# Gym Access IND Platinum POS 4000 - Zero
# Health Benefit Plan Q48

Florida Health Care Plans
An Independent Licensee of the Blue Cross and Blue Shield Association

| Schedule of Benefits for Covered Services | Amount Member Pays | |
| --- | --- | --- |
| | In-Network | Out-of-Network |
| **Financial Features** | | |
| **Medical Essential Health Benefits Deductible** (DED[1]) (PBP[2]) (DED is the amount the member is responsible for before FHCP pays) | $0 per person $0 per family | $0 per person $0 per family |
| **Drug Essential Health Benefits Deductible** (DED[1]) (PBP[2]) (DED is the amount the member is responsible for before FHCP pays) | Integrated with Medical | Not Covered |
| **Coinsurance** (Coinsurance is the percentage the member pays for services) | 20% of Allowed Amount | 30% of Allowed Amount |
| **Essential Health Benefits Out-of-Pocket Maximum** (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Pharmacy) | $0 per person $0 per family | $0 per person $0 per family |
| **Office Services** | | |
| **Physician Office Services** (per visit) Primary Care Office Specialist | $0 $0 | $0 $0 |
| **Maternity** (Cost Share for initial visit only) Primary Care Physician Specialist | $0 $0 | $0 $0 |
| **Allergy Injections** (per visit) Primary Care Physician Specialist | $0 $0 | $0 $0 |
| **Medical Pharmacy** - Physician-Administered Medications including but not limited to: *Therapeutic Injections *Infusions *Chemotherapy Dialysis Drugs | $0 $0 $0 $0 | $0 $0 $0 $0 |
| Physician-Administered Medications – These medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the *medical* benefit. *Prior Authorization is required. | | |
| **Preventive Care** | | |
| **Routine Adult & Child Preventive Services, Wellness Services, Blood Work and Immunizations** | $0 | $0 |
| **Mammogram Screening** | $0 | $0 |
| **Bone Density Screening** | $0 | $0 |
| **Colonoscopy** (Routine for age 50+ then frequency schedule applies) | $0 | $0 |
| **Emergency Medical Care** | | |
| **Urgent Care Centers** (per visit) | $0 | $0 |
| **Hospital Emergency Room or Stand-Alone Emergency Facility Services** (per visit) | $0 | $0 |
| **Ambulance Services** | $0 | $0 |

[1] DED = Deductible
[2] PBP = Per Benefit Period

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**Note: Out-of-Network services may be subject to balance billing.**

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| | Amount Member Pays | |
| --- | --- | --- |
| Schedule of Benefits for Covered Services | In-Network | Out-of-Network |
| **Outpatient Diagnostic Services** - services with an asterisk * require prior authorization | | |
| **Independent Diagnostic Testing Facility/Provider's Office** | | |
| Allergy Testing | $0 | $0 |
| X-rays and Ultrasounds | $0 | $0 |
| Diagnostic Services (except AIS) | $0 | $0 |
| *Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.) | $0 | $0 |
| **Independent Clinical Lab** (diagnostic testing of blood and specimens) | $0 | $0 |
| **Outpatient Hospital Facility Services** (per visit) | | |
| X-rays and Ultrasounds | $0 | $0 |
| Diagnostic Services (except AIS) | $0 | $0 |
| *Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Med.) | $0 | $0 |
| **Important:** Diagnostic or therapeutic services rendered in physician offices, testing centers or other outpatient locations that are owned and operated by a hospital system are considered by the hospital system to be departments of the hospital. As a result, FHCP will be billed by the hospital for such services, and the member's outpatient hospital benefit will be applied to these claims. FHCP's Provider Directories and online Provider Search application provides information regarding which provider offices are actually hospital outpatient departments. Members should contact FHCP's cost estimation center to determine if having the diagnostic test or service performed in a hospital or hospital owned facility will result in higher cost sharing. | | |
| **Hospital / Surgical** - *all services require prior authorization | | |
| *Ambulatory Surgical Center Facility (ASC) | $0 | $0 |
| *Outpatient Hospital Facility Services (surgical) (per visit) | $0 | $0 |
| *Inpatient Hospital Facility (per admit) | $0 | $0 |
| **Mental Health / Substance Dependency** - services with an asterisk * require prior authorization | | |
| *Inpatient Hospitalization Facility Services (per admit) | $0 | $0 |
| Outpatient Facility Service (per visit) | $0 | $0 |
| *Partial Hospitalization (per admit) | $0 | $0 |
| *Residential/Rehabilitation Facility (per day) | $0 | $0 |
| Hospital Emergency Room or Stand-Alone Emergency Facility Services (per visit) | $0 | $0 |
| Provider Services at Hospital/Crisis Unit | | |
| Primary Care Physician / Specialist | $0 | $0 |
| Provider Services at Locations other than Office, Hospital and ER | | |
| Primary Care Physician / Specialist | $0 | $0 |
| Outpatient Office Visit | | |
| Primary Care Physician | $0 | $0 |
| Specialist | $0 | $0 |
| **Other Provider Services** | | |
| Provider Services at ER | $0 | $0 |
| Provider Services at Hospital | | |
| Inpatient/Outpatient | $0 | $0 |
| Provider Services at an Ambulatory Surgical Center (ASC) | $0 | $0 |

