



Welcome to Blue Cross and Blue Shield of Florida, Inc.

For members of ICUBA

April 2018





Welcome

Take a few minutes to get to know your health plan

With benefits through Blue Cross and Blue Shield of Florida, Inc. (BCBSF), you'll find that it's good to be Blue[®]. You have access to top-quality care from the largest provider network in the nation.

Your BCBSF membership comes with excellent resources to help you understand your health plan and how to make the most of it. Throughout this guide, these symbols will indicate where you can go to access tools and information for a specific topic:



Visit our main website at www.MyHealthToolkitFL.com.



Members, go to our main website and log in to your **My Health Toolkit[®]** account.



Call the number on the back of your membership card to speak to a **customer service advocate**.





We've got you covered with your membership card

Get to know your card. Your BCBSF membership card contains important information. Keep it with you at all times and show it to your health care provider at the beginning of your visit.

The diagram shows a membership card with the following details:

- Member Name:** NORAH K STARK
- Member ID:** ABC123456789012
- Website:** MyHealthToolkitFL.com
- Plan Type:** PPO®

Callouts provide additional information:

- Subscriber Name:** The subscriber's name will appear on the card. Other family members covered by the health plan can use the card, but only the subscriber's name will be on it.
- Member ID:** Your member ID contains a set of letters and numbers that are unique to you.
- My Health Toolkit:** Visit our main website for additional information and to log in to your My Health Toolkit account.

A convenient new option: Your digital ID card

You'll soon have access to a digital ID card from BlueCross. You can email or print your card from your computer or mobile device. This way, your card is always with you.

-  Log in to **My Health Toolkit** from your mobile device.
- Select **Insurance Card** from the main menu.



My Health Toolkit

My Health Toolkit is the one-stop shop for answers about your health care — customized just for you! It has everything you need to understand your health plan coverage and manage your benefits. All members ages 16 and older, including spouses and dependents, should sign up for an account. It's easy to register and it's free.

Register in just a few clicks

1. Go to www.MyHealthToolkitFL.com or your single sign-on at icubabenefits.org.
2. Click the **Register Now** button on the right-hand side of the page.
3. Enter the **Member ID** located on your membership card.
4. Follow the instructions to **Create Your Profile**.

What if you don't know your Member ID?

No problem. After you select **Register Now**, select **Haven't received your membership card?** Enter the subscriber's Social Security number and *your* date of birth, then follow the instructions to **Create Your Profile**.

Inside your toolkit

My Health Toolkit is filled with resources that are customized to you and your health benefits. Look for this icon throughout the guide to learn more about what's inside. 



Find the right doctor, choose the right care

It's a big decision. Who will you turn to when you have a nagging health problem, a sick child or symptoms that might be serious — or might not? The online Doctor and Hospital Finder makes the decision a lot easier.

How to use the Doctor and Hospital Finder

1.  Log in to [My Health Toolkit](#)
2. Select the [Resources](#) tab
3. Click [Find a Doctor or Hospital](#)

You can search by city or ZIP code for doctors near your home or work. Or narrow your search to find specialists, such as pediatricians or allergists. If you already have a doctor's name, you can see whether he or she is in your network. You can even do an advanced search for doctors who match your gender or language preferences.

What do other patients think?

See how other members rated the doctor you are considering. During your search, you can:

- See the percentage of members who recommend the provider or facility.
- Use the star ratings to gauge other members' experiences at-a-glance.
- Check out the member comments, pros and cons.

Rate your own doctor

 After you see a doctor, share your experience to help others make the right decision. After your claim is processed for the visit:

- Log in to [My Health Toolkit](#)
- Select the [Resources](#) tab
- Click [Rate Your Visit](#)



Know before you go with the Treatment Cost Estimator

Lots of people like surprises — but not when it comes to your medical bill. Our online Treatment Cost Estimator can help you avoid that type of surprise. Using this tool beforehand can help you make better decisions about many common medical tests and procedures.



You've probably heard there can be huge differences in the prices different health care providers charge for the same test or surgery. It's hard to sort these things out. The Treatment Cost Estimator gathers claims data from around the country. Then it shows you details on cost, quality and location. It estimates your costs based on your benefits plan, deductible and out-of-pocket status.

For example, say you need arthroscopic surgery and cartilage repair on your knee. This tool will show you data on certain hospitals, including how far away they are, how many members have gone there for this knee surgery, the estimated total cost and the estimated amount you would pay.

