

Miami-Dade Blue



Health insurance gets real

Think quality health care is out of reach? Think again. Miami-Dade Blue offers quality, affordable health care coverage, to help keep your family healthy for less. We make it simple for you to go to the doctor for routine visits, get prescription medications, lab tests, hospital stays or surgeries, dental check-ups and more. Designed in collaboration with Miami-Dade County, this insurance policy¹ is just for people who live or work in Miami-Dade County.

Save more on the services you use the most

With Miami-Dade Blue, you'll have convenient, affordable access to the health care services you need to stay healthy. Rest easy, knowing that you have coverage for your family's everyday needs—even unexpected events.

- ✓ Routine doctor visits for children and adults are covered, helping you stay well and save money.
- ✓ Need care right away? You can visit an urgent care center or clinic, even the emergency room.
- ✓ You'll pay just \$10 for generic prescription drugs, including generic contraceptives, making it easier to stay current with the medications you need.
- ✓ Covered lab tests and mammograms are free when you use in-network providers.
- ✓ Inpatient hospital care, and outpatient hospital care that's related to surgery are covered, too.
- ✓ Dental care is included, so you can keep your whole body healthy—including your teeth.

Miami-Dade Blue health plans are insured by Blue Cross and Blue Shield of Florida, Inc. Miami-Dade County is not responsible for the operations or liabilities of these health plans.

¹ Miami-Dade Blue has limitations and exclusions and is medically underwritten.

² Miami-Dade Blue network is one of our preferred provider networks made up of independent hospitals, physicians and ancillary providers in Miami-Dade County, and is the PPO provider network designated as "in-network" for the Miami-Dade Blue plan.

Health care savings made simple

Miami-Dade Blue gives you coverage for preventive and routine care, including specialist visits, urgent care center visits, and lab work (which cost you nothing if you visit an in-network lab!). For each routine health care service you receive, we pay up to \$50 and you pay the balance.

You can also take advantage of the hospital and surgical coverage—giving you extra peace of mind in the face of unexpected events. You'll also have coverage for a covered hospital admission, a covered outpatient surgery at an outpatient hospital, or ambulatory surgical center. Plus, diagnostic services such as X-rays, ultrasound, and CAT scans, when part of a hospital inpatient service, or proximately related to an outpatient surgical service. Once you meet your calendar year deductible for surgical services, we'll pay 90% of the allowance if you stay in-network.

What's the "balance"?

The balance is the difference between what we pay for services, and the amount that an in-network provider will accept as payment in full for covered services. For out-of-network providers, "balance" is the difference between our payment and the provider's actual charge. You'll get the most value for your health care dollar when you visit providers in our network², since we've already negotiated lower rates with them



The provider network value

There are no referrals required with Miami-Dade Blue, and you can maximize your savings by taking advantage of our community-focused provider network—a collection of carefully chosen partners including physicians, specialists, hospitals, pharmacies and other health care providers.

Dental benefits make the difference

Research shows that dental health can affect your general health. That's why your plan gives you easy, affordable access to routine dental care, including:

- ✓ Exams, cleanings, X-rays, and fillings
- ✓ Routine tooth extractions
- ✓ Fluoride applications or sealants for children
- ✓ Denture repairs

For each covered dental service you receive, we pay up to \$50 and you pay the balance.

Planning a family—or adding to it?

Maternity benefits can be purchased in addition to your Miami-Dade Blue policy. Child-only coverage is available for those aged one to 17—although dependents may be eligible for coverage no matter what age they are. Ask your agent for details.

Get more from your plan

Miami-Dade Blue comes complete with Blueprint for Health, a way to get the most value from the plan's features and benefits³. Take a look at the accompanying fact sheet: you'll see it's a guide to personalizing your plan; a way to fit your plan to your life and needs by enhancing it with free online information resources—as well as discounted health services such as eye care, contact lenses, weight management, alternative medicine and more. For example, get comprehensive vision care (\$40 for exam and 40% off of retail prices for frames and lenses); also access to LASIK vision correction at discounted fees.

Examples of monthly premiums

Talk to your agent to find out just how affordable a Miami-Dade Blue plan can be. For example, starting July 1st, a healthy 35-year-old male non-smoker can pay as little as \$92 a month for coverage. A healthy 35-year-old female non-smoker can pay as little as \$102 a month. The monthly premium is based on your age, gender, tobacco use, health status and County of residence. Miami-Dade Blue plans are available for individuals between the ages of 1 and 64. These plans are medically underwritten and include limitations and exclusions, so ask your agent for details and get a quote today.

³ Discounts available as a courtesy to all BCBSF members through separate business partners. Discounts may be used once covered benefits, if any, are exhausted. Blue Cross and Blue Shield of Florida, Inc. has arrangements with various vendors to provide value-added programs, which are not part of insurance coverage. All medical decisions should be made with your doctor.