**Schedule of Benefits for Covered Services**

Amount Member Pays

| | In-Network | Out-of-Network |
|---|---|---|
| **Other Special Services** - services with an asterisk * require prior authorization | | |
| Combined Limit for Outpatient Occupational, Physical and Speech Therapy (per visit) | $0 | $0 |
| Combined Limit for Outpatient Cardiac and Pulmonary Rehabilitation Therapy (per visit) | $0 | $0 |
| Chiropractic Care (per visit) | $0 | $0 |
| *Durable Medical Equipment | $0 | $0 |
| *Prosthetics and Medical Brace Device | $0 | $0 |
| *Home Health Care (per visit) | $0 | $0 |
| *Skilled Nursing Facility (per day) | $0 | $0 |
| Hospice | $0 | $0 |
| Hearing Exam (Audiologist/Specialist) | $0 | $0 |
| *Radiation (per visit) | $0 | $0 |
| Telehealth Services (PCP/Specialist) | $0 | Not Covered |
| **Diabetes Care Management** | | |
| Diabetes Outpatient Self-Management Education | $0 | Not Covered |
| Glucometer | $0 | $0 |
| Annual Complete Diabetic Eye Exam (Optometrist/Ophthalmologist) | $0 | $0 |
| 50 Test Strips /Sensors (per box) | $0 | $0 |
| Lancets (per box) | $0 | $0 |

**\*Prior Authorization is Required:** There are certain medical services for which **members are required to obtain Prior Authorization** before receiving that service. If you don't obtain prior authorization from FHCP, you will have to **pay the entire cost** of the service. Before a specialty or testing appointment you should visit www.fhcp.com or call toll-free 1-877-615-4022 to see if prior authorization is required.

**Schedule of Benefits for Covered Services**

Amount Member Pays

| Prescription Drug Program | | | |
|---|---|---|---|

**Network Provider Services:** A Network Provider pharmacy must be used when a member needs to have a prescription filled or the member will have to pay the full cost of the drug (except in certain situations such as emergencies). Members should log into their member account at www.fhcp.com and click **Find a Provider/Facility** to locate a Network Provider pharmacy. Mail Order is only available through FHCP Pharmacy.

| | Network Pharmacy (1 month supply) | | Mail Order (3 month supply) |
|---|---|---|---|
| | FHCP | Walgreens | FHCP Only |
| **Generic Drugs** | | | |
|    Preventive (e.g., oral contraceptives) | $0 | Not Covered | $0 |
|    Preferred Generic | $0 | $0 | $0 |
|    Non Preferred Generic | $0 | $0 | $0 |
| **Preferred Brand Drugs** | $0 | $0 | $0 |
| **Non-Preferred Brand Drugs** | $0 | $0 | $0 |
| **Specialty Drugs** (Prior authorization is required) | | | |
|    Preferred Specialty | $0 | Not Covered | Not Covered |
|    Non Preferred Specialty | $0 | Not Covered | Not Covered |

If a Brand Name Prescription Drug is requested when there is a Generic Prescription Drug available, the member will be responsible for paying the Average Wholesale Price (AWP) for that prescription.

FHCP Pharmacy benefit provides coverage for Generic contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) at no cost when obtained from a pharmacy owned and operated by FHCP. FHCP's Pharmacy Benefit also covers certain preventive medications at no cost in accordance with the United States Preventative Task Force (USPSTF) Affordable Care Act A and B recommendations as long as all criteria are met and the medication is obtained from a FHCP owned and operated pharmacy.