Blue Distinction Specialty Care

Are you scheduling one of these procedures?

- Bariatric Surgery
- Cardiac Care
- Knee and Hip Replacement
- Spine Surgery
- Transplants
- Maternity Care

If so, look for Blue Distinction Centers and Blue Distinction+ Centers. The hospitals recognized by the Blue Distinction program have proven to deliver better results — including fewer complications and readmissions — than those without these designations.

When using the Treatment Cost Estimator, your search results will indicate any hospital recognized with Blue Distinction designation.

To use the Treatment Cost Estimator

1. Log in to **My Health Toolkit**.
2. Select the **Resources** tab.
3. Click **Treatment Cost Estimator**.



Save Money by Choosing Blue Distinction[®] Total Care (BDTC) Doctors

Need to see a doctor? **Choose family physicians, internal medicine physicians or pediatricians with a BDTC designation and your copayment will be \$0.** This is an enhanced benefit for members of the ICUBA health plan through Blue Cross and Blue Shield of Florida, Inc. (BCBSF).

What is a BDTC designation?

Doctors with this recognition are dedicated to improving the quality of care for their patients. They also specialize in care for people with chronic conditions — such as diabetes, asthma, COPD and heart problems — to ensure each person receives preventive screenings and

follow-up care. BDTC designation does not necessarily mean they provide a higher standard of care than other doctors. It means these doctors take part in a quality improvement program recognized by BCBSF.

How do I find a BDTC doctor?

Use the online Doctor and Hospital Finder to locate doctors with a BDTC designation:

Step 1: Log in to My Health Toolkit[®].

Go to www.MyHealthToolkitFL.com and log in to your member account.



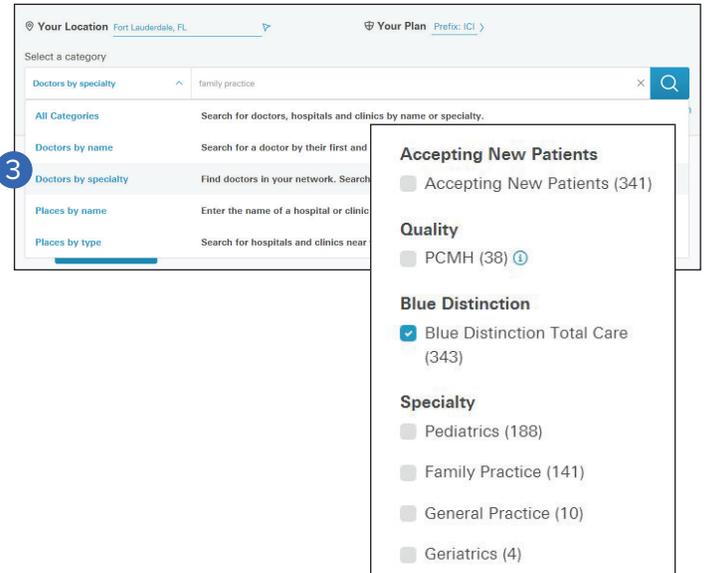
Step 2: Open the Doctor and Hospital Finder.

Under the **Resources** tab, select **Find a Doctor** or **Hospital**.



Step 3: Add search criteria.

- Choose your **location**.
- Enter **“ICI”** as the first three letter of your member ID.
- Select a category from the drop-down menu.
- Enter your search term and select the search button.
- Select **Blue Distinction Total Care** from Refine Tool on the left side of the page.



Which doctor is right for me?

Jane Doctor, MD
Family Practice

★★★★★

2002, USA Medical University

Jane Doctor
1243 Care Corner
Suite 211
Anytown, USA 54321
Ph. (555) 397-2199
Affiliations: Healthy Medical Center

SAVE AND COMPARE

John Doctor, MD
Family Practice

★★★★★

1993, University Medical School

John Doctor
123 Main Street
Suite 803
Anytown, USA 54321
Ph. (555) 812-9715
Affiliations: Healthy Medical Center

SAVE AND COMPARE

Your search results will include all BDTc doctors in your area. Select the name of any doctor to see detailed information such as education, hospital affiliations, certifications and reviews from other patients.

When you find a doctor who might be right for you, select **Save and Compare**. To view your saved selections, select the drop-down arrow at the top right. You can select specific doctors in your list for a side-by-side comparison.

