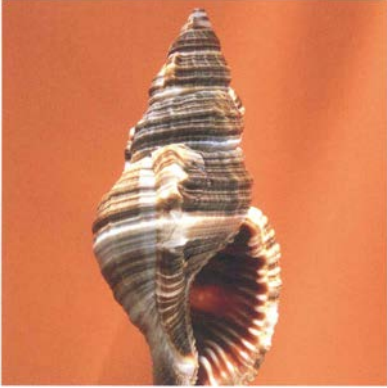
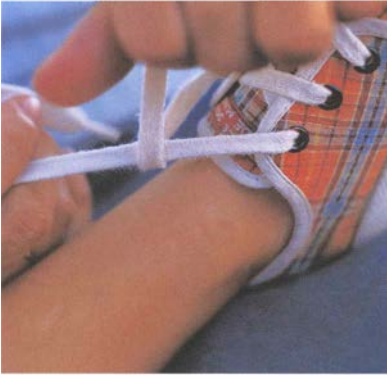




Welcome

A guide to enrolling and understanding your benefit choices.



Bienvenido

Una guía para inscribirse y entender sus opciones de beneficios.





Dear Sample Company Employee,

For almost 60 years, Blue Cross and Blue Shield of Florida, Inc. has been focused on you. With every product, our goal is to offer practical solutions that meet your needs.

Today, we're continuing that effort with our latest benefits package. More than a health insurance plan, it's also a valuable health resource. From pertinent health information to helpful advice from personal advisors, you have access to support and guidance while making important health care decisions—like continuing health care, using preventive care programs or dealing with a sudden illness. It's all built around you.

First of all, we've made it convenient. You can enroll online. Get information online. And you even have support in either English or Spanish to help you with your enrollment decisions and questions—either email, online chat or on the phone.

To make the process even easier, you can see a list of participating hospitals and physicians while reviewing the materials by simply going to our provider directory at www.bcbsfl.com.

The enclosed materials explain the specific benefit features of the following product choices your employer is making available to you:

1. Health—Three BlueOptions health insurance choices
2. Health Reimbursement Account—For qualified medical expenses
3. Flexible Spending Account—Health Care and Dependent Day Care Reimbursement
4. Dental—BlueDental Freedom and BlueDental Choice
5. Life—LifeEssentials Basic Term Life, Accidental Death and Dismemberment and Dependent Term Life

Once you've reviewed the materials, you'll need to go online during your open enrollment period. There you'll find additional information to help you enroll. Remember, you can only enroll between the open enrollment dates designated by your group. You'll find step-by-step enrollment instructions in the back of this booklet.

Your open enrollment period is **September 15, 2003** to **September 29, 2003**.

Before you go online to enroll, you'll need your own Personal Identification Number (PIN). If you haven't received your individual PIN in the mail, you can obtain it by calling toll-free 1-800-219-BLUE **from your home phone**, 24 hours a day, 7 days a week, and following these steps:

1. Select either English or Spanish
2. Enter your 9-digit Social Security Number
3. Enter your 8-digit date of birth (i.e. MM/DD/YYYY)

Estimado Empleado de Sample Company,

Por casi 60 años, Blue Cross and Blue Shield of Florida, Inc. se ha enfocado en usted. Con cada producto, nuestra meta es ofrecer soluciones prácticas que se ajusten a sus necesidades.

Hoy, continuamos nuestro esfuerzo ofreciendo el paquete de beneficios más reciente. Más que un plan de cuidados de la salud, es un valorado recurso de salud. Desde información conveniente de salud hasta asesoría de consejeros personales, tiene acceso a apoyo y orientación mientras hace decisiones importantes acerca de su plan de cuidados de la salud—como cuidados de la salud continua, utilizar programas preventivos o si padece de una enfermedad repentina. Todo está a su alcance.

Antes que nada, lo hemos hecho conveniente. Puede inscribirse y obtener información por Internet. Y hasta tiene asesoría en inglés o español para asistirle en sus decisiones y contestar sus preguntas acerca de la inscripción—ya sea por correo electrónico, conversación por Internet o por teléfono.

Para facilitarle el proceso aún más, puede ver una lista de hospitales y médicos participantes mientras repasa los materiales con simplemente ir al directorio de proveedores en www.bcbsfl.com.

Los materiales incluidos explican las funciones específicas acerca de los beneficios de los siguientes productos disponibles por su empleador:

1. Salud—Tres opciones de seguro de salud BlueOptions
2. Cuenta de Reembolso de la Salud—Para los gastos médicos calificados
3. Cuenta Flexible de Gastos—Reembolso por el Cuidado de la Salud y Cuidados Diurnos del Dependiente
4. Dental—BlueDental Freedom o BlueDental Choice
5. Vida—Seguro Básico de Vida a Término LifeEssentials, Seguro de Muerte Accidental y Desmembramiento y Seguro de Vida a Término para Dependientes

Una vez que haya revisado los materiales, usted necesitará conectarse a Internet durante el periodo abierto para su inscripción. Ahí encontrará información adicional que le ayudará a inscribirse. Recuerde, usted solamente podrá inscribirse entre las fechas de inscripción abierta designadas por su grupo. En la parte posterior de este folleto, usted encontrara detalladas instrucciones de como inscribirse.

El periodo abierto para su inscripción es del **15 de septiembre** de 2003 al **29 de septiembre** de 2003.

Antes de inscribirse por Internet, necesitará su Número de Identificación Personal (PIN). Si no ha recibido su PIN por correo, puede obtenerlo llamando sin cargos al 1-800-219-BLUE **del teléfono de su casa**, 24 horas al día, 7 días a la semana, siguiendo estos sencillos pasos:

1. Elija inglés o español
2. Ingrese su Número de Seguro Social de 9 dígitos
3. Ingrese su fecha de nacimiento de 8 dígitos (es decir, MM/DD/AAAA)

If you have any questions during your open enrollment period about the products available to you or how to enroll, call our enrollment benefits advisors at 1-800-967-8938. As a reminder, you have to enroll *online*, but our enrollment benefits advisors will be happy to assist you and answer questions in either English or Spanish. It's *your* benefits program, so start taking control of it today.

Cordially,

A handwritten signature in black ink, reading "Kenneth G. Sellers". The signature is written in a cursive, flowing style.

Kenneth G. Sellers
Group Vice President
South Geographic Business Unit

P.S. Don't forget to keep your individual PIN. You'll need it even if you're not participating in your company's benefit program. If you're declining coverage, you must go online and refuse coverage for each benefit being offered to you.

Si tiene alguna duda durante el periodo abierto para su inscripción sobre los productos disponibles o cómo inscribirse, llame a sus asesores de inscripción al 1-800-967-8938. Con gusto le atenderán en inglés o en español. Como recordatorio, usted tiene que inscribirse por Internet. Se trata de su programa de beneficios, empiece a tomar control de él hoy mismo.

Cordialmente,

A handwritten signature in black ink, reading "Kenneth G. Sellers". The signature is fluid and cursive, with the first name "Kenneth" and last name "Sellers" clearly legible.

Kenneth G. Sellers
Vicepresidente de Grupo
Unidad Geográfica de Negocios del Sur

PD.- No olvide conservar su PIN. Lo necesitará aún si no participa en el programa de beneficios de su compañía. Si usted está rechazando la cobertura, debe conectarse a Internet y rechazar la cobertura de cada beneficio que se le ofrece.

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- **Many ways to help meet your benefit needs.**
- **Choice. Flexibility. Control.**

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Please go to the back of this book to review this information in Spanish.

Por favor vaya al final de este libro para repasar esta información en español.

CONTENIDO

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- **Más opciones y más control sobre sus decisiones de beneficios.**
- **Programas enfocados en servicio respaldados por casi 60 años de experiencia para cumplir con las necesidades de los residentes de la Florida.**
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BlueOptions es el plan de seguro de salud que le ofrece una cobertura flexible.

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It all begins with your health insurance plan — BlueOptions.

Blue Cross and Blue Shield of Florida has a new health insurance plan and it's called BlueOptions. BlueOptions offers you the freedom of choice. You have the freedom to choose your:

- Health Plan
- Physician
- Specialist
- Hospital
- Health-Related Discount Services

It's all about getting the coverage you feel is best for you. Once you're a BlueOptions member, you'll have access to many other programs such as cancer management and prenatal care. And you'll be able to locate health-related information online and have access to the latest news and information on diseases, treatments, medications and more. Once you are a member, you will have many online services available through MyBlueService. These online services allow you to view your claims, request information, review your coverage, and verify your personal information.

There are different types of health insurance plans within BlueOptions—each plan offering varying levels of benefits and associated costs. Right now, your employer is giving you the opportunity to choose one of the plan types mentioned below.

BlueOptions Plans

Network Advantage Plan	You pay a copayment when you see any participating physician for covered office services, plus a lower deductible for other in-network services and the ability to predict costs with copayments at many locations.
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Physician Copayment Plan	You pay a copayment when you see any participating physician for covered office services.
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Family Physician Plan	You can see an in-network family physician and pay only a copayment for covered office visits. A participating family physician is a doctor in one of four specialties: family practice, pediatrics, general practice, or internal medicine.
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The BlueOptions health plans your employer is offering to you can be found on the plan comparison sheet on the next page. This comparison shows many of the covered benefits, associated out-of-pocket costs and monthly premiums for each plan.

If you've already scheduled appointments with health care providers, be sure to notify them that you'll be changing your health coverage. This notification will help you determine how the change in your health plan will, if at all, impact your out-of-pocket costs.

Todo empieza con su plan de seguro de salud: BlueOptions.

Blue Cross and Blue Shield of Florida tiene un nuevo plan de seguro de salud y se llama BlueOptions. BlueOptions le ofrece la libertad de elección. Usted cuenta con la libertad de elegir su:

- Plan de Salud
- Médico
- Especialista
- Hospital
- Servicios con Descuentos Relacionados con la Salud

Se trata de obtener la cobertura que se ajuste a sus necesidades. Ya que sea miembro de BlueOptions, tendrá acceso a otros programas tales como control de cáncer y cuidados prenatales. Podrá obtener información de salud por medio del Internet y tener acceso a la más reciente información y noticias sobre enfermedades, tratamientos, medicamentos y más. Una vez que usted se inscriba, usted tendrá muchos servicios en línea disponibles por medio de MyBlueService. Estos servicios en línea le permiten ver sus reclamos, solicitar información, revisar su cobertura y verificar su información personal.

Hay diferentes tipos de planes de seguro de salud dentro de BlueOptions. Cada plan le ofrece niveles variados de beneficios y costos relacionados. En estos momentos, su empleador le está dando la oportunidad de elegir uno de los planes que se mencionan a continuación.

BlueOptions Plan

Plan Network Advantage	Usted paga un copago cuando vea a cualquier médico participante por servicios de consultorio con cobertura. Bajo este plan, usted tiene un deducible menor por servicios dentro de la red y la capacidad de anticipar costos con copagos en muchas localidades.
Plan Con Copago De Médico	Bajo este plan de salud, usted efectúa un copago cuando visite a cualquier médico participante por servicios de consultorio cubiertos por el plan.
Plan De Médico Familiar	Con este plan de salud, usted puede ver un médico familiar dentro de la red y pagar sólo un copago por consultas cubiertas por el plan. Un médico familiar participante es un doctor en una de cuatro especialidades: medicina familiar, pediatría, medicina general o medicina interna.

Los planes de salud BlueOptions que su empleador le ofrece puede encontrarse en la hoja comparativa de planes en la siguiente página. Esta comparación muestra muchos de los beneficios con cobertura y desembolsos asociados para cada plan.

Si usted ya ha concertado citas con su proveedor de cuidados de la salud, asegúrese de notificarles que usted cambiará su cobertura de salud. Esta notificación le ayudará a determinar cómo este cambio en su plan de salud hará que se modifiquen sus desembolsos, si es que hay alguna modificación.

Have greater control over your health care dollars through a Health Reimbursement Account

Considering all the changes taking place with health care, deciding to take the power into your own hands is a smart move. That's why we're excited to offer you a health plan complemented by a Health Reimbursement Account. A Health Reimbursement Account (Account) is a unique program that helps pay for out-of-pocket medical expenses and gives you the flexibility to spend a portion of your health care dollars as you choose.

The Account, together with one of our health insurance plans, offers you a comprehensive health care solution that can lower your out-of-pocket costs and help you better manage your own health care.

Here's how it works. Your employer designates an amount (which is shown as 'HRA Contribution' on the Benefit Summary chart in this booklet) to be used for reimbursement of qualified medical expenses. Those qualified medical expenses are reimbursed through the Account up to the Account balance, and the reimbursed dollars are tax-free for you. This makes the Account a valuable additional money source that reimburses you for the money you spend on medical services for you and your eligible dependents.*

Greater flexibility, with the opportunity to roll over Account funds from year to year.

Managing the Health Reimbursement Account is easy. Since the Account can be used at any time, you can either request reimbursement of qualified medical expenses immediately, or wait and plan for future medical expenses. The choice is yours.

Best of all, the Account balance rolls over from year to year as long as your employer retains the program and you remain enrolled in the Health Reimbursement Account program. So you don't have to worry about losing this valuable resource.

Please note that the Account will only reimburse you for qualified medical expenses incurred by you, your eligible spouse, or your eligible dependents while your participation in the program is effective. Examples of qualified medical expenses are provided at the end of this section.

Using the Health Reimbursement Account is easy.

The Account will be credited with the amount, and in the manner, determined by your employer (i.e., annual or monthly contributions). To seek reimbursement for qualified medical expenses, simply submit a signed, completed reimbursement form along with one of the following:

- Your Explanation of Benefits from Blue Cross and Blue Shield of Florida, or
- The original receipts for prescriptions or non-covered health-related expenses that are reimbursable through the Health Reimbursement Account.

Reimbursements are based on the Account balance available at any given time. You have four months after the end of the plan year to submit requests for the prior year. If you choose, you can even have the Account reimbursements deposited directly into your checking or savings account.

Tenga mayor control sobre su dinero de cuidados de la salud a través de una Cuenta de Reembolso de la Salud

Considerando todos los cambios que se están llevando a cabo en el área de cuidados de la salud, el decidir tomar el poder en sus manos es un paso inteligente. Por eso nos complace ofrecerle un plan de cuidados de la salud complementado por una Cuenta de Reembolso de la Salud. Una Cuenta de Reembolso de la Salud (Cuenta) es un programa único que le ayuda a pagar por desembolsos médicos y le brinda la flexibilidad de gastar una parte de su dinero de cuidados de la salud como usted elija.

La Cuenta, junto con uno de nuestros planes de cuidados de la salud, le ofrece una solución completa de cuidados de la salud que puede disminuir sus desembolsos y ayudar a administrar sus cuidados de la salud.

Así es como funciona. Su empleador le asigna una cantidad (mostrada como 'Contribución HRA' en el Resumen de Beneficios de este folleto) para usarse como reembolso de gastos médicos calificados. Aquellos gastos médicos calificados son reembolsados a través de la Cuenta hasta llegar al saldo de la Cuenta, y el dinero reembolsado es libre de impuestos para usted. Esto hace que la cuenta sea un valorado recurso de dinero adicional que le reembolsa lo que se gasta en servicios médicos para usted y sus dependientes elegibles*.

Mayor flexibilidad con la oportunidad de transferir los fondos de la Cuenta de año en año.

El administrar la Cuenta de Reembolso de la Salud es fácil. Ya que la Cuenta se puede utilizar en cualquier momento, usted puede ya sea solicitar un reembolso por gastos médicos calificados inmediatamente, o esperar y planear para gastos médicos futuros. La decisión es suya.

Lo mejor de todo es que el saldo de la Cuenta se transfiere de año en año siempre y cuando su empleador permanezca en el programa y usted permanezca inscrito en el programa de Cuenta de Reembolso de la Salud. No tiene que preocuparse por perder este valorado recurso.

Por favor note que la Cuenta solamente le hará un reembolso por gastos médicos calificados incurridos por usted, su cónyuge elegible o sus dependientes elegibles mientras su participación en el programa permanezca vigente. Al final de esta sección le proporcionamos una lista de ejemplos de gastos médicos calificados.

Utilizar la Cuenta de Reembolso de la Salud es fácil.

La Cuenta será acreditada por la cantidad, y el método, determinado por su empleador (ej. contribuciones anuales o mensuales). Para conseguir un reembolso por gastos médicos calificados, simplemente envíe una forma completa y firmada junto con uno de los siguientes:

- Su Explicación de Beneficios de Blue Cross and Blue Shield of Florida, o
- Los recibos originales de recetas o gastos médicos sin cobertura que son reembolsables a través de la Cuenta de Reembolso de la Salud.

Los reembolsos se basan en el saldo de la Cuenta disponible en el momento. Usted tiene cuatro meses después del final del año plan para enviar solicitudes del año anterior. Si usted elige, hasta puede recibir sus reembolsos de la Cuenta directamente en su cuenta de cheques o ahorros.

Get forms and support online with just a few clicks.

Getting Health Reimbursement Account balance information and checking the status and history of reimbursements is easy. You'll also be able to print forms and get answers to frequently asked questions by accessing www.bcbsfl.com. For security purposes, a user ID and password are needed to access Account information. You can obtain these by following the directions on the website. If you do not have online access, we'll be happy to provide you with Account information or the appropriate forms. Just call our Customer Service Representatives for assistance.

Get the information and one-on-one attention you deserve.

To help you better manage your health and make more informed medical decisions, we've partnered with Health Dialog®. Through this program, you have access to Health Coaches who can offer you peace of mind by providing you with knowledge and support that incorporates your personal values and needs into the decision-making process. They can even give you health-related videos and written materials. And for your convenience, this service is available 24 hours a day, 7 days a week.

Another feature of our care support is online access to the Dialog Center™, a website operated by Health Dialog. The Dialog Center™ provides you with up-to-date, evidence-based medical information to help you make more informed health-related decisions for you and your family.

Blue Cross and Blue Shield of Florida, Inc. (BCBSF) has entered into an arrangement with Health Dialog whereby Health Dialog has agreed to provide BCBSF members with care support services and information. BCBSF has entered into this arrangement to provide a value-added service to its members. BCBSF has not certified or credentialed, and cannot guarantee or be held responsible for, the quality of services provided by Health Dialog.

The power of choice is in your hands.

The Health Reimbursement Account gives you the flexibility to choose what services you want reimbursed. It's just that simple.

- You decide which qualified medical expenses to submit for reimbursement.
- You can choose to use the Account funds immediately or hold off to help cover future expenses.
- You get to see the doctors you like and have access to Health Dialog Health Coaches and in-depth medical information.
- And you can take advantage of preventive care and our numerous discount services available through BlueComplements. Please refer to the BlueComplements section of this booklet for more details on these programs and services.

*Eligible dependents include those covered under your Blue Cross and Blue Shield of Florida health plan and considered your dependents for tax purposes by the IRS.

Obtenga orientación por Internet con tan sólo oprimir unos botones.

Es muy fácil obtener el saldo de su Cuenta de Reembolso de la Salud y revisar el historial y el curso de sus reembolsos. Podrá imprimir formas y obtener respuestas a preguntas frecuentes accediendo www.bcbsfl.com. Por razones de seguridad, necesitará una clave de usuario y contraseña para acceder la información de la Cuenta. Puede obtener éstos siguiendo las instrucciones en el sitio de Internet. Si no tiene acceso a Internet, con gusto le proporcionaremos la información de la Cuenta y las formas adecuadas. Simplemente llame a nuestros Representantes de Atención al Cliente para recibir asistencia.

Obtenga información y la atención personal que se merece.

Para ayudarle a administrar su salud y hacer decisiones médicas razonadas, nos hemos asociado con Health Dialog®. A través de este programa, usted tiene acceso Nuestros Orientadores "Health Coaches" que le ofrecen tranquilidad brindándole conocimientos y apoyo que incorporan sus valores personales y necesidades durante el proceso de hacer una decisión. Le pueden enviar videos relacionados a la salud y material didáctico. Y para su conveniencia, este servicio está disponible 24 horas al día, 7 días de la semana.

Otra característica de nuestro apoyo es el acceso al Dialog Center™ por Internet, un sitio de Internet operado por Health Dialog. El Dialog Center™ le brinda información actualizada basada en evidencia para ayudarle a hacer decisiones razonadas en asuntos relacionados a su salud y la de su familia.

Blue Cross and Blue Shield of Florida, Inc. (BCBSF) tiene un acuerdo con Health Dialog en el cual Health Dialog acuerda proporcionar a los miembros de BCBSF apoyo de cuidados de la salud e información. BCBSF tiene este acuerdo para proporcionar servicio de valor agregado para sus miembros. BCBSF no ha certificado o acreditado a Health Dialog y no puede garantizar o ser responsable por la calidad de servicios proporcionados por éste.

El poder de la decisión está en sus manos.

La Cuenta de Reembolso de la Salud le brinda flexibilidad para elegir los servicios de los cuales quiera recibir un reembolso. Es así de sencillo.

- Usted elige los gastos médicos calificados que quiera enviar para recibir un reembolso.
- Puede elegir utilizar los fondos de su Cuenta inmediatamente o esperar para cubrir gastos futuros.
- Puede consultar los médicos que usted guste y tener acceso a los orientadores de *Health Dialog* y a una amplia información médica.
- Y puede aprovechar los cuidados preventivos y nuestros innumerables descuentos disponibles a través de BlueComplements. Para más detalles acerca de estos programas y servicios, por favor consulte la sección de BlueComplements de este folleto.

*Dependientes elegibles incluyen aquellos con cobertura bajo su plan de cuidados de la salud de Blue Cross and Blue Shield of Florida y que son considerados dependientes para razones de impuestos por el IRS.

Here's an example of how a Health Reimbursement Account works as a complement to Roger Smith's BlueOptions health insurance plan.

Roger Smith has a BlueOptions health insurance plan combined with a Health Reimbursement Account. This illustration demonstrates how Roger used the Account and health-related information available through Blue Cross and Blue Shield of Florida to get the most value from his health program for him and his family.

Employer contribution to the Account **\$500**

(The amount designated by Roger's employer to reimburse him for qualified medical expenses eligible under his employer's program.)

Individual Calendar Year Deductible **\$1,500**

Year 1	Medical Expenses	Account Balance	Roger's Cost
Beginning account balance	–	\$500	–
Physical/immunizations	\$80	\$420	\$0
Office visits	\$200	\$220	\$0
Prescription medicine	\$20	\$220**	\$20
Year-end summary	\$300	\$220**	\$20

***Roger could have been reimbursed for the \$20 prescription cost, but decided not to, leaving a larger balance for future medical expenses.*

In this example, Roger incurred qualified medical expenses and chose to be reimbursed for most of them. Throughout the year, Roger could track his Account activity and balance online. Next year, if he remains in the same plan, Roger will have a starting balance of \$720, assuming another \$500 employer contribution.

