

ICUBA PREMIUM FOR THE PLAN YEAR BEGINNING APRIL 1, 2023

BLUECROSS BLUESHIELD MEDICAL	COVERAGE TIER	MONTHLY RATES	ANNUAL ENROLLMENT INFORMATION
<u>RETIREE UNDER 65</u> PREFERRED PPO PLAN	Individual Individual+Spouse Individual+Child(ren) Family	\$742.00 \$1,581.00 \$1,337.00 \$2,082.00	<p>If you are not making changes to your current elections or coverage level, no action is required. Your current elections will carry forward at the rates listed in the table to the left.</p> <p>If you would like to change your coverage, please complete the enclosed *COBRA Open Enrollment form and return it to:</p> <p>Ameriflex 7 Carnegie Plaza Suite 200 Cherry Hill, NJ 08003 Attn: COBRA Department</p> <p><i>*Please note, all retiree elections are processed through the COBRA Department at Ameriflex.</i></p> <p>If you have any questions, please contact Ameriflex by calling (888)-868-3539, emailing service@myameriflex.com, or visiting the Ameriflex resource page online at https://myameriflex.com/resources/.</p> <p>To access your account online, visit https://cobra.myameriflex.com/ and enter your username and password. If this is your first time accessing the portal, click the button labeled "New User Registration."</p> <p>For retirees aged 65 and older, enrollment in Medicare Part B is required. The ICUBA plan pays as if Medicare is the primary payer regardless of your election. If you do not enroll in Medicare Part B you may be subject to premium penalties from CMS for more information visit www.medicare.gov/.</p>
<u>RETIREE UNDER 65</u> HIGH DEDUCTIBLE PPO PLAN	Individual Individual+Spouse Individual+Child(ren) Family	\$736.00 \$1,568.00 \$1,064.00 \$1,781.00	
<u>RETIREE OVER 65</u> PREFERRED PPO PLAN	Individual Individual+Spouse Individual+Child(ren) Family	\$782.81 \$1,667.96 \$1,410.54 \$2,196.51	
<u>RETIREE OVER 65</u> HIGH DEDUCTIBLE PPO PLAN	Individual Individual+Spouse Individual+Child(ren) Family	\$776.48 \$1,654.24 \$1,122.52 \$1,878.96	
DELTA DENTAL INSURANCE	COVERAGE TIER	MONTHLY RATES	
<u>DENTAL PPO</u> BASE PLAN	Individual Individual+Spouse Individual+Child(ren) Family	\$23.80 \$55.32 \$55.32 \$91.59	
<u>DENTAL PPO</u> BUY UP PLAN	Individual Individual+Spouse Individual+Child(ren) Family	\$41.69 \$83.04 \$83.04 \$139.65	
<u>DENTAL HMO</u> HMO PLAN	Individual Individual+Spouse Individual+Child(ren) Family	\$11.83 \$23.73 \$23.73 \$36.85	
EYEMED VISION INSURANCE	COVERAGE TIER	MONTHLY RATES	
<u>VISION PPO</u> BASE PLAN	Individual Individual+Spouse Individual+Child(ren) Family	\$4.74 \$12.15 \$12.15 \$12.15	
<u>VISION PPO</u> BUY UP PLAN	Individual Individual+Spouse Individual+Child(ren) Family	\$7.38 \$18.87 \$18.87 \$18.87	

Summary of PPO Benefits

Benefit Period April 1, 2023 -March 31, 2024



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 Preferred PPO Plan

Benefit	In-Network	Out-of-Network
	<i>(Coinsurance and Copays displayed as Employee responsibility)</i>	
Deductible Per Benefit Period (PBP)		
Individual	\$2,500	\$4,000
Family	\$5,000	\$10,750
Coinsurance	20%	40%
Out-of-Pocket Maximums PBP <i>(includes deductible, coinsurance, and medical copays)</i>		
Individual	\$4,000	\$7,500
Family	\$8,000	\$15,000
Lifetime Maximum	No Maximum	
Physician Office Visits <i>(Internal Medicine, General Practice, Family Practice, Pediatrician, OB/GYN)</i>	\$15 copay (not subject to deductible)	40% after deductible
Total Care Physician Office Visit <i>(Internist, Family Practice, Pediatrician)</i>	0% (not subject to deductible or copayment)	N/A
Embold Physician Office Visit <i>(Primary Care, Pediatrician, Cardiology, Obstetrics, Joint care, Spine care, Endocrinology, Gastroenterology, Pulmonology, and Dermatology)</i>		
Teladoc Telemedicine Visit	0% after \$5 copay	N/A
Maternity Office Visit Benefit <i>(initial OB visit only)</i>	\$15 copay (not subject to deductible)	40% after deductible
Specialist Office Visits	\$35 copay (not subject to deductible)	40% after deductible
Independent Clinical Labs ** <i>(free standing facilities and office visits)</i>	0% (not subject to deductible)	40% after deductible
Outpatient Facility (Hospital setting)***	20% 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)



