

Flagler Hospital Self-Funded – POS HDP Plan 02F

Administered by Florida Health Care Plans (FHCP)

Important things to keep in mind as you review this Schedule of Benefits:

- This Schedule of Benefits is part of your Benefit Booklet, where more detailed information about your benefits can be found.
- This is a Point of Service Plan. The Providers designated as In-Network for your plan are:
 - Tier 1 is the Flagler Hospital and First Coast Health Alliance (FCHA) Network which includes Flagler Hospital and all First Coast Health Alliance providers only.
 - Tier 2 is the Total Flagler Network (TFN) which includes FHCP contracted Non-hospital providers (No other hospitals) not already included in FCHA in all FHCP service areas; Baptist Facilities/Physicians; Florida Blue Care HMO outside FHCP's service area and BlueCard® National Network.
- You should always verify a Provider's participation status prior to receiving Health Care Services. To verify a Provider's specialty or participation status, you may contact the FHCP Member Services Department at 1-877-615-4022 (TRS Relay 711) or access the most recent Provider directory on our website at [Find a Doctor / Facility](#).
- References to the Calendar Year Deductible are abbreviated as "DED".
- Your benefits accumulate toward the satisfaction of Deductibles, Out-of-Pocket Maximums, and any applicable benefit maximums based on your Benefit Period unless indicated otherwise within this Schedule of Benefits.

Your Benefit Period 01/01 – 12/31

Deductible, Coinsurance and Out-of-Pocket Maximums

Benefit Description	Flagler Hospital and First Coast Health Alliance (FCHA) – Tier 1	Total Flagler Network (TFN) Tier 2	Out-of-Network Tier 3
Non-Embedded Deductible (DED)*			
Per Person per Benefit Period	\$1,350*	\$1,350*	\$2,500
Per Family per Benefit Period	\$2,700*	\$2,700*	\$5,000
Non-Embedded Out-of-Pocket Maximum**			
Per Person per Benefit Period	\$2,700**	\$2,700**	\$5,500
Per Family per Benefit Period	\$5,400**	\$5,400**	\$10,500

*Tier 1 and Tier 2 Deductibles cross accumulate.

**Tier 1 and Tier 2 Out-of-Pocket maximums cross accumulate.

The Deductible is Non-Embedded. If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay.

The Out-of-Pocket Maximum is Non-Embedded. If you have other family members in this plan, the overall family out-of-pocket limit must be met.

What **applies** to out-of-pocket maximums?

- DED
- Coinsurance
- Copayments
- Prescription Drug Cost Share amounts

What **does not apply** to out-of-pocket maximums?

- Health Care This Plan Doesn't Cover
- Office "No Show Charges"
- Premiums
- Balance Billing Charges
- Charges In excess of the Allowed Amount
- Penalties for Failure to Obtain Pre-Authorization for services

Important information affecting the amount you will pay:

As you review the Cost Share amounts in the following charts, please remember:

- Review this Schedule of Benefits carefully; it contains important information concerning your share of the expenses for Covered Services you receive. Amounts listed in this schedule are the amounts you pay for Covered Services you receive. Amounts incurred for In-Network Services will only be applied to the amounts listed in the In-Network columns and amounts incurred for Out-of-Network Services will only be applied to the amounts listed in the Out-of-Network column, unless otherwise indicated within this Schedule of Benefits. This includes the DED and Out-of-Pocket Maximum amounts.
- This plan uses a tiered network of providers. You pay the least if you use a provider in the Flagler Hospital and First Coast Health Alliance (FCHA) Network Tier 1. You pay more if you use a provider in the Total Flagler Network Tier 2. You will pay the most if you use an Out-of-Network provider Tier 3, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). For a list of network providers, search online at [Find a Doctor / Facility](#) or call the FHCP Member Services Department at 1-877-615-4022 (TRS Relay 711).
- Your Cost Share amounts will vary depending upon the Provider you choose, the type of Services you receive, and the setting in which the Services are rendered.
- Payment for Covered Services is based on our Allowed Amount and may be less than the amount the Provider bills for such Service. You are responsible for any charges in excess of the Allowed Amount for Out-of-Network Providers.
- Generally, you must pay all of the costs from providers up to the deductible amount before the plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
- This plan covers some items and services even if you haven't yet met the deductible amount. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <https://www.healthcare.gov/coverage/preventive-care-benefits/>
- The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
- If a Copayment or Coinsurance is listed in the charts that follow, the Copayment or Coinsurance applies per visit after DED.