Year 2	Medical Expenses	Account Balance	Roger's Cost
Beginning account balance (\$220 from year 1, plus \$500)	–	\$720	–
Minor surgery	\$1,200	\$0	\$480
Prescription medicine	\$200	\$0	\$200
Year-end summary	\$1,400	\$0	\$680

In this example, Roger was reimbursed \$720 towards his out-of-pocket health care expenses and paid \$680 out-of-pocket. Before undergoing surgery, Roger contacted a Health Dialog Health Coach to better understand available treatment options and make an informed decision to best suits his needs and values. The Health Coach also mailed printed materials and identified key questions he should ask his health care provider. Next year, if he remains in the same plan, Roger will have a starting Account balance of \$500, assuming another \$500 employer contribution.

Note: This example is for illustrative purposes only. Benefits and costs associated will not necessarily be the same in your situation. The amount offered by your employer may vary and the annual contribution by your employer may be made available on a monthly basis, rather than an annual basis. Qualified medical expenses include expenses defined by your employer that comply with section 213(d) of the Internal Revenue Code.

He aquí un ejemplo de cómo funciona una Cuenta de Reembolso de la Salud como complemento del plan de cuidados de la salud BlueOptions de Roger Smith

Roger Smith tiene un plan de cuidados de la salud BlueOptions combinado con una Cuenta de Reembolso de la Salud. Esta ilustración muestra cómo Roger usa la Cuenta y la información relacionada a la salud disponible a través de Blue Cross and Blue Shield of Florida para obtener el mejor rendimiento de su programa de la salud para él y su familia.

Contribución del Empleador a la Cuenta **\$500**

(La cantidad asignada por el empleador de Roger para reembolsarle los gastos médicos calificados elegibles bajo el programa de su empleador.)

Deducible Individual del Año Calendario **\$1,500**

Año 1	Gastos Médicos	Saldo de Cuenta	Costo de Roger
Saldo inicial de la cuenta	–	\$500	–
Examen físico/vacunas	\$80	\$420	\$0
Consultas médicas	\$200	\$220	\$0
Receta médica	\$20	\$220**	\$20
Resumen Anual	\$300	\$220**	\$20

***Roger pudo haber recibido un reembolso por el costo de la receta de \$20, pero decidió no recibirlo, dejando un mayor saldo para gastos médicos futuros*

En este ejemplo, Roger incurrió gastos médicos calificados y eligió ser reembolsado por la mayoría de ellos. Durante el año, Roger puede seguir la actividad y saldo de su Cuenta por Internet. El siguiente año, si él permanece en el mismo programa, Roger tendrá un saldo inicial de \$720, asumiendo que su empleador contribuirá \$500.

Año 2	Gastos Médicos	Saldo de Cuenta	Costo de Roger
Saldo inicial de la cuenta (\$220 del año 1, más \$500)	–	\$720	–
Cirugía mínima	\$1,200	\$0	\$480
Receta médica	\$200	\$0	\$200
Resumen Anual	\$1,400	\$0	\$680

En este ejemplo, Roger recibió un reembolso de \$720 por sus desembolsos de cuidados de la salud y pagó \$680 de desembolso. Antes de someterse a la cirugía, Roger contactó a un orientador de Health Dialog para entender mejor las opciones de tratamiento disponibles y hacer una decisión razonada que mejor se ajustara a sus necesidades y valores. El orientador también le envió por correo material impreso e identificó preguntas claves para hacerle a su proveedor de cuidados de la salud. El siguiente año, si permanece en el mismo plan, Roger iniciará con \$500 en su Cuenta, asumiendo que su empleador contribuirá \$500.

Aviso: Este ejemplo es solamente para razones de ilustración. Sus beneficios y costos no necesariamente serán iguales en su situación. La cantidad ofrecida por su empleador puede variar y la contribución anual puede estar disponible mensualmente, al no ser anualmente. Gastos médicos calificados incluyen gastos definidos por su empleador que cumplen con la sección 213(d) del Código de Impuestos Internos.

Qualified Medical Expenses for the Health Reimbursement Account.

To qualify, an expense cannot be reimbursable to you from any other source, such as group health insurance, a self-funded group health plan or a flexible spending account.

Qualified medical expenses that are reimbursable through this program include only expenses that comply with section 213(d) of the Internal Revenue Code. Examples of the different types of qualified medical expenses reimbursable through the Health Reimbursement Account include:

- out-of-pocket medical expenses for physician and hospital fees such as deductibles, copayments and coinsurance
- preventive care, including immunizations, diagnostic tests and other preventive screenings recommended by your physician
- prescription drug expenses
- diabetic supplies, including insulin and test strips
- dental and orthodontic expenses
- vision care expenses, including eye exams, prescription eyeglasses and contact lenses and laser eye surgery
- hearing care expenses, including hearing exams and hearing aids
- alternative medicine, including acupuncture expenses and chiropractic care
- fertility enhancement, including infertility tests and in vitro fertilization
- transplants
- transportation expenses necessary to obtain medical care
- some health-related and long-term care premium amounts

Examples of expenses that are not qualified medical expenses (and therefore are not reimbursable under the program) include:

- non-prescription drugs and medicine
- nutritional supplements
- illegal operations and treatment
- cosmetic surgery (unless medically necessary)
- cosmetics such as face creams, deodorants and hand creams
- insurance premiums for certain type of policies
- weight-loss programs (unless necessary to treat a specific disease diagnosed by a physician)
- health club dues
- hair transplants
- house remodeling
- swimming lessons
- tattoo removal
- teeth whitening
- maternity clothes
- baby-sitting fees

For a complete description of eligible medical and dental expenses under section 213(d), please refer to IRS Publication 502 at www.IRS.gov or contact your employer.

This Health Reimbursement Account (HRA) is not an insurance program, but a financial reimbursement account. BCBSF provides administrative services for the HRA. The HRA may be used for qualified medical expenses defined in your employer's agreement with BCBSF. HRA balances are unfunded liabilities of your employer. They are not vested benefits and may be reduced or withdrawn at any time at the option of your employer. Ask your employer for the plan document; its terms prevail.

Gastos Médicos Calificados para la Cuenta de Reembolso de la Salud.

Para calificar, un gasto no se le puede reembolsar a usted por ningún otro medio, tal como seguro de cuidados de la salud de grupo, un plan de cuidados de la salud de grupo financiada por sí mismo o una cuenta flexible de gastos.

Gastos médicos calificados que no pueden ser reembolsados a través de este programa incluyen solamente gastos que cumplen con la sección 213(d) del Código de Impuestos Internos. Ejemplos de los diferentes tipos de gastos médicos calificados reembolsados a través de la Cuenta de Reembolso de la Salud incluyen:

- gastos de desembolsos médicos por honorarios de médico u hospital tales como deducibles, copagos y coaseguro
- cuidados preventivos, incluyendo vacunas, exámenes diagnósticos y otras exploraciones preventivas recomendadas por su médico
- gastos de medicamentos recetados
- suministros diabéticos, incluyendo insulina y tiras para exámenes
- gastos dentales y de ortodoncia
- gastos de cuidados de la vista, incluyendo exámenes de la vista, lentes bajo receta, lentes de contacto y cirugía ocular láser
- gastos médicos auditivos, incluyendo exámenes auditivos y aparatos auditivos
- medicina alternativa, incluyendo gastos de acupuntura y cuidados quiroprácticos
- aumento de fertilidad, incluyendo exámenes de infertilidad y fertilización in vitro
- trasplantes
- gastos de transportación necesaria para obtener cuidados médicos
- algunas cantidades relacionadas a la salud y cuidados a largo plazo

Ejemplos de gastos que no son gastos médicos calificados (y por ende no pueden ser reembolsados bajo el programa) incluyen:

- medicamentos sin receta
- suplementos de nutrición
- operaciones y tratamientos ilegales
- cirugía estética (al menos que sea médicamente necesaria)
- cosméticos tales como cremas para la cara, desodorantes y cremas para las manos
- primas de seguro para ciertos tipos de pólizas
- programas de control de peso (al menos que sea necesario para el tratamiento de una enfermedad específica diagnosticada por un médico)
- deudas de centros de salud
- trasplantes de cabello
- remodelación residencial
- clases de natación
- eliminación de tatuajes
- blanqueamiento dental
- ropa de maternidad
- pagos de cuidado de niños

Para una descripción completa de gastos médicos y dentales elegibles bajo la sección 213(d), por favor consulte la Publicación 502 en www.IRS.gov o contacte a su empleador.

Esta Cuenta de Reembolso de la Salud (HRA) no es un programa de seguro, sino una cuenta financiera de reembolso. BCBSF proporciona servicios administrativos para la HRA. La HRA puede ser utilizada para gastos médicos calificados definidos en el acuerdo de su empleador con BCBSF. Los saldos de HRA son responsabilidades no financiadas de su empleador. No son beneficios inalienables y pueden reducirse o removerse en cualquier momento por su empleador. Pregunte a su empleador por el documento de plan; sus términos imperan.

BlueOptions Benefit Summary

Your employer is offering the following:

Network Advantage Plan 1750

Cost Sharing Options

Calendar Year Deductible (CYD)

In-Network Per Individual | Per Family

\$0 | \$0

Out-of-Network Per Individual | Per Family

\$500 | \$1,500

Coinsurance (percentage of covered services paid by you)

In-Network Provider | Out-of-Network Provider

10% | 50%

Office Services

In-Network Family Physician

\$15 Copayment

In-Network Specialist (no referral needed)

\$30 Copayment

Out-of-Network Provider

CYD + Coinsurance

Hospitalization

Inpatient Hospital Facility Services (per admit)

In-Network Option 1 | Option 2 | Option 3

\$400 | \$800 | \$1,200

Out-of-Network

\$1,200

Outpatient Hospital Facility Services (per visit, CYD & coins do not apply)

In-Network Option 1 | Option 2 | Option 3

\$100 | \$200 | \$300

Out-of-Network

\$300

Physician Services at Hospital & ER

In-Network Provider or Out-of-Network Provider

CYD (if applicable) + Coinsurance

Physician Services at Locations other than Office, Hospital & ER

In-Network Family Physicians

\$15 Copayment

In-Network Specialists

\$30 Copayment

Out-of-Network Providers

CYD + Coinsurance

Emergency Room Services (per visit; waived if admitted)

In-Network | Out-of-Network

\$100 Copay | \$300 Copay

Mammograms (your costs)

\$0

Independent Clinical Lab In-Network | Out-of-Network

\$0 | CYD + Coins

BlueScript Pharmacy (Rx)

\$50 CYD

Generic | Brand | Non-preferred

\$10 | \$25 | \$40

Self-Injectable

\$50

Mail-order Pharmacy

Generic | Brand | Non-preferred

\$20 | \$50 | \$80

Out-of-Pocket Maximum (includes CYD/Coins/Copays; excludes Rx)

In-Network Per Person | Per Family

\$2,500 | \$7,500

The HRA Contribution, based on the coverage level

you select, includes an employer contribution of:

No HRA available with this plan

Employee Only

Employee + Spouse

Employee + Child(ren)

Family

Calendar Year Maximum Per Insured

Adult Wellness (CYD is waived)

\$250

Outpatient Therapy and Spinal Manipulations

\$2,500

Lifetime Maximum Per Insured

\$5,000,000

Monthly Premium

Employee Only

\$XX

Employee + Spouse

\$XX

Employee + Child(ren)

\$XX

Family

\$XX

Resumen de Beneficios BlueOptions

Su empleador le ofrece lo siguiente:

Plan Network Advantage 1750

Opciones para Compartir Costos

Deducible del Año Calendario ("CYD")

Dentro de la Red | Por Persona | Por Familia

\$0 | \$0

Fuera de la Red | Por Persona | Por Familia

\$500 | \$1,500

Coaseguro (por ciento pagado por el afiliado)

Proveedor Dentro de la Red | Proveedor Fuera de la Red

10% | 50%

Servicios de Consultorio

Médico Familiar Dentro de la Red de Proveedores

\$15 Copago

Especialista Dentro de la Red de Proveedores

\$30 Copago

Proveedor Fuera de la Red de Proveedores

CYD y Coaseguro

Hospitalización

Servicios en el Establecimiento para Paciente Hospitalizado (por admisión)

Dentro de la Red | Opción 1 | Opción 2 | Opción 3

\$400 | \$800 | \$1,200

Fuera de la Red

\$1,200

Servicios en el establecimiento para paciente externo (por cada consulta, CYD y coaseguro no aplican)

Dentro de la Red | Opción 1 | Opción 2 | Opción 3

\$100 | \$200 | \$300

Fuera de la Red

\$300

Servicios del Médico en el Hospital y Sala de emergencias

Proveedor Dentro de la Red o Proveedor Fuera de la Red

CYD (sí aplica) y Coaseguro

Servicios Médicos fuera del consultorio, hospital y sala de emergencias

Médico Familiar Dentro de la Red de Proveedores

\$15 Copago

Especialista Dentro de la Red de Proveedores

\$30 Copago

Proveedor Fuera de la Red de Proveedores

CYD y Coaseguro

Servicios en la Sala de Emergencia (Por cada consulta; no aplica si el paciente es hospitalizado)

Dentro de la Red | Fuera de la Red

\$100 Copago | \$300 Copago

Mamogramas (sus costos)

\$0

Laboratorio Clínico Independiente | Dentro de la Red | Fuera de la Red

\$0 | CYD y Coaseguro

Farmacia BlueScript

Genéricos | de Marca | que No Son Preferidos

\$50 CYD

Autoinyectables

\$10 | \$25 | \$40

Orden de Farmacia por Correo

Genéricos | de Marca | que No Son Preferidos

\$20 | \$50 | \$80

Desembolso Máximo (incluye CYD, coaseguro y copagos; excluye Recetas)

Dentro de la Red | Por Persona | Por Familia

\$2,500 | \$7,500

La contribución HRA se basa en el nivel de cobertura que usted seleccione e incluye una contribución del empleador de:

No HRA disponible con este plan

Empleado Solamente

Empleado y Cónyuge

Empleado e Hijo(s)

Familia

Máximos en el Año Calendario Por Cada Asegurado

Bienestar para Adultos (CYD no aplica)

\$250

Terapia Ambulatoria y Manipulación de la Espina Dorsal

\$2,500

Máximos De Por Vida Por Asegurado

\$5,000,000

Prima Mensual

Empleado Solamente

\$XX

Empleado y Cónyuge

\$XX

Empleado e Hijo(s)

\$XX

Familia

\$XX

	Physician Copay Plan 1551	Family Physician Plan 1352
	\$500 \$1,500 Combined with In-Network	\$750 \$2,250 Combined with In-Network
	10% 40%	20% 40%
	\$15 Copayment \$30 Copayment CYD + Coinsurance	\$20 Copayment CYD + Coinsurance CYD + Coinsurance
	\$400 \$800 \$1,200 \$1,200	\$750 \$1,250 \$2,000 \$2,000
	\$100 \$200 \$300 \$300	\$150 \$250 \$350 \$350
	CYD + Coinsurance	CYD + Coinsurance
	CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance	CYD + Coinsurance CYD + Coinsurance CYD + Coinsurance
	\$100 Copayment + Coins	\$100 Copayment + Coins
	\$0	\$0
	\$0 CYD + Coins	\$0 CYD + Coins
	\$50 CYD \$10 \$25 \$40 \$50	\$50 CYD \$10 \$25 \$40 \$50
	\$20 \$50 \$80	\$20 \$50 \$80
	\$2,500 \$7,500 No HRA available with this plan	\$3,000 \$9,000 HRA available with this plan \$500
		NA
		NA
		NA
	\$150 \$2,500 \$5,000,000	\$150 \$2,500 \$5,000,000
	\$XX	\$XX
	\$XX	\$XX
	\$XX	\$XX
	\$XX	\$XX

	Plan Con Copago De Médico 1551	Plan De Médico Familiar 1352
	\$500 \$1,500 Combinado dentro de la Red	\$750 \$2,250 Combinado dentro de la Red
	10% 40%	20% 40%
	\$15 Copago \$30 Copago CYD y Coaseguro	\$20 Copago CYD y Coaseguro CYD y Coaseguro
	\$400 \$800 \$1,200 \$1,200	\$750 \$1,250 \$2,000 \$2,000
	\$100 \$200 \$300 \$300	\$150 \$250 \$350 \$350
	CYD y Coaseguro	CYD y Coaseguro
	CYD y Coaseguro CYD y Coaseguro CYD y Coaseguro	CYD y Coaseguro CYD y Coaseguro CYD y Coaseguro
	\$100 Copago y Coaseguro \$0	\$100 Copago y Coaseguro \$0
	\$0 CYD y Coaseguro	\$0 CYD y Coaseguro
	\$50 CYD \$10 \$25 \$40 \$50	\$50 CYD \$10 \$25 \$40 \$50
	\$20 \$50 \$80	\$20 \$50 \$80
	\$2,500 \$7,500 No HRA disponible con este plan	\$3,000 \$9,000 HRA disponible con este plan \$500
		NA
		NA
		NA
	\$150 \$2,500 \$5,000,000	\$150 \$2,500 \$5,000,000
	\$XX	\$XX
	\$XX	\$XX
	\$XX	\$XX
	\$XX	\$XX

Discounts and more for members through BlueComplements.

BlueComplements,* another program available to Blue Cross and Blue Shield of Florida members, gives you access to discounts on a variety of health-related products and services that may not be covered under your health care policy. BlueComplements is available to you automatically as a plan member at no additional premium cost. And you can access the services throughout Florida and, where available, nationwide. This program includes:

Healthy Alternatives: Discounts on alternative care.	Enjoy discounts on thousands of alternative medicine products and provider services through this complementary alternative medicine discount program. Receive discounts of up to 25 percent or more on acupuncture, chiropractic and massage therapy. You'll also receive up to 45 percent discounts and free standard shipping on vitamins, minerals, herbal supplements and more through Healthyroads. Healthy Alternatives is administered by American Specialty Health Networks (ASHN), which has been awarded full accreditation by the American Accreditation Healthcare Commission (URAC).
Vision One: Discounts on vision care.	Receive comprehensive vision care with significant savings on eye exams and eyewear. Members pay \$35 for eye exams and receive up to 60 percent off retail prices for frames and lenses. Offered through Cole Managed Vision.
TruVision: Contact lens mail-order service.	Receive some of the largest discounts available on contact lenses. Prices on average are 15 percent lower than other national contact lens mail-order programs. Includes free shipping to your home in five to seven days.
TruVision: Affordable laser vision correction services.	Explore the possibilities of life without glasses or contact lenses with affordable laser vision correction services from TruVision—with surgeons across the country credentialed in refractive surgery. Services include discounted fee of \$895 per eye. TruVision offers 100 percent patient financing with approved credit and no payment for the first six months following credit approval.
HEARx: Discounts on hearing products.	Receive free hearing exams and 25 percent discounts on hearing aids purchased at HEARx centers, and learn more about hearing loss and your options for improved hearing.
GlobalFit: Discounts on fitness club membership rates.	Receive 20-60% discounts off membership rates to fitness clubs. Members pay a one-time-only enrollment fee and then have access to more than 1,000 local and national fitness centers, without a long-term contract. Once enrolled, you can easily transfer from one club to another under the GlobalFit program. For your convenience, you can put your membership on hold for up to six months.
SafeTech: Discounts on bike helmets.	Receive discounts on bike helmets of 40-50% off the retail price. Both child- and adult-size helmets are available at a cost of \$7.50 to \$9.75 (plus a \$5 shipping and handling fee for the first helmet and \$1.50 for each additional helmet).

To take advantage of any of these services, just click “BlueComplements” at www.bcbsfl.com.

*The products, services and information provided through the BlueComplements program are made available as a courtesy to our members and are not a part of insurance coverage, nor a substitute for medical advice. Please note: Your insurance coverage may already include benefits for some of the services available to you through BlueComplements, so it is important to exhaust those benefits first. Blue Cross and Blue Shield of Florida reserves the right to discontinue or change this program at any time without notice. Blue Cross and Blue Shield of Florida does not endorse and is not responsible for the products, services or information provided by the vendors that are a part of the BlueComplements program.

Descuentos y más para afiliados a BlueComplements.

BlueComplements,* otro programa disponible para afiliados a Blue Cross and Blue Shield of Florida, le proporciona acceso a descuentos en una variedad de productos y servicios relacionados con la salud que pueden no estar cubiertos bajo su póliza de cuidados de la salud. BlueComplements automáticamente está disponible para usted como afiliado al plan sin costo adicional de prima. Y usted puede acceder los servicios en toda la Florida y, donde esté disponible, en toda la nación. Este programa incluye:

Healthy Alternatives: Descuentos en cuidados alternativos.	Disfrute de descuentos en cientos de productos y servicios de proveedores de medicina alternativa y por medio de este programa complementario de descuentos en medicina alternativa. Reciba descuentos de hasta un 25 por ciento o más en acupuntura, quiropráctica y terapia de masajes. También recibirá hasta un 45 por ciento en descuentos y envío estándar gratuito en vitaminas, minerales, suplementos herbolarios y más por medio de Healthyroads. Healthy Alternatives es administrado por la organización Redes Americanas de Especialidad en Salud (ASHN), a la cual se le ha otorgado amplia acreditación por la Comisión Americana de Acreditación de Cuidados de la Salud (URAC).
Vision One: Descuentos en cuidado de la vista.	Reciba un completo cuidado de la vista con ahorros significantes en exámenes de la vista y anteojos. Los afiliados pagan \$35 por exámenes de la vista y reciben hasta un 60 por ciento de descuento de los precios a menudeo en armazones y lentes. Se ofrece por medio de Cole Managed Vision.
TruVision: Servicio de ventas por Correo de lentes de Contacto.	Reciba algunos de los más grandes descuentos disponibles en lentes de contacto. Los precios en promedio son 15 por ciento más bajos que otros programas nacionales de ventas por correo de lentes de contacto. Incluye envío gratuito a su casa en cinco a siete días.
TruVision: Servicios económicos para corrección de la vista con láser.	Explore las posibilidades de una vida sin anteojos o lentes de contacto con los servicios económicos de corrección de la vista con láser de TruVision, con cirujanos en todo el país con credenciales en cirugía refractiva. Los servicios incluyen una cuota de descuento de \$895 por ojo. TruVision ofrece 100 por ciento financiamiento al paciente con crédito aprobado y sin pagos por los primeros seis meses a partir de la aprobación de crédito.
HEARx: Descuentos en productos auditivos.	Reciba exámenes del oído gratuitos y descuentos de un 25 por ciento en aparatos auditivos adquiridos en centros HEARx, y aprenda más sobre la pérdida de la audición y sus opciones para mejorar la audición.
GlobalFit : Descuentos en tarifas de membresías en centros deportivos.	Reciba de 20-60% de descuento en tarifas de membresías en centros deportivos. Miembros pagan solamente una cuota de inscripción y tienen acceso a más de 1,000 centros deportivos locales y nacionales, sin contrato a largo plazo. Una vez inscrito, se puede transferir fácilmente de un centro a otro bajo el programa GlobalFit. Para su conveniencia, puede congelar su membresía por hasta seis meses.
SafeTech: Descuentos en cascos para bicicleta.	Reciba descuentos en cascos para bicicleta de entre 40-50% del precio al público. Hay disponibilidad de cascos para niño y adulto por un precio de entre \$7.50 y \$9.75 (más \$5 de manejo y envío por el primer casco y \$1.50 por cada casco adicional).

