

**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, 2009**. 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 following description 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:

Page 1-1 thru 1-3 Column header, third column after "Non-Network" insert an **asterisk "\*"**

Page 1-3 First paragraph line three after physicians insert, **"hospitalists"**

Page 1-3 Bottom of the page, insert, **"\* The non-network allowance is not the provider's billed charges and could be significantly less than the provider's billed charges. The patient is responsible for 100% of the difference between the billed charges and the non-network allowance."**

Page 1-7 Third paragraph, first line delete "go to" and insert **"receive services from"**

Third paragraph first line after "...providers,..." insert **"by choice or even if you have no choice in the selection of the non-network provider,"**

Third paragraph third line after "...allowance,..." insert **"not the provider's billed charges."**

Page 1-7 Bottom of the page insert,

**The non-network allowance is not the provider's billed charges and could be significantly less than the provider's billed charges. The patient is responsible for 100% of the difference between the billed charges and the non-network allowance.**

Page 2-1 thru 2-3 Column header, third column after "Non-Network" insert an **asterisk "\*"**

Page 2-3 First paragraph line three after physicians insert, **"hospitalists"**

Page 2-3 Bottom of the page, insert, **"\* The non-network allowance is not the provider's billed charges and could be significantly less than the provider's billed charges. The patient is responsible for 100% of the difference between the billed charges and the non-network allowance."**

Page 2-6 Second column, The Plan Pays a Major Share of Covered Expenses, third paragraph first line delete "go to" and insert **"receive services from"**

Second column, The Plan Pays a Major Share of Covered Expenses, third paragraph first line after "...providers,..." insert **"by choice or even if you have no choice in the selection of the non-network provider,"**

Page 2-6 Second column, The Plan Pays a Major Share of Covered Expenses, third paragraph third line after "...allowance,..." insert **"not the provider's billed charges."**

End of the second column insert,

**The non-network allowance is not the provider's billed charges and could be significantly less than the provider's billed charges. The patient is responsible for 100% of the difference between the billed charges and the non-network allowance.**

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- Page 5-1      Alphabetically insert, **“Educational Therapy.”**
- Page 5-3      Alphabetically insert, **“Orthodontia...even if medically necessary as a result of an accident.”**  
Alphabetically insert, **“Partial Hospitalization.”**
- Page 5-4      Alphabetically insert, **“Recreational Therapy.”**  
Alphabetically insert, **“Sleep Therapy.”**  
Alphabetically insert, **“Vocal Therapy.”**
- Page 6-1      First column, “bold or highlight or otherwise emphasize” entire last paragraph
- Page 6-2      Second column first line after radiologist, insert, **“hospitalists”**
- Page 9-3      End of the second column insert,

**If you mail a prescription for a 30-day supply to a mail order pharmacy, your prescription will be filled for a 30-day supply and you will be responsible for the appropriate mail order copayment for either a generic, preferred brand or non-preferred brand medication.**

- Page 9-4      First Column, Drugs that are Covered by the Prescription Drug Program, first paragraph after item number 6, line two after “filled” insert **“and may be subject to quantity limits”**; line four after “authorizations” insert **“and/or is subject to quantity limits”**; line five after “authorizations” insert **“and/or is subject to quantity limits”**; and insert new last sentence **“Various drug classifications require prior authorization and/or are subject to quantity limits. For example, drugs for erectile dysfunction require prior authorization and are limited to eight doses per month.”**
- First Column, Drugs that are Not Covered by the Prescription Drug Program, insert new **“3. Infertility/fertility drugs”** and renumber remaining items.
- Second column, third paragraph, first and second line delete “may also”
- Page 9-5      Item 12, lines 2, 4 and 10 delete “Advanced” and insert, **“Specialty”**
- Last paragraph, first sentence delete “Advanced” and insert, **“Specialty”**
- Last paragraph delete last two sentences and insert, **“Therapies reviewed under the Specialty Guideline Management Program include, but are not limited to, the following: multiple sclerosis, oncology, allergic asthma, human growth hormone, hepatitis C, psoriasis, rheumatoid arthritis, and respiratory syncytial virus. Additional therapies may be added from time to time. For additional information on specialty medications or to see if your medication is in this category call Caremark toll-free at 1-800-378-4408 or you may visit [www.caremark.com](http://www.caremark.com) for additional resource information.”**

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- Page 10-2 First column following paragraph beginning, "Coverage for a surviving..."; insert new paragraph, **"Optional Overage Dependent Children Coverage may also be purchased, at an additional premium, for your unmarried dependent children that:**
- 1. Are age 19 through the end of the calendar year in which they reach age 30;**
  - 2. Have no dependents (i.e. children, domestic partner) of their own;**
  - 3. Are not provided or otherwise have available other major medical health insurance; and**
  - 4. Live in Florida or are a student in another state.**
- First column paragraph beginning, "People First may require..." line five delete everything beginning with "...refunding..." and insert, **"paying all claims that were paid by the State of Florida for those ineligible dependents."**
- Second column item "1." after web-site insert, **"<https://PeopleFirst.MyFlorida.com>,"** and following "forms" insert **"toll-free at 1-866-663-4735."**
- Page 10-4 Second column, last paragraph, third line, delete "to" and insert **"for"**
- Page 13-2 First column, Coordination with Medicare, at the end of the paragraph insert, **"It is also important that you notify BCBSF of your Medicare effective date as soon as possible to avoid claims processing disruptions."**
- First column, Active Employees, first paragraph, at the end of the paragraph insert, **"However, if your Medicare eligibility is due to age and you choose to defer Medicare Part B until you retire, Medicare benefits must be in effect at the time of retirement. If you are eligible for Medicare due to age and Medicare Part A and Part B are not in effect at the time of your retirement, benefits for this Plan will be paid as if Medicare Part A and Part B had paid first as the primary plan."**
- Page 15-1 Alphabetically insert, **"Congenital Anomaly...physical abnormalities that occur before a baby is born and that are obvious at birth or by one year of age."**
- Page 15-3 Alphabetically insert, **"Hospitalists...physicians who specialize in the care of members in an acute inpatient setting (acute care hospitals and skilled nursing facilities). A hospitalist oversees a member's inpatient admission and coordinates all inpatient care. The hospitalist is required to communicate with the member's selected physician by sending records and information, such as the discharge summary, upon the member's discharge from the hospital or skilled nursing facility."**
- Page 15-5 Alphabetically insert, **"Partial Hospitalization... a non-residential day or evening treatment program that may be hospital-based or free-standing, providing clinical diagnostic and treatment services for Mental or Nervous Disorders at a level of intensity equal to an inpatient program, on a less than twenty-four hour basis. Services may be provided on a time-limited basis (i.e., transitional level of care, or step-down from inpatient) or a stand-alone basis. Except as otherwise covered under this health plan, partial hospitalization services include, but are not limited to, therapeutic milieu, nursing, psychiatric evaluation and medication management, group and individual/family therapy, psychological testing, vocational counseling, rehabilitation recovery counseling, substance abuse evaluation and counseling, and behavioral plans."**

Pages 16-6 and 16-7: insert the following:

**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, 2008

**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](http://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](http://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 which 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).

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### APPENDIX 1:

*Summary of Plan Description and Material Modification, effective January 1, 2008*

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.**
- Page 3-7 Wigs; second line, delete "-" (hyphen) in word surgery

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- 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 PPC<sup>SM</sup> Network; second paragraph, line five, after "office" insert, **"checking the BCBSF website at [www.bcbsfl.com](http://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: insert the following:

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State of Florida, Department of Management Services

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**Date:** September 1, 2007

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