Office Services

A Primary Care Physician is a Physician whose primary specialty is, according to FHCP's records, one of the following: Family Practice, General Practice, Internal Medicine, and Pediatrics.

Benefit Description	Flagler Hospital and First Coast Health Alliance (FCHA) – Tier 1	Total Flagler Network (TFN) Tier 2	Out-of-Network Tier 3
Primary Care Office visits rendered by Family Physicians and Other health care professionals licensed to perform such services	DED + 2%	DED + 5%	DED + 30%
Specialist Office Visits rendered by Physicians and Other health care professionals licensed to perform such services	DED + 5%	DED + 20%	DED + 30%
Maternity Visits rendered by Physicians and Other health care professionals licensed to perform such Services	DED + 5%	DED + 20%	DED + 30%
Advanced Imaging Services (CT/CAT Scans, PET Scans, MRAs, MRIs and nuclear cardiology) rendered in physician's office	DED + 5%	DED + 20%	DED + 30%
All other Diagnostic Services (e.g., X-rays and ultrasounds) rendered in physician's office	DED + 5%	DED + 20%	DED + 30%
Allergy Injections rendered by Primary Care Office Specialist Office	DED + 2% DED + 5%	DED + 5% DED + 20%	DED + 30% DED + 30%
Durable Medical Equipment, Prosthetics, and Orthotics	DED + 5%	DED + 20%	DED + 30%
Therapy Services (e.g., Physical, Speech, Occupational, Cardiac or Pulmonary) rendered in physician's office	DED + 5%	DED + 20%	DED + 30%
Chiropractic Care rendered in Physician's Office	DED + 5%	DED + 20%	DED + 30%

Preventive Health Services

Benefit Description	Flagler Hospital and First Coast Health Alliance (FCHA) – Tier 1	Total Flagler Network (TFN) Tier 2	Out-of-Network Tier 3
Adult Wellness Services Rendered by Family Physicians	\$0	\$0	DED + 30%
Other health care professionals licensed to perform such Services	\$0	\$0	DED + 30%
Adult Well Woman Services Rendered by Family Physicians	\$0	\$0	DED + 30%
Other health care professionals licensed to perform such Services	\$0	\$0	DED + 30%
Child Health Supervision Services Rendered by Family Physicians	\$0	\$0	DED + 30%
Other health care professionals licensed to perform such Services	\$0	\$0	DED + 30%
Routine Mammograms	\$0	\$0	DED + 30%
Routine Colonoscopy	\$0	\$0	DED + 30%

Outpatient Diagnostic Services

Benefit Description	Flagler Hospital and First Coast Health Alliance (FCHA) – Tier 1	Total Flagler Network (TFN) Tier 2	Out-of-Network Tier 3
Independent Clinical Lab	DED + 5%	DED + 20%	DED + 30%
Independent Diagnostic Testing Facility Advanced Imaging Services (CT/CAT Scans, MRAs, MRIs, PET Scans and nuclear medicine)	DED + 5%	DED + 20%	DED + 30%
All other diagnostic Services (e.g., X-rays, ultrasounds)	DED + 5%	DED + 20%	DED + 30%
Outpatient Hospital Facility	See Hospital Services Outpatient		

Emergency and Urgent Care Services

Benefit Description	Flagler Hospital and First Coast Health Alliance (FCHA) – Tier 1	Total Flagler Network (TFN) Tier 2	Out-of-Network Tier 3
Ambulance Services	DED + 5%	DED + 20%	In-Network DED + 20%
Emergency Room Visits	See Hospital Services Emergency Room Visits		
Urgent Care Center	DED + 5%	DED + 20%	In-Network DED + 20%

Outpatient Surgical Services

Benefit Description	Flagler Hospital and First Coast Health Alliance (FCHA) – Tier 1	Total Flagler Network (TFN) Tier 2	Out-of-Network Tier 3
Ambulatory Surgical Center Facility (per visit)	DED + 5%	DED + 20%	DED + 30%
Physician Services	DED + 5%	DED + 20%	DED + 30%
Outpatient Hospital Facility	See Hospital Services Outpatient		