Para tomar ventaja de cualquiera de estos servicios, sólo seleccione BlueComplements en www.bcbsfl.com.

* Los productos, servicios e información proporcionada por medio del programa BlueComplements se hacen disponibles como cortesía a nuestros afiliados y no son parte de la cobertura de seguro, ni un sustituto de consejo médico.

Nota: Su cobertura de seguro puede ya incluir beneficios de algunos de los servicios disponibles para usted por medio de BlueComplements, por lo que es importante agotar esos beneficios primero. Blue Cross and Blue Shield of Florida se reserva el derecho de discontinuar o cambiar este programa en cualquier momento sin previo aviso. Blue Cross and Blue Shield of Florida no endosa y no es responsable por los productos, servicios o información proporcionada por los proveedores que son parte del programa BlueComplements.

Choose your physician or hospital from our new provider network, NetworkBlue.

When you enroll in BlueOptions, you'll have the power to choose your physicians and hospitals from NetworkBlue—our new provider network. If you choose a physician within NetworkBlue, you'll minimize your out-of-pocket costs. Should you choose to see a physician who is not participating, your out-of-pocket costs will be higher.

You have the flexibility to choose the hospital that best suits your needs. Our tiered hospital structure allows you to know what your out-of-pocket costs will be for the hospital facility you choose. Just remember that you do not have to choose a hospital at the time of enrollment. You choose the hospital at the time service is needed. Since not all physicians admit patients to every hospital, it's important when choosing a physician that you find out where your physician has admitting privileges.

You can see which providers participate in our network any time you want by accessing the BlueOptions provider directory online at www.bcbsfl.com. The online provider directory also lists the hospitals where the in-network physicians have admitting privileges.

Stay covered with our pharmacy plan.

Every BlueOptions plan includes a prescription drug benefits plan through BlueScript—our pharmacy program. With a large network of pharmacies statewide and nationally, you can obtain prescriptions at a location convenient to you. You may also be able to experience more savings on prescription drugs by using the discount mail order program.

The BlueScript pharmacy plan your employer is offering to you can be found on the chart with your health plan information and out-of-pocket costs. This sheet shows many of the covered benefits and associated out-of-pocket costs for your plan.

Elija su doctor u hospital de nuestra nueva red de proveedores, NetworkBlue.

Cuando usted se inscriba a BlueOptions, usted tendrá el poder de elegir sus doctores y hospitales de NetworkBlue, nuestra nueva red de proveedores. Si elige un médico que esté dentro de NetworkBlue, usted minimizará sus desembolsos. En caso de que usted elija ver un médico que no sea participante, sus desembolsos serán mayores.

Usted tiene la opción de elegir el hospital de su preferencia. Nuestra estructura de hospitales por niveles le permite saber cuánto será su desembolso en caso de ser hospitalizado. Sólo recuerde que usted no tiene que elegir un hospital al momento de inscribirse. Usted elige el hospital al momento que se necesita el servicio. Ya que no todos los médicos internan a sus pacientes en cualquier hospital, es importante que cuando elija un médico, usted averigüe en dónde tiene su médico privilegios de hospitalización.

Usted puede ver cuáles proveedores participan en nuestra red en el momento que lo desee accediendo el directorio de proveedores de BlueOptions en línea en www.bcbsfl.com. El directorio de proveedores en línea también contiene una lista de los hospitales en donde los médicos dentro de la red tienen privilegios de hospitalización.

Permanezca cubierto con nuestro plan de farmacia.

Todo plan BlueOptions incluye un plan de beneficios de medicamentos recetados por medio de BlueScript, nuestro programa de farmacia. Con una gran red de farmacias en todo el estado y en la nación, usted puede surtir sus recetas en una ubicación que le sea conveniente. Usted también podrá tener más ahorros en medicamentos recetados usando el programa de ventas por correo con descuentos.

El plan de farmacia BlueScript que su empleador le ofrece puede encontrarse en la tabla con la información de su plan de salud y desembolsos. Esa hoja muestra muchos de los beneficios con cobertura y desembolsos relacionados a su plan.

Flexible Spending: The smart way to save on your out-of-pocket costs.

There's a great way to get more for your money when it comes to paying your annual out-of-pocket health care costs or dependent care costs. It's called a Flexible Spending Account (FSA). Offered through our subsidiary, Florida Combined Life Insurance Company, Inc., an FSA can actually help reduce your taxable income. There are two separate types of FSAs that you can set up through your employer: A Health Care FSA or a Dependent Care FSA.

When you put a pre-determined amount of money into an FSA set up by your employer, you're setting aside dollars from your income that won't be reduced by either Federal Income or Social Security tax. This will help you balance your budget and save you money annually – just refer to the example chart on the following page.

You can choose to open a Health Care FSA just for health care expenses or a Dependent Care FSA just for dependent care-related expenses, or you can set up both types of FSAs. The choice is yours.

If you are selecting Employee-only coverage, depending on which health plan you choose, you may receive a credit from your employer that can be applied to either a Health Care FSA or a Dependent Care FSA. In order to receive this credit, you must enroll in the FSA program, and contribute at least the minimum amount of \$1.00.

Flexible Spending Accounts

The Health Care Flexible Spending Account

Covers eligible expenses* on unavoidable out-of-pocket costs for you or your dependents. Not only does it cover deductibles, copayments and coinsurance, it also can help cover other medical expenses like chiropractic, vision care including LASIK surgery, and smoking cessation programs. For the Health Care FSA, you can contribute up to \$5,000 of pre-tax dollars.

The Dependent Care Flexible Spending Account

Covers eligible day care expenses* for dependents, whether they're children, parents or a disabled spouse. You can receive reimbursement for nursery school and day care for younger children, disabled older children, a spouse, an elderly parent or a disabled parent who lives with you full time. This FSA will allow couples filing jointly or as a single head of household to contribute up to \$5,000 of pre-tax dollars yearly in a Dependent Care FSA. In most instances, an FSA will be more beneficial than using the direct tax credit on your Federal Income Tax Returns. To be certain an FSA is right for you, check with your tax advisor.

*Eligible expenses are items designated by the Internal Revenue Service. You can find a general list of IRS-approved health-related reimbursements in Publication 502 and dependent care reimbursements in Publication 503, or you can access these publications online at www.irs.org. Most of those itemized deductions meet the eligibility requirements of a Flexible Spending Account program.

Flexibilidad de Gastos: La forma inteligente de ahorrar en sus desembolsos.

Hay una gran manera de obtener más por su dinero cuando se trata de pagar sus desembolsos anuales por los cuidados de la salud. Se llama Cuenta Flexible de Gastos (FSA). Se ofrece por medio de nuestra empresa filial Florida Combined Life Insurance Company, Inc., y la cuenta FSA puede de hecho reducir sus ingresos tasables. Hay dos tipos distintos de cuentas FSAs que puede usted establecer por medio de su empleador: Una cuenta FSA de Cuidados de la Salud o una cuenta FSA de Cuidados del Dependiente.

Cuando usted coloca una cantidad predeterminada de dinero en una cuenta FSA establecida por su empleador, usted está ahorrando dinero de sus ingresos que no será descontado por el impuesto Federal sobre el Ingreso ni por el impuesto del Seguro Social. Esto le ayudará a balancear su presupuesto anualmente. Sólo consulte la tabla de ejemplos.

Usted puede elegir abrir una cuenta FSA de Cuidados de la Salud sólo para gastos por cuidados de la salud o una cuenta FSA de Cuidados del Dependiente sólo para gastos relacionados con el cuidado del dependiente, o bien puede establecer ambos tipos de cuentas FSAs. Usted elige.

Si usted está eligiendo cobertura únicamente para el Empleado, dependiendo de cuál plan de salud elija, usted puede recibir un crédito de su empleador que puede ser aplicado a una cuenta FSA para Cuidados de la Salud o a una cuenta FSA para el Cuidado del Dependiente. Para recibir este crédito, usted debe inscribirse en el programa de cuentas FSA de Cuidados de la Salud, y contribuir el monto mínimo de \$1.00.

Cuenta Flexible de Gastos

La Cuenta Flexible de Gastos de Cuidados de la Salud

Cubre gastos elegibles* en desembolsos realizados por usted o sus dependientes. No sólo cubre deducibles, copagos y coaseguro, sino también puede ayudarle a cubrir otros gastos médicos como quiropráctico, cuidados de la vista incluyendo cirugía LASIK, y programas para dejar de fumar. Para la cuenta FSA de Cuidados de la Salud, usted puede contribuir hasta \$5,000 antes de impuestos.

La Cuenta Flexible de Gastos de Cuidados del Dependiente

Cubre gastos elegibles* para el cuidado diurno de dependientes, ya sean hijos, padres o un cónyuge incapacitado. Usted puede recibir un reembolso por cuidado diurno y maternal para niños pequeños, niños mayores discapacitados, cónyuge, padres de edad avanzada o padres incapacitados que vivan con usted tiempo completo. Esta cuenta FSA le permitirá a las parejas que declaran conjuntamente o como soltero, jefe de familia, para contribuir hasta \$5,000 antes de impuestos anualmente a una cuenta FSA de Cuidados del Dependiente. En la mayoría de los casos, una cuenta FSA será de mayor beneficio que usar el crédito directo de impuestos en su Declaración de Impuestos Federales. Para asegurarse que una cuenta FSA es adecuada para usted, consulte a su asesor fiscal.

*Los gastos elegibles son artículos designados por el Servicio de Impuestos Internos (IRS). Usted puede encontrar una lista general de reembolsos relacionados a la salud aprobados por el IRS en la Publicación 502 y de reembolsos de cuidados del dependiente en la Publicación 503, o usted puede acceder estas publicaciones en línea en www.irs.org. La mayoría de esas deducciones detalladas cumplen con los requisitos de elegibilidad de un programa de Cuenta Flexible de Gastos.

Of course, you must decide how much of your salary is to be redirected into the FSA during each year's open enrollment period. Your designated amount will be automatically deducted from your paycheck and deposited into your FSA. Simply complete the enclosed worksheet to determine your annual contribution.

When you incur an eligible expense, simply submit an original request-for-reimbursement form, along with the original Explanation of Benefits (EOB) from your insurance carrier, or an original receipt when no EOB was provided. Reimbursement forms are available from your employer or by calling the Florida Combined Life Pre-Tax Department toll-free at 1-800-434-8026.

While these accounts have many benefits, *the money you don't use cannot be rolled over into the new plan year, or your other FSA.* But don't worry. With careful planning you should be able to spend every dollar in your FSA. Most expenses are predictable. So the only thing you really need to think about is what to do with the money you save—and that shouldn't be too hard.

Example of Cost Savings	without FSA	with FSA
Annual salary	\$25,000	\$25,000
Employee FSA contribution	\$0	\$2,000
Taxable income	\$25,000	\$23,000
Taxes owed by employee	\$5,000	\$4,600
Annual income after taxes	\$20,000	\$18,400
Out-of-pocket employee expenses	\$2,000	\$2,000
Total Annual Take-Home Pay	\$18,000	\$18,400
Annual Increase In Take-Home Pay		\$400

Por supuesto, usted debe decidir cuánto de su salario habrá de ser redirigido a la cuenta FSA durante el periodo de inscripción anual abierto de cada año. Su monto designado será deducido automáticamente de su cheque de nómina y depositado en su cuenta. Simplemente complete el formulario incluido con la presente para determinar su contribución anual.

Cuando efectúe gastos elegibles, simplemente presente una forma de solicitud para reembolso original, junto con la Explicación de Beneficios (EOB) original de su aseguradora, o un recibo original cuando no le sea proporcionado un EOB. Las formas de Reembolso están disponibles con su empleador o llamando gratis al Departamento Pre-impuesto de Florida Combined Life al 1-800-434-8026.

Aunque estas cuentas tienen muchos beneficios, *el dinero que no utilice no podrá trasladarlo al nuevo año plan*, o a su otra cuenta FSA. Pero no se preocupe. Por medio de una cuidadosa planeación usted podrá gastar cada dólar en su cuenta FSA. La mayoría de los gastos son predecibles. Por lo tanto, lo único que en realidad necesita pensar es qué hacer con el dinero que ahorre. Y eso no debe ser muy difícil.

Ejemplo de Ahorros de Costos	Sin FSA	Con FSA
Salario Anual	\$25,000	\$25,000
Contribución del empleado a la FSA	\$0	\$2,000
Ingreso Tasable	\$25,000	\$23,000
Impuestos que debe el empleado	\$5,000	\$4,600
Ingreso Anual después de impuestos	\$20,000	\$18,400
Desembolsos del empleado	\$2,000	\$2,000
Total de Pago Neto Anual	\$18,000	\$18,400
Incremento de Pago Neto Anual		\$400

Flexible Spending Account Worksheet

This worksheet is designed to help you decide how much you want to contribute to your FSA from each paycheck. You may find it helpful to begin by reviewing your out-of-pocket expenses for the past year. You'll also want to take into consideration any known factors that could have an impact on these expenses for this year and any additional expenses you anticipate.

As you decide on your contribution amount, keep in mind the money you don't use this year cannot roll over or be reimbursed. In addition, you cannot begin, suspend, increase, or decrease your contribution during the year unless your family status changes or there is a change in your spouse's employment status.

Employer Contribution

If you are selecting Employee-only coverage, your employer may contribute a credit based on your chosen health plan.

Remember: In order to receive this credit you must enroll in either a Health Care FSA or Dependent Care FSA and contribute at least the minimum of \$1.00. Enter the employer contribution in either the Health Care FSA or the Dependent Care FSA section, not both.

If you choose:

Employer Contribution

BlueOptions Plan 1750	\$0.00
BlueOptions Plan 1551	\$50.00
BlueOptions Plan 1352	\$100.00

Enter Employer Contribution \$ _____

Health Care Flexible Spending Account

Your Annual Expenses

Estimated annual expenses not covered by your medical and dental plans.

Medical expenses, such as:

Deductibles, coinsurance and copayments	\$ _____
Routine physical exams, including gynecological exams	\$ _____
Well-baby care	\$ _____
Hearing exams	\$ _____
Hearing aids	\$ _____
Prescriptions drugs	\$ _____
Other eligible expenses*	\$ _____

Dental expenses, such as:

Gold fillings, crowns, fixed bridge or other restorative expenses	\$ _____
Treatment exceeding your plan's limits	\$ _____

Vision care expenses, such as:

Exams	\$ _____
Eyeglasses	\$ _____
Contact lenses	\$ _____

Other estimated health-related expenses which exceed your plan's limits:

Outpatient psychiatric care	\$ _____
Therapy	\$ _____

Your Annual Expenses Subtotal \$ _____

Minus Employer Contribution (from above) - \$ _____

Total Amount of your Contribution to your Health Care FSA \$ _____

(Important: You must enter this amount during enrollment.)

Formulario de Cuenta Flexible de Gastos

Este formulario fue diseñado para ayudarle a decidir cuánto de su sueldo mensual va a contribuir a su Cuenta Flexible de Gastos—FSA. Para facilitar este proceso, puede empezar a revisar sus gastos por desembolsos del año pasado. Le recomendamos que tome en consideración cualquier factor que pueda impactar tales gastos este año y cualquier otro tipo de gastos que anticipe.

Mientras decide qué cantidad va a contribuir, recuerde que el dinero que no utilice no puede ser transferido o reembolsado. Además, usted no puede empezar, suspender, aumentar, o disminuir su contribución en el transcurso del año, a menos que su estatus marital o el estatus de empleo de su cónyuge cambien.

Contribución del Empleador

Si usted elige cobertura sólo para el empleado, dependiendo de cuál plan de salud elija, usted podrá recibir un crédito de su empleador.

Recuerde: Para poder recibir este crédito, usted debe inscribirse a una FSA para Cuidados de la Salud o a una FSA para el Cuidado del Dependiente y contribuir al menos un mínimo de \$1.00. Ingrese el monto de la contribución del empleador en la sección FSA para Cuidados de la Salud o en la sección FSA para el Cuidado del Dependiente, pero no en ambas.

Si usted elige:	Contribución del Empleador
Plan BlueOptions 1750, su Empleador contribuirá	\$0.00
Plan BlueOptions 1551, su Empleador contribuirá	\$50.00
Plan BlueOptions 1352, su Empleador contribuirá	\$100.00
Ingrese el Crédito de la Contribución del Empleador	\$ _____

Cuenta de Reembolso para Cuidados de la Salud

Su Contribución

Gastos estimados no cubiertos por su plan de cuidados médicos y dentales.

Gastos por cuidados médicos, tales como:	
Deducibles, coaseguros y copagos	\$ _____
Exámenes físicos rutinarios, incluyendo exámenes ginecológicos	\$ _____
Cuidados para el Bienestar del Bebé	\$ _____
Exámenes auditivos	\$ _____
Aparato auditivos	\$ _____
Medicinas recetadas	\$ _____
Otros gastos elegibles*	\$ _____
Gastos por cuidados dentales, tales como:	
Empastes de oro, coronas, puentes fijos y otros gastos por cuidados de restauración	\$ _____
Tratamiento que excede los límites de su plan	\$ _____
Gastos por cuidados de la vista, tales como:	
Exámenes	\$ _____
Lentes	\$ _____
Lentes de contacto	\$ _____
Otros gastos estimados relacionados con el cuidado de la salud que exceden los límites de su plan:	
Cuidados del paciente psiquiátrico externo	\$ _____
Terapia	\$ _____

Subtotal de Su Gasto Anual \$ _____

Menos de la Contribución del Empleador (de arriba) - \$ _____

Monto Total de su Contribución a su FSA para Cuidados de la Salud \$ _____

(Importante: Debe ingresar este monto durante su inscripción.)

Dependent (Day) Care Flexible Spending Account**

Estimated Dependent Expenses	If care is in your home:	
	Wages or salary paid to care provider	\$ _____
	FICA & other taxes you pay on behalf of the care provider, if applicable	\$ _____
	<hr/>	
	If care is outside your home:	
Payment to a licensed dependent care facility	\$ _____	
Payment to other care providers	\$ _____	
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	Your Annual Dependent Care Expenses Subtotal	\$ _____
	Minus Employer Contribution (from previous section)	- \$ _____
	Total Amount Contributed to your Dependent (Day) Care FSA	\$ _____

(Important: You must enter this amount during enrollment.)

*Eligible expenses are items designated by the IRS.

**If you open a Dependent Care FSA or claim the Child Care Tax Credit, the IRS requires you to provide the Tax Identification Number of the Care provider or facility on your Federal Income Tax Return. You may want to utilize this worksheet to maintain that information. Please note that the Dependent (Day) Care Flexible Spending Account, if set up, is a separate account from any Health Care Flexible Spending Account you may set up. The monies contributed to one such account cannot be used to reimburse expenses from the other type of account.

Cuenta de Reembolso para el Cuidado (Diurno) de Dependientes**

Gastos estimados por dependientes	Si el cuidado es en su hogar:		
	Sueldo o salario pagado al proveedor de cuidados		\$ _____
	FICA y otros impuestos que usted paga por el proveedor de cuidados, si aplica		\$ _____
	Si el cuidado es proporcionado fuera de su hogar:		
	Pago por un establecimiento certificado para el cuidado de dependientes		\$ _____
	Pago por otros proveedores de cuidados		\$ _____
Subtotal de su Gasto Anual			\$ _____
Menos de la Contribución del Empleador (de la sección anterior)		-	\$ _____
Monto Total de su Contribución a su FSA para el Cuidado del Dependiente			\$ _____

(Importante: debe ingresar este monto durante su inscripción.)

*Los gastos elegibles son determinados por el IRS.

**Si usted abre una Cuenta FSA para el Cuidado de Dependientes o declara un Crédito Tributario por Cuidado de Menores, el Servicio de Impuestos Internos "IRS" requiere que usted proporcione el Número de Identificación de Impuestos del proveedor de cuidados o del establecimiento para su Declaración de Impuestos. Usted puede utilizar este formulario para guardar esa información. Favor de notar que la Cuenta Flexible de Gastos para el Cuidado (Diurno) de Dependientes, si se abre, es una cuenta aparte de cualquier otra Cuenta de Flexible de Gastos para Cuidados de la Salud que usted abra. La cantidad monetaria contribuida a una cuenta de éstas, no podrá utilizarse para reembolsar gastos en otros tipos de cuentas.

Dental Plans that leave everyone smiling.

Within your new benefits package, your employer is making available to you a choice of two dental plans—BlueDental Choice and BlueDental Freedom. Both plans are offered through our subsidiary Florida Combined Life Insurance Company, Inc.

Each of these BlueDental Plans is designed to meet the needs of you and your family. With both BlueDental Plans, you'll enjoy a variety of great benefits, such as:

Preventive Services	You will receive comprehensive preventive benefits, including regular cleanings and exams, and there is never a deductible. Nothing works better than prevention and early detection.
Pre-Determination of Benefits	BlueDental will gladly work with your dentist to show you what BlueDental will pay for any recommended treatment plan.

Take a look at the BlueDental Choice and the BlueDental Freedom plans to see which is right for you. For easy reference, we're providing a comparison sheet on the following page for you to see the different features and costs between the two plans.

BlueDental Plans

BlueDental Choice	A flexible dental plan that stresses preventive care while allowing you to choose an in-network* dentist or any dentist of your choice. By visiting a dentist in the BlueDental Choice network,* you will receive maximum plan benefits and are protected against balance billing (the difference between the BlueDental Choice fee schedule and the dentist's charges). By choosing a dentist outside of the network, benefits will be somewhat less and balance billing may occur.
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BlueDental Freedom	This is our most flexible, top-line dental plan. You always have the freedom to choose any dentist or specialist you want. With BlueDental Freedom, there's no need to worry about your dental care when you're away from home—you're always covered for full benefits throughout the country. And to make sure that you have access to the latest advances in dental care, we make periodic updates to an already extensive list of covered services.
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If you ever have any questions about your dental plan, please feel free to call our toll-free customer service center at 1-877-203-9921. Our service agents are trained professionals, most with degrees in dental professions and years of practical experience.

*Networks are comprised of independent contracted dentists.

Planes Dentales que dejan a todos sonriendo.

Su empleador le ha proporcionado dos opciones de planes dentales con su paquete de beneficios—BlueDental Choice y BlueDental Freedom. Ambos planes se ofrecen por medio de nuestra subsidiaria Florida Combined Life Insurance Company, Inc.