Take advantage of the detailed information available in the Doctor and Hospital Finder to decide which doctor is right for you!



MyHealthToolkitFL.com



Explanation of Benefits

Be a smart health care consumer

Don't let that bill from your doctor frighten you. As our member, you have the upper hand when it comes to managing your health care costs. Before you pay a bill, take a quick look at your Explanation of Benefits, or EOB.

What's an EOB?

This is a report that's created whenever your health insurance processes a claim. An EOB shows you:

- How much your doctor charged for services
- How much your health plan paid
- The amount applied toward your deductible
- The amount you owe out of pocket

Why is it important to check your EOB?

The amount you pay your doctor depends on your particular health plan. But checking your EOB can help you be sure you pay the right amount. The amount the doctor or hospital is billing you should match the amount on your EOB, as long as you do not have a previous balance. Are they billing you for more than what is reflected on your EOB? If they do, review the EOB with your provider to make sure you do not pay more than you should.



View your summary EOB

-  Log in to [My Health Toolkit](#)
- Select the [Benefits](#) tab
- Click [Claims Status](#)
- Click "View Your Summary of Explanation of Benefits"

View an individual EOB for a specific service

-  Log in to [My Health Toolkit](#)
- Select the [Benefits](#) tab
- Click [Claims Status](#)
- Search by date of service, date range or claim number
- Or select a claim from the Claims Status List

We encourage you to go paperless!

Choose paperless notifications and we'll email you whenever a new EOB is ready to view:

-  Log in to [My Health Toolkit](#)
- Select the [Profile](#) tab
- Select [Change Notifications](#)
- Click [Online](#) as your preference



Details, details

Information to make sure you're covered

Coordination of benefits

Coordination of benefits — COB, for short — affects your benefits when you or a family member also are covered under another health insurance plan. COB makes sure the right plan processes your claims first. It prevents overpayments and duplication of services. And that helps keep costs down for everyone.

What you need to do: Be sure we have up-to-date information about your other insurance. That way we can process your claims correctly and promptly.

- If you receive an Other Health Insurance Questionnaire in the mail, fill it out and return it right away. Even if you do not have coverage with another health plan, we need to know that, too.
- 🛠️ You also can give us this information by logging in to **My Health Toolkit**. Select the **Benefits** tab, then **Other Health Insurance**.
- 📞 Or call the number on the back of your membership card and provide the information to a customer service advocate.

We appreciate your help with this.

Special enrollment rights

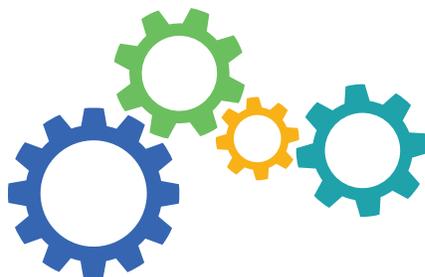
Special enrollment rights may apply to you, your spouse or other dependents even after you have declined coverage.

- For example, you might have declined coverage because other health insurance or another group health plan was in effect. Later, you may want to seek coverage with this plan if you or your dependents became ineligible for the other coverage or the employer stops contributing to the other coverage. You must request our coverage within 30 days after this other coverage ends OR after the employer contribution stops.

- You also may be able to get coverage if you have a new dependent because of marriage, birth, adoption or placement for adoption. Again, you must request enrollment within 30 days of the event.

Please note that you may have been required to provide a written statement when you declined enrollment with us. If you did not provide this written statement, this health plan is not required to grant special enrollment rights to you or your dependents.

For more information, contact your employer's benefit department.





Helpful terms

Words commonly used in health care

Health care lingo can be confusing. But it's important to understand your health benefits and how they work. Here are some terms you might need to know.

Benefits: The items or services covered by your health insurance plan.

Claim: A request for payment that you or your health care provider submits to your health insurance company after you receive services.

Coinsurance: Your share of the costs for a covered health care service, calculated as a percentage. You pay coinsurance plus any deductibles you owe. For example, say your health plan's allowed amount for an office visit is \$100 and you've met your deductible. Your coinsurance payment of 20 percent would be \$20. Your health plan pays the rest of the allowed amount.

Copayment: The fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary, depending on the provider and the type of health care service.