Hospital Services

Benefit Description	Flagler Hospital and First Coast Health Alliance (FCHA) – Tier 1	Total Flagler Network (TFN) Tier 2	Out-of-Network Tier 3
Inpatient Facility Services (per admission)	DED + 5%	DED + 20%	DED + 30%
Physician services	DED + 5%	DED + 20%	DED + 30%
Outpatient Facility (per visit)	DED + 5%	DED + 20%	DED + 30%
Physician Services	DED + 5%	DED + 20%	DED + 30%
Advanced Imaging Services (CT/CAT Scans, MRAs, MRIs, PET Scans and nuclear medicine)	DED + 5%	DED + 20%	DED + 30%
Diagnostic Lab Services	DED + 5%	DED + 20%	DED + 30%
All other Diagnostic Services (e.g., X-rays and Ultrasounds)	DED + 5%	DED + 20%	DED + 30%
Therapy Services	DED + 5%	DED + 20%	DED + 30%
Emergency Room Visits Facility (per visit) (waived if admitted)	DED + 5%	DED + 20%	In-Network DED + 20%
Physician Services	DED + 5%	DED + 20%	In-Network DED + 20%

Behavioral Health Services

Benefit Description	Flagler Hospital and First Coast Health Alliance (FCHA) – Tier 1	Total Flagler Network (TFN) Tier 2	Out-of-Network Tier 3
Mental Health and Substance Dependency Treatment Services			
Outpatient			
Emergency Room (per visit) (waived if admitted)	DED + 5%	DED + 20%	In-Network DED + 20%
Physician Services at ER	DED + 5%	DED + 20%	In-Network DED + 20%
Outpatient Hospital Facility	DED + 5%	DED + 20%	DED + 30%
Physician Services at Hospital	DED + 5%	DED + 20%	DED + 30%
Physician and other health care professionals licensed to perform such Services rendered at:			
Primary Care office	DED + 5%	DED + 20%	DED + 30%
Specialist office	DED + 5%	DED + 20%	DED + 30%
Telemedicine (video visit)	DED + \$35	Not Covered	Not Covered
All other locations	DED + 5%	DED + 20%	DED + 30%
Inpatient Hospital/Acute Care Center			
Facility Services	DED + 5%	DED + 20%	DED + 30%
Physician Services at Hospital/Acute Care Center	DED + 5%	DED + 20%	DED + 30%
Residential/Rehabilitation Center			
Facility Services	DED + 5%	DED + 20%	DED + 30%
Physicians services at Residential/Rehabilitation Center	DED + 5%	DED + 20%	DED + 30%

Other Services

Benefit Description	Flagler Hospital and First Coast Health Alliance (FCHA) – Tier 1	Total Flagler Network (TFN) Tier 2	Out-of-Network Tier 3
Telemedicine Visits (Video visits) rendered by Family Physicians and Other health care professionals licensed to perform such Services. See Behavioral Health Outpatient for cost sharing applicable to Mental Health visits.	DED + \$15	Not Covered	Not Covered
Colonoscopy Services Diagnostic (non-routine)	DED + 5%	DED + 20%	DED + 30%
Home Health Services Medications administered in a Home Health setting	DED + 5%	DED + 20%	DED + 30%
Therapeutic Injections rendered in physician's office or an Outpatient Setting	DED + 5% - Flagler DED + 15% - FCHA	DED + 20%	DED + 30%
Infusion Therapy Services rendered in an Outpatient Setting	DED + 5% - Flagler DED + 15% - FCHA	DED + 20%	DED + 30%
Mammograms Diagnostic (non-routine)	DED + 5%	DED + 20%	DED + 30%
Services rendered by Midwives	DED + 5%	DED + 20%	DED + 30%
Outpatient Rehabilitation Facility	DED + 5%	DED + 20%	DED + 30%
Skilled Nursing Facility	DED + 5%	DED + 20%	DED + 30%
Diabetes Care Management			
Glucometer	\$0	\$0	Not Covered
Annual Complete Diabetic Eye Exam (Optometrist/Ophthalmologist)	DED + 2% / DED + 5%	DED + 20%	Not Covered
50 Test Strips / Sensors (per box)	\$10 Copay	\$10 Copay	Not Covered
Lancets (per box)	\$10 Copay	\$10 Copay	Not Covered
Transplant Services	*DED + 5%	DED + 20%	DED + 30%

***Note:** Transportation and Lodging expenses related to a covered transplant are covered at 100% after the Tier 1 DED up to the benefit maximum. Patient must live 100 miles or more from the Facility. For information on Lodging and Transportation coverage, refer to the What is Covered? section in your Benefit Booklet.

