MCMS, Inc. Insurance Trust Fund - Emerald Coast Associate Members
NEW Employee Plans B, C, I Comparison
Effective March 1, 2019

Florida Blue

	Employee Plan B	Employee Plan C	Employee Plan I
	Blue Options	Blue Options	Blue Options
Cost Sharing - Member's Responsibility			
Deductible (DED) (Per Person/Family Aggregate)	Amounts are combined INN and OON	Amounts are combined INN and OON	Deductible amounts cross accumulate
In-Network	$500/$1,500	$500/$1500	$1,500/$3,000
Out-of-Network			$3,000/$6,000
Coinsurance (BCBSF pays / Member pays)			
In-Network	80%/20%	80%/20%	70% / 30%
Out-of-Network	50%/50%	60%/40%	50% / 50%
Out of Pocket Maximum (Per Person/Family Aggregate) *Includes Deductibles, Copays, Coinsurance & RX*			
In-Network	$6,450/$12,900	$6,450/$12,900	$6,450/$12,900
Out-of-Network	$12,900/$25,800	$12,900/$25,800	$12,900/$25,800
Medical Pharmacy OOP Maximum (Per Person Per Calendar Month)			
In-Network (Preferred)	$200	$200	$200
Out-of-Network	N/A	N/A	N/A
Medical / Surgical Care by a Physician			
Office Services			
In-Network Family Physician	$20	DED + 20%	$30
In-Network Specialist	DED + 20%	DED + 20%	$55
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
E-Visits			
In-Network Family Physician	$10	$10	$10
In-Network Specialist	$10	$10	$10
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Allergy Injections (Office)			
In-Network Family Physician	$10	$10	$10
In-Network Specialist	$10	$10	$10
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Health Care Professional Administered Medications in the Office (Medical Pharmacy)			
In-Network (Preferred)	20%	20%	20%
In-Network (Non-Preferred)	20%	20%	20%
Out-of-Network	DED + 50%	DED + 50%	DED + 50%
Maternity Office Services			
In-Network Family Physician	$20	DED + 20%	$30
In-Network Specialist	DED + 20%	DED + 20%	$55
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Convenient Care Center			
In-Network	$20	DED + 20%	$30
Out-of-Network	DED + 50%	DED + 40%	DED + 50%

Note: INN PCP: Family practice, General practice, Internal Medicine & Pediatrician/ Note: OON providers can balance bill for amount above BC allowance. INN providers Not permitted to balance bill.

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Physician Services at Hospital			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 30%
Radiology, Pathology and Anesthesiology Provider Services at Hospital			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 30%
Radiology, Pathology and Anesthesiology Provider Services at ASC			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 30%
Physician Services at Locations other than Office, Hospital and ER			
In-Network Family Physician	DED + 20%	DED + 20%	DED + 30%
In-Network Specialist	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Accident Benefit			
In-Network	20%	20%	30%
Out-of-Network	50%	40%	50%
Preventive Services-Adult Wellness Services			
Office Services			
In-Network Family Physician	$0	$0	$0
In-Network Specialist	$0	$0	$0
Out-of-Network	50%	40%	50%
Independent Clinical Laboratory *(Quest Diagnostics is the In-Network Lab in Florida)*			
In-Network	$0	$0	$0
Out-of-Network	50%	40%	50%
Mammograms *(Routine & Diagnostic)*			
In-Network	$0	$0	$0
Out-of-Network	$0	$0	$0
Colonoscopies *Routine/Screening colonoscopy is recommended for average risk adults every ten years, beginning at age 50. Routine includes polyp removal.*			
In-Network	$0	$0	$0
Out-of-Network	$0	$0	$0
Preventive Services-Well Child Services			
Office Services			
In-Network Family Physician	$0	$0	$0
In-Network Specialist	$0	$0	$0
Out-of-Network	50%	40%	50%

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Independent Clinical Laboratory *(Quest Diagnostics is the In-Network Lab in Florida)*			
In-Network	$0	$0	$0
Out-of-Network	50%	40%	50%
Medical / Surgical Care at a Facility			
Ambulatory Surgical Center (ASC)			
In-Network	$100	$100	DED + 30%
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Inpatient Hospital Facility (per admit)			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Outpatient Hospital Facility (per visit)			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Emergency and Urgent Care			
Emergency Room Facility (per visit)			
In-Network	$100	DED + 20%	DED + 30%
Out-of-Network	$100	INN DED + 20%	INN DED + 30%
Physician Services at ER (With or without Surgery performed or with or without admit)			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 30%
Urgent Care Centers			
In-Network	$40	$40	$60
Out-of-Network	INN DED + $40	INN DED + $40	INN DED + $60
Ambulance			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	INN DED + 20%	INN DED + 20%	INN DED + 30%
Diagnostic Testing (e.g., Lab, x-ray)			
Physician Office			
In-Network Family Physician	$20	DED + 20%	$30
In-Network Specialist	DED + 20%	DED + 20%	$55
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Independent Clinical Laboratory *(Quest Diagnostics is the In-Network Lab in Florida)*			
In-Network	$0	$0	$0
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Independent Diagnostic Testing Center			
In-Network	$50	$50	$50
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Outpatient Hospital Facility			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	DED + 50%	DED + 40%	DED + 50%