Deductible: The amount you pay for services received before your health plan begins to pay. For example, if your deductible is \$1,000, your health plan will not pay for covered services until you've paid \$1,000 toward your covered health care expenses. After that, your health plan will pay for all covered services until the end of that benefit year.

Dependent: A child, spouse or other family member covered by a subscriber's health plan. For example, an employer-sponsored health plan may cover the employee (subscriber), plus the employee's spouse and their children (dependents).

Facility: The location where you receive health care services. For example, a medical facility could be a doctor's office or a hospital.

Network: The facilities, providers and suppliers your health plan contracts with to provide health care services. You will typically pay less for services received in network versus out of network.

Out of pocket: These are your costs for medical care expenses that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance and copayments for covered services, plus all costs for services that aren't covered.

Subscriber: The person who enrolls in a health plan. There is only one subscriber per health plan. The subscriber can add eligible dependents to a family health plan.

Preauthorization: A decision verifying that a service, prescription drug or type of treatment is medically necessary. Certain services and medications require preauthorization before you receive them, except in an emergency. You might also hear this referred to as precertification or prior authorization.

Premium: The amount you pay for your health plan, usually biweekly or monthly.

Provider: This can refer to the medical professional who delivers care or the location where you receive health care services. For example, your provider could be a doctor, specialist, nurse practitioner or hospital.

Primary care physician (PCP): The main doctor and primary contact for your health care services. Your PCP coordinates care if you need to see other doctors or specialists.

Radiology: Procedures such as X-rays, ultrasounds and magnetic resonance imaging (MRI) that are used to detect medical conditions.

Specialist: A doctor or health care professional who focuses on a specific area of medicine. For example, pediatricians, dermatologists and cardiologists are specialists.

Telehealth: Allows a patient to connect with a health care provider through an electronic device such as a smartphone or computer. Licensed telehealth providers offer non-emergency consultations for a variety of conditions and can prescribe medication, when appropriate.



You've got a health coach in your corner

Ready to get on track with your health but not sure where to start? You don't have to figure it out on your own. Your health plan includes one-on-one coaching from a health care professional for free. **Just call 855-838-5897.**

What is a health coach?

Our team of nationally accredited health coaches includes registered nurses, dietitians, health educators, respiratory therapists, certified diabetes educators, licensed behavioral health specialists and other health and well-being professionals. Wherever you are in your journey, we can connect you to the right coach. He or she will work with you to make positive, meaningful changes at your own pace.

Behavioral and chronic disease coaching

- Attention deficit hyperactivity disorder (ADHD)
- Asthma (pediatric and adult)
- Bipolar disorder
- Coronary artery disease (CAD)
- Congestive heart failure (CHF)
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Diabetes (adult and pediatric)
- Hypertension (high blood pressure)
- Hyperlipidemia (high cholesterol)
- Metabolic health
- Migraine
- Recovery support

Wellness and healthy lifestyle coaching

- Back care
- Maternity (pregnancy and postpartum care)
- Stress management
- Tobacco-free living
- Weight management (adults and children)

Ready to become a healthier you?

 To learn more and download resources, log in to **My Health Toolkit**, select the **Wellness** tab, then click **Health Coaching**.

To enroll, call the health coaching team at **855-838-5897**.



When you have questions, we'll help you get answers

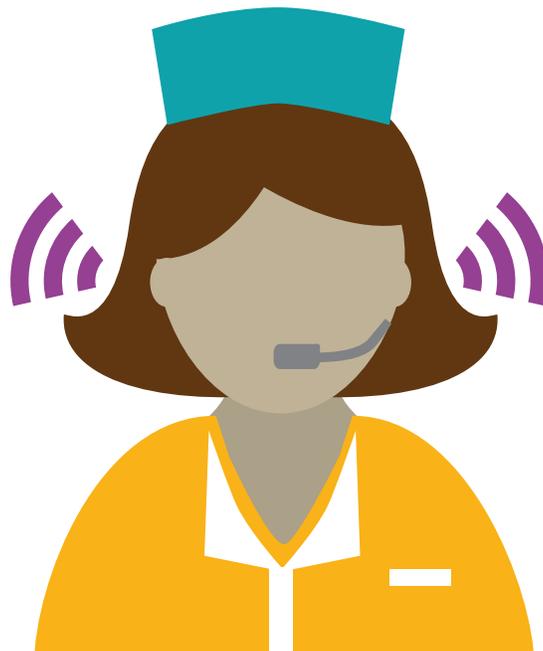
The health care system can seem confusing when you're trying to get reliable information. That's why we offer Essential AdvocateSM as a free service of your health plan.

