

# Flagler Hospital Self-Funded Flagler Plan 01F

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 an HMO Plan. Out-of-Network providers are not covered except in Emergency situations or unless previously authorized by this 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 Extended Flagler Network which includes FHCP contracted Non-hospital providers (No other hospitals) not already included in FCHA Network in all FHCP service areas.
- 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 FHCP's 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

<b>Benefit Description</b>	<b>Flagler Hospital and First Coast Health Alliance (FCHA) Tier 1</b>	<b>Extended Flagler Network (EFN) Tier 2</b>	<b>Out-of-Network Tier 3</b>
<b>Deductible (DED)*</b>			
Per Person per Benefit Period	\$250*	\$250*	N/A
Per Family per Benefit Period	\$500*	\$500*	N/A
<b>Out-of-Pocket Maximums**</b>			
Per Person per Benefit Period	\$2,000**	\$2,000**	N/A
Per Family per Benefit Period	\$4,000**	\$4,000**	N/A

\*Tier 1 and Tier 2 Deductibles cross accumulate.

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

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
- 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 Cost Share amounts you pay.
- 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 Network (FCHA) Tier 1. You pay more if you use a provider in the Extended Flagler Network (EFN) Tier 2. 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).
- This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist. If you have a question on specialists requiring a referral check your plan document 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.
- Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
- This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. Any services subject to deductible will have a DED in the cost sharing.
- If a Copayment or Coinsurance is listed in the charts that follow, the Copayment or Coinsurance applies per visit.
- 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, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

## 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.

<b>Benefit Description</b>	<b>Flagler Hospital and First Coast Health Alliance (FCHA) Tier 1</b>	<b>Extended Flagler Network (EFN) Tier 2</b>	<b>Out-of-Network Tier 3</b>
<b>Primary Care Office visits</b> rendered by  Family Physicians and Other health care professionals licensed to perform such services	\$15	\$20	Not Covered
<b>Specialist Office Visits</b> rendered by  Physicians and Other health care professionals licensed to perform such services	\$35	\$40	Not Covered
<b>Maternity Visits</b> rendered by  Physicians and Other health care professionals licensed to perform such Services	\$35	\$40	Not Covered
<b>Advanced Imaging Services</b>  (CT/CAT Scans, PET Scans, MRAs, MRIs and nuclear cardiology) rendered in physician's office	\$75	\$85	Not Covered
<b>All other Diagnostic Services</b>  (e.g., X-rays and ultrasounds) rendered in physician's office	\$10	\$15	Not Covered
<b>Allergy Injections</b> rendered by  Primary Care Office Specialist Office	\$15 \$35	\$20 \$40	Not Covered Not Covered
<b>Durable Medical Equipment, Prosthetics, and Orthotics</b>	DED + 5%	DED + 20%	Not Covered
<b>Therapy Services</b> (e.g., Physical, Speech, Occupational, Cardiac or Pulmonary) rendered in physician's office	DED + 5%	DED + 20%	Not Covered
<b>Chiropractic Care</b> rendered in  Physician's Office	\$15	\$20	Not Covered

## Preventive Health Services

Benefit Description	Flagler Hospital and First Coast Health Alliance (FCHA) Tier 1	Extended Flagler Network (EFN) Tier 2	Out-of-Network Tier 3
<b>Adult Wellness Services</b> Rendered by			
Family Physicians	\$0	\$0	Not Covered
Other health care professionals licensed to perform such Services	\$0	\$0	Not Covered
<b>Adult Well Woman Services</b> Rendered by			
Family Physicians	\$0	\$0	Not Covered
Other health care professionals licensed to perform such Services	\$0	\$0	Not Covered
<b>Child Health Supervision Services</b> Rendered by			
Family Physicians	\$0	\$0	Not Covered
Other health care professionals licensed to perform such Services	\$0	\$0	Not Covered
<b>Routine Mammograms</b>	\$0	\$0	Not Covered
<b>Routine Colonoscopy</b>	\$0	\$0	Not Covered

