

The State Employees' PPO Plan

A Self-Funded Health Care Plan for State of Florida Employees

Summary of Plan Description Material Modification

The Division of State Group Insurance, Department of Management Services, has amended the State Employees' PPO Plan, a self-insured health insurance plan, effective **January 1, 2008**. Accordingly, certain provisions in your *State Employees' PPO Plan Group Health Insurance Plan Booklet and Benefit Document* should be modified to describe and explain the PPO Plan, as amended. The description following adds to or replaces the information as indicated.

Servicing Agent:



**BlueCross BlueShield
of Florida**

An Independent Licensee of the
Blue Cross and Blue Shield Association

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Errata:

Inside cover page: Insert the following below third paragraph:

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 16-6 for more details.

- Page 1 Medical Claim Administrator; paragraph following address, third line after "...network access," **insert "medical coverage guidelines"**
- Page 3 Who to Call for Information, If you need information about...; third box after "...outside the state of Florida" **insert "Puerto Rico or the U.S. Virgin Islands"**
- Page 3 Who to Call for Information, If you need information about...; between third and fourth box **insert new box to read, "Finding a PPO network provider outside the U.S. – BlueCard® Worldwide"** Across under Contact... **insert, "1-877-547-2903, if calling within the U.S., or (collect at) 1-804-673-1177, if calling outside the U.S."**
- Page 1-5 Deductible for Hospital Stays; after Stays **insert "(Per Admission Deductible)"**
- Page 2-3 Hospice Care, Hospice Outpatient/Home, Non-Network; delete "60%" and **insert "80%"**
- Page 3-4 Maternity Care; Second paragraph, line two: **Insert a period "." after "mother"** and delete all remaining language. **Insert the following new language: Covered services related to an eligible newborn will be covered only if the newborn is added to the member's coverage within the enrollment guidelines specified in Section 10. If the newborn is not added to the coverage within the specified guidelines, the PPO Plan will only cover the initial newborn assessment as mandated by s. 627.6574, Florida Statutes.**

About Maternity Care: Coverage for Mothers/Newborns; **Insert after the last paragraph:**

NOTE: Covered services related to an eligible newborn will be covered only if the newborn is added to the member's coverage within the enrollment guidelines specified in Section 10. If the newborn is not added to the coverage within the specified guidelines, the PPO Plan will only cover the initial newborn assessment as mandated by s. 627.6574, Florida Statutes.

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- Page 3-7 Wigs; second line, delete "-" (hyphen) in word surgery
- Page 5-2 Home health care; number 5 line 2, delete "(as defined above)"
- Page 5-2 Immunizations, delete all and **insert "Immunizations and physical examinations, when required for travel, or when needed for school, employment, insurance, or governmental licensing, except (1) when the immunizations and/or physical examinations are within the scope of, and coincide with, the child and/or adult preventive care benefits or (2) when immunizations are necessary as the result of an accident."**
- Page 5-3 Orthoptics; **insert "and/or vision therapy"**
- Page 5-4 Speech Therapy; after therapy **insert "and/or speech evaluations"**; after "...18 year old" delete "and speech evaluations"
- Page 5-5 Number 8; first and second line, delete "your" and **insert "you and/or your dependent's"**
- Page 6-2 How to Use the PPCSM Network; second paragraph, line five, after "office" **insert, "checking the BCBSF website at www.bcbsfl.com,"**; line six after "and" **insert "calling"**
- Page 10-1 Second column, third paragraph, delete last sentence, which begins "However, any..."
- Page 12-1 Appealing to the Third Party Administrator-A Level I Appeal: line 11, following the zip code **insert "or fax toll-free to Caremark at 1- 866-689-3092."**
- Pages 16-6 and 16-7: Delete all and insert the following page:

Name of Entity: State Group Health Insurance Program /
State of Florida, Department of Management Services
Contact: People First Service Center (866) 663-4735
Date: September 1, 2007

Please, read this notice carefully.
**It explains the options you have under Medicare prescription drug coverage,
and can help you decide whether or not you want to enroll**

Medicare prescription drug coverage (Medicare Part D) became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage.

All approved Medicare prescription drug plans must offer a minimum standard level of coverage set by Medicare. Some plans may offer more coverage than required. As such, premiums for Medicare Part D plans vary and all plans should be researched carefully.

The State of Florida Department of Management Services has determined that the prescription drug coverage offered by the State Employees' Health Insurance Program (State Health Program) is, on average, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

If you do decide to enroll in a Medicare prescription drug plan and drop your State Health Program coverage, be aware that you and your dependents will be dropping your hospital, medical and prescription drug coverage. **If you choose to drop your State Health Program coverage, you will NOT be able to enroll back in the State Health Program unless a special Open Enrollment period for non-enrolled State of Florida retirees is mandated by the Florida Legislature.**

If you enroll in a Medicare prescription drug plan and you DO NOT drop your State Health Program coverage, you and your eligible dependents will still be eligible to receive all of your current health and prescriptions drugs benefits.

If you drop or lose your coverage with the State Health Program and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later. Additionally, if you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage and you may have to wait until the following November to enroll.

Additional information about Medicare prescription drug plans is available from:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, assistance paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

For more information about this notice or your current prescription drug coverage, contact People First Service Center at 1-866-663-4735.

Keep this notice. If you enroll in one of the plans approved by Medicare that offers prescription drug coverage, you may need to give a copy of this notice when you join to avoid paying a higher premium amount (a penalty).