

BENEFITS GUIDE



The City of Jacksonville health plan is self-funded and administered by Florida Blue.

We are pleased to announce that we will be renewing our medical and pharmacy benefit plans with Florida Blue for 2018.

This Benefit Guide provides important information and details regarding your medical and pharmacy plans for services received on or after January 1, 2018. Please read carefully to ensure you select the right plan for your healthcare needs.

Do you have questions about your medical or prescription drug coverage?

Florida Blue is here to help, call us at 800-664-5295 Monday – Thursday 8am to 6pm and Fridays 9am to 6pm.



Pharmacy

Covered Medications – Each year Florida Blue reviews and makes changes to their prescription drug formulary. Be sure to review Florida Blue's Medication Guide to find out if your current prescription is covered or if there have been any changes. The Medication Guide will also help you determine what tier your prescription falls into in order to help determine your cost. You can also locate generic alternatives in the guide to help you save money. The Medication Guide can be found on www.floridablue.com.

Go generic – generic medications cost less than brand name medications and in most cases they are just as effective. Remember, if a brand name medication is prescribed, the plan will provide the generic equivalent. If you refuse to take the generic and elect to take the brand medication instead, you will pay the brand drug copayment plus the retail cost difference between the generic and brand name medication.

Mail Order – Fill your maintenance medications with Florida Blue's Mail Order Pharmacy through Prime Therapeutics. Visit www.floridablue.com for information on how to request a mail order prescription.



ID Cards

You will only receive new ID cards if you change benefit plans so be sure to keep your current cards.

If you need additional ID cards, you can register on Florida Blue's member website (www.floridablue.com) or call customer service to request additional cards.

Did you know you can register for a personalized Florida Blue member web page at floridablue.com?

You just need your member ID number to get started. Take advantage of online prescription drug tools, member discounts, health & wellness information, and much more.



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O Away From Home Care

If you enroll in one of the HMO products, you will have access to certain health care services across the country. To meet the different health care needs of members and dependents who are away from home separate programs for short trips and long-term stays.

For short trips, the BlueCard® Program gives you access to doctors and hospitals in most locations, giving you the peace of mind that you'll always find the care you need.

For longer trips (90 consecutive days or longer), the Away From Home Care® Guest Membership program may be available for you and your covered dependents in most states.

For eligibility information and specific locations where the Guest Membership program is available, please contact the customer service number indicated on your ID card.



www.floridablue.com

Wherever you go, whenever you need it, you have access to your Florida Blue personal health care information. As a member, you can log in anytime and find everything you need to know about your health plan, plus free tools and resources. All you need is your member number, located on your member ID card.

- Review your plan benefits and find out where you stand with your deductible.
- Find a doctor or hospital in your plan's network.
- View claim activity, status and history.
- Print a temporary ID card or request a new ID card.
- And much more!

How to Save

Blue365

You can save BIG on a wide variety of healthy products and services through our members-only discount program— Blue 365. Take advantage of exclusive discounts on fitness clubs, exercise equipment, contact lenses or glasses, and so much more! Register on www.floridablue.com when you receive your ID card and start saving!

Care Consultants

Planning an upcoming surgery or need help managing an ongoing condition? Contact a Care Consultant. Florida Blue's Care Consultants can help you navigate through the health care system and help you save money on your out-ofpocket expenses. Call 888-476-2227.

Know Before You Go

Don't pay more than you should—Shop, compare and save money. You have choices when it comes to the cost of your health care.

- The quality and price of medical services can vary depending on where you go.
- Compare quality and cost before you go, and then decide what's best for your care.
- Cost estimates are based on your plan and where you stand with your deductible.

To get cost estimates, simply log in at floridablue.com and select Compare Medical Costs under Tools. You can also compare costs on your prescription drugs by pharmacy and find cheaper alternatives.

The benefit elections you make will be binding. You will be governed by the terms, provisions and restrictions of the plans in which you enroll. Generally, unless you experience a qualified life event, your elections will remain in effect for the entire plan (calendar) year. This document highlights changes and important information. Please be sure to read all of your open enrollment materials carefully for complete benefit information for 2018. For additional questions regarding benefits, physician network, claims or eligibility, please contact Florida Blue's Customer Service team toll-free at 1-800-664-5295.