Cada uno de estos Planes BlueDental está diseñado para satisfacer las necesidades de usted y de su familia. Con ambos Planes BlueDental usted disfrutará de una variedad de grandes beneficios, tales como:

Servicios Preventivos	Usted recibirá beneficios preventivos completos, incluyendo limpieza y exámenes regulares, y nunca habrá un deducible. Nada funciona mejor que la prevención y la detección temprana.
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Predeterminación de Beneficios	BlueDental con gusto trabajará con su dentista para mostrarle a usted que BlueDental pagará cualquier plan de tratamiento recomendado.
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Eche un vistazo a los planes BlueDental Choice y BlueDental Freedom para ver cuál es el apropiado para usted. Para fácil referencia, le proporcionamos una hoja comparativa para que usted vea las características y costos que hay entres los dos planes.

BlueDental Planes

BlueDental Choice	Un plan dental flexible que enfatiza el cuidado preventivo mientras le permite elegir un dentista dentro de la red o cualquier dentista de su elección. Al utilizar un dentista dentro de la red* BlueDental Choice, usted recibirá máximos beneficios del plan y estará protegido contra la facturación de saldos (la diferencia entre la tabla de cargos de BlueDental Choice y los cargos del dentista). Al elegir un dentista fuera de la red*, los beneficios serán algo menores y puede haber facturación de saldos.
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BlueDental Freedom	Nuestro plan más flexible y de primera calidad. Usted siempre cuenta con la libertad de elegir cualquier dentista o especialista que desee. Con BlueDental Freedom, no hay necesidad de preocuparse por su cuidado dental cuando esté lejos de casa: usted está siempre cubierto con beneficios completos en todo el país. Y para asegurarse que usted tenga acceso a los últimos avances en cuidados dentales, hacemos actualizaciones periódicas a una ya amplia lista de servicios con cobertura.
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Si alguna vez tiene alguna duda sobre su plan dental, tenga la libertad de llamar gratis a nuestro centro de atención al cliente al 1-877-203-9921. Nuestros agentes de servicio son profesionales capacitados, la mayoría con títulos en profesiones dentales y años de experiencia práctica.

*Las redes constan de dentistas independientes contratados.

Benefits*

Preventive

- Two (2) routine oral examinations per plan year
- Prophylaxis (cleaning, scaling and polishing of teeth) two (2) times per plan year
- Topical application of fluoride in conjunction with prophylaxis for dependent children under fourteen (14) years of age, two (2) times per plan year
- Bitewing x-rays, once per plan year
- Periodontal maintenance procedures (following active therapy)

Basic

- Palliative (emergency) treatment of an acute condition requiring immediate care
- Application of desensitizing medicaments
- Sealants for dependent children through age sixteen (16)
- Periapical (root area) x-rays as required
- Complete mouth x-rays or panoramic x-rays (once in any thirty-six [36] consecutive month period). Panoramic x-ray will be considered a complete mouth x-ray and subject to the same limit
- Panoramic x-ray for the removal of third molars when performed by a different provider on a different date of service
- Repair of broken partial or complete dentures
- Space maintainers (not made of precious metals) that replace prematurely lost teeth for dependent children under fourteen (14) years of age. No payment will be made for duplicate space maintainers
- Amalgam, silicate, acrylic, synthetic porcelain, and composite filling restorations to restore diseased or accidentally broken teeth
- Routine extractions
- Endodontics, including pulpotomy (removal of the soft tissue in a decayed tooth), and root canal treatment. No payment will be made for root canal therapy until treatment is completed. Treatment is considered to be completed on the date the canals are sealed
- General anesthesia given in a dentist's office, for services that are: (a) performed by a person qualified to administer general anesthesia; (b) billed by such dentist; and (c) in connection with covered dental services. Anesthesia services consist of the administration of an anesthetic agent or anesthetic drug by injection or inhalation. The allowance for the administration of a local infiltration or block anesthetic in connection with other covered dental services is included in the allowance for those covered dental services
- Tissue conditioning treatments for the upper and lower dentures, two (2) times per plan year
- Adjustments to the maxillary and mandibular dentures, two (2) times per plan year (six [6] months after the initial insertion of the denture)
- Recementation of space maintainers once per plan year (must be six [6] months after the initial placement date)
- Replacement of core build up, if satisfactory proof is provided that at least five (5) years have passed since the date of service when the procedure was performed
- Relining and rebasing of immediate dentures if more than six (6) months after the insertion of an initial or replacement denture (not more than one relining or rebasing in any thirty-six [36] consecutive month period)
- Repair of broken crowns, inlays, onlays or bridges
- Surgical removal of teeth
- Surgical removal of maxillary or mandibular intrabony cysts
- Procedures performed for the preparation of the mouth for dentures
- Apicoectomy (dental root surgery)
- Gingival curettage, payable once per quadrant every thirty-six (36) months
- Gingivectomy and gingivoplasty
- Periodontal scaling, payable once per quadrant every twenty-four (24) months
- Root amputation—per root
- Hemisection—including any root removal), not including root canal therapy
- Alveoloplasty—per quadrant
- Gingival flap procedure—once per quadrant every thirty-six (36) months
- Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis—payable once every thirty-six (36) months

Major

- Clinical crown lengthening-hard tissue only, subject to dental consultant review for approval and pricing; office notes are required for review
- Replacement of cast post and core along with prefabricated post and core procedures, if satisfactory proof is given that at least five (5) years have passed since the date of service when the procedure was performed
- Initial insertion of bridges (including pontics and abutment crowns, inlays and onlays)
- Initial insertion of partial or complete dentures (including any adjustments during the six [6] month period following insertion)
- Replacement of an existing partial or complete denture or bridge by a new denture or by a new bridge, if satisfactory proof is given that
 - The existing denture or bridge was inserted at least five (5) years before it is replaced
 - The existing denture or bridge is not serviceable and can not be made serviceable. If the existing denture or bridge can be made serviceable, payment will be made toward the cost of the services which are necessary to render such appliance serviceable
- Osseous (bone) surgery in connection with periodontal disease, including flap entry and closure payable once per quadrant every thirty-six (36) months
- Free soft tissue graft procedure, including donor site
- Frenulectomy
- Mucogingival surgery—once per quadrant every thirty-six (36) months
- Bone replacement graft—once per site every thirty-six (36) months
- Pedicle soft tissue graft—once per site every thirty-six (36) months
- Guided tissue regeneration—once per site every thirty-six (36) months
- Subepithelial connective tissue graft—once per site every thirty-six (36) months

* These benefits are subject to change based on the plan selected by your employer.

Beneficios*

Preventivos

- Dos (2) exámenes orales de rutina cada año del plan.
- Profilaxis (limpieza, alisado y pulimento de los dientes) dos (2) veces cada año del plan.
- Aplicación tópica de fluoruro más profilaxis para niños dependientes menores de catorce (14) años de edad, dos (2) veces cada año del plan.
- Película de rayos x, una vez cada año completo.
- Procedimientos de mantenimiento periodontal (después de una terapia activa).

Básicos

- Tratamiento curativo (emergencia) de una condición aguda que requiera atención inmediata.
- Aplicación de medicamentos de desensibilización.
- Sellantes para niños dependientes hasta los dieciséis (16) años de edad.
- Rayos x en el área periapical (área de la raíz), en caso de ser necesario.
- Rayos x de toda la boca o rayos x panorámicos (una vez durante cualquier período consecutivo de treinta y seis (36) meses). Los rayos x panorámicos se considerarán como rayos x completos y estarán sujetos a los mismos límites.
- Rayos x panorámicos para la extracción de los terceros molares cuando esto lo realiza un proveedor diferente en una fecha diferente de servicio.
- Reparación de dentaduras fracturadas parcial o totalmente.
- Mantenedores de espacio (no hechos de metales preciosos) que reemplacen dientes perdidos prematuramente en niños dependientes de menos de catorce (14) años de edad. No se pagarán los duplicados de los mantenedores de espacio.
- La amalgama, el silicato, el acrílico, la porcelana sintética y los rellenos de resinas compuestas para la recuperación de dientes lesionados o fracturados accidentalmente.
- Extracciones de rutina.
- Endodoncias, incluyendo pulpotomía (extracción del tejido blando de los dientes deteriorados) y tratamiento del conducto de la raíz. Los tratamientos del conducto de la raíz no se pagarán hasta no haberlos terminado. Un tratamiento se considera terminado en la fecha en que se sella el conducto.
- Anestesia general aplicada en el consultorio del dentista, para servicios: a) llevados a cabo por una persona calificada para administrar anestesia general; b) facturados por dicho dentista; y c) relacionados con servicios odontológicos amparados. Los servicios de anestesia consisten en la administración de un agente anestésico o un medicamento anestésico mediante inyección o por inhalación. El valor permitido para la administración de infiltraciones locales o de anestésicos de bloqueo, junto con otros servicios odontológicos amparados, se incluye en el valor permitido para dichos servicios odontológicos amparados.
- Tratamientos para el acondicionamiento del tejido de dentaduras superiores e inferiores, dos (2) veces por año del plan.
- Ajuste de la dentadura maxilar y mandibular, dos (2) veces por año del plan (seis (6) meses después de la adaptación inicial de la dentadura).
- Recementación de los mantenedores de espacio una vez por año del plan (debe hacerse seis (6) meses después de la fecha de colocación inicial).
- Reemplazo del núcleo, si se proporciona una prueba satisfactoria de que han pasado por lo menos cinco años (5) desde la fecha en que se realizó el procedimiento.
- Realineamiento y rebase de dentaduras inmediatas si han pasado más de seis (6) meses luego de la adaptación inicial o reemplazo de la dentadura (no más de un realineamiento o rebase en cualquier período consecutivo de treinta y seis (36) meses).
- Reparación de coronas fracturadas, intra o extracoronarias y puentes.
- Extracción quirúrgica de dientes.
- Extracción quirúrgica de quistes intraóseos maxilares o mandibulares.
- Procedimientos efectuados para preparar la boca para la dentadura.
- Apicectomía (cirugía en la raíz dental).
- Curetaje gingival, pagadero una vez por cuadrante cada treinta y seis (36) meses.
- Gingivectomía y gingivoplastia.
- Alisado periodontal, pagadero una vez por cuadrante cada veinticuatro (24) meses.
- Amputación de la raíz—por raíz.
- Hemisección—(incluyendo cualquier extracción de raíz), sin incluir terapia del conducto radicular.
- Alveoloplastia—por cuadrante.
- Procedimiento de colgajo gingival—una vez por cuadrante cada treinta y seis (36) meses.
- Debridamiento de toda la boca para posibilitar un completo diagnóstico y evaluación periodontal—pagadero una vez cada treinta y seis (36) meses.

Especializados

- Alargamiento de la corona clínica—sólo del tejido duro—bajo revisión de un consultor odontológico para que lo apruebe y fije el precio; se requiere un resumen de la consulta para su revisión.
- Reemplazo del pilar y el núcleo vaciados con procedimiento de pilar y núcleo prefabricado, si se prueba satisfactoriamente que han pasado al menos cinco (5) años desde la fecha de servicio en que se llevó a cabo el procedimiento.
- Adaptación inicial de puentes (incluyendo púnticos y refuerzos coronarios, intracoronarios y extracoronarios).
- Adaptación inicial de dentaduras parciales o completas (incluyendo cualquier ajuste durante los seis (6) meses posteriores a su colocación).
- Reemplazo parcial o completo de la dentadura existente o del puente por una nueva dentadura o un nuevo puente, si se comprueba satisfactoriamente que:
 - la dentadura o el puente existentes fueron adaptados al menos cinco (5) años antes de su reemplazo.
 - la dentadura o el puente existentes no son utilizables y no se pueden rehabilitar. Si la dentadura o el puente existentes se pueden rehabilitar, el pago se hará por el costo de los servicios que sean necesarios para hacer dicha rehabilitación.
- Cirugía ósea (del hueso) en relación con enfermedad periodontal, incluyendo colgajo abierto y cerrado, pagadero una vez por cuadrante cada treinta y seis (36) meses.
- Procedimiento de injerto de tejido libre blando incluyendo sitio donante.
- Frenisectomía.
- Cirugía mucogingival una vez por cuadrante cada treinta y seis (36) meses.
- Reemplazo de injerto óseo—una vez por sitio cada treinta y seis (36) meses.
- Injerto de tejido blando pediculado—una vez por sitio cada treinta y seis (36) meses.
- Regeneración guiada de tejidos—una vez por sitio cada treinta y seis (36) meses.
- Injerto de tejido conectivo subepitelial—una vez por sitio cada treinta y seis (36) meses.

*Estos beneficios están sujetos a cambios con base en el plan seleccionado por su empleador.

Your Dental Plan Options

	BlueDental Choice				BlueDental Freedom	
	Participating Dentist		Non-Participating Dentist		Any Dentist of Your Choice	
Deductible (For Basic and Major Services Only) ¹						
Per Person Per Plan Year	\$50		\$50		\$50	
Per Family Per Plan Year	\$150		\$150		\$150	
Coinsurance	Plan Pays²	You Pay³	Plan Pays²	You Pay³	Plan Pays⁴	You Pay⁵
Preventive⁶	100%	0%	80%	20%	100%	0%
Oral Evaluations (Exams)						
Bitewing X-rays						
Prophylaxis (Cleanings)—Adult/Child						
Fluoride Treatment—Child						
Basic⁶	80%	20%	60%	40%	80%	20%
X-rays—Intraoral/Complete Series/Panoramic						
Sealants						
Amalgam Restorations (Silver Fillings)						
Resin-Based Restorations—Anterior and Posterior						
Root Canal Therapy						
Periodontal Treatment						
Extractions—Routine and Surgical						
Major⁶	50%	50%	40%	60%	50%	50%
Crowns—Single Restorations						
Osseous Surgery						
Complete Dentures						
Partial Dentures						
Fixed Partial Dentures (Bridges)						
Benefit Waiting Period	None		None		None	
Orthodontia Services Child to age 19						
Orthodontia Lifetime Maximum	\$1,000		\$1,000		\$1,000	
BlueDental Pays	50%		50%		50%	
Benefit Waiting Period	None		None		None	
Plan Year Maximum Benefit Per Person	\$1,000		\$1,000		\$1,000	
Monthly Premium	\$XX				\$XX	

The information provided above is a summary of benefits for group certificates: 50383-899 and 50408-1099. It is intended to highlight key points of the Dental Plan and is provided to the employee as an aid in deciding whether to enroll in the plan. This summary should in no way be construed as part of the contract. Possession of this summary in no way implies coverage nor does it guarantee benefits under the plan.

¹ In-network BlueDental Choice deductible credits apply to out-of-network deductible, and out-of-network deductible credits apply to in-network deductible.

² Percentage of fee schedule.

³ Percentage of fee schedule, plus balance of charges, if any. Note: Non-Participating Dentists may charge fees in excess of our Fee Schedule and may bill you for the difference.

⁴ Payment is based on Usual, Customary and Reasonable Charge.

⁵ The majority of dentists' fees are within our allowed charges; however, you will be responsible for any fees in excess of the allowed amount.

⁶ Some limitations may apply.

Sus Opciones de Dentales Planes

	BlueDental Choice				BlueDental Freedom	
	Dentista Participante		Dentista No Participante		Cualquier Dentista de Su Elección	
Deducibles (solo para servicios básicos y especiales) ¹						
Por plan anual por persona	\$50		\$50		\$50	
Por plan anual por familia	\$150		\$150		\$150	
Coaseguro	Plan Paga²	Usted Paga³	Plan Paga²	Usted Paga³	Plan Paga⁴	Usted Paga⁵
Preventivos⁶	100%	0%	80%	20%	100%	0%
Evaluaciones orales (exámenes)						
Películas de rayos x						
Profilaxis (Limpiezas)—Adultos y niños						
Tratamientos con fluoruro—Niños						
Básicos⁶	80%	20%	60%	40%	80%	20%
Rayos x—Intraorales/Completo						
Series/Panorámicos						
Sellantes						
Restauraciones con amalgama (relleno de plata)						
Restauraciones a base de resina—						
Anteriores y Posteriores						
Tratamiento de conductos de la raíz						
Tratamiento periodontal						
Extracciones—De rutina y quirúrgicas						
Especializados⁶	50%	50%	40%	60%	50%	50%
Coronas—Restauraciones simples						
Cirugía ósea						
Dentaduras completas						
Dentaduras parciales						
Dentaduras parciales fijas (puentes)						
Período de espera para recibir beneficios	Ninguno		Ninguno		Ninguno	
Servicios de Ortodoncia Niños—Jóvenes hasta los 19 años						
Ortodoncia—Máximo de por vida	\$1,000		\$1,000		\$1,000	
Pagos de BlueDental	50%		50%		50%	
Período de espera para recibir beneficios	Ninguno		Ninguno		Ninguno	
Beneficios máximos por persona por año plan	\$1,000		\$1,000		\$1,000	
Prima Mensual	\$XXX				\$XXX	

La información arriba suministrada es un resumen de los beneficios para certificados de grupo: 50383-899, 50408-1099. Con ella se pretende resaltar puntos clave del Plan Dental y proporcionarle a los empleados una ayuda al decidir si se inscriben en el Plan. Este resumen de ninguna manera forma parte del contrato. El hecho de tener este resumen de ningún modo implica cobertura ni garantiza los beneficios del Plan.

¹ Los créditos de los deducibles dentro de la red son aplicables a deducibles fuera de la red y los créditos de los deducibles fuera de la red son aplicables a deducibles dentro de la red.

² Porcentaje de la tabla de honorarios.

³ Porcentaje de la tabla de honorarios, mas cuentas de saldos, si los hay.

Nota: los dentistas no participantes pueden cobrar tarifas que excedan nuestra tabla de honorarios y le pueden facturar a usted la diferencia.

⁴ El pago se basa en un cargo común, usual y razonable.

⁵ La mayoría de los honorarios odontológicos están dentro de nuestros cargos permitidos; no obstante, usted será responsable de cualquier cifra que exceda el monto permitido.

⁶ Se pueden aplicar algunas limitaciones.

Limitations and Exclusions

Limitations

- Any retreatment of root canals are payable one (1) year after completion date of root canal therapy.
- Restorations made of amalgam, silicate, acrylic, and composite materials to restore diseased teeth are only payable on the same tooth surface once every twelve (12) consecutive months.
- Gingival curettage is not covered when performed on the same date of service as periodontal scaling.
- The gingivectomy or gingivoplasty per quadrant allowance will be paid when two or more teeth are billed on the same date of service, same quadrant.
- Sealants are limited to the first and second molars for primary teeth and the bicusps and molars for the permanent teeth of dependent children.
- General anesthesia and intravenous sedation is payable only if given in connection with covered surgical procedures.
- Periodontal prophylaxis is limited to two (2) times per plan year. Periodontal prophylaxis will be considered as the same benefit and subject to the same limits as a routine prophylaxis. The total benefit for prophylaxis is limited to two (2) times per plan year.
- Periodontal services are limited to insureds age eighteen (18) and older.
- Services performed outside the United States, its territories and possessions are not covered, except for palliative emergency treatment.
- Multiple amalgam or composite restorations on one surface will be considered one restoration. The allowance includes insulating base and local anesthesia.

Exclusions

- Coverage for installation of an initial prosthodontic appliance that replaces any teeth missing prior to an insured's effective date of coverage, (until the insured has been covered under the contract for twelve [12] consecutive months), unless otherwise specified.
- Services or supplies which are not medically necessary according to accepted standards of dental practice, as determined by our consulting dentists, or which are not recommended or approved by the attending dentist.
- Charges for services or supplies when billed by other than a dentist.
- Benefits for services rendered by a member of an employee's family, (his spouse and the children, brothers, sisters and parents of either the employee or his spouse).
- Services rendered primarily for cosmetic purposes.
- Charges incurred for failure to keep a dental appointment.
- Services rendered through a medical department, clinic or similar facility provided or maintained by, or on the behalf of, an employer, mutual benefit association, labor union, trustee or similar persons or groups.
- Medical services related to the treatment of temporomandibular joint (TMJ) (temporal bone—lower jaw) dysfunctions (craniomandibular disorders, craniofacial disorders).
- Experimental or investigational treatment.
- Dental services received or rendered:
 - through or in a veteran's hospital or government facility due to a service connected disability
 - which are covered and paid under Worker's Compensation or similar law
 - which are coordinated with another insurance policy providing dental benefits for the same charges, to the extent that the total amount payable under both plans exceeds 100% of the total expenses that are incurred
- Services for which the insured incurs no charge.
- Procedures, appliances, or restorations necessary to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, restoration of tooth structure lost from attrition and restoration for malalignment of teeth.
- Local anesthesia when billed separately by a dentist.
- Any services paid or payable under the insured's health insurance contract.
- Services not listed in the Benefits section of this plan.
- Charges for a more expensive service, procedure, or course of treatment than is customarily provided by the dental profession, consistent with sound professional standards of dental practice for the dental condition concerned. Payment for such charges under this certificate will be based on the allowance for the least costly service, procedure, or course of treatment.
- Any additional treatment required due to the insured's failure to follow instructions, or lack of cooperation with the dentist.
- Treatment for any illness, injury, or medical conditions arising out of: war or act of war (whether declared or undeclared), participation in a felony, riot or insurrection, service in the armed forces or auxiliary units, and attempted suicide or intentionally self-inflicted injury, whether sane or insane.
- Services rendered before the effective date of coverage.
- Services rendered after termination of coverage, except as provided under the plan's "Extension of Benefits upon Contract Termination."
- Charges for services or supplies for sterilization. Charges for sterilization are included in the allowance for other covered dental procedures.
- Any denture or bridge replacement made necessary by reason of loss, theft, or alteration by an insured.
- Services in connection with any crown, inlay or onlay restoration, or for any denture or bridge if treatment began prior to the insured's coverage under this certificate.
- Duplicate or temporary denture, crown, or bridge.
- Labial veneer restorations.
- General anesthesia and intravenous sedation administered exclusively for patient management or comfort.
- Charges for nitrous oxide.
- Services with respect to congenital (hereditary) or developmental malformations or cosmetic reasons, including but not limited to cleft palate, maxillary or mandibular (upper or lower) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
- Prescribed drugs, premedication or analgesia.
- Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- Charges for oral hygiene, plaque control, or diet instruction.
- Charges for orthodontia services, unless shown on the Group Dental Benefit Summary page.