Call Essential Advocate any time of the day, any day of the week. A care coordinator will connect you with a registered nurse or other expert who can provide information, support or health pointers. For example, you can get help with:

- Concerns about medications and side effects.
- Finding a doctor, specialist or urgent care center.
- Scheduling an appointment with your doctor.
- Comparing costs before scheduling medical treatment.
- Preparing for surgery and taking steps for a healthy recovery.
- Locating helpful programs and resources in your community.

Try using Essential Advocate when you have questions. It can make navigating the health care system a little simpler.

Call toll free: 888-521-2583





Better begins now with Rally[®]

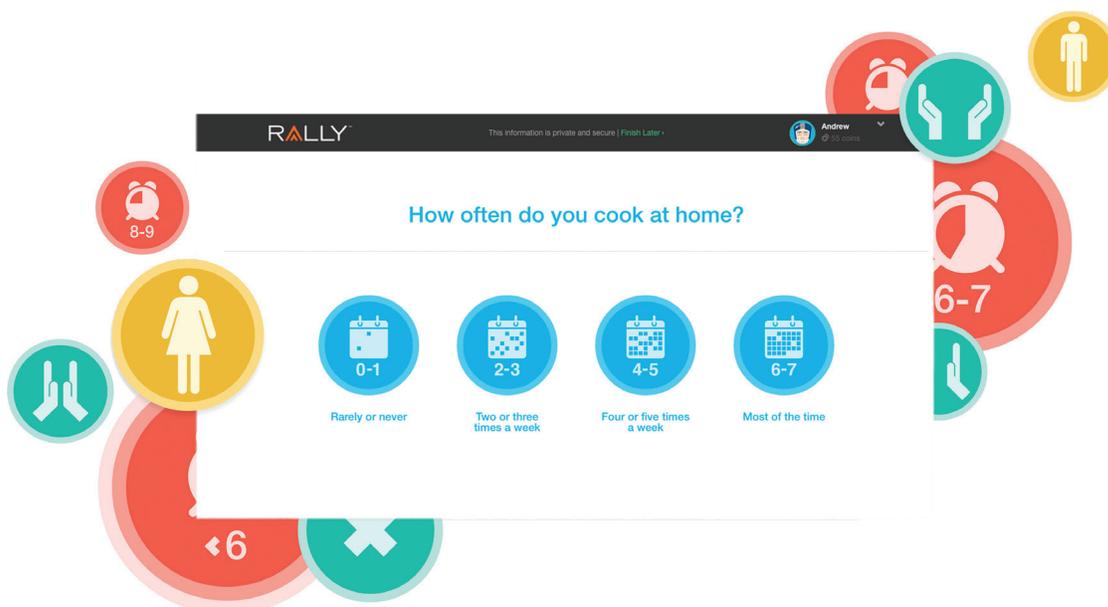
Rally is a website and mobile app that offers personalized recommendations to help you move more, eat better and feel great. Rally is a product of Rally Health Inc., an independent company that offers a digital health platform on behalf of your health plan. Here's how it works.

Create your user account

 Log in to My Health Toolkit. Select the Wellness tab, then click Rally. If this is your first time visiting Rally, select "Sign Up" and follow the instructions to complete registration.

Take your health survey

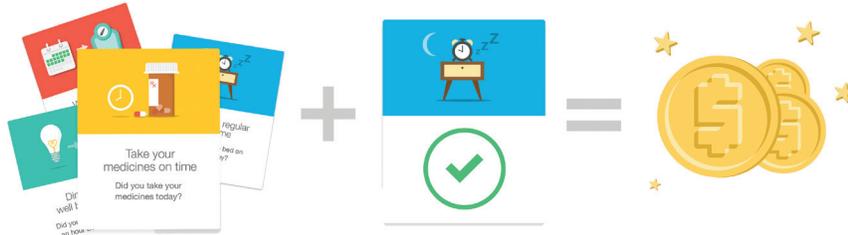
Rally gets to know you with a fast and fun health survey. When you complete the survey, you'll find out your Rally Age, a snapshot of your overall health.





Choose missions

Based on your responses to the health survey, Rally will recommend missions. These are simple activities designed to improve your diet, fitness and mood. You can start easy and level up when you're ready.