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Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) *Subject to Prior Authorization*			
Physician Office			
In-Network Family Physician	$100	$100	$100
In-Network Specialist	$100	$100	$100
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Independent Diagnostic Testing Center			
In-Network	$100	$100	$100
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Outpatient Hospital Facility			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Outpatient Therapy **Services Include:*			
Physician Office			
In-Network Family Physician	$20	DED + 20%	$30
In-Network Specialist	DED + 20%	DED + 20%	$55
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Outpatient Rehabilitation Facility			
In-Network	DED + 20%	DED + 20%	$55
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Outpatient Hospital Facility			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Mental Health/Substance Dependency Services *Subject to Prior Authorization*			
Physician Office			
In-Network Family Physician	$0	$0	$0
In-Network Specialist	$0	$0	$0
Out-of-Network	50%	40%	50%
Inpatient Hospital Facility			
In-Network	$0	$0	$0
Out-of-Network	50%	40%	50%
Outpatient Hospital Facility			
In-Network	$0	$0	$0
Out-of-Network	50%	40%	50%
Emergency Room Facility(per visit)			
In-Network	$0	$0	$0
Out-of-Network	$0	$0	$0
Physician Services at Hospital and ER			
In-Network	$0	$0	$0
Out-of-Network ER	$0	$0	$0
Out-of-Network Hospital	$0	$0	$0

**Medically necessary Chiropractic, Physical Therapy, Massage Therapy, Speech Therapy & Occupational Therapy. Medical policy guidelines apply.*

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Other Special Services and Locations			
Durable Medical Equipment/Orthodics & Prosthetics *Subject to Prior Authorization*			
In-Network Motorized Wheelchairs	DED + 20%	DED + 20%	DED + 30%
In-Network All Other	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Skilled Nursing Facility			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Home Health Care			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Hospice			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Dialysis Center			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Birthing Center			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Diabetic Equipment & Supplies			
In-Network	DED + 20%	DED + 20%	DED + 30%
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Wisdom Teeth (Surgical removal of impacted Wisdom Teeth)			
In-Network	Covered based on LOS	Covered based on LOS	Covered based on LOS
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Accidental Dental Injury treatment *			
In-Network	Covered based on LOS	Covered based on LOS	Covered based on LOS
Out-of-Network	DED + 50%	DED + 40%	DED + 50%
Benefit Maximums			
Home Health Care			
Combined (INN & OON)	30 Visits PBP	30 Visits PBP	30 Visits PBP
Inpatient Rehabilitation			
Combined (INN & OON)	30 Days PBP	30 Days PBP	30 Days PBP
Outpatient Therapy & Spinal Manipulations			
Combined (INN & OON)	75 Visits PBP	75 Visits PBP	75 Visits PBP
Skilled Nursing Facility			
Combined (INN & OON)	60 Days PBP	60 Days PBP	60 Days PBP
Spinal Manipulations			
Combined (INN & OON)	26 PBP	26 PBP	26 PBP

**Initiated within 62 days of the date of the accidental injury for the treatment of damage to sound, natural teeth. No time limit applies to complete treatment if initiated within 62 days.*
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Prescription Drugs			
	OPEN FORMULARY*	**OPEN FORMULARY***	**CLOSED FORMULARY**
Deductible	N/A	$100 (Brand Only)	$800 (Brand Only)
In-Network			
Retail			
Generic/Brand/Non-Preferred	20%/40%/40%	20%/40% after DED/50% after DED	$10/$60 after Rx DED/Not Covered
Mail Order **			
Generic/Brand/Non-Preferred	20%/40%/40%	20%/40% after DED/50% after DED	$20/$120 after Rx DED/Not Covered
Out-of-Network			
Retail			
Generic/Brand/Non-Preferred	50%/50%/50%	50%/50%/50%	50%/50%/Not Covered
Mail Order			
Generic/Brand/Non-Preferred	Not Covered	Not Covered	Not Covered

All Pharmacy Medication Guides are available at <https://www.floridablue.com/tools-resources/pharmacy/medication-guide>.

- See current medication guide for a listing of specialty medications. Updates are made in January and July
- OON Pharmacy services are subject to the pharmacy deductible (where applicable) and paid at 50% of allowance.
- 90 day supply available at select retail extended supply pharmacies. Visit the providers directory at www.FloridaBlue.com to find retail.
- Pharmacy utilization programs (eg) Responsible Rx, Mandatory Generic Rx, Exclusions apply to all plans (see Medication Guide).

Closed Formulary Note:
- Rx-Specialty Medication – Not Covered – Except for oral oncology and HIV Medications

Open Formulary Note:
- Condition Care Rx Program Value List $0 Copay

- **Medical Pharmacy (Office Setting):** Coverage for self-administered specialty medications are excluded except for medications used for immediate stabilization (e.g. securing an airway, controlling a hemorrhage, or treating shock).
Please refer to retail pharmacy for coverage of self-administered specialty medications.

**90 day supply available through Prime Theraputics
***All RX meet Center for Medicare and Medicaid Part D-Creditable Coverage Guidelines.

This is a summary of benefits and not a contract. All benefits are subject to the provisions, exclusions and limitations set forth in the master contract.
To verify a provider's specialty or participation status, the insured may contact Florida Blue, or review the most recent Pro vider Directory.
It is the insured's sole responsibility to select and verify a provider's network participation status at the time services a re rendered.