## Outpatient Diagnostic Services

Benefit Description	Flagler Hospital and First Coast Health Alliance (FCHA) Tier 1	Extended Flagler Network (EFN) Tier 2	Out-of-Network Tier 3
<b>Independent Clinical Lab</b>	\$0	\$0	Not Covered
<b>Independent Diagnostic Testing Facility</b> Advanced Imaging Services (CT/CAT Scans, MRAs, MRIs, PET Scans and nuclear medicine)	\$75	\$85	Not Covered
All other diagnostic Services (e.g., X-rays, ultrasounds)	\$10	\$15	Not Covered
<b>Outpatient Hospital Facility</b>	See Hospital Services Outpatient		

## Emergency and Urgent Care Services

Benefit Description	Flagler Hospital and First Coast Health Alliance (FCHA) Tier 1	Extended Flagler Network (EFN) Tier 2	Out-of-Network Tier 3
<b>Ambulance Services</b>	DED + 5%	DED + 20%	DED + 20%
<b>Emergency Room Visits</b>	See Hospital Services Emergency Room Visits		
<b>Urgent Care Center</b>	\$45	\$50	\$50

## Outpatient Surgical Services

Benefit Description	Flagler Hospital and First Coast Health Alliance (FCHA) Tier 1	Extended Flagler Network (EFN) Tier 2	Out-of-Network Tier 3
<b>Ambulatory Surgical Center</b> Facility (per visit)	\$170	\$200	Not Covered
Physician Services	DED + 5%	DED + 20%	Not Covered
<b>Outpatient Hospital Facility</b>	See Hospital Services Outpatient		

## Hospital Services

Benefit Description	Flagler Hospital and First Coast Health Alliance (FCHA) Tier 1	Extended Flagler Network (EFN) Tier 2	Out-of-Network Tier 3
<b>Inpatient</b> Facility Services (per admission)	DED + 5%	Not Covered	Not Covered
Physician services	DED + 5%	Not Covered	Not Covered
<b>Outpatient</b> Facility (per visit)	DED + 5%	DED + 20%	Not Covered
Physician Services	DED + 5%	DED + 20%	Not Covered
Advanced Imaging Services (CT/CAT Scans, MRAs, MRIs, PET Scans and nuclear medicine)	\$75	DED + 20%	Not Covered
Diagnostic Lab Services	\$0	DED + 20%	Not Covered
All other Diagnostic Services (e.g., X-rays and Ultrasounds)	\$10	DED + 20%	Not Covered
Therapy Services	DED + 5%	DED + 20%	Not Covered
<b>Emergency Room Visits</b> Facility (per visit) (waived if admitted)	\$200	\$200	\$200
Physician Services	\$0	\$0	\$0

## Behavioral Health Services

Benefit Description	Flagler Hospital and First Coast Health Alliance (FCHA) Tier 1	Extended Flagler Network (EFN) Tier 2	Out-of-Network Tier 3
<b>Mental Health and Substance Dependency Treatment Services</b>			
<b>Outpatient</b>			
Emergency Room (per visit) (waived if admitted)	\$200	\$200	\$200
Physician Services at ER	\$0	\$0	\$0
Outpatient Hospital Facility	DED + 5%	DED + 20%	Not Covered
Physician Services at Hospital	DED + 5%	DED + 20%	Not Covered
Physician and other health care professionals licensed to perform such Services rendered at:			
Primary Care office	\$15	\$20	Not Covered
Specialist office	\$35	\$40	Not Covered
Telemedicine (video visit)	\$35	Not Covered	Not Covered
All other locations	DED + 5%	DED + 20%	Not Covered
<b>Inpatient Hospital/Acute Care Center</b>			
Facility Services	DED + 5%	DED + 20%	Not Covered
Physician Services at Hospital/Acute Care Center	DED + 5%	DED + 20%	Not Covered
<b>Residential/Rehabilitation Center</b>			
Facility Services	DED + 5%	DED + 20%	Not Covered
Physicians services at Residential/Rehabilitation Center	DED + 5%	DED + 20%	Not Covered