Benefit Maximums

Home Health Care Visits per Calendar Year	20
Inpatient Rehabilitation days per Calendar Year	30
Combined Limit for Physical, Speech and Occupational Therapy Visits per Calendar Year	30
Combined Limit for Cardiac and Pulmonary Therapy Visits per Calendar Year	30
Chiropractic Care Visits per Calendar Year	20
Skilled Nursing / Rehabilitation Facility days per Calendar Year	60
Behavioral Health Residential Facility days per Calendar Year	60
Transplant Services Lodging and Transportation for Transplant Recipient and Companion (per transplant)	\$10,000

Additional Benefits/Features

Prescription Drug Program

Please refer to your Pharmacy Program for details regarding your pharmacy coverage.

Pharmacy Program

Schedule of Benefits

You should carefully review this Pharmacy Program Schedule of Benefits. To verify if a Pharmacy is a Participating Pharmacy, you may access the Pharmacy Program Provider Directory on FHCP's website at [Find a Pharmacy](#) or call the FHCP Member Services Department at 1-877-615-4022 (TRS Relay 711).

	FHCP Pharmacy	Participating Walgreens Pharmacies & Flagler Community Hospital Pharmacy
Pharmacy Deductible per Benefit Period Per Individual	Integrated with Medical Deductible	
Family Maximum	Integrated with Medical Deductible	
<u>Preventive Drugs purchased at:</u> Retail Pharmacy – For up to a One-Month Supply	\$0	Not Covered
Mail Order Pharmacy – For up to a Three-Month Supply	\$0	Not Covered
<u>Preferred Generic Prescription Drugs purchased at:</u> Retail Pharmacy – For up to a One-Month Supply	DED + \$3	DED + \$15
Mail Order Pharmacy – For up to a Three-Month Supply	DED + \$6	Not Covered
<u>Non Preferred Generic Prescription Drugs purchased at:</u> Retail Pharmacy – For up to a One-Month Supply	DED + \$10	DED + \$15
Mail Order Pharmacy – For up to a Three-Month Supply	DED + \$20	Not Covered
<u>Preferred Brand Name Prescription Drugs purchased at:</u> Retail Pharmacy – For up to a One-Month Supply	DED + \$30	DED + \$35
Mail Order Pharmacy – For up to a Three-Month Supply	DED + \$60	Not Covered
<u>Non Preferred Brand Name Prescription Drugs purchased at:</u> Retail Pharmacy – For up to a One-Month Supply	DED + \$55	DED + \$60
Mail Order Pharmacy – For up to a Three-Month Supply	DED + \$110	Not Covered
<u>Specialty Drugs:</u> For up to a One-Month Supply	DED + 20%	Not Covered
*Mail Order Pharmacy – For up to a One-Month Supply	Not Covered	Not Covered

Important information affecting the amount you will pay:

This plan uses a pharmacy network. You pay the least if you use an FHCP pharmacy. You pay more if you use a Walgreen's or participating pharmacy. For a list of network and participating pharmacies, search the [Find a Pharmacy](#) online directory or call the FHCP Member Services Department at 1-877-615-4022 (TRS Relay 711).

For additional savings, fill prescriptions via our mail order program. This program allows covered members taking prescription drugs to receive up to a 3-month supply for one Mail Order Copayment, after Pharmacy Deductible, if applicable. Prescription drugs ordered through this program are provided by FHCP.

*Certain specialty medications are available through mail order upon plan approval. If you are taking a specialty medication and need assistance with a manufacturer copay assistance program or plan approval for specialty mail order contact FHCP's St. Augustine Pharmacy. If you are not eligible for the manufacturer copay assistance program the non-preferred tier cost sharing will apply.

FHCP has a Discount Medication List available online at: <https://www.fhcp.com/for-members/about-your-care/> under the Medication Formulary section.

Certain medications require prior authorization. The FHCP Prior Authorization Medication Policy and Drug List are available online at: <https://www.fhcp.com/documents/Medications-Requiring-Prior-Auth.pdf>

Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the [Commercial Formulary](#) online or call the FHCP Member Services Department at 1-877-615-4022 (TRS Relay 711) to request a copy.