

Summary of PPO Benefits

Benefit Period April 1-March 31



A PPO, or Preferred Provider Organization, offers two levels of benefits. If you receive services from a provider who is in the PPO network, you'll receive the highest level of benefits. If you receive services from a provider who is not in the PPO network, you'll receive the lower level of benefits. In either case, you coordinate your own care. There is no requirement to select a Primary Care Physician (PCP) to coordinate your care. Below are specific benefit levels.

ICUBA

\$4,000/\$8,000 Deductible PPO Plan

Benefit	In-Network	Out-of-Network
	<i>(Coinsurance and Copays displayed as Employee responsibility)</i>	
Deductible Per Benefit Period (PBP)		
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
Coinsurance	30%	50%
Out-of-Pocket Maximums PBP <i>(includes deductible, coinsurance, and medical copays)</i>		
Individual	\$5,350	\$10,700
Family	\$10,700	\$21,400
Lifetime Maximum	No Maximum	
Physician Office Visits <i>(Internal Medicine, General Practice, Family Practice, Pediatrician, OB/GYN)</i>	0% after \$35 copay (not subject to deductible)	50% after deductible
Blue Distinction Total Care Office Visit <i>(Internal Medicine, Family Practice, Pediatrician)</i>	\$0 copay (not subject to deductible or copayment)	N/A
Teladoc Telemedicine Visit	0% after \$5 copay	N/A
Maternity Office Visit Benefit <i>(initial OB visit only)</i>	0% after \$35 copay (not subject to deductible)	50% after deductible
Specialist Office Visits	0% after \$70 copay (not subject to deductible)	50% after deductible
Independent Clinical Labs ** <i>(free standing facilities and office visits)</i>	0% (not subject to deductible)	50% after deductible
Outpatient Facility (Hospital setting)***	30% coinsurance	
Preventive Care - Annual Physical and Gynecological exam	0% (not subject to deductible)	Not Covered
Chlamydia and STD tests	0% (not subject to deductible)	Not Covered
PAP tests	0% (not subject to deductible)	Not Covered
Prostate cancer screenings (PSA)	0% (not subject to deductible)	Not Covered
Mammograms and Ultrasounds of the Breast	0% (not subject to deductible)	Not Covered
Urinalysis	0% (not subject to deductible)	Not Covered
Venipuncture/Conveyance Fee	0% (not subject to deductible)	Not Covered
General Health Blood Panel, Glucose Test, Lipid Panel, Cholesterol, and ALT/AST.	0% (not subject to deductible)	Not Covered
Adult and Pediatric Immunizations	0% (not subject to deductible)	Not Covered
Related Wellness Services (e.g., blood stool tests, colonoscopies, sigmoidoscopies, electrocardiograms, echocardiograms, and bone mineral density tests)	0% (not subject to deductible)	Not Covered

** Quest Diagnostic Labs is the In-Network Lab for BlueCross BlueShield of Florida.

***Outpatient Facility Lab – If you go to your doctor's office at/in a hospital facility and have lab work done(ex: Moffitt Center)

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Benefit	In-Network	Out-of-Network
	<i>(Coinsurance and Copays displayed as Employee responsibility)</i>	
Allergy Injections	0% (not subject to deductible)	50% after deductible
Emergency Room Services	0% after \$500 copay (waived if admitted)	
Medically Necessary Emergency Transportation	0% after \$250 copay	
Convenient Care Clinic (Retail) Minute Clinic- CVS/Healthcare Clinic - Walgreens	0% after \$10 copay	
Urgent Care Center	0% after \$70 copay	
Hospital Expenses		
Inpatient	30% after deductible	50% after deductible
Outpatient	30% after deductible	50% after deductible
Outpatient Surgery Office Setting		
Physician	0% after \$35 Copay	50% after deductible
Specialist	0% after \$70 Copay	
Outpatient Facility	30% after deductible	50% after deductible
Related professional services	30% after deductible	50% after deductible
Infertility Services (Counseling and testing to diagnose only)	30% after deductible	50% after deductible
Outpatient Physical Therapy ****	0% after \$40 copay (not subject to deductible) Limit: 30 visits/ benefit period	50% after deductible
Outpatient Speech Therapy **** (Restorative services only)	0% after \$40 copay (not subject to deductible) Limit: 30 visits/ benefit period	50% after deductible
Outpatient Occupational Therapy	0% after \$40 copay (not subject to deductible) Limit: 30 visits/ benefit period	50% after deductible
Spinal Manipulation	0% after \$40 copay (not subject to deductible) Limit: 60 visits/ benefit period	
Diagnostic Services (X-Ray and other tests)	30% after deductible	50% after deductible
Outpatient Diagnostic Imaging (MRI, MRA, CAT Scan, PET Scan)	Allowed Charges up to \$500 Copay	50% after deductible
Durable Medical Equipment (DME)	\$2,000 Deductible of the \$4,000 Individual Deductible must be satisfied before 30% coinsurance applies	50% after deductible
Prosthetic Appliances		50% after deductible
Hearing aid screening/exam	30% (not subject to deductible)	
Hearing aid	30% after in-network DME deductible Combined limit: \$1,500/ benefit period	
Temporomandibular Joint Disorder (Medical necessity required; excludes appliances and orthodontic treatment)	30% after deductible	50% after deductible
Inpatient Rehabilitation	30% after deductible Limit: 60 days/ benefit period	50% after deductible
Skilled Nursing Rehabilitation	30% after deductible Limit: 60 days/ benefit period	50% after deductible
Home Health Care	30% after deductible	50% after deductible
Private Duty Nursing	30% after deductible	50% after deductible
Hospice (Inpatient and Outpatient Care)	0% (not subject to deductible)	50% after deductible
Mental Health, Substance Abuse Benefits are provided by Aetna Behavioral Health - Available 24 hours at 877-398-5816		
Mental Health/Substance Abuse		
Inpatient	30% after deductible	50% after deductible
Outpatient	0% after \$35 copay	50% after deductible