## Summary of Benefits for Covered Services

| | Amount Member Pays | |
|---|---|---|
| | Network Provider | Out-of-Network Provider |

| **Pediatric Vision** | | |
|---|---|---|
| **Network Provider Services:** The services listed below must be received from a Network Provider or the member will have to pay the full cost of the service (except in certain situations such as emergencies). Members should log onto www.fhcp.com and click **Find a Provider/Facility** to locate a Network Provider near them. | | |
| **Eyeglass Exam** (1x per year) | $0 | Not Covered |
| **Eyeglasses** (includes frames & lenses- single vision, bifocal, trifocal or lenticular) | $0 | Not Covered |
| **Contact Lenses Exam** (1x per year) *(Instead of eyeglass exam)* | $0 | Not Covered |
| **Contact Lenses** (2 boxes, 1x per year) *(Instead of eyeglasses)* | $0 | Not Covered |
| **Eye Infection, Visual Disturbances, etc.** (per exam) | $0 | Not Covered |
| **Note:** Anything over the allowance will not count toward your out-of-pocket maximum limitation. | | |
| **Pediatric Dental** | | |
| Preventive, basic and major | Not Covered | |

| **Wellness Certificate** | |
|---|---|
| Fitness Center Access | Covered |

| **Benefit Maximums – Combined Limit In-Network and Out-of-Network** | |
|---|---|
| Home Health Care | 20 Visits PBP |
| OT, PT, ST Outpatient Rehabilitation Therapy | 35 Visits PBP |
| OT, PT, ST Outpatient Habilitation Therapy | 35 Visits PBP |
| Cardiac and Pulmonary Therapy | 35 Visits PBP |
| Chiropractic Care | 26 Visits PBP |
| Skilled Nursing/Rehabilitation Facility | 60 Days PBP |
| Behavioral Health Residential Facility | 60 Days PBP |

**Additional Benefits and Features**
- To find out more about their benefits and/or treatment options, members are encouraged to call the Member Services Department at 1-877-615-4022. This can help them save time and money.
- Members have online access to view their health benefit plan information as well as self-service tools through the Member Portal at www.fhcp.com.

**This is not an insurance contract or Benefit Booklet.** This Benefit Schedule is only a partial description of the many benefits and services provided or authorized by Florida Health Care Plans. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Health Care Plans Certificate of Coverage; its terms prevail.

If you or someone you're helping has questions about **Florida Health Care Plans**, you have the right to get help and information in your language at no cost. To talk to an interpreter, call **1-877-615-4022. (TTY: TRS Relay 711)**

Si usted o alguien a quien ayuda tienen preguntas sobre **Florida Health Care Plans**, tienen derecho a obtener ayuda e información en su idioma de manera gratuita. Para hablar con un intérprete, llame al **1-877-615-4022. (TTY: TRS Relay 711)**

Si ou menm, oswa yon moun w ap ede, gen kesyon sou **Florida Health Care Plans** ,ou gen dwa pou jwenn enfòmasyon nan lang ou gratis. Pou ale ak yon entèprèt, rele **1-877-615-4022. (TTY: TRS Relay 711)**

Nếu quý vị, hoặc người nào đó mà quý vị đang giúp đỡ, có các thắc mắc về **Florida Health Care Plans**, quý vị có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của quý vị miễn phí. Để trao đổi với phiên dịch, hãy gọi theo số **1-877-615-4022. (TTY: TRS Relay 711)**

Se você, ou alguém que estiver a ajudar, tiver dúvidas sobre **Florida Health Care Plans**, tem o direito de obter ajuda e informações na sua língua, sem nenhumas custas. Para falar com um intérprete, ligue para **1-877-615-4022. (TTY: TRS Relay 711)**

如果您或您正協助的某人對**Florida Health Care Plans**
有疑問，您有權免費以您的語言取得本協助及資訊。如欲與口譯員交談，請致電**1-877-615-4022. (TTY: TRS Relay 711)**

Si vous ou une personne que vous aidez avez des questions au sujet de **Florida Health Care Plans**, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, veuillez appeler le **1-877-615-4022. (TTY: TRS Relay 711)**