2023 Prescription Drug Benefit Overview

Effective **April 1, 2023**, Blue Cross and Blue Shield of Florida, Inc. is integrating with Optum Rx as ICUBA’s **new** pharmacy benefit manager. Optum Rx is an independent company that provides pharmacy services on behalf of your health plan. Your new prescription drug benefits under your ICUBA health insurance plan will make it easier to get care and will provide you and your doctor with choices. Understanding them can help you make the most of your benefits and save money on your medications.

We work with a group of doctors and pharmacists to decide which drugs to cover and at what copayment levels. This group also decides which drugs to include in the drug management programs described here.

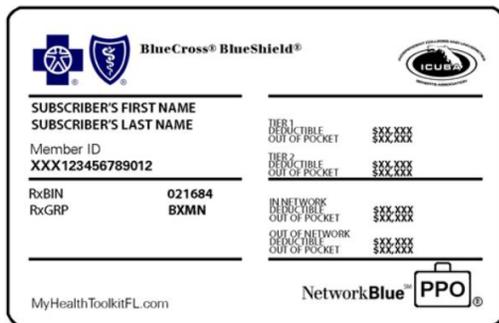
For more information, contact us at 855-258-9029. Find the most recent drug lists and program details at www.MyHealthToolkitFL.com.

ICUBA members also have access to the ICUBAcares Pharmacist Advocate Program. This program helps with all your prescription pharmacy benefit questions. These might include questions about side effects, drug interactions, prior authorizations or medication changes under the plan formulary. You can contact an ICUBAcares pharmacist at 877-286-3967.

Member Identification Card

We will send you a **new** ID card soon.

You will use your new ID card for **medical and pharmacy benefits**. Show this card at the pharmacy whenever you have a prescription filled.



Example Only

Formulary

Your prescription drug benefit is based on a list of covered drugs called the **Premium Formulary**. A group of network doctors and pharmacists chooses the drugs for the formulary based on their effectiveness, safety and value. If you want to save on drug costs, ask your doctor if a generic or preferred brand-name drug is right for you.

The formulary is subject to change without notice, but it typically changes twice a year. You can always find the most current copy of the formulary on our website.

Your Cost for Prescription Drugs

Your new pharmacy benefit is based on **tiers**. Tiers are the different cost levels you pay for medications. The prescription copayment tiers will remain the same with your new pharmacy benefits, but some of your prescriptions may change from one tier to another. If you are taking a drug that will move to a higher tier under your new benefit, we will send you a letter. Please see your plan benefit materials for details. We also have web tools to help you estimate your out-of-pocket costs.

Pharmacy Network

With almost 70,000 network pharmacies to choose from, it’s easy to find one near you. The network includes all major chains, as well as many independent drug stores. You can use the Pharmacy Locator at www.MyHealthToolkitFL.com. Make sure your pharmacy is part of our network before you have your prescriptions filled.

Drug Exclusions

Our pharmacy committee may decide to stop covering some drugs when safe, effective, less costly alternatives are available. You can find the **Excluded Drug List**, and information about how your doctor can request a formulary exception, at www.MyHealthToolkitFL.com. If a drug you are taking is excluded under your new benefit, we will send you a letter.

Specialty Drugs

Specialty prescription drugs treat complex or chronic medical conditions. **In 2023, Optum Specialty Pharmacy will continue to be your health plan's preferred specialty pharmacy.**

You **must** buy any drug on the specialty drug list at the preferred specialty pharmacy for it to be covered under your benefit. If you have a drug that's filled through the specialty pharmacy, it should transfer to your new benefit on or around April 1. You will get a letter in the mail if you need to take action.