Limitaciones y Exclusiones

Limitaciones

- Cualquier retratamiento de conductos de la raíz es pagadero un (1) año después de la fecha de terminación de la terapia del conducto.
- Las restauraciones hechas de amalgama, silicato, acrílico y resinas compuestas para reparar el diente afectado solamente son pagaderos en la misma superficie del diente una vez cada doce (12) meses consecutivos.
- El curetaje gingival no está amparado cuando se realiza en la misma fecha del servicio efectuado como alisado periodontal.
- La gingivectomía y la gingivoplastia permitida por cuadrante se pagará cuando se facturen dos o más dientes en la misma fecha de servicio, en el mismo cuadrante.
- Los sellantes están limitados al primer y segundo molar para dientes deciduos y a los bicúspides y molares en los dientes permanentes de niños dependientes.
- La anestesia general y la sedación intravenosa son pagaderas solamente si se administran en relación con procedimientos quirúrgicos amparados.
- La profilaxis periodontal está limitada a dos (2) veces por año del plan. La profilaxis periodontal se considerará como el mismo beneficio y sujeta a los mismos límites de las profilaxis rutinarias. El beneficio total por profilaxis está limitado a dos (2) veces por año del plan.
- Los servicios periodontales están limitados para asegurados de dieciocho años (18) y mayores.
- Los servicios realizados fuera de los Estados Unidos, sus territorios y dominios, no están cubiertos, excepto en caso de tratamientos curativos de emergencia.
- Las amalgamas múltiples y las restauraciones compuestas o resinas en una superficie se considerarán como una restauración. Lo permitido incluye base aislante y anestesia local.

Exclusiones

- Cobertura por la instalación de un provisional inicial que reemplace cualquier diente faltante antes de la fecha efectiva de la cobertura del asegurado (hasta que el asegurado haya estado cubierto bajo el contrato por doce (12) meses consecutivos), a menos que se especifique algo diferente.
- Servicios o suministros que no sean médicamente necesarios dentro de los estándares aceptados en la práctica odontológica, según lo determine nuestro dentista consultor, o que no sean recomendados o aprobados por el dentista que presta el servicio.
- Cuentas de servicios o de suministros cuando son facturados por alguien diferente a un dentista.
- Beneficios por servicios prestados por un miembro de la familia de un empleado (su esposa o hijos, hermanos, hermanas y padres del empleado o de su esposa).
- Servicios prestados básicamente para propósitos estéticos.
- Cuentas ocasionadas por faltar a citas odontológicas.
- Servicios prestados a través de un departamento médico, clínico o lugares similares provistos o mantenidos por, o a beneficio de, un empleador, asociación de beneficio mutuo, sindicato, fideicomisario o personas o grupos similares.
- Servicios médicos relacionados con el tratamiento de la articulación temporomandibular (ATM) (hueso temporal—mandíbula inferior), disfunciones (desórdenes craneomandibulares, desórdenes craneofaciales).
- Tratamientos experimentales o investigativos.
- Servicios odontológicos recibidos o prestados:
 - a través de un hospital de excombatientes o de una entidad gubernamental por concepto de servicios relacionados con incapacidades.
 - que estén cubiertos y pagados bajo una Compensación Laboral o ley similar.
 - que estén coordinados con otra póliza de seguros que brinde beneficios odontológicos por los mismos cargos, hasta el punto en que el monto total pagadero bajo ambos planes exceda el 100% del total de gastos en que se ha incurrido.
- Servicios por los cuales el asegurado no incurra en gastos.
- Procedimientos, aplicaciones o restauraciones necesarias para alterar la dimensión vertical y/o restaurar o mantener la oclusión. Tales procedimientos incluyen, pero no se limitan a, equilibrio, inmovilización periodontal, rehabilitación completa de la boca, restauración de la estructura de los dientes perdidos por atrición y recuperación por mal alineamiento de los dientes.
- Anestesia local cuando el dentista la factura separadamente.
- Cualquier servicio pagado o pagadero bajo el contrato de seguro de salud del asegurado.
- Servicios que no figuren en la sección de Beneficios de este plan.
- Cargos por servicios, procedimientos o tratamientos más costosos de lo acostumbrado en la profesión odontológica de acuerdo con los estándares éticos de la práctica odontológica. Los pagos por tales cargos contemplados en este certificado se basarán en lo permitido para el servicio, procedimiento o tratamiento menos costoso.
- Cualquier tratamiento adicional requerido debido a que el asegurado no siguió las instrucciones, o a la falta de cooperación con el dentista.
- Tratamiento de cualquier enfermedad, herida o condición médica producto de: guerra o acto de guerra (sea declarada o no), participación en delitos graves, motines o insurrecciones, servicio en las fuerzas armadas o unidades auxiliares, al igual que en caso de intento de suicidio o de heridas hechas intencionalmente contra sí mismo, bien sea en estado de cordura o sin ella.
- Servicios prestados antes de una fecha efectiva de la cobertura.
- Servicios prestados después de finalizada la cobertura, excepto si está prevista bajo los planes “Extensión de Beneficios a la Terminación del Contrato”
- Cargos por servicios o suministros por esterilización. Los cargos por esterilización están incluidos en lo permitido para otros procedimientos odontológicos amparados.
- Cualquier reemplazo de dentadura o puente que sea necesario por motivo de pérdida, hurto, o alteración por parte de un asegurado.
- Servicios relacionados con cualquier corona, restauración intracoronaria o extracoronaria, o con cualquier dentadura o puente si el tratamiento empezó antes de la cobertura del asegurado conforme a este certificado.
- Duplicado de dentaduras, coronas o puentes temporales.
- Restauración de vener labiales.
- Anestesia general y sedación intravenosa administrada exclusivamente porque el paciente así lo quiere o para su comodidad.
- Cargos por óxido nítrico.
- Servicios relacionados con deformaciones congénitas (hereditarias) o adquiridas, o efectuados por motivos estéticos, incluyendo, entre otros, paladares hendidos, deformaciones maxilares o mandibulares, hipoplasia del esmalte (falta de desarrollo), fluorosis (un tipo de pérdida de color de los dientes) y anodoncia (falta congénita de dientes).
- Medicinas recetadas, premedicación o analgesia.
- Injertos orales adicionales (injertos de tejidos de fuera de la boca a tejidos orales).
- Cuentas por higiene oral, control de placa o instrucción sobre la dieta.
- Cuentas por servicios de ortodoncia, a menos que figuren en la página de Resumen de Beneficios Dentales para Grupos.

Give your family the peace of mind they deserve with LifeEssentials.

Health insurance goes a long way in covering your family's immediate health care needs. But what if you want something that goes beyond that? Blue Cross and Blue Shield of Florida is offering you life insurance through our subsidiary Florida Combined Life Insurance Company, Inc. with:

- Basic Term Life
- Accidental Death & Dismemberment and Loss of Sight
- Dependent Term Life

Your employer has chosen to offer you the following coverage at no cost to you.

Dé a su familia la tranquilidad que se merece con LifeEssentials.

El seguro de salud hace mucho por cubrir las necesidades inmediatas de los cuidados de la salud de su familia. Pero, ¿qué tal si usted desea algo que vaya más allá que eso? Blue Cross and Blue Shield of Florida le ofrece seguro de vida a través de nuestro subsidiario, Florida Combined Life Insurance Company, Inc. con:

- Seguro Básico Temporal de Vida
- Seguro de Muerte Accidental y Desmembramiento y Pérdida de la Vista
- Seguro Temporal de Vida para el Dependiente

Su empleador ha elegido ofrecerle la siguiente cobertura sin costo para usted.

Life Insurance Plans

Basic Term Life:

Financial protection and security in an unpredictable world.

Basic Term Life Insurance for Groups is available to active, full-time employees and comes standard with an Accelerated Living Benefit. This feature is available to employees only and allows you to receive a percentage of the life insurance amount if a licensed physician certifies you as having a terminal condition with a life expectancy of less than one year. This feature is designed to give you the resources to make the necessary arrangements and preparations that result from such a condition.

In the event of your death, benefits for Basic Term Life are paid to your beneficiary(ies) without restrictions as to time, place or cause of death.

For additional security, Florida Combined Life's Basic Term Life Insurance for Groups also comes with a Continuation of Coverage provision should you become disabled and unable to work. No premium payments are required when your coverage is continued under this provision.

Active employees who become disabled prior to age 60 may have their basic term life insurance protection continued without payment of premium after six months of total disability.

Beginning at age 65, benefits will be reduced in accordance with the reduction schedule selected by your employer.

Benefit:

One times base annual salary, up to \$75,000
Benefits will be rounded up to the next higher \$1,000 if not already a multiple thereof.

Monthly Premium:

No cost to you.

Planes de Seguro de Vida

El Seguro Básico

Temporal de Vida:

Protección financiera y seguridad en un mundo impredecible.

El Seguro Básico Temporal de Vida para Grupos está disponible para empleados activos y de tiempo completo y viene estándar con el Beneficio Acelerado en Vida. Esta característica está disponibles únicamente para empleados y le permite a usted recibir un porcentaje del monto de seguro de vida si un médico con licencia para ejercer lo certifica con una condición terminal con una expectativa de vida de menos de un año. Esta característica está diseñada para darle los recursos para hacer los arreglos y preparativos necesarios que resulten de esa condición.

En caso de su fallecimiento, los beneficios del Seguro Básico Temporal de Vida se pagarán a su(s) beneficiario(s) sin restricciones respecto a tiempo, lugar o causa de la muerte.

Para seguridad adicional el Seguro Básico Temporal de Vida de Florida Combined Life para Grupos también viene con una cláusula de Continuación de Cobertura en caso de que usted resulte incapacitado y no pueda trabajar. No se requieren pagos de primas cuando su cobertura se continúa bajo esta cláusula.

Los empleados activos que resulten incapacitados antes de la edad de 60 años pueden hacer que la protección del seguro básico temporal de vida se continúe sin hacer pagos de primas después de seis meses de incapacidad total.

Iniciando a la edad de 65 años, los beneficios se reducirán de acuerdo con la tabla de reducción elegida por su empleador.

Beneficio:

Salario base anual multiplicado por uno. Hasta: \$75,000

Los beneficios serán redondeados a los próximos \$1,000 si no son ya un múltiple de éste.

Prima Mensual:

Sin costo para usted.

**Basic Accidental Death,
Dismemberment, and
Loss of Sight**

Accidents happen. So you and your family need to be prepared. And you will be with Accidental Death & Dismemberment, and Loss of Sight Insurance coverage (AD&D). This plan offers financial protection in the event of accidental death and dismemberment, or loss of sight. To be eligible for AD&D, you must first accept the Basic Group Term Life Insurance being offered to you by your employer. By doing this, you'll have a well-rounded program that gives you and your family peace of mind.

AD&D coverage is provided on a 24-hour basis. The full principal sum shown in the policy is payable for accidental loss of:

- Life
- Both Hands
- Both Feet
- Sight of Both Eyes
- One Hand and One Foot
- One Hand and Sight of One Eye
- One Foot and Sight of One Eye

One-half of the principal sum is payable for accidental loss of:

- One Hand
- One Foot
- Sight of One Eye

There are certain circumstances AD&D will not cover. Some examples of these circumstances are:

- Intentional self-inflicted injury—or any attempt to injure oneself
- Any war or act of war
- Military service
- Taking part in an assault or a felony
- Voluntary use of any controlled substance
- Operating a vessel or motor vehicle while intoxicated

(This is a partial list; other exclusions will apply.)

Beginning at age 65, benefits will be reduced in accordance with the reduction schedule selected by your employer.

Benefit:

One times base annual salary, up to \$75,000
Benefits will be rounded up to the next higher \$1,000 if not already a multiple thereof.

Monthly Premium:

No cost to you.

**Seguro de Muerte
Accidental,
Desmembramiento y
Pérdida de la Vista**

Los accidentes suceden. Por lo tanto, usted y su familia necesitan estar preparados. Y lo estarán con la cobertura del Seguro de Muerte Accidental y Desmembramiento y Pérdida de la Vista (AD&D). Este plan le ofrece protección financiera en caso de muerte accidental y desmembramiento, o pérdida de la vista. Para ser elegible para AD&D, usted debe primero aceptar el Seguro Básico Temporal de Vida para grupos que su empleador le ofrece. Al hacer eso, usted tendrá un programa completo que le dará la tranquilidad que usted y su familia merecen.

La cobertura AD&D se proporciona las 24 horas. El monto principal total que se muestra en la póliza es pagadero por la pérdida accidental de:

- La Vida
- Una Mano y Un Pié
- Ambas Manos
- Una Mano y la Vista de Un Ojo
- Ambos Pies
- Un Pié y la Vista de Un Ojo
- La Vista de Ambos Ojos

La mitad del monto principal es pagadero por la pérdida accidental de:

- Una Mano
- Un Pié
- La Vista de Un Ojo

Hay ciertas circunstancias en que el AD&D no cubrirá. Algunos ejemplos de estas circunstancias son:

- Lesión causada por uno mismo intencionalmente, o cualquier intento de lesionarse uno mismo
- Alguna guerra o acto de guerra
- Servicio militar
- Formar parte de un acto de agresión o delito grave
- Uso voluntario de alguna sustancia controlada
- Operar un navío o vehículo automotor en estado de ebriedad

(lista parcial; aplicarán otras exclusiones)

Iniciando a la edad de 65 años, los beneficios se reducirán de acuerdo con la tabla de reducción elegida por su empleador.

Beneficio:

Salario base anual multiplicado por uno. Hasta: \$75,000

Los beneficios serán redondeados a los próximos \$1,000 si no son ya un múltiple de éste.

Prima Mensual:

Sin costo para usted.

Dependent Life Insurance for Groups:

Added security against loss of a loved one.

In addition to Basic Term Life Insurance and AD&D for Groups, Florida Combined Life can also provide Dependent Life Insurance to all eligible dependents of insured employees. This gives you peace of mind knowing that should anything happen to one of your family members, you'll be assisted financially.

Dependent Life Insurance is available to all eligible dependents of insured employees, including the spouse and unmarried children who are not insured employees of the company themselves and who are not full-time members of the military. A child cannot be married, must be under the age of 25 and supported by the employee.

Basic Term Life Insurance is a prerequisite for Dependent Life Insurance.

Dependent Life Insurance

Spouse	\$5,000
Child 6 months or older	\$1,000
Child under 6 months	\$100

Monthly Premium: \$XX

Seguro de Vida para el Dependiente para Grupos:

Seguridad adicional contra la pérdida de un ser querido.

Además del Seguro Básico Temporal de Vida e de Muerte Accidental y Desmembramiento para Grupos, Florida Combined Life puede también proporcionar Seguro de Vida para el Dependiente a todos los dependientes de empleados asegurados que sea elegible. Esto le da tranquilidad mental sabiendo que si algo llegara a sucederle a uno de los integrantes de su familia, usted será asistido económicamente.

El Seguro de Vida para el Dependiente está disponible a todos los dependientes de empleados asegurados que sean elegibles, incluyendo el cónyuge e hijos solteros que no sean ellos mismos empleados asegurados de la compañía y que no sean parte de las fuerzas militares de tiempo completo. Un hijo no puede estar casado, debe ser menor de 25 años de edad y ser mantenido por el empleado.

El Seguro Básico Temporal de Vida es un requisito previo para el Seguro de Vida para el Dependiente.

Seguro de Vida para el Dependiente

Cónyuge	\$5,000
Hijo de 6 meses o mayor	\$1,000
Hijo menor de 6 meses	\$100

Prima Mensual: \$XX

More technology means more control, and more services.

When you sign up for your benefits, you'll get access to a secure website and the latest support with:

- A Personal Identification Number
- Online Enrollment
- Bilingual Enrollment Support Via Phone, Email or Online Chat

Our online support provides simple guides along the way to help you. There's even a built-in Help function that is activated when you click "Help" to see Frequently Asked Questions and Glossary of Terms.

If you need further help or have questions, you can always call an enrollment benefits advisor at 1-800-967-8938 from 8 a.m. to 8 p.m. EST Monday-Friday and 10 a.m. to 6 p.m. EST Saturday. Our advisors will be happy to help whether you speak English or Spanish. You can also get help in either English or Spanish with online chat.

Remember, you can only call with questions. An enrollment benefits advisor cannot enroll you. You have to enroll online yourself.

We've taken many precautions to make sure your online enrollment process is a private and secure experience. To get this process started, you'll need an Individual Personal Identification Number (PIN). The process of obtaining your Individual PIN is explained in the cover letter of this booklet. If you still need help, contact an enrollment benefits advisor at **1-800-967-8938** or ask your benefits administrator.

Once you get your Individual PIN don't lose it, because you'll need it even if you're not participating in your company's benefit program. If you are declining coverage, you must go online and refuse coverage for each product being offered to you.

Más tecnología significa más control y más servicios.

Cuando se inscriba a sus beneficios, obtendrá la asesoría más reciente y acceso a un sitio de Internet protegido con:

- Número de Identificación Personal
- Inscripción en Línea
- Soporte Bilingüe de Inscripción Vía Telefónica, Correo Electrónico o Foro de Pláticas en Línea

Nuestro soporte en línea proporciona guías sencillas para ayudarle durante el proceso. Hasta tiene una función de Ayuda integrada que se activa cuando oprima "Ayuda" para ver las Preguntas Frecuentes y Términos del Glosario.

Si necesita más ayuda o tiene alguna duda, llame a un asesor de inscripción de beneficios al 1-800-967-8938 de 8 a.m. a 8 p.m. hora del Este de lunes a viernes y de 10 a.m. a 6 p.m. hora del Este en sábado. Nuestros asesores lo atenderán con gusto en inglés o en español. También puede obtener ayuda de tiempo real en inglés o español con el foro de pláticas en línea.

Recuerde, sólo puede llamar con preguntas, ya que un asesor de inscripción de beneficios no puede inscribirlo. Usted mismo tiene que llenar la forma de inscripción.

Hemos tomado muchas precauciones para asegurarnos que el proceso de su inscripción en línea sea una experiencia privada y segura. Para iniciar este proceso, necesitará un Número de Identificación Personal (PIN). El proceso para obtener su PIN se explica en su carta de inscripción. Si aún necesita ayuda, contacte a su asesor de inscripción al **1-800-967-8938** o pregunte a su administrador de beneficios.

Una vez que obtenga su PIN, no lo pierda porque lo necesitará aún si no se encuentra participando en el programa de beneficios de su compañía. Si usted está rechazando la cobertura, debe conectarse a Internet y rechazar la cobertura de cada producto que se le ofrece.

Are you ready to go online and make your choices?

Personal Information

Before going online, make sure you have all the personal information needed to enroll.

1. Social Security Numbers for you, your spouse, and dependents
2. Dates of birth for you, your spouse, and dependents
3. Your Individual PIN

Family Information

If you or any family member has any other insurance coverage, you'll need to have these items on hand.

1. Name of the insurance company
2. Address of the insurance company
3. Phone number of the insurance company
4. The policy number
5. The policy's effective date and cancellation date

Got everything?

Now you're ready to go to www.bcbsfl.com and begin the enrollment process.

Just follow the registration steps below:

1. Log on to www.bcbsfl.com
2. Under Friends, Family & Neighbors, select Member
3. Select Enrollment
4. From the Enrollment screen, select English or Spanish
5. Upon reaching the MyBlueService Login screen, if you are a current Blue Cross and Blue Shield of Florida member and have a MyBlueService user ID and password, please use them to log on in the Registered User section and proceed to Step 6.

If you are not a Registered User, click "Yes, I have a PIN" in the New User Section. (This is where you will need your Individual PIN that you obtained through the process explained in the cover letter of this booklet.)

- Enter your PIN, Social Security Number, date of birth and click Submit
 - Create a user ID and click Continue
 - Create a password and click Continue
 - Complete a few questions to maintain the security of your personal information in the event you forget your password and click Continue
6. You may now begin your online enrollment once registration is complete. Simply follow the step-by-step, interactive enrollment process.

At Blue Cross and Blue Shield of Florida, we've been taking care of Floridians' health insurance needs for nearly 60 years. We're applying our years of experience to set new standards in selection, value and freedom with our latest benefits package. Ultimately, it's the plan of tomorrow. But it's available to you, today.

¿Está listo para conectarse a Internet y hacer sus elecciones?

Información Personal

Antes de conectarse a Internet, asegúrese de tener toda la información personal que necesita.

1. Números de Seguro Social de usted, su cónyuge y sus dependientes
2. Fechas de Nacimiento de usted, su cónyuge y sus dependientes
3. Su PIN individual

Información de la Familia

Si usted o algún integrante de su familia tiene alguna otra cobertura de seguro, necesitará tener a la mano.

1. Nombre de la compañía aseguradora
2. Dirección de la compañía aseguradora
3. Número de teléfono de la compañía aseguradora
4. El número de póliza
5. La fecha de vigencia y fecha de cancelación de la póliza

¿Tiene Todo?

Ahora está listo para acceder el www.bcbsfl.com e iniciar el proceso de inscripción.

Sólo siga los siguientes pasos de inscripción:

1. Entre al sistema de www.bcbsfl.com
2. Bajo Amigos, Familia y Vecinos, seleccione Asegurado
3. Seleccione Inscripción
4. Seleccione inglés o español en la pantalla de inscripción
5. Al llegar a la pantalla para entrar a MyBlueService, si es un miembro actual de Blue Cross and Blue Shield of Florida y tiene una Clave de Usuario y Contraseña de MyBlueService, por favor úselas para entrar a la sección de Usuario Inscrito y proceda al Paso 6.
Si no es un Usuario Registrado, oprima "Sí, tengo un PIN" en la sección de usuario nuevo. (Es ahí donde necesitará su PIN Individual que obtuvo durante el proceso explicado en su carta de inscripción.)
 - Ingrese su PIN, Número de Seguro Social, fecha de nacimiento y oprima Enviar
 - Cree una clave de usuario y oprima Continuar
 - Cree una contraseña y oprima Continuar
 - Conteste unas cuantas preguntas para mantener la seguridad de su información personal en caso de que olvide su contraseña y oprima Continuar
6. Ya que esté registrado, puede iniciar su inscripción por Internet. Simplemente siga el proceso interactivo de inscripción paso por paso.

En Blue Cross and Blue Shield of Florida, nos hemos encargado de las necesidades de seguro de salud de los floridenses por casi 60 años. Estamos empleando nuestros años de experiencia para aplicar nuevos estándares de selección, valor y libertad con nuestro paquete de beneficios más reciente. Finalmente, este es el plan del mañana; pero está disponible para usted hoy mismo.

BlueCare For Large Groups

Copayments

Plan Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	112	114	115	20*	21*	22*	23*
Infertility																							
PCP	\$5	\$5	\$5	\$10	\$10	\$10	\$10	\$15	\$10	\$15	\$10	\$15	\$10	\$15	\$15	\$15	\$15	\$15	\$15	\$20	\$25	\$30	\$35
Specialist	5	15	5	10	10	15	20	15	25	25	20	15	25	25	35	45	15	25	35	50	60	70	80
Hospice																							
Inpatient Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skilled Nursing Facility																							
90 days/Calendar Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Home Health Care																							
Outpatient Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10,000 CYM	10,000 CYM	10,000 CYM	10,000 CYM
Ambulance																							
Medically necessary only	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	100	100	100	100
DME																							
Copay/item	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Motorized wheelchairs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	500	500	500	500
Prosthetics & Orthotics																							
Copay/item	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Maximum Out-Of-Pocket																							
Single	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	1500	2000	2500	3000	5000
Family	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	6000	7500	9000	15000

* Non-Federally Qualified Groups Only

BlueCare Rx

Features

Mail Order Program

- Built into the standard Pharmacy Program at no additional cost.
- A 90-day supply of maintenance medication is available through the Mail Order Program for two times the appropriate copayment.