Kung ikaw, o ang isang taong tinutulungan mo, ay may mga tanong tungkol sa **Florida Health Care Plans**, mayroon kang karapatang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang interpreter, tumawag sa **1-877-615-4022. (TTY: TRS Relay 711)**

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы о программе **Florida Health Care Plans**, Вы имеет право бесплатно получить ответы в переводе на Ваш язык. Для того чтобы воспользоваться помощью устного переводчика, позвоните по телефону **1-877-615-4022. (TTY: TRS Relay 711)**

ذا كان لديك أو الشخص الذي تساعده استفسارات حول [**Florida Health Care Plans**, يحق لك تلقي المساعدة والمعلومات بلغتك مجاناً. تحدث إلى مترجم فوري، اتصل على الرقم [**1-877-615-4022. (TTY: TRS Relay 711)**].

se voi, o una persona che state aiutando, avete domande relative al **Florida Health Care Plans**, avete diritto a ottenere assistenza e informazioni gratuitamente nella vostra lingua. Per parlare con un interprete, chiamare il numero **1-877-615-4022. (TTY: TRS Relay 711)**

Falls Sie oder jemand, dem Sie helfen, irgendwelche Fragen über **Florida Health Care Plans** haben, so haben Sie Anspruch auf kostenlose Unterstützung und Informationen in Ihrer eigenen Sprache. Bitte rufen Sie uns unter der Nummer **1-877-615-4022. (TTY: TRS Relay 711)** an, um mit einem Dolmetscher/einer Dolmetscherin zu sprechen.

귀하 또는 귀하가 도와드리고 있는 분이**Florida Health Care Plans**에 관한 질문이 있을 경우, 귀하에게는 무료로 본인이 구사하는 언어로 도움과 정보를 받을 권리가 있습니다. 통역으로 전화 연결되려면**1-877-615-4022. (TTY: TRS Relay 711)** 번으로 전화해 주십시오.

Jeśli Ty lub ktoś, komu pomagasz macie pytania dotyczące **Florida Health Care Plans**, macie prawo uzyskać pomoc i informacje w swoim języku, bez żadnych kosztów. Porozmawiaj z tłumaczem, zadzwoń pod numer **1-877-615-4022. (TTY: TRS Relay 711)**

જો તમને અથવા તમે જેને મદદ કરી રહ્યાં છો તેમને **Florida Health Care Plans** વિશે કોઈ પ્રશ્નો હોય, તો તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વિના મદદ અને માહિતી મેળવવાનો હક છે. દુભાષિયા સાથે વાત કરવા માટે **1-877-615-4022. (TTY: TRS Relay 711)** પર ફોન કરો.

หากคุณ หรือคนที่คุณกำลังช่วยเหลืออยู่มีคำถามเกี่ยวกับ **Florida Health Care Plans** คุณจะได้รับการช่วยเหลือและได้รับข้อมูลในภาษาของคุณโดยที่ไม่มีค่าใช้จ่ายใดๆ หากต้องการพูดคุยกับล่ามแปลภาษา โทร.
 **1-877-615-4022. (TTY: TRS Relay 711)**

Florida Health Care Plan, Inc. d/b/a Florida Health Care Plans ("FHCP") offers health insurance coverage products. FHCP is an affiliate of Blue Cross and Blue Shield of Florida, Inc. d/b/a Florida Blue. Both companies are Independent Licensees of the Blue Cross and Blue Shield Association.                    H1035_A5225 CMS Approved (06/08/2016)

# Discrimination is Against the Law

Florida Health Care Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.  Florida Health Care Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Health Care Plans:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  o Qualified sign language interpreters
  o Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
  o Qualified Interpreters
  o Information written in other languages

If you need these services, contact Daria Siciliano, RN-BC, CCM.

If you believe that Florida Health Care Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

<div align="center">

Daria Siciliano, RN-BC, CCM,
Manager of Member Services,
1340 Ridgewood Avenue,
Holly Hill, FL 32117.
Phone:  1-844-219-6137,
TTY: TRS Relay 711,
Fax:  386-676-7149,
Email:  rights@fhcp.com.

</div>

You can file grievance in person or by mail, fax, or email. If you need help filing a grievance, Daria Siciliano, RN-BC, CCM Manager of Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

<div align="center">

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

</div>

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

H1035_A5228 CMS Accepted (08/11/2016)