSA Administration

After enrolling in one of our compatible BlueOptions health benefit plans, your employees can activate an HSA. Through our arrangement with our preferred HSA administrator, ACS/Bank of New York Mellon, we offer access to a convenient and easy HSA solution. From enrollment and tracking of transactions to annual tax documentation and customer service, account administration is taken care of for you and your employees – whether your employees' HSAs are funded by you, your employees, or both.

## HSA Contribution and Tax Information\*\*\*

Each tax year, the maximum that can be contributed into an HSA account is determined and adjusted for inflation by the IRS. HSA funds can be withdrawn tax-free when used to pay for qualified medical expenses as defined under federal law. Also, an HSA works very much like a traditional savings account,



as it's employee-owned, earns interest and has a debit card. However, an HSA is different in that it's given some distinct tax advantages that a traditional savings account does not have. Unused balances in an HSA can roll over from year-to-year and can accumulate over a lifetime to be used at retirement to pay for qualified medical expenses tax-free. If an employee, prior to age 65, withdraws funds for non-qualified medical expenses, there will be a 10% tax penalty assessed in addition to the income tax rate applicable to that employee. But, any employee 65 or older who uses their HSA funds for non-qualified medical expenses is only subject to income tax.

Since HSA is owned and managed by the employee, it is important to consider all of the tax implications associated with this type of account. It is recommended that your employees consult with a tax advisor or the financial institution where they plan to open their HSA to fully understand the tax advantages available.

\* Blue Cross and Blue Shield of Florida offers only the high-deductible health benefit plan to be used in conjunction with the Health Savings Account (HSA). An HSA is an individual's account to manage in conjunction with any qualified financial institution or trustee of their choice. For more information on the tax advantages and implications of HSAs as used with a high-deductible health benefit plan, contact your legal or tax advisor.

\*\* NetworkBlue is one of our preferred provider networks made up of independent hospitals, physicians and ancillary providers.

\*\*\* For more information about tax treatment of HSAs, Qualified Medical Expenses and eligibility rules, please see Publication 969 of the Internal Revenue Service at [www.irs.gov](http://www.irs.gov).

BCBSF works with ACS/Mellon to simplify enrollment and management of your account. However, you can choose to open your HSA with any qualified financial institution.

The Blue RX Discounts Program is offered with this BlueOptions health plan and is designed to give you special discounted pricing on Generic Prescriptions Drug, Brand Name Prescription Drug and Non-preferred Prescription Drug purchases when you show your ID card at participating pharmacies. You'll also be able to receive savings of Prescription Drugs ordered through the mail by purchasing them through PrimeMail<sup>®</sup>. The BlueRx Discounts Program is administered by Prime Therapeutics LLC<sup>®</sup> and is not an insurance product or part of the BlueOptions insurance policy. The participating Pharmacies are independently contracted and only participating Pharmacies offer these program discounts.



**BlueCross BlueShield  
of Florida**

An Independent Licensee of the  
Blue Cross and Blue Shield Association