Maintenance (90-Day Supply) Drugs

Mail Service: Optum Rx Home Delivery will continue to provide this service to you in 2023.

Most current mail-service prescriptions will transfer under your new benefit around April 1. You will get a letter in the mail if you need to take action.

Retail Pharmacies: Your pharmacy benefit allows you to fill 90-day supplies of long-term, maintenance medications **at any retail pharmacy**. This adds convenience by reducing your trips to the pharmacy. Ask your doctor to write your long-term medication prescription for a 90-day supply and take it to a retail network pharmacy.

Prior Authorization Program

If your doctor prescribes a medication that is included in our **Prior Authorization** program, he or she must request and receive approval before your plan will cover that drug. Recent prior authorizations should transfer to your new pharmacy benefit but may require an update before the prescription is filled. Please see the Prior Authorization Drug List on our website for information about how your doctor can request prior authorization.

Step Therapy Program

Step therapy requires members to try more cost-effective prescription drugs before trying, or "stepping up to," more expensive ones. If you have not tried one of these, you must do so, or your doctor must request an exception before you will have coverage under your plan.

Quantity Management Program

Quantity management limits the amount of certain medications we cover. For most medications, your benefit will only cover a set amount within a set time frame. Your doctor can request a medical necessity override to allow a larger amount of some of the drugs in this program.

Please Note:

If one of the listed programs affects you, we will send you a letter about what you need to do.

Opioid Management Program

To combat the ongoing national opioid crisis, we have a program based on U.S. Centers for Disease Control and Prevention (CDC) guidelines. It consists of daily quantity limits specific to each covered opioid drug and prior authorization requirements for certain prescribing situations. It limits the amount of opioid medication we will cover for first-time prescriptions.

Specialty Medical Benefit Management

Prior Authorization: Certain specialty drugs approved to be administered and billed under the medical benefit will require prior authorization beginning April 1.

Some of these drugs will only be approved for administration in certain places, such as an infusion suite or even the member's home with the help of a home health nurse. For these drugs, prior authorization will only be granted for you to get your drug in approved places of service.

Self-Administered Drug Block: Certain self-administered specialty drugs will not be covered under the medical benefit except in an inpatient hospital setting. These drugs will remain covered under the pharmacy benefit.

ICUBAcares Pharmacy Benefits

Advocate

The ICUBAcares Pharmacy Benefit Advocate Program serves as a link between the member, doctor, pharmacy and insurance company. It offers help with questions about side effects, drug interactions, prior authorizations, step therapy and medication changes under the plan formulary. Call an ICUBAcares pharmacist today at 877-286-3967.

ICUBA Preferred PPO Plan

Benefit	In-Network	Out-of-Network
	<i>(Coinsurance and Copays displayed as Employee responsibility)</i>	
Allergy Injections	0% (not subject to deductible)	40% after deductible
Emergency Room Services	0% after \$300 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 \$30 copay	
Hospital Expenses		
Inpatient	20% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible
Outpatient Surgery Office Setting (Physician or Specialist)	20% (not subject to deductible)	40% after deductible
Outpatient Facility	20% after deductible	40% after deductible
Related professional services	20% after deductible	40% after deductible
<i>Non-Emergent Surgeries with SurgeryPlus Please call 1-855-200-2119 for this separate benefit</i>	<i>Deductible and coinsurance are waived when utilizing SurgeryPlus services and network</i>	<i>Not Covered</i>
Infertility Services (Counseling and testing to diagnose only)	20% after deductible	40% after deductible
Outpatient Physical Therapy	\$20 copay (not subject to deductible) Limit: 60 visits/ benefit period	40% after deductible
Outpatient Speech Therapy (Restorative services only)	\$20 copay (not subject to deductible) Limit: 60 visits/ benefit period	40% after deductible
Outpatient Occupational Therapy	\$20 copay (not subject to deductible) Limit: 60 visits/ benefit period	40% after deductible
Spinal Manipulation	\$20 copay (not subject to deductible) Limit: 60 visits/ benefit period	40% after deductible
Diagnostic Services (X-Ray and other tests)	20% after deductible	40% after deductible