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2018 Benefit Summary

Plan Name Plan Number	BlueCare HMO 48	BlueOptions PPO 05782		BlueCare HDHP 65
Coverage	In-Network Only	In-Network	Out-of-Network	In-Network Only
Deductible and Maxir	num Out-of-Pocket			
Deductible (DED) (Per Perso	on/Family Aggregate)			
Individual	\$300	\$750	\$1,000	\$1,500
Family	\$600	\$1,500	\$2,000	\$3,000
Out of Pocket Maximum (Po	er Person/Family Aggregate) Includes Deductible, Coinsurance a	nd Copayments (medical & rx)	
Individual	\$2,500	\$6,000	\$9,000	\$5,000
Family	\$5,000	\$12,000	\$18,000	\$10,000
Medical / Surgical Car	re by a Physician			
Office Services				
Family Physician	\$25 Copayment	\$30 Copayment	DED + 50%	\$25 Copayment
Specialist	\$35 Copayment	\$40 Copayment		DED + 30%
Physician Services at Hospit	al (Outpatient and Inpatient)			
	DED + 30%	DED + 30%	DED + 50%	DED + 30%
Preventive Services				
Family Physician/ Specialist	\$0 Copayment	\$0 Copayment	50%	\$0 Copayment
Medical / Surgical Car	re at a Facility			
Inpatient Hospital Facility (per admit)	DED + 30%	DED + 30%	DED + 50%	DED + 30%
Outpatient Hospital Facility or Ambulatory Surgical Center (per visit)				
,	nt Care Facility Charge	s (separate physician cost	: share may apply)	
Emergency Room Facility (per admit)	\$300 Copayment + 30%	\$300 Copayment + 30%	\$300 Copayment + 30%	DED + 30%
Urgent Care Centers	\$30 Copayment	\$35 Copayment	DED + \$35 Copayment	\$25 Copayment
Ambulance	\$200 Copayment	\$200 Copayment	\$200 Copayment	DED + 30%
Diagnostic Testing (e.	g., Lab, x-ray)			
Independent Clinical Laboratory	\$0	\$0	DED + 50%	\$0
Diagnostic Testing Center	\$30 Copayment	\$35 Copayment	DED + 50%	DED + 30%
Advanced Imaging (A	IS) (MRI, MRA, PET, CT & Nu	uclear Medicine)		
	\$300 Copayment	\$300 Copayment	DED + 50%	DED + 30%
Outpatient Therapy (6	. ,		I	
In-Network Family	se tista per serient period)			

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2018 Benefit Summary Cont

Plan Name Plan Number	BlueCare HMO ⁴⁸	BlueOptions PPO 5782		BlueCare HDHP 65
Coverage	In-Network Only	In-Network	Out-of-Network	In-Network Only
Perscription Drugs				
Retail				
Generic	\$10	\$10	DED + Coins	\$10
Preferred Brand	\$40	\$40	DED + Coins	\$40
Non-Preferred Brand	\$75	\$75	DED + Coins	\$75
Mail Order				
Generic	\$20	\$20	Not Covered	\$20
Preferred Brand	\$80	\$80	Not Covered	\$80
Non-Preferred Brand	\$150	\$150	Not Covered	\$150

All plans cover Routine Vision and Hearing Exams when services are received by a participating physician. These services are covered 100% based on the below guidelines:

- Routine Hearing Exams covered annually for adults and children
- Routine Vision Exams for Adults (18 and older) every 24 months
- Routine Vision Exams for Children (under the age of 18) every 12 months

Note: Eyeglasses and contact lenses and their fitting are excluded. Please refer to your Benefit Booklet for more detail.

Referrals are not required to see a specialist on any of the plans offered but a Primary Care Physician (PCP) should be selected if you choose to enroll on one of the HMO plans. To select or change a PCP contact Florida Blue.

This is not an insurance contract or Benefit Booklet. The above Benefit Summary is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida, Inc., an independent licensee of the Blue Cross and Blue Shield Association. For a complete description of benefits and exclusions, please see Blue Cross and Blue Shield of Florida's Benefit Booklet and Schedule of Benefits; their terms prevail.



An Independent Licensee of the Blue Cross and Blue Shield Association