****Up to 60 visits/benefit period combined with occupational therapy.

Note on Out-of-Network Providers: Services rendered by an out-of-network provider may be subject to balance billing by the out-of-network provider for the difference between the allowed amount and provider billed charges. This is not intended as a contract of benefits. It is designed purely as a reference of the many benefits available under your program. Please see your Plan Document for detailed information on plan terms and the appeals process.

ICUBA April 1, 2018 – March 31, 2019 Prescription Medication Plan

The following is a brief overview of your pharmacy benefit[‡]. To help keep your costs low, ICUBA pays a portion of the cost, and you pay the rest.

30-Day Supply

Nationwide Pharmacy Network

You have access to more than 62,000 chain and independent pharmacies including: Costco, CVS, Publix Super Markets Inc., Walgreens, Target, The Medicine Shoppe, Walmart, Winn-Dixie Stores, Inc.

90-Day Supply

Convenient Mail Service Pharmacy

Home Delivery is an easy way to receive up to a 90-day supply of your maintenance medication delivered by mail to your door. Standard shipping is free. Orders are shipped in confidential, tamper-evident packaging from Home Delivery pharmacies. Call toll-free at (800) 763-0044.

90-Day at Retail Program

This program allows you to obtain a 90-day supply of your maintenance medication at more than 45,000 participating community pharmacies.

Out-of-Pocket Maximum

In-network Rx copays will be applied toward an individual maximum out-of-pocket of \$2,000 and \$4,000 for family. Once you reach your out-of-pocket maximum, your prescriptions will be paid at 100% by the plan and no cost to you (\$0 copay).

Diabetic Supplies

The following prescribed diabetic supplies are covered at 100%, \$0 copay: meters, lancets, lancing devices, test strips, control solution, insulin needles and syringes.

Over-The-Counter and Generic Preventive Medications

With a prescription from your physician, the following OTC and generic preventive medications are covered as part of your pharmacy benefit with \$0 copay: Aspirin for adults, prenatal vitamins or folic acid for women planning or capable of pregnancy, iron supplementation, oral fluoride supplementation for children, vaccines, Vitamin D for adults, bowel preparation agents for colorectal cancer screening, and select statins for prevention of cardiovascular disease (CVD).

Tobacco Cessation

Tobacco cessation medications are covered with \$0 copay when you participate in coaching or counseling options through local Area Health Education Centers, BCBS telephonic coaching or Resources for Living counseling. (See flyer for more information!)

Specialty Medications

Certain medications used for treating complex health conditions (e.g. Hepatitis, HIV/AIDS, Oncology, etc.) must be obtained through Briova Specialty Pharmacy. Call Briova toll-free at (855) 4BRIOVA.

Optum Rx Web Portal

Find answers by visiting the OptumRx Portal through the single sign-on section at ICUBAbenefits.org with features designed so you can find your lowest copay, manage your Home Delivery prescriptions, keep track of your health history and more!

Health Care Advisor

If you have a question about your pharmacy benefit, call the Health Care Advisor team toll-free at (855) 811-2213, 24 hours a day, 7 days a week.

