2015 Health Plan Information – Effective 01/01/15
(ID Cards, Labs, Co-pays, Rx’s & Other Tips)

FLORIDA BLUE (PPO)  www.floridablue.com / 1-800-FLA-BLUE (352-2583)

ID Cards - Only those that are new to Florida Blue will receive new cards in 2015. Existing members will have their cards updated electronically with the new plan and coverages.

Lab work – Members should use Quest Labs for in-network benefits.

Prescriptions – You may use any pharmacy to fill prescriptions (Generics - $15 co-pay (both plans); Brand names - $45 co-pay (plan 03769) & $60 co-pay (plan 03559). Save time & money and use PrimeMail, Florida Blue’s online mail order pharmacy and get a 90-day supply of prescription medication for 2x retail co-pay (versus 3x your copay at the pharmacy).

Medical Visit Co-pays (both PPO’s) – Primary Care - $30; Specialist - $50; Preventative Care – No charge

FLORIDA HEALTH CARE PLAN (HMO)  www.fhcp.com / 386-615-4022 or 1-877-615-4022

ID Cards - All members will receive new medical cards for 2015 as our plan numbers have changed. These should be mailed to your address of record in late December.

Lab work – Members need to use FHCP labs or Lab Corp for all lab work.

Prescriptions – Members should use an FHCP Pharmacy for prescription medications (Co-pays are same for both plans: Preferred Generics - $3; Non-Preferred Generics - $10; Preferred Brand names - $30; Non-Preferred Brand names - $55). Members receive a $1 discount for each 31 day supply up to 90 days (example: 90 day preferred generic costs $6 versus $9 ordered monthly).

Medical Visit Co-pays – Primary Care-$20(TS1) & $30(TS1); Specialist-$35(TS1) & $50(TS1); Preventative Care–No charge

VSP Vision Care  www.vsp.com / 1-800-877-7195

Membership cards are not provided. You may register online after 01/01/15 and print out a membership card. You should consult with your provider prior to an appointment and let them know you have VSP Vision insurance. If they are a VSP provider, they will verify your eligibility & coverage; no claim form is needed. If they are an out-of-network provider, you will need to submit a claim form (online or through the mail).

DELTA DENTAL  www.deltadentalins.com

PPO & Premier Plans (Options # 1 & #2) – 1-800-521-2651  DeltaCare Plan (HMO – Option #3) – 1-800-422-4234

Membership cards are not provided. You may register online after 01/01/15 and then print out a membership card. You should consult with your provider prior to an appointment and let them know you have Delta Dental insurance. You may change your provider at any time by simply calling the customer service numbers. Use the “Find a Dentist” on their website to see who is a Delta Dental provider (Note: changes should be made prior to the 20th of the month in order to be effective the 1st of the following month).

PPO & Premier Plans: If your dentist is a Delta Dental provider, they will verify your eligibility & coverage; no claim form is needed. If they are an out-of-network provider, you will need to submit a claim form (online or through the mail).

HMO Plan: You have already selected a provider/facility from the network during Open Enrollment. If you want to change providers, you MUST stay within the DeltaCare listing of approved providers/facilities. Go to the website to search for an HMO provider and then call customer service to change. See Schedule 48N for set prices for services.

FLEXIBLE SPENDING ACCOUNTS / DEBIT CARDS - HEALTH EQUITY  www.healthequity.com  1-877-582-8753

A membership welcome packet will be mailed to all FSA participants in December that will include information on direct deposit for reimbursements, debit cards, claim forms and ways to check your balance. You should call the customer service number with any questions you have regarding your account.