Preferred Medication List

- The three-tier Rx plans utilize a Preferred Medication List. Medications on the Preferred Medication List are subject to the Preferred Generic and Preferred Brand Copayments. Medications not on the list are subject to the Non-Preferred copayment identified in the third tier.
- Medications used to treat sexual dysfunction are not covered.

18184-0203R SR

Two-Tier Plans – Available for Group size 300+ only.

Generic	Brand
\$5	\$10
\$7	\$14
\$7	\$20
\$10	\$20
\$10	\$25
\$15	\$30

Three-Tier Plans

Preferred Generic	Preferred Brand	Non Preferred	Group Size	
			<300	300+
\$5	\$15	\$30	✓	✓
\$7	\$20	\$35	✓	✓
\$10	\$25	\$40	✓	✓
\$15	\$30	\$50	✓	✓

Deductibles with Three-Tier Plans

Group Size <300	\$100, \$200, \$300 or \$500 deductible available with a \$15/\$30/50 plan
Group Size >300+	\$100, \$200, \$300, \$400 or \$500 deductible available with all three-tier plans

This is only a partial description of the many benefits and services covered by Health Options, Inc. This does not constitute a contract. For a complete description of benefits and exclusions please see the BlueCare Master Policy.

Plan Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	112	114	115	20*	21*	22*	23*
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Physician Office

Primary Care	\$5	\$5	\$5	\$10	\$10	\$10	\$10	\$15	\$10	\$15	\$10	\$15	\$10	\$15	\$15	\$15	\$15	\$15	\$15	\$20	\$25	\$30	\$35
Specialist Care	5	15	5	10	10	15	20	15	25	25	20	15	25	25	35	45	15	25	35	50	60	70	80
In-Office Surgery	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay	PCP or Spec Copay
Annual Self-Referral Par GYN	5	15	5	10	10	15	20	15	25	25	20	15	25	25	35	45	15	25	35	50	60	70	80
Maternity - Initial OB visit only	5	15	5	10	10	15	20	15	25	25	20	15	25	25	35	45	15	25	35	50	60	70	80

Other Services

Office or Outpatient Facility

Allergy Injection	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	10	15	20	25
Allergy Testing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Physical, Speech, Cardiac & Occupational Therapy	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	20	25	30	35
Diagnostic Lab and X-ray	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diagnostic Testing	Applicable Provider Copay																						

Inpatient

Inpatient Hospital	0	0	250 adm.	0	250 adm.	250 adm.	250 adm.	250 adm.	250 adm.	150/750	150/750	150/750	150/750	150/750	300/1500	450/ adm.	450/ adm.	450/ adm.	300/1500	400/2000	500/2500	600/3000	
Inpatient Physical, Speech, Cardiac & Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Outpatient

Outpatient Hospital / ASC	0	0	50	0	100	50	100	50	50	100	100	200	200	200	300	200	200	200	300	400	500	600
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Emergency Services

Emergency Room

Contracting	50	50	50	50	50	50	50	50	50	50	50	50	50	50	100	100	100	100	200	300	400	500
Non-Contracting/Out of Area	50	50	50	50	50	50	50	50	50	50	50	50	50	50	100	100	100	100	200	300	400	500

Behavioral Health Services

Mental Health

Outpatient Visits (20/CY)	25	25	25	25	25	25	25	25	25	25	25	25	25	25	50	25	25	25	50	60	70	80
Inpatient Facility (30 days/CY)	0	0	250 adm.	0	250 adm.	250 adm.	250 adm.	250 adm.	250 adm.	150/750	150/750	150/750	150/750	150/750	300/1500	450/ adm.	450/ adm.	450/ adm.	300/1500	400/2000	500/2500	600/3000
Partial Hospitalization (2 for 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Substance Dependency

Outpatient Visits (20/CY)	15	15	15	15	15	15	15	15	15	15	15	15	15	15	35	15	15	15	50	60	70	80
Inpatient Hospitalization (Detoxification only)	0	0	250 adm.	0	250 adm.	250 adm.	250 adm.	250 adm.	250 adm.	150/750	150/750	150/750	150/750	150/750	300/1500	450/ adm.	450/ adm.	450/ adm.	300/1500	400/2000	500/2500	600/3000

* Non-Federally Qualified Groups Only

Choice Model Vignette

Situation

- John is the Benefits Administrator at Group Y, a manufacturing company with a diverse population of 160 employees
- His agent, Chris, just called to schedule an appointment to review his health insurance renewal. They currently have an HMO/PPO Dual Option
- John is very concerned with the rising costs of health care which impact health premiums and ultimately the overall costs he has to manage for employee benefits
- John wants to provide the best benefits he can, but at his meeting with Chris he learned his rate increase is 25% and he knows he can't afford that much. He is looking for options and wants more than ever to find the best value he can.

The “Experience”

Group Y has Blue Cross & Blue Shield of Florida (BCBSF) HMO/PPO Dual Option. The current rates are \$218.96 and \$246.48 respectively. Group Y currently contributes \$164.22 (75% of the HMO rate).

Chris meets John at his office to discuss this year's renewal. He spends a few minutes discussing health care trends and their previous year's experience that led to the 25% increase. Chris explains one reason for this increase is most employees are in a rich, first dollar coverage HMO. If John wants to stay with a similar product, he'll have to significantly reduce benefits to mitigate the rate increase. As John responds to the renewal increase, he asks Chris if they should bid to see what they could do. Chris begins to tell John that normally a bid might be in order, however, BCBSF has already given an alternative that looks compelling. Chris asks John if he would be interested in looking at an approach that better meets the needs of his employees, mitigates his rate increase, and offers new programs to help his employees make more informed health care decisions. John agrees to review the BCBSF proposal.

Chris presents John with a BlueOptions Choice alternative that includes three health plans: a Network Advantage Plan (\$264.62) closely matching the current HMO benefits; a Physician Copay Plan (\$235.70); and a Family Physician Plan (\$201.15). The alternative also includes a group life policy and a PPO Dental Plan. They compare the benefit and rates with their current Dual Option health plans. Chris points out that with the BlueOptions Choice model, they can continue to have first dollar coverage on several options but also allow for lower premiums for employees who need it. Chris shows John how the current contribution approach he uses might work in the choice model. Chris recommends that John's company contribute 75% of the middle plan, or \$176.76. This would be less than 8% of his current funding level and his employees could choose a plan for as low as only \$24.39 per month while still having the option to buy up to richer plans for a little more. They discuss how his employees might select the different plans in the package.

John raises the question that the choice of three plans may be too confusing and administration more cumbersome. Chris explains the new web enrollment tool, web enrollment support unit and enrollment package which simplify the process for both his employees and him. John sees that with a little training, not only will his work be simplified, but his employees can enroll at home with their spouses any time they want, and there is a simple decision tool so they can work through selecting the right plan for them. Chris also tells him about the additional web maintenance tool available throughout the year.

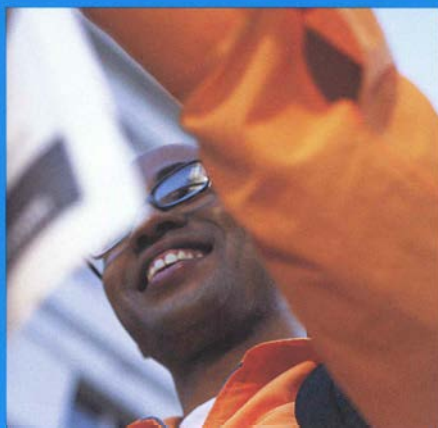
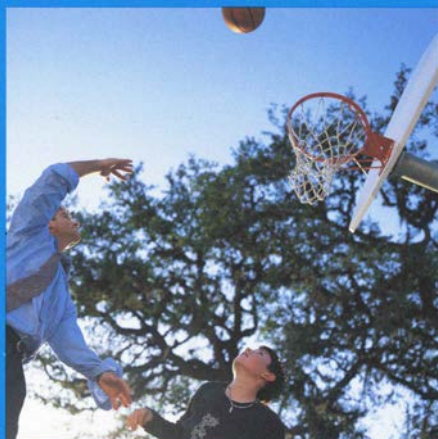
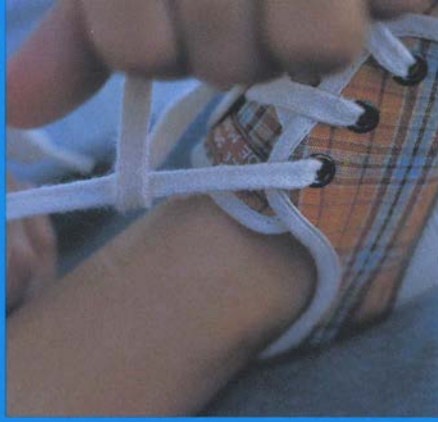
Because John's potential contribution is better than he expected, he now looks at the life and dental quotes. He was considering adding more benefits and this now may be the right time.

Outcome

- John is pleased with the BlueOptions alternative and decides to purchase the Choice model as presented. The new alternative offers John the opportunity to meet the diverse needs of his employees by offering three health plans.
- With his premium savings, John's dollar goes farther and he is able to offer his employees \$10,000 life insurance and a Dental plan.
- John sees how BlueOptions provides more choices, an opportunity to mitigate the rate increase without significant benefit take aways, maintaining competitive benefits.
- BCBSF allowed him to balance the diverse needs of his employees while staying within his health care budget.
- Agent retains a customer.

BlueOptions PreSet Packages

PreSet Package	BlueOptions Plans	Package Range
Package 1	Network Advantage Plan 1750 Network Advantage Plan 1752 Family Physician Plan 1351	-21.19%
Package 2	Network Advantage Plan 1751 Health Plan 1150 Family Physician Plan 1351	-18.16%
Package 3	Network Advantage Plan 1752 Health Plan 1150 Family Physician Plan 1352	-14.88%
Package 4	Network Advantage Plan 1751 Physician Copayment Plan 1552 Health Plan 1151	-23.16%
Package 5	Network Advantage Plan 1750 Physician Copayment Plan 1551 Family Physician Plan 1352	-21.19%
Package 6	Network Advantage Plan 1753 Physician Copayment Plan 1553 Family Physician Plan 1353	-15.17%
Package 7	Physician Copayment Plan 1550 Network Advantage Plan 1753 Family Physician Plan 1352	-20.30%
Package 8	Network Advantage Plan 1750 Family Physician Plan 1350 Physician Copayment Plan 1554	-18.40%
Package 9	Network Advantage Plan 1754 Physician Copayment Plan 1552 Family Physician Plan 1351	-15.05%
Package 10	Network Advantage Plan 1752 Family Physician Plan 1352 Health Plan 1152	-22.67%
Package 11	Network Advantage Plan 1750 Network Advantage Plan 1752 Physician Copayment Plan 1552 Family Physician Plan 1351 Health Plan 1151	-26.01%
Package 12	Network Advantage Plan 1755 Physician Copayment Plan 1551 Family Physician Plan 1351	-16.18%
Package 13	Network Advantage Plan 1755 Network Advantage Plan 1756 Physician Copayment Plan 1552	-10.04%
Package 14	Network Advantage Plan 1751 Network Advantage Plan 1753 Physician Copayment Plan 1553 Family Physician Plan 1353 Family Physician Plan 1355	-27.56%
Package 15	Network Advantage Plan 1754 Health Plan 1150 Family Physician Plan 1352	-17.23%



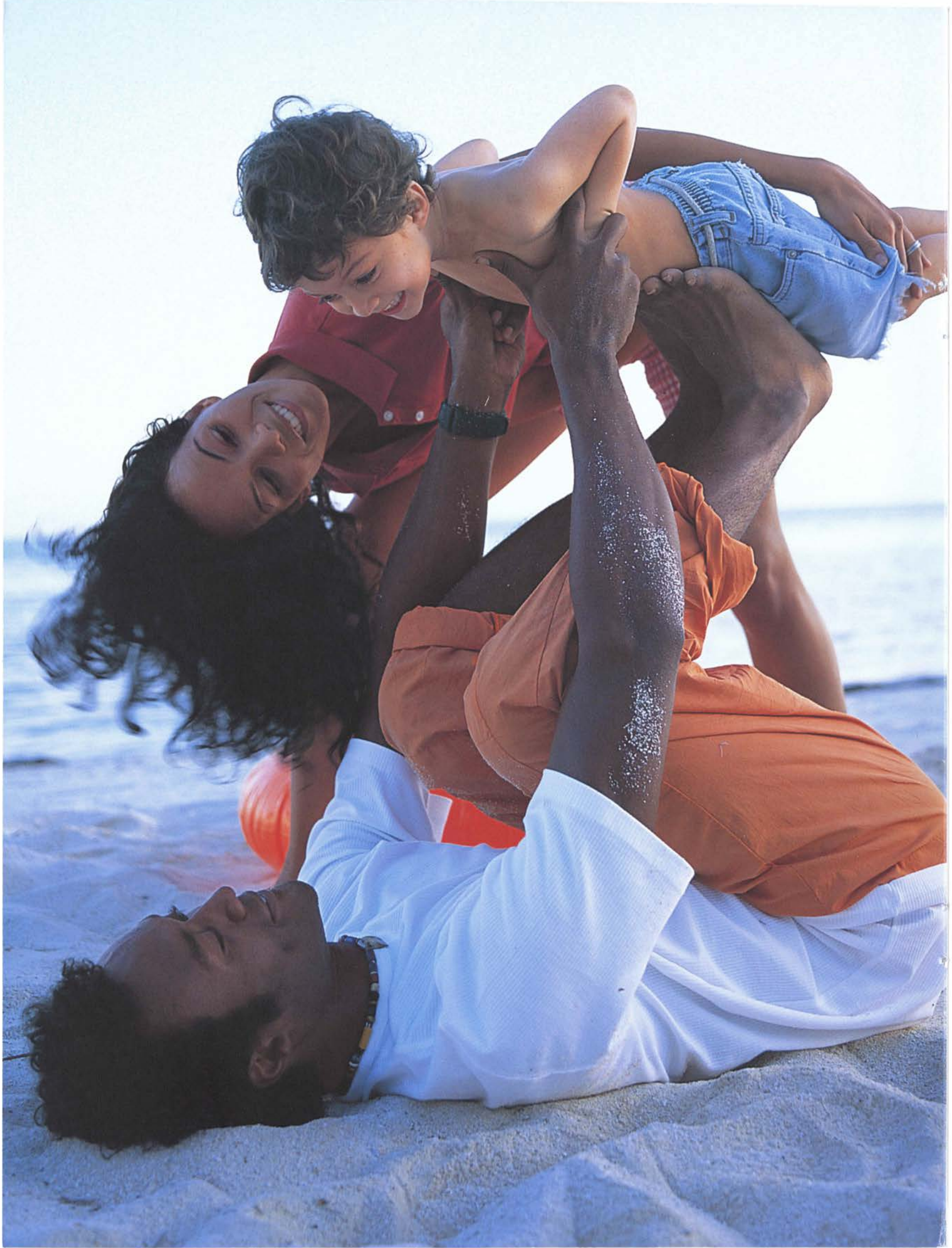
Discover what's new from Blue

Get more for your employees
and your money.



**BlueCross BlueShield
of Florida**

An Independent Licensee of the
Blue Cross and Blue Shield Association



Changing for the future. Changing for your needs.

The health care industry is in a constant state of change. And anybody who deals with health care coverage knows that by now. With costs rising, we, at Blue Cross and Blue Shield of Florida, Inc., are being more proactive in simplifying administration and creating solutions that help control costs for employers and employees, while still providing valued coverage.

So what are we doing to help? Well, we've extended our portfolio of products to give you more choices and flexibility. In fact, we're able to offer health, dental, life, and financial products

through a single enrollment process—making it easy for you to administer. We've created a benefits package that's competitive and can give you more value for your money. And we've created web-based resources to give you and your employees easier access and control.

Building on our performance and reputation for delivering solutions, our new benefits packages have many features and benefits:

- Flexibility and choice
- Cost management features
- Web capabilities
- Decision-making resources
- Access to health-related information
- More options than ever before

This new benefits program, by offering multiple health plans and multiple ancillary products, is designed to provide you with choices. Choices for your employees and choices for you while still allowing you to fix your premium contribution. You'll no longer have to choose one health plan to cover all your employees' needs. Depending on your contribution approach, we will work with you to develop a program that maximizes benefits and provides value to your employees.

Continuing to build consumer-focused products and services.

Our new expanded line of products help you find a solution to almost every benefit need and then some. From our new health insurance plan, BlueOptions, to our new care programs to help with treatment of chronic illness and preventive care. From our health care decision-making tools to our easily accessible, web-based resources. Our products are built around helping your employees take control of their health. And helping you benefit from having happier, healthier employees.

New BlueOptions Health Plans

- No gatekeepers
 - Offer multiple health and ancillary products under one benefits package
 - Flexible to cover the diverse needs of employer and employee
 - Web enrollment to eliminate mistakes and make sign-up easier
 - Adult wellness and alternative care options
-

Provider Network

- Building a new network of doctors and hospitals to service BlueOptions members
 - Network is performance-based to help control costs for you
 - Improved administrative process to reduce costs
 - Online confirmation of patient benefit information
 - Hospital tiering costs are based on negotiated price, not quality of care, and allow employees to predict their costs
-

Enrollment Support for Your Employees

- Helps employee make informed decisions about product selection
 - Offers bilingual online enrollment with interactive support tools
 - Offers bilingual chat and phone support during enrollment process
-

Member Information Services

- Lets employee see a side-by-side comparison of hospitals
- Gives employee information to help choose a hospital
- Provides online self-service including claims status, benefit information and ID card requests

Care Programs

- Helps manage long-term medical costs
- Proactively educates and informs employee
- Helps members manage chronic illness
- Empowers employee to make health care decisions
- Reaches out to employee at point of need
- Helps employee understand cost implications of health care choices
- Phone and online support

Consumer-Directed Health Plans

- New approach to accessing health care to increase participation levels
- Able to pair health plans and a Health Reimbursement Account (HRA)
- More affordable through high-deductible plans combined with HRA
- Offsets employer costs while providing an alternative money source to employee
- Can be offered as part of a multiple health plan package

Reduced Administrative Burdens

- Web enrollment provides easier maintenance and eliminates errors
- Allows you to add, delete, and revise employee data
- Gives you full control within a secure environment
- Lets you electronically transmit information to Blue Cross and Blue Shield of Florida
- Web enrollment and maintenance is available

New BlueCare Product Extensions

- New higher copay HMO plans
- Lower premiums
- Helps you continue to provide health care coverage to meet employee needs

Start building your benefits package today.

When we started designing our latest benefits package, we weren't just focused on the needs of the employees, but on the growing financial and administrative concerns of the employer. Within our program, you'll get the flexibility and choices of products to meet diverse employee needs and ease of administration. In turn, you'll have higher employee satisfaction as you give them access to more health care information and more opportunities to control their health care decisions.

As we move towards the future, Blue Cross and Blue Shield of Florida is

committed to providing consumer-focused products. By building around the consumer, we can continue to provide solutions as the health care landscape changes and evolves. Just like we've done for almost 60 years.

To find out more or to start building your new benefits package, call your agent or your Blue Cross and Blue Shield of Florida representative today.

Blue Cross and Blue Shield of Florida has made arrangements with select business partners to provide access to many of the information resources and care programs highlighted in this brochure.

Greater flexibility for you.

More choices for your employees.

BlueOptions is all about freedom. Freedom to choose doctors. Freedom to choose hospitals. Freedom from having to go through gatekeepers.

What's more, BlueOptions can also relieve you from having to decide on just one health plan to meet all of your employees' needs. The choice is yours. With BlueOptions, you can:

- Give your employees the choice of one of our preset multiple-plan packages
- With certain group sizes, offer a customized plan package
- Or, designate just one plan for your employees

NetworkBlue—our flexible new provider network.

All BlueOptions health plans give members access to NetworkBlue, our new provider network. With a 3-option hospital structure, NetworkBlue gives members more control and helps them minimize out-of-pocket costs when they visit in-network hospitals. Of course, members can always choose to visit a provider or hospital outside the network. Out-of-pocket costs will simply be higher and they may be balance-billed.

Choose from four different types of BlueOptions health plans.

- **Network Advantage Plan**—This health plan gives members lower out-of-pocket costs when they visit in-network providers. Members pay a copayment for covered services provided by

NetworkBlue providers in any location other than a hospital or emergency room. They also pay a lower copayment when they receive covered services from a network family physician and pay a slightly higher copayment on visits to other NetworkBlue physicians or health care professionals. If members choose to seek out-of-network services, they will be responsible for a deductible and/or coinsurance for covered services. However, out-of-pocket costs may be higher. This plan also includes a separate in- and out-of-network calendar year deductible.

- **Physician Copayment Plan**—This health plan achieves a balance between flexibility and affordability. Under this health plan, members pay a copayment when they visit any NetworkBlue physician for covered office services. They pay a lower copayment when they receive covered services from an in-network family physician and a slightly higher copayment for visits to NetworkBlue physicians and other health care professionals. If members choose to seek out-of-network services, they will be responsible for a deductible and/or coinsurance for covered services. However, out-of-pocket costs may be higher.
- **Family Physician Plan**—With this health plan, members can visit a participating NetworkBlue family physician and will pay only a copayment for covered office services. A participating family physician is a doctor in one of four specialties: family practice, pediatrics, general practice



or internal medicine. When members visit an in-network specialist or other health care professional, they pay a deductible and/or coinsurance for office services. If members choose to seek out-of-network services, they will be responsible for a deductible and/or coinsurance for covered services. However, out-of-pocket costs may be higher.

- **Health Plan**—With this health plan, your employees are responsible for covered office services until they meet the calendar year deductible. Once the deductible is met, members will pay a coinsurance for covered services. When visiting participating providers, out-of-pocket costs may be lower than those for out-of-network providers.

BlueScript Prescription Drug Program.

With each health plan, prescription drug benefits are available through our BlueScript pharmacy program. Through BlueScript, there are many types of pharmacy plans featuring different products and levels of copayments, deductibles, and/or coinsurance. Even greater savings may be available on prescription drugs by using our discount mail-order program. And with a large network of pharmacies statewide and nationally, members can get prescriptions filled at a location convenient to them.

Discounts and expanded choices with BlueComplements.[†]

Designed to give our members expanded choices, BlueComplements also helps to offset the rising costs associated with health care by offering discounts on a variety of products and services. Through this valuable program, your employees can receive significant discounts on services like vision care, LASIK surgery, hearing exams and hearing aids, contact lenses, massage therapy, acupuncture, services from chiropractors, bike helmets and fitness club memberships. Better still, BlueComplements is available to members automatically at no additional premium cost.