Copayments	Prescription-Fill Methods*		
	Retail: Up to a 30-day supply	90-Day at Retail Program Up to a 90-day supply	Mail: Up to a 90-day supply
Tier			
Preferred generics at the Nova Southeastern University (NSU) pharmacy	\$0	\$0	N/A
Preferred generics at other network pharmacies	\$5	\$10	\$10
Non-Preferred generics	\$10	\$20	\$20
Preferred brands: brand-name medications on the Preferred Medication List (PML)**	\$40	\$80	\$80
Non-preferred brands: brand-name medications not on the Preferred Medication List	\$75	\$150	\$150
Preferred specialty at Briova Specialty Pharmacy	\$75***	N/A	N/A
Non-preferred specialty at Briova Specialty Pharmacy	\$75***	N/A	N/A

[‡] Prior authorization may be required to ensure safe and effective use of select prescription drugs. Your physician may be asked to provide additional information to determine medical necessity.

* Unless medically necessary, members will be required to pay the difference in cost between a brand and generic drug if the brand is requested when a generic equivalent is available.

** The PML is a list of medications preferred by your plan that can help you maximize your pharmacy benefit by minimizing your prescription costs. You can view the PML online by visiting optumrx.com/mycatamaranrx.

*** Specialty medications are limited to a 30 Day Supply. Copay Assistance Cards are acceptable to preferred specialty product

\$4,000/\$8,000 Deductible PPO Plan

Aetna Behavioral Health and Substance Abuse

Aetna Open Choice PPO Network

EAP, Mental Health, Substance Abuse Benefits and Applied Behavioral Analysis (ABA) are provided by Aetna Behavioral Health Available 24 hours at 877-398-5816		
Deductibles and Out of Pocket Maximum Amounts are COMBINED with BCBS Medical		
	In Network	Out of Network
Employee Assistance Program (EAP) <i>Up to 6 short-term professional counseling sessions per episode per year. Talk with a licensed clinician regarding stress, relationship issues, grief, etc.</i>	\$0	No coverage
Inpatient*	30% after deductible	50% after deductible
Mental Health Hospital Admission*	30% after deductible	50% after deductible
Substance Abuse Hospital Admission*	30% after deductible	50% after deductible
Residential* <i>Residential Services focus on evaluating and stabilizing the patient. They help the patient learn effective ways to cope with the symptoms and impact of the patient's illness. Patients typically stay as needed to prepare for a successful transition into outpatient services.</i>	30% after deductible	50% after deductible
Inpatient Detoxification* <i>Inpatient detoxification provides 24 hour treatment in a residential or hospital setting for patients who are abusing alcohol or other physically addictive drugs. This level of care provides medical services and physician supervision. Patients typically stay in detoxification only as long as their withdrawal symptoms require 24 hour medical and nursing services. Detoxification services include preparation for transition to the next level of care in the process of recovery.</i>	30% after deductible	50% after deductible
Outpatient	\$35 copayment (not subject to deductible)	50% after deductible
Professional Counseling Sessions <i>Talk with a licensed clinician regarding anxiety, attention deficit hyperactivity disorder (ADHD), depression, mood disorders, oppositional defiance disorder (ODD), schizophrenia, trauma, etc.</i>	\$35 copayment (not subject to deductible)	50% after deductible
Psychiatric Medication Evaluation	\$35 copayment (not subject to deductible)	50% after deductible
Applied Behavioral Analysis Therapy <i>Behavioral health services related to Autism Spectrum Disorder (ASD) diagnosis</i>	\$35 copayment (not subject to deductible)	50% after deductible
Partial Hospitalization (PHP)* <i>These programs are longer and more intensive than an IOP, usually 4-6 hours per day, 5-7 days per week. Services are designed to address mental health and/or substance abuse-related disorders. They include physician and nursing services, as well as group, individual, family or multi-family group psychotherapy, psycho-educational services, and other services. These programs are often used in lieu of an inpatient stay, or as a transition from an inpatient stay.</i>	\$35 copayment (not subject to deductible)	50% after deductible
Outpatient Detoxification* <i>These programs offer outpatient services that monitor withdrawal from alcohol or another substance of abuse. They can administer medications that assist with detoxification and recovery from addiction.</i>	\$35 copayment (not subject to deductible)	50% after deductible
Intensive Outpatient Sessions (IOP)* <i>These planned and structured programs are usually 2-3 hours/day (or evening), and 3-7 days per week. These programs are designed to address mental health or a substance abuse-related disorder. They may include group, individual, family or multi-family group psychotherapy, psycho-educational services, and other services.</i>	\$35 copayment (not subject to deductible)	50% after deductible
AbleTo <i>16 week program for select conditions</i>	\$0	No coverage

*Services require prior-authorization