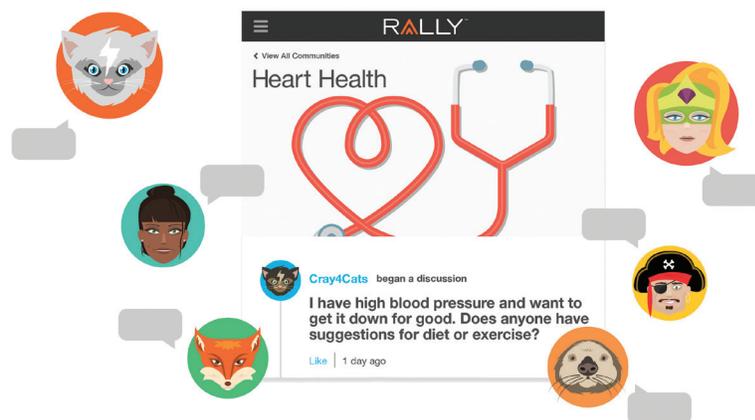


Compete in challenges

Sync your personal fitness device to your Rally account and join challenges. You can explore destinations around the world using your own steps on a virtual course. Compete against other Rally users and keep moving to meet daily or weekly milestones.

Join communities

Joining communities is a great way to get more involved with your health by meeting and interacting with Rally users who share your interests. When you join a community you can ask questions, get involved in discussions, meet and follow coaches, and more.



Earn rewards

For almost everything you do in Rally — completing your health survey, even just logging in — you will earn coins. You can use those coins to enter rewards sweepstakes in the Rally Auction Store or WIN NOW on select purchases. There are always new sweepstakes launching and some allow you to enter multiple times to increase your odds. So keep an eye on your coin balance and don't miss opportunities to win great rewards!



Quality care ... anytime and anywhere with Teladoc[®]

Why wait for the care you need now? Teladoc gives you 24/7/365 access to a board-certified physician through the convenience of phone or video consults for a low **\$5 copay**. Teladoc is an independent company that provides telehealth consultation services on behalf of your health plan.

The care you need

Teladoc doctors can treat many of the most common medical conditions, including:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Urinary tract infections
- Respiratory infections
- Sinus problems
- And more!

They can also write prescriptions according to the regulatory guidelines of your state.

When you need it

Teladoc has a national network of doctors ready to answer your call. With an average call back time of only eight minutes, you can forget about spending hours in the waiting room. Now, you can quickly and easily consult with an experienced doctor from the comfort of your home.

It's easy to get started

Grab your insurance card and go to www.Teladoc.com or call **800-TELADOC** to set up your account. Once you have an account, simply log in with your username and password whenever you need to consult with a Teladoc physician.

**Want to know more? Please visit your health plan's website to learn more about using Teladoc.
1-800-TELADOC**



Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعدك أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háida bíká'aná nílwo'ígíí díí Béeso Ách'ááh naa'níłgi háá'ída yí na' ídł'kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'íshíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdzih nínízingo, kojí' béesh bee hólne' 1-844-516-6328. (Navajo)

Clip and keep this wallet card.

Skip the waiting room

Teladoc[®]

1-800-TELADOC
www.Teladoc.com



Blue Cross and Blue Shield of Florida, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. Teladoc is an independent company that provides telehealth consultation services on behalf of your health plan.

Clip and keep this wallet card.

When you need medical advice, call

Essential AdvocateSM

888-521-2583
Reliable health care answers



Blue Cross and Blue Shield of Florida, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

Clip and keep this wallet card.

Call the Health Management team and
get connected to your personal health coach

Health Coaching

855-838-5897



Blue Cross and Blue Shield of Florida, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

Resources for Living

1-877-398-5816

www.resourcesforliving.com

Username: ICUBA

Password: 8773985816

Solutions for living well at
home and at work

Confidential services
available 24 hours a day,
7 days a week

Resources For Living

Just a call or a click away, we can help you find information and
resources on issues including:

- Stress
- Family/Parenting issues
- Anxiety/depression
- Child/elder care
- Anger management
- Alcohol/substance abuse problems
- Marital/relationship issues
- Legal/financial services

The EAP is administered by Resources For Living.

All calls are confidential, except as required by law (i.e. when a person's emotional condition is a threat to himself/herself or others, or there is suspected abuse of a minor child, and in some areas, spousal or elder abuse).

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