Care Decision Support[†]

As a part of our ongoing effort to provide caring solutions to our members, we're proud to offer a variety of programs to help with health care decisions. These programs give your employees access to information and voluntary programs so they can make better informed medical decisions. See the Health Resources and Support Fast Facts for more information.

We offer a wide range of BlueOptions health plans. Call your agent or your Blue Cross and Blue Shield of Florida representative today and find out how you can give your employees valuable health care coverage *and* keep an eye on your bottom line.

[†]These programs are available through select business partners and are not part of insurance coverage.

An innovative health care solution that benefits you and your employees. Here's a great way to manage the rising costs of health care while offering your employees more choice and greater control over their health care expenses.

Our consumer-directed health plan combines one of our popular health insurance plans with an employer-sponsored Health Reimbursement Account ("Account") to create an integrated health care solution.

Win-win, for you and your employees. This innovative solution—consisting of a separate health plan complemented by a Health Reimbursement Account—lets you offer a health plan with flexible deductible amounts ranging from \$750 to \$5,000. The higher deductible amounts help keep premium costs down, and you may be able to fund the entire Health Reimbursement Account with savings realized from moving to a higher deductible plan.

And with the Account, you offer your employees resources to manage a portion of their health care expenses and reduce out-of-pocket costs. Plus, any reimbursements for qualified medical expenses are tax-deductible for you, the employer.

How the Health Reimbursement Account works. The Account:

- Is funded solely by you, the employer;
- Reimburses your employee for qualified medical expenses; and
- Provides tax-favored treatment of reimbursements up to the maximum dollar amounts set by you, the employer.

Greater financial control for your employees. Employees can use the Account for reimbursement of qualified medical expenses as needed or wait and use the Account for future medical expenses. The choice is theirs.

And because the unused Account balance can be rolled over from year to year, employees have an incentive to actively manage the Account—maximizing the value of the Account for themselves and any eligible dependents.

You choose the plan type and the Account contribution amount. As the employer, you can choose from a variety of health plans. Plus, you have the freedom to customize the Account. You determine the contribution amount and when the money will be available to your employees—either monthly or as an annual contribution.

You also control the qualified medical expenses to reimburse. Choose to reimburse:

- Out-of-pocket expenses for covered health plan services, pharmacy expenses and preventive care services, or
- All qualified medical care expenses as defined by the IRS, including dental and vision care expenses.

The amount you agree to contribute to the Account is not paid out until your employee pays for a qualified medical expense and Blue Cross and Blue Shield of Florida has processed the request for reimbursement.

This gives you the benefit of holding onto the Account contributions until they are needed, helping you to further manage your cash flow.

Should employees use the entire contribution made available through the Account, they will be responsible for paying their remaining out-of-pocket health care expenses.

Information is key to managing health care expenses, the Account balance and to making better health care decisions. That's why it's important for us to give you and your employees a variety of resources for additional information.

This makes for smarter consumers of health care, which over time, can lead to lower medical costs trends for the group as a whole.

For example, plan members have the freedom to receive services from both in-network and out-of-network providers, but they will be able to lower their out-of-pocket costs by using in-network providers.

To help your employees locate participating providers, our online directory is available at www.bcbsfl.com.

Access to support programs helps employees make the right choices.

Through a partnership with Health Dialog®, your employees get 24-hour access to a Health Coach available to answer general health questions, explain treatment options, offer support for chronic care conditions and provide resources for making personal choices regarding health care. Health Coaches are licensed, experienced health care professionals, including registered nurses, dietitians and respiratory therapists.

Another feature is online access to the Dialog Center.™ This website, operated by Health Dialog, helps employees identify health care choices and provides health education, information and decision support on the web.

Online access to Health Reimbursement Account information.

You'll have employee profile data, employee census reports, banking information and tax form information available to you. Employees can view account balances, history and status of reimbursement requests and answers to frequently asked questions. Should

employees not have online access, this information is also available by calling a Customer Service Representative toll-free.

24-hour access to self-service capabilities. Through www.bcbsfl.com, members can access MyBlueService to check health claims status, print forms, request new ID cards and benefit booklets and make address changes.

Discounts and expanded choices with BlueComplements. Through this valuable program, your employees can receive discounts of up to 25 percent and more on non-covered health-related services, such as vision wear and care, LASIK surgery, hearing care and hearing aids, complementary alternative medicine, fitness club memberships, and bike helmets.

For more details on how to take advantage of this innovative health plan solution, call your agent or your Blue Cross and Blue Shield of Florida representative today.

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For more details on how to take advantage of this innovative health plan solution, call your agent or your Blue Cross and Blue Shield of Florida representative today.

Important Information

This is not an insurance contract, Certificate of Coverage or substitute for medical advice.

This Health Reimbursement Account (HRA) is not an insurance program, but a financial reimbursement account. Blue Cross and Blue Shield of Florida, Inc. (BCBSF) provides administrative services for the HRA. The HRA may be used for qualified medical expenses as defined in the employer's agreement with BCBSF. HRA balances are unfunded liabilities of your employer. They are not vested benefits and may be reduced or withdrawn at any time at the option of your employer. Ask your employer for the plan document; its terms prevail.

The products, services and information provided through the BlueComplements program are made available as a courtesy to our members and are not a part of insurance coverage, and are not a substitute for medical advice. BCBSF does not endorse and is not responsible for the products, services or information provided by the vendors that are a part of the BlueComplements program.

BCBSF has entered into an arrangement with Health Dialog whereby Health Dialog has agreed to provide BCBSF members with care support services and information. BCBSF has entered into this arrangement to provide a value-added service to its members. BCBSF has not certified or credentialed, and cannot guarantee or be held responsible for, the quality of services provided by Health Dialog.

Valuable Health Resources and Support for Your Employees

Fast Facts

Help empower your employees to make better-informed health decisions.

With access to more information and support, our members are discovering they can manage their health more effectively than ever before. Which is why we're pleased to offer your employees a variety of programs and services designed to give them the information and support they need to make informed decisions about their health care.

What's more, these programs also benefit your business. With greater knowledge of their health, your employees may be more likely to return to work sooner after a treatment or illness because they'll be better prepared to take the necessary steps to regain their health quickly. This may translate to fewer sick days and lower premium increases, which can help you keep an eye on your bottom line.

Health Dialog®

Every now and then your employees may need help in making health-related decisions. In an effort to continue offering member-focused services, our partnership with Health Dialog[†] provides members with Health Coaching, information, and a number of other health-related programs. This will help members understand their choices and get the assistance they sometimes need when weighing important health-related decisions. For their convenience, all information and services are available either online or by phone.

Health Coaches and Targeted

Outreach—Health Coaching is by far the most personal aspect of our support programs and it's available 24 hours a day, 7 days a week. Health Dialog Health Coaches can provide your employees with relevant on-the-spot information and offer health-related videos and written materials, if appropriate, for more in-depth investigation. These Health Coaches are licensed, experienced health care professionals, including registered nurses, dietitians, and respiratory therapists. To be more proactive, as appropriate, Health Dialog even reaches out to members who are likely to benefit from the support of the Health Coaching program.

The Dialog Center™—Another feature available to our members is online access to the Dialog Center,™ a website operated by Health Dialog. Filled with medical information and support tools, this website gives members access to health education materials, information, services, and support, including these tools:

- Healthwise® Knowledgebase: 27,000 pages of up-to-date, easy-to-understand, in-depth information on more than 1,900 clinical topics including medical tests and medications.
- Health Crossroads®: Health information organized around health care decision points, rather than in an encyclopedia format. Each decision point represents a "crossroad" regarding health care



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options and choices, such as benign prostatic hyperplasia, benign uterine conditions, breast cancer, coronary artery disease, prostate cancer, and more.

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MyBlueServiceSM

MyBlueService gives members 24-hour online access to a number of services and health-related information tools. With this tool, members can review benefits, check claims status, update their address and other insurance, request information, download and print forms, view frequently asked questions, access the provider directory, submit dependent eligibility verification, request ID cards, print out temporary proof of insurance, and chat with customer service representatives if they have questions about MyBlueService. And because we're continually working to improve our online services, you'll see additional services offered in the future.

Blueprint for Health[®]

As a part of our continued effort to provide caring solutions to our members, we're proud to offer Blueprint for Health. It's a series of programs and services designed to help our members manage their health over the long term. Which in the big picture may also help you manage your bottom line by lowering both premium increases and the number of sick days your employees may need to take.

Healthy AdditionSM—The Healthy Addition Prenatal Education Program is designed to encourage preventive care for expectant mothers. Registered nurses will provide pregnancy risk screening, education on healthy lifestyle and dietary habits, prenatal information, and emotional support.

Facility Care Coordinator—The goal of the Facility Care Coordination Program is to be proactive in anticipating the needs of our members while keeping medical costs down. The program exists to provide early identification of members in acute care facilities who show a high risk potential for extended stays, the need for alternative levels of care following admission, complex needs after they leave the facility, or case management interventions for chronic or complex care.

Personal Case Management—The Personal Case Management Program focuses on members who live with a debilitating or chronic condition. If an employee has an acute or chronic condition, we may assign a personal case manager to help coordinate coverage, benefits or payment for services received. Case managers work directly with members and the people responsible for their care.

Voluntary Pre-Service Coverage Review Program—This voluntary program allows members and/or their physicians to request a review of services before they are provided to determine whether the services are covered by the health plan. This helps members avoid unnecessary out-of-pocket costs.

Hospital Advisor™ by Subimo™
The Hospital Advisor is a web-based tool that helps members evaluate and compare hospitals based on the volume and success rates of over 30 of the most common procedures, as well as other specific services. The main benefit is that your employees will be able to view a hospital's track record for the specific procedure they're seeking. Then they'll be armed with the information they need to find a hospital equipped to best meet their needs.

Please note: Blue Cross and Blue Shield of Florida does not maintain the Hospital Advisor, but provides members with access to this service through an arrangement with Subimo.

For more details on how you can provide these valuable programs to your employees, call your agent or your Blue Cross and Blue Shield of Florida Representative today.



Now your health insurance coverage is just a click away. At Blue Cross and Blue Shield of Florida, we strive to make the enrollment process as easy as possible for you and your employees. That's why we're proud to offer a variety of online tools and support designed to make choosing, enrolling in, and activating a plan much easier.

Online enrollment: an easier way to enroll employees. On the web, your employees can easily enroll in the health, life, dental and financial products you've made available to them—so there's no need for separate paper forms. Also, you can easily add new employees to a plan, enroll absent employees, review and approve applications, track the status of applications or enrollment participation, and submit data electronically.

And because all necessary information must be included in the online template before it can be submitted, you'll never have to worry that employees might submit incomplete or illegible applications. Better still, once the open enrollment period has ended, all data is transferred to our systems, so you don't have to bother with collection, mailing or manual entry.

Secure access and additional online resources. To ensure the confidentiality of member information, your employees will be given a Personal Identification Number (PIN) to access our secure enrollment website. For additional security, they will also create their own

user ID and password before completing their enrollment application. To ensure that enrollment goes as smoothly as possible, we offer a number of support features. These include:

- A decision support tool for the BlueOptions product to help members choose the health plan that best suits their needs
- Clear descriptions of available products, benefit options and employee costs
- A "My Selections" feature that shows an employee's costs as benefits are chosen
- Printer-friendly confirmations of your employees' enrollment selections
- Extended customer service hours during open enrollment
- Bilingual (English/Spanish) enrollment and support via email, chat or telephone

Once enrolled, members can use their user ID and password to access MyBlueService, our online member service center. This service enables members to view their benefits, request replacement health ID cards and benefit booklets, check the status of claims, print forms, and make general inquiries. Members can also update dependent coverage and life insurance beneficiaries. Before changes are submitted to Blue Cross and Blue Shield of Florida for processing, they will be forwarded to the person responsible for administering your group's benefits so they can be reviewed for accuracy and approved.



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What's more, www.bcbsfl.com gives your employees access to our Preferred Medication List, the Provider Directory, information on our health and wellness programs, and details on value-added discounts and services available through our BlueComplements program.

Control made simple. We know that it's important for you to have adequate control over the enrollment process. That's what's great about online enrollment. It gives your employees a number of benefits while still allowing you to maintain a firm handle on the process. As the Plan Sponsor, you still review, approve and maintain all applications until you're ready to submit the information to us. Once you're ready, the enrollment data is electronically submitted to us, and we handle the rest. It couldn't be easier. Here's a quick look at some of your responsibilities during the online enrollment process:

- Complete the necessary paperwork to create passwords for the Plan Sponsor, authorize secure file transfers and employee password access
- Supply us with the employer and employee data file

- Verify and confirm that the correct products, health plans and employee rates are offered to your employees on our enrollment website
- Learn about the features of online enrollment by participating in our on-site training
- Schedule educational meetings and distribute enrollment information such as PINs and enrollment kits to employees
- Finalize, approve, and submit employee enrollment information online

For more details on how to take advantage of this valuable tool, call your agent or your Blue Cross and Blue Shield of Florida representative today.

Get more for your health benefits dollar with BlueChoice PPO Plans from Blue Cross and Blue Shield of Florida. We've expanded our PPO coverage to include three distinct plans, so that no matter the size of your company, we can help you select an affordable PPO plan that will best fit the needs of your company and your employees.

By choosing Blue Cross and Blue Shield of Florida BlueChoice PPO plans, you'll be giving your employees convenient, affordable coverage that shows you care about them and their families.

Easy-to-Understand Plan Terms

BlueChoice PPO Health Plan—You'll find that the BlueChoice PPO Health Plan is the most affordable for employers, while still giving your employees great coverage for their health care dollar. Employees pay for covered services until they meet a calendar year deductible. Blue Cross and Blue Shield of Florida then pays for covered services at either 90%-80% of the allowed amount for PPO network services or 70%-60% of the allowed amount for our Traditional network or out-of-network services. Once deductible and out-of-pocket limits are met, medical services are reimbursed at 100% of the allowed amount.

BlueChoice PPO Family Physician

Plan—Our new Family Physician Plan is designed to be the most affordable for both you and your employees. Employees pay only a low predetermined copayment for covered services received in a PPO Family Physician's office. (Note: durable medical equip-

ment, prosthetics and orthotics are subject to deductible and coinsurance.) A PPO Family Physician is one whose primary specialty as listed with Blue Cross and Blue Shield of Florida is Family Practice, General Practice, Internal Medicine, or Pediatrics. For covered services outside the PPO Family Physician's office, any other PPO provider, or from a non-PPO provider, employees pay until they meet a calendar year deductible. Blue Cross and Blue Shield of Florida then pays for covered services at either 90%-80% of the allowed amount for PPO network services or 70%-60% of the allowed amount for our Traditional network or out-of-network services. Once deductible and out-of-pocket limits are met, medical services are reimbursed at 100% of the allowed amount.

BlueChoice PPO Physician

Copayment Plan—Employees pay only a low predetermined copayment for covered services received in a PPO Physician's office. (Note: durable medical equipment, prosthetics and orthotics are subject to deductible and coinsurance.) For covered services outside the office or from a non-PPO provider, employees pay until they meet a calendar year deductible. Blue Cross and Blue Shield of Florida then pays for covered services at either 90%-80% of the allowed amount for PPO network services or 70%-60% of the allowed amount for our Traditional network or out-of-network services. Once deductible and out-of-pocket limits are met, medical services are reimbursed at 100% of the allowed amount.



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It's important to remember that with all of the BlueChoice plans, you'll have peace of mind knowing that PPO and Traditional network providers will file claims for you and your employees, and, for covered services, will always accept our allowed amount as payment-in-full. This means that you will only be billed for applicable coinsurance and deductible expenses and for non-covered services. That's not the case with doctors and hospitals who have no relationship with Blue Cross and Blue Shield of Florida.

New PPO Product Improvements:

- Lifetime Maximum increased from \$1,000,000 to \$5,000,000
- Mammograms at no cost to employee

- Added coverage for contraceptive injections
- Short Term Outpatient Therapy— added coverage for speech, cardiac and occupational therapies

With our large statewide provider network and legacy of providing caring solutions, you'll find the Blue Cross and Blue Shield of Florida name carries weight with your employees. And all three of our BlueChoice PPO plans are now more affordable than you might expect. Call us today to find out how you can give your employees superior health care coverage and help your bottom line.

Range of Coinsurance Percentage* Levels:

Plan	In-PPO Network	Traditional Network or Out-of-PPO Network
PPO Health Plan	90-80%	70-60%
Family Physician Plan	90-80%	70-60%
Physician Copayment Plan	90-80%	70-60%

*Percentages indicate the percentage of the allowed amount that Blue Cross and Blue Shield of Florida pays. This is only a partial description of the coverage and benefits offered through BlueChoice. This document is not an insurance contract or Certificate of Coverage.

As your friend and neighbor, Blue Cross and Blue Shield of Florida has been providing health care coverage solutions for more than 50 years. Through Health Options, Inc., our HMO subsidiary, we're proud to offer BlueCare, a convenient health care coverage product that can help save your employees money while helping your bottom line.

A Focus on Staying Healthy—

Because staying healthy is just as important as getting well, we place special emphasis on preventive care and early diagnosis. Important services such as well-child care, prenatal care, immunizations, and health care screenings are provided at little cost to your employees. Not only does preventive care save everyone from higher costs, it also helps your employees take good care of themselves and their families.

Affordable One-on-One Care—

Employees can choose a personal physician for each member of the family from Health Options' network of more than 4,400 independent contracting physicians. This doctor—known as the primary care physician—will get to know their medical history and will coordinate all their medical care. And with low predetermined copayments and no deductibles to satisfy, employees will always know what their costs are up front. What's more, there are no claims to file and no balance billing.

BlueCare Rx Prescription Drug

Coverage—The BlueCare Rx pharmacy program makes getting prescriptions filled easy and affordable. With just their BlueCare membership ID card and a small copayment, employees can have their prescriptions filled at any of the Health Options contracting pharmacies throughout the state.

Cost Savings for You and Your

Employees—For the affordable, dependable health care coverage your employees need, Health Options contracts with doctors, pharmacies, hospitals, and other providers who have agreed to cost-effective payment methods like Capitation and DRGs. In this way BlueCare provides a complete range of health care coverage services, while helping keep out-of-pocket costs at a minimum for both you and your employees.

World-Wide Emergency Coverage—

With BlueCare, your employees have coverage for emergency services, 24 hours a day, 7 days a week. So whether they're in Florida or halfway across the world, they travel safely in the knowledge that Health Options is behind them.

Informed Employees are Healthy

Employees—Through on-site employee meetings, new parents-new baby seminars and other programs, we help your employees make informed, health-focused decisions.

By choosing BlueCare, you'll be giving your employees comprehensive, affordable coverage that shows you care about them and their families. Call us today and find out how you can help your employees while saving your company money.



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BlueCare Benefit Chart

Benefits	Employee Cost Range
Deductible	none
Out-of-pocket maximum	\$1,500 – \$5,000 single \$3,000 – \$15,000 family aggregate
Lifetime maximum	No maximum
PCP office services	\$5-\$35 copay
Specialist office services	\$5-\$80 copay
Maternity—initial OB visit only	\$5-\$80 copay
Annual GYN exam (does not require authorization when performed by a contracting OB/GYN)	\$5-\$80 copay
In-patient hospital per admission	\$150-\$600 per day (days 1-5; no per admission copay after 5 days) Some plans offer a flat \$0-\$450 per admission copay.
Out-patient hospital/ ambulatory surgical center	\$0-\$600
Emergency room	\$50-\$500
Preventive care & wellness programs	No additional copay

Networks are made up of independent contracting health care providers.

The amount of benefits provided depends upon the plan selected and the premium will vary with the amount of benefits selected.

This policy has limitations and exclusions.



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Maximize tax savings for you and your employees. Here's a great way to maximize tax advantages for both you and your employees. It's called a Flexible Spending Account (FSA) and it can help reduce your employees' taxable income—while providing tax savings on your Federal Income Tax or Social Security Tax (FICA) employee contributions.

An FSA allows your employees to set aside pre-tax money to cover eligible health-related expenses that may not be covered by the health plan, as well as dependent, custodial or child-care expenses.

Typical out-of-pocket medical and dependent care expenses include, but are not limited to, the following:

- Deductibles
- Copayments
- Coinsurance
- Prescription Drugs
- Dental Care
- Eye Care
- Child Day Care
- Adult Day Care
- Routine Physicals

Your employees benefit by not having to pay Federal Income Tax or Social Security (FICA) tax on these funds.

As an employer, you also save by not having to pay the matching FICA/FUTA taxes on amounts employees deposit in the spending accounts.

Your employees can open an FSA for health care- or dependent care-related expenses, or both.

The Health Care Flexible Spending Account covers eligible expenses[†] on out-of-pocket costs for your employees and their eligible dependents. Not only does it cover deductibles, copayments and coinsurance, it also can help cover other medical expenses like chiropractic, vision care including LASIK surgery, and smoking cessation programs. You can work with your Blue Cross and Blue Shield of Florida representative to determine the maximum contribution amount to best suit the needs of you and your employees.

The Dependent Care Flexible Spending Account covers eligible expenses[†] for dependents, whether they're children, parents or a disabled spouse. This account may be used to receive reimbursement for nursery school and daycare for younger children, disabled older children, spouse, elderly parent or disabled parent who lives with the employee full time. This FSA will

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allow couples filing jointly or as a single head of household to contribute up to \$5,000 of pre-tax dollars yearly in a Dependent Care FSA.

Your employees decide how much of their salary is directed into the FSA during each year's open enrollment period. The designated amount is automatically deducted from employee paychecks and deposited into an account.

When employees incur an eligible expense, they simply submit a signed original request for reimbursement form, along with the Explanation-of-Benefits (EOB) from their insurance carrier—or a receipt when no EOB is provided.

The chart below illustrates potential savings a typical employee could expect to receive:

	without FSA	with FSA
Annual Salary	\$25,000	\$25,000
Employee FSA contribution	\$0	\$2,000
Taxable Income	\$25,000	\$23,000
Taxes owed by employee	\$5,000	\$4,600
Annual Income after taxes	\$20,000	\$18,400
Out-of-pocket employee expenses	\$2,000	\$2,000
Total Annual Take-Home Pay	\$18,000	\$18,400
Annual Increase In Take-Home Pay		\$400

While these accounts have many benefits, unused funds cannot be rolled over into the new plan year, or another FSA. With careful planning, your employees should have no problem managing and spending the dollars in their accounts.

For more details on how to take advantage of this valuable tax-favored program, call your agent or your Blue Cross and Blue Shield of Florida representative today.

†Eligible expenses are items designated by the Internal Revenue Service. You can find a general list of IRS-approved health-related reimbursements in Publication 502 and dependent care reimbursements in Publication 503, or you can access these publications online at www.irs.org. Most of those itemized deductions meet the eligibility requirements of a Flexible Spending Account program.

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a subsidiary of



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BlueDental Choice BlueDental Freedom

Fast Facts

Quality, flexible dental plans that will have you and your employees smiling. BlueDental plans give your employees a high level of selection and coverage, at a cost that's affordable to you.

With BlueDental plans you get the expertise of Florida Combined Life Insurance Company, Inc., a subsidiary of Blue Cross and Blue Shield of Florida, Inc., to offer you a choice of quality dental plans, including BlueDental Choice and BlueDental Freedom.

These options help you create a comprehensive benefits program that not only meets your specific needs, but helps you attract and retain your best employees.

With both BlueDental Choice and BlueDental Freedom, you'll enjoy a variety of great benefits, such as:

- **Flexible amounts for dental services** through our multiple plan offerings which provide the flexibility to customize plans to your distinct business needs.
- **Preventive services**—Employees receive comprehensive preventive benefits, including regular cleanings and exams, and there is never a deductible.

- **Predetermination of benefits**—As a service to employees, we will gladly work with the dentist or employee to clearly show what BlueDental will pay for any recommended treatment plan.

Following is a summary of the two plan options:

BlueDental Choice is a flexible dental PPO program designed to meet the specific needs of your company and your employees. Easy access is key to BlueDental Choice—no referrals or authorizations are ever needed to see a general dentist or specialist.

Employees receive an attractive value with freedom to choose dentists in or out of the broad PPO network. Out-of-network benefits typically have higher out-of-pocket costs.

With BlueDental Choice, employees receive:

- **Wide access to providers** through a network of more than 3,000 dentists.
- **Orthodontia** care for braces and other bite alignment services. Innovative orthodontia plans are available for an additional premium. Level coinsurance benefits and a choice of lifetime maximums will be applied.

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- **No claims forms to complete** because your participating dentist will file claims for you.

BlueDental Freedom is our most flexible, top-line dental program. Although employer premiums are somewhat higher, employees may see any general dentist or specialist they like, with no change in benefits.

With BlueDental Freedom, employees receive:

- **Freedom to choose any dentist.** There are never any network restrictions—employees simply go to the dentist of their choice. We pay the coinsurance portion based on the actual charge or the maximum allowable fee, whichever is less.
- **Orthodontia** care for braces and other bite alignment services. Innovative orthodontia plans are available for an additional premium. Level coinsurance benefits and a choice of lifetime maximums will be applied.

Toll-free customer service. With both BlueDental plans, a dedicated customer service team is available to serve you and your employees.

Two funding options to fit your business needs. Our employer contribution option allows you to subsidize from 50 to 100 percent of the premium. With our second option, your employees pay most or all of the monthly premium—giving you the opportunity to offer them access to quality dental benefits they could not get on their own.

Your company qualifies for enrollment in either plan with a minimum of ten employees. We also offer dual-option arrangements allowing employees to choose from two BlueDental plans to best meet their needs. Participation requirements apply.

For more details on how to bring the advantages of a BlueDental plan to your company, call your agent or your Blue Cross and Blue Shield of Florida representative today.

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Smart, solid protection for the life of your business and the lives of your employees.

As an employer, you want the best for your employees. But when making decisions about group insurance coverage, you also have to bear in mind the best interests of your company.

That's why at Florida Combined Life Insurance Company, Inc., we're pleased to offer you LifeEssentials. With LifeEssentials, you have complete flexibility to customize a program to best suit the needs of your employees and your business. What's more, this valuable coverage is available to you in four different packages:

- Basic Term Life
- Basic Term Life and Dependent Term Life
- Basic Term Life, with Accidental Death & Dismemberment (AD&D) and Loss of Sight
- Basic Term Life, with AD&D and Loss of Sight, and Dependent Term Life

Basic Term Life Insurance for Groups: Financial security in an unpredictable world. Basic Term Life insurance can be incredibly valuable to a family should they lose a primary wage earner. Our Basic Term Life coverage is available to

all active, full-time employees, and you can set it up in one of two ways:

- Fund the entire cost of the plan with 100% employee participation, or
- Have your employees contribute towards the cost of the plan.

In the event of a death, benefits for Basic Term Life are paid to the beneficiary without restrictions as to time or cause of death.

Basic Term Life also comes standard with an Accelerated Living Benefit. This allows an insured employee to apply for an Accelerated Living Benefit if a licensed physician has diagnosed him or her as having a terminal condition that is expected to result in death within one year. Insured employees can apply for 50% of their Basic Term Life amount, up to a maximum of \$50,000 (less an administrative fee).

For additional security, a Waiver of Premium is available for insured employees who have been totally disabled for six months while insured under this policy. This benefit allows coverage to continue without premium payment up to age 60. Continuation of coverage is also available if an insured employee suffers a disability after age 60 but prior to age 70.

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Rates for Basic Term Life are composite, and the minimum number of lives that must be insured under an employer-funded group arrangement is four. Plans where employees contribute toward the cost require 75% participation, or a minimum of four lives (whichever is greater).

Accidental Death & Dismemberment and Loss of Sight Insurance: **Valuable protection in the event of an unexpected accident.** Our AD&D and Loss of Sight insurance can help give your employees and their families the financial security they deserve should an unexpected accident occur. Coverage is available to active, full-time employees only, and Basic Term Life for Groups is a prerequisite. Rates are composite, and the minimum number of lives that must be insured is four.

Your employees will be covered for 100% of the principal sum (benefit amount) if they suffer a covered injury that results in the loss of any of the following (as long as the loss occurs within 365 days of the date of the accident):

- Loss of life
- Loss of both hands
- Loss of both feet
- Loss of sight in both eyes
- Loss of one hand and one foot
- Loss of one hand and sight in one eye
- Loss of one foot and sight in one eye

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Florida Combined Life will pay 50% of the principal sum for accidental loss of the following (if the covered loss occurs within 365 days after the date of the accident):

- Loss of one hand
- Loss of one foot
- Loss of sight in one eye

(Loss of a hand or a foot means complete severance through or above the wrist or ankle joint. Loss of sight must be total and irrecoverable. Certain exclusions and limitations may apply.)

Dependent Term Life Insurance for Groups: Additional coverage for your employees' loved ones. In addition to Basic Term Life, we offer Dependent Term Life Insurance to eligible dependents of insured employees. Dependent Term Life coverage is typically 100% employee-paid and cannot exceed 50% of the Basic Term Life amount. The minimum participation requirement for Dependent Term Life is 75% of all insured employees with eligible dependents, or four lives (whichever is greater). Basic Term Life for Groups is a prerequisite.

Guaranteed Issue: Please note that insurance will be issued up to the guaranteed issue maximum. Employees purchasing amounts over the guaranteed issue amount must provide evidence of insurability.

For more details on how to take advantage of this valuable coverage, call your agent or your Blue Cross and Blue Shield of Florida representative today.

Discounts and expanded choices for Blue Cross and Blue Shield of Florida and Health Options members.

As part of our ongoing commitment to bringing expanded choices and greater value to your employees' health benefit plan, Blue Cross and Blue Shield of Florida offers its members a program of products and services called BlueComplements. This program was created to help offset the rising costs associated with health care by offering discounts on a variety of complementary products and services. BlueComplements is available at no additional premium cost, and members can access services throughout Florida and, where available, nationwide. The program includes:

Healthy Alternatives¹: Discounts on complementary health care. Members enjoy discounts on thousands of health-related products and provider services through this complementary health care discount program. They also receive discounts of up to 25% or more on acupuncture, chiropractic and massage therapies. Plus discounts of up to 40% on vitamins, minerals, herbal supplements and more through Healthyroads, the online discount store.

Vision One: Discounts on vision care. Comprehensive vision care with significant savings on eye exams and eyewear. Members pay \$35 for eye exams and receive up to 60% off retail prices for frames and lenses. Offered through Cole Managed Vision.

TruVision: Contact lens mail order service. This program offers some of the largest discounts available on contact lenses. Prices on average are 15% lower than other national contact lens mail-order programs. Includes FREE shipping to the home in five to seven days.

TruVision: Affordable laser vision correction services. Gives your employees the option to explore life without glasses or contact lenses with affordable laser vision correction services from TruVision—with board certified ophthalmologists across the country. Services include a discounted fee of \$895 per eye. TruVision offers 100% patient-financing with approved credit and no payment for the first six months following credit approval.

HEARx: Discounts on hearing products. Members receive free hearing exams, 25% discounts on hearing aids purchased at HEARx centers, and can learn more about hearing loss and options for improved hearing.

SafeTech Bicycle Helmets: Discounts on protective helmets. Through SafeTech, your employees can purchase bike helmets at savings of 40-50% less than regular retail fees. Every helmet meets national impact and safety standards and includes a variety of special safety features. Helmets are available for children and adults at a cost of just \$7.50 to \$9.75 each, plus shipping.

GlobalFit: Discounts on fitness club memberships. When members enroll in the GlobalFit program, they can receive discounts of 20-60% on GlobalFit Network Fitness Club rates. This gives them access to more than 1,100 local and nationwide fitness centers, and also allows members to work out at any fitness club within the GlobalFit Network. Plus, all contracts are month-to-month, so they are easy to cancel or to transfer from one club to another.

To take advantage of any of these services, visit www.bcbsfl.com and click on BlueComplements.

¹Healthy Alternatives is administered by American Specialty Health™ Networks (ASH Networks), which has been awarded full accreditation by the American Accreditation HealthCare Commission/URAC.

The products, services and information provided through the BlueComplements program are made available as a courtesy to our members and are not a part of insurance coverage, nor a substitute for medical advice. Please note: Your insurance coverage may already include benefits for some of the services available to you through BlueComplements, so it is important to exhaust those benefits first. Blue Cross and Blue Shield of Florida reserves the right to discontinue or change this program at any time without notice. Blue Cross and Blue Shield of Florida does not endorse and is not responsible for the products, services or information provided by the vendors that are a part of the BlueComplements program.



Health Options and its Parent, Blue Cross and Blue Shield of Florida, are Independent Licensees of the Blue Cross and Blue Shield Association.



For almost 60 years, Blue Cross and Blue Shield of Florida has been committed to providing consumer-focused products to the people and businesses of Florida. To find the right benefits solutions for your company, call your agent or your Blue Cross and Blue Shield of Florida representative today.



**BlueCross BlueShield
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BlueOptions Health Benefit Plans

Consumer Centric Health Plans that Offer an Array of Choices

POS/HMO Like

Hybrid HMO

PPO Like

**Network
Advantage
Plans**

**Physician
Copay
Plans**

**Family
Physician
Plans**

**Health
Plans**

CDHP

**Basic
Health
Plans**
**in development*

Single
plan

OR

Choice Package

Combination of Plans Price Spread of 30%

Custom Options

Diversified Products – health plan financial products, dental, life, AD&D

Capabilities include Health Dialog, Subimo, and Web Enrollment

**Additional
Capabilities**

Key Features:

- Broad access to health care providers
- No Gatekeeper
- In-Network benefits to high-performing physician & ancillary providers
- Tiered hospital benefits

- Simplified OOP maximums include copays, deductible & coinsurance
- Provides effective tool for employers to manage health care benefits
- All member materials available in Spanish & English
- Broad range of benefit and price points

BlueOptions

Physician Copayment Plan for Large Groups—High Option

Cost Sharing Options for Plans 1550-1554

Plan Number	1550	1551	1552	1553	1554
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Cost Sharing Options

Calendar Year Deductible

Per Individual	\$300	\$ 500	\$ 500	\$ 750	\$1,000
Per Family	900	1,500	1,500	2,250	3,000

Coinsurance (cost to member)

In-Network Provider	10%	10%	20%	20%	20%
Out-of-Network Provider	40%	40%	40%	40%	40%

Office Services

In-Network Family Physician	\$15	\$15	\$15	\$20	\$20
In-Network Specialist	30	30	30	35	35
Out-of-Network Provider	CYD + 40%	CYD + 40%	CYD + 40%	CYD + 40%	CYD + 40%
Allergy Injections at an In-Network Family Physician or Specialist's Office	\$10	\$10	\$10	\$10	\$10

Hospitalization

Facility Copayment

Inpatient—Per admission (CYD and coinsurance do not apply)

Option 1	\$ 400	\$ 400	\$ 500	\$ 750	\$1,000
Option 2	800	800	1,000	1,250	1,500
Option 3	1,200	1,200	1,750	2,000	2,250

Outpatient—Per visit (CYD and coinsurance do not apply)

Option 1	\$100	\$100	\$150	\$150	\$200
Option 2	200	200	250	250	300
Option 3	300	300	350	350	400
Physician Services at Hospital	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins

Emergency Room Facility Copayment

(Per visit; waived if admitted)

	\$100 + Coins	\$100 + Coins	\$100 + Coins	\$100 + Coins	\$100 + Coins
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Out-of-Pocket Maximum

(Includes CYD, coinsurance, and copayments; excludes Rx)

Per Individual	\$2,000	\$2,500	\$3,000	\$3,000	\$ 4,000
Per Family	6,000	7,500	9,000	9,000	12,000

CYD=Calendar Year Deductible; Coins=Coinsurance



**BlueCross BlueShield
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This is only a partial description of the many benefits and services covered by Blue Cross and Blue Shield of Florida. This does not constitute a contract. For a complete description of benefits and exclusions, please see the BlueOptions Group Master Policy.

BlueOptions

Physician Copayment Plan for Large Groups—High Option

Cost Sharing Options for Plans 1550-1554

Plan Number	1550	1551	1552	1553	1554
Other					
Ambulatory Surgical Center					
In-Network Facility	\$75	\$75	\$100	\$100	\$100
Out-of-Network Facility	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins
Physician Services at ASC	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins
Independent Clinical Laboratories					
In-Network	\$0	\$0	\$0	\$0	\$0
Out-of-Network	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins
Independent Diagnostic Testing Facility					
In-Network Facility	\$75	\$75	\$100	\$100	\$100
Out-of-Network Facility	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins
Physician Services at IDTF	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins	CYD + Coins
Mammograms—Routine and Diagnostic¹	\$0	\$0	\$0	\$0	\$0

Benefit Maximums

- Lifetime Maximum \$5,000,000
- Substance Dependency \$2,500 lifetime maximum
- Hospice \$7,500 lifetime maximum
- Adult Wellness \$250 for plan 1550; \$150 for plans 1551-1554 per calendar year
- Mental Health 30 inpatient days/visits; 20 outpatient visits per calendar year
- Home Health Care \$2,500 per calendar year
- Skilled Nursing Facility 60 days per calendar year
- Ambulance Service \$400 per day Ground Travel; \$4,000 per day Air & Water Travel. CYD and higher coinsurance apply.
- Outpatient Therapy and Spinal Manipulations² \$2,500 per calendar year

BlueScript Pharmacy

Plan Types	Copayment No Annual Deductible			Copayment \$50 Annual Deductible			Coinsurance \$100 Annual Deductible	
	\$ 7	\$10	\$15	\$ 7	\$10	\$15	20%	50%
Preferred Generic	\$ 7	\$10	\$15	\$ 7	\$10	\$15	20%	50%
Preferred Brand	20	25	30	20	25	30	20%	50%
Non-preferred	35	40	50	35	40	50	20%	50%
Self-administered injectable ³	50	50	50	50	50	50	\$50	\$50

¹ Not subject to deductible, coinsurance or copayment. Mammograms do not accumulate toward the Adult Wellness calendar year maximum.

² Therapies include physical, massage, occupational, speech and cardiac therapy. Spinal Manipulations are limited to 26 per calendar year.

³ Excludes insulin, Imitrex and anaphylactic drugs.

Consumer Directed Health Plan-The Next Generation of Health Care Coverage as a Response to the Market

- Consumer-Directed Health Care is a new concept that insurers are adopting to assist with alleviating high rate increases for the employer, and to answer consumer demand for choice, security and access.
- The supporting theory for the concept is to empower employees by providing information tools, and the dollars they need to become more prudent users of health care services.
- Education and Information is vital for positive results.
 - ✓ Appreciation for health care costs encourages positive behavior changes (e.g. using generic drugs versus brand name drugs).
 - ✓ Through the combination of all elements that make up Consumer-Directed Health Care, there is less responsibility on the Employer.
- BCBSF's approach to Consumer Directed health care includes the launch of the Health Reimbursement Account with a Blue Cross Blue Shield health plan.
- Key Features of the Health Reimbursement Account:
 - ✓ Rollover of unused funds
 - ✓ Choice of Qualified Medical Expense Lists
 - ✓ Tax Free Reimbursements



**BlueCross BlueShield
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Here's how Blue Cross and Blue Shield of Florida's Consumer Directed Health Plans (CDHPs)

provide solutions for members with differing needs

Young Immortal

"I don't go to the doctor regularly. Why should I get health insurance?"

CDHP Answer

- Lower monthly premiums
- Financial protection against unexpected illness/injuries
- Savings potential for future medical expenses (HRA)
- Discounts for health products and services (I.e., health clubs and alternative medicine)



Type II Diabetic

"How can I get help managing the cost of my diabetes and support making the appropriate health care and treatment decisions?"

CDHP Answer

- 24-hour access to health coaches for personalized care support
- Disease support programs
- Prescription drug coverage
- Preventative care benefits and reimbursements



Young family

"I want to cover my dependents, but the monthly costs are too high."

CDHP Answer

- Lower monthly family premiums
- Immediate provider discounts
- Tax free dollars for covered and non-covered health services for a family member covered by the health plan and considered dependent by the IRS



- Financial protection for extraordinary medical expenses
- Immediate savings for in-network covered services
- Access to care nation-wide through the BlueCard program
- Tax advantaged health care dollars with a Health Reimbursement Account and/or a Flexible Spending Account
- Access to health care coaches, online resources, health care programs and services

ABC group's current plan

This is an illustrative example based on the current rates for a group of 160 employees in the Tampa Bay area.

10/25/40 Rx plan was used for rating purposes.

Group contributes 75% of the single plan.

Assumes employee would rollover or not utilize 20% of the \$500 HRA contribution.

Renewal with the same plan:

•18% rate increase.

•Note: the difference in family contribution for the employee.



BlueChoice 727				
\$500/\$1500 Ded, 80%/70% OV Copay \$15/\$25, OOP \$2000/\$6000				
	Employee	Monthly Premium	Employer Contribution	Employee Contribution
Single	7	\$363.56	\$242.23	\$121.33
EE Spouse	1	\$692.78	\$242.23	\$450.55
EE Child	2	\$652.07	\$242.23	\$409.84
Family	5	\$981.29	\$242.23	\$739.06
BlueCare 15				
OV Copay \$15/\$35, IP \$150 day 1-5, OOP \$1500/\$3000				
	Employee	Monthly Premium	Employer Contribution	Employee Contribution
Single	73	\$322.97	\$242.23	\$80.74
EE Spouse	7	\$630.63	\$242.23	\$388.40
EE Child	22	\$592.37	\$242.23	\$350.14
Family	43	\$900.03	\$242.23	\$657.80

		% Increase	\$ Increase
ER Annual Premium	\$465,077	18.0%	\$ 70,949

Consumer Directed Health Plan as a Solution

BlueChoice 727				
\$500/\$1500 Ded, 80%/70% OV Copay \$15/\$25, OOP \$2000/\$6000				
	Employee	Monthly Premium	Employer Contribution	Employee Contribution
Single	7	\$308.10	\$205.28	\$102.83
EE Spouse	1	\$587.10	\$205.28	\$381.83
EE Child	2	\$552.60	\$205.28	\$347.33
Family	5	\$831.60	\$205.28	\$626.33
BlueCare 15				
OV Copay \$15/\$35, IP \$150 day 1-5, OOP \$1500				
	Employee	Monthly Premium	Employer Contribution	Employee Contribution
Single	73	\$273.70	\$205.28	\$68.43
EE Spouse	7	\$534.43	\$205.28	\$329.16
EE Child	22	\$502.01	\$205.28	\$296.74
Family	43	\$762.74	\$205.28	\$557.47

ER Annual Premium	\$ 394,128
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Renewal with BlueOptions and HRA:

-1.5% decrease off the current plans with the \$500 HRA included in the annual premium amount (\$100 dollars in rollover funds)

BlueOption 1152				
\$2000/\$6000 Ded, 20%/40%, IP \$1000/\$1500/\$2250, OOP \$5000/\$15000				
	Employee	Monthly Premium	Employer Contribution	Employee Contribution
Single	80	\$214.10	\$160.58	\$53.53
EE Spouse	8	\$414.93	\$160.58	\$254.36
EE Child	24	\$423.21	\$160.58	\$262.64
Family	48	\$623.93	\$160.58	\$463.36

		% Increase	\$ Increase
ER Annual Premium with \$500 HRA	\$388,304	-1.5%	\$ (5,824)

- Employers save in total premium dollars by moving to health plans with higher deductibles.
- Employers will enjoy additional options such as the flexibility with their contributions to attract more of the healthy young immortals or assist those who may have dropped family coverage because of the premium amount.
- Employees enjoy a reduction in employee premiums while receiving \$500 dollars towards their out of pocket healthcare expenses. (For this plan, Single BlueCare and BlueChoice employees save \$178-\$591 annually)
- Employees who have single coverage and wish to cover their dependents can use their premium savings and buy up to family coverage. (For this plan BlueCare and BlueChoice employees save \$94-\$162 monthly for family coverage plus \$500 contributed to the HRA.)

DIVERSIFIED BUSINESS PRODUCTS PORTFOLIO

LifeEssentials	BlueRestore	Choices for You	BlueDental Choice	BlueDental Freedom	BlueDental Care	BlueSecure Complete	CompOptions	Integrated Administrators
Basic Life Insurance	Disability Income	Worksite Marketing	Dental Insurance		Dental HMO	Long Term Care	Workers Comp	
<p>Group Term Group AD&D Dependent Life Supp Life Supp AD&D Voluntary Term Voluntary AD&D</p>	<p>Short Term Long Term</p>	<p>Paperless core and voluntary enrollment process using telephonic, WEB and face to face process. Single bill, on line reconciliation and monthly maintenance available.</p>	<p>Choice PPO Plans CoPayment Plans Voluntary</p>	<p>Indemnity Plans Voluntary</p>	<p>Prepaid Plans Voluntary Plans</p>	<p>Group Products Voluntary 50+ Contributory 50+ MSA/MRA List Bill Discount – Concierge</p> <p>Individual Products Tax Qualified Home Health Care Non Tax Qualified Discount - Concierge</p>	<p>Fully Insured</p>	<p>Self Funded Programs Long Tail Settlement Medical Management Provider Networks Claims Administration Provider Contracting Provider Credentialing Bill Review, Repricing and Payment</p>

Color Code:
 Red – Currently Empower Enabled
 Blue – Future Empower Enabled

Diversified Business Key Messages

- Complete array of non-medical ancillary products supporting “customer choice” through a packaged sale program
- A simplified delivery of enrollment and administrative services supported by P2E and Channel Automation technology and business processes
- Diversified Business supports the Enterprise growth and financial projections