## Other Services

Benefit Description	Flagler Hospital and First Coast Health Alliance (FCHA) Tier 1	Extended Flagler Network (EFN) Tier 2	Out-of-Network Tier 3
<b>Telemedicine Visits</b> (Video visits) rendered by Family Physicians and Other health care professionals licensed to perform such Services.  See <b>Behavioral Health Outpatient</b> for cost sharing applicable to Mental Health visits.	\$15	Not Covered	Not Covered
<b>Colonoscopy Services</b> Diagnostic (non-routine)	\$0	\$0	Not Covered
<b>Home Health Services</b> Medications administered in a Home Health setting	DED + 5%	DED + 20%	Not Covered
<b>Therapeutic Injections</b> rendered in physician's office or an Outpatient Setting	DED + 5% - Flagler DED + 15% - FCHA	DED + 20%	Not Covered
<b>Infusion Therapy Services</b> rendered in an Outpatient Setting	DED + 5% - Flagler DED + 15% - FCHA	DED + 20%	Not Covered
<b>Mammograms</b> Diagnostic (non-routine)	\$10	\$15	Not Covered
Services rendered by <b>Midwives</b>	\$35	\$40	Not Covered
<b>Outpatient Rehabilitation Facility</b>	DED + 5%	DED + 20%	Not Covered
<b>Skilled Nursing Facility</b>	DED + 5%	DED + 20%	Not Covered
<b>Diabetes Care Management</b> Glucometer Annual Complete Diabetic Eye Exam (Optometrist/Ophthalmologist) 50 Test Strips / Sensors (per box) Lancets (per box)	\$0 \$15 / \$35 \$10 Copay \$10 Copay	\$0 \$20 / \$40 \$10 Copay \$10 Copay	Not Covered Not Covered Not Covered Not Covered
<b>Transplant Services</b>	*DED + 5%	DED + 20%	Not Covered

**\*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

<b>Home Health Care</b> Visits per Calendar Year	20
<b>Inpatient Rehabilitation</b> days per Calendar Year	30
<b>Combined Limit for Physical, Speech and Occupational Therapy</b> Visits per Calendar Year	30
<b>Combined Limit for Cardiac and Pulmonary Therapy</b> Visits per Calendar Year	30
<b>Chiropractic Care</b> Visits per Calendar Year	20
<b>Skilled Nursing / Rehabilitation Facility</b> days per Calendar Year	60
<b>Behavioral Health Residential Facility</b> days per Calendar Year	60
<b>Transplant Services</b> <b>Lodging and Transportation</b> 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
<b>Pharmacy Deductible per Benefit Period</b> Per Individual	\$0	
Family Maximum	\$0	
<b><u>Preventive Drugs purchased at:</u></b> 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
<b><u>Preferred Generic Prescription Drugs purchased at:</u></b> Retail Pharmacy – For up to a One-Month Supply	\$3	\$15
Mail Order Pharmacy – For up to a Three-Month Supply	\$6	Not Covered
<b><u>Non Preferred Generic Prescription Drugs purchased at:</u></b> Retail Pharmacy – For up to a One-Month Supply	\$10	\$15
Mail Order Pharmacy – For up to a Three-Month Supply	\$20	Not Covered
<b><u>Preferred Brand Name Prescription Drugs purchased at:</u></b> Retail Pharmacy – For up to a One-Month Supply	\$30	\$35
Mail Order Pharmacy – For up to a Three-Month Supply	\$60	Not Covered
<b><u>Non Preferred Brand Name Prescription Drugs purchased at:</u></b> Retail Pharmacy – For up to a One-Month Supply	\$55	\$60
Mail Order Pharmacy – For up to a Three-Month Supply	\$110	Not Covered
<b><u>Specialty Drugs – Preferred and Non-Preferred:</u></b> For up to a One-Month Supply	20% Coinsurance	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 online at [Find a Pharmacy](#) 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. 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 Florida Health Care Plans Member Services Department at 1-877-615-4022 (TRS Relay 711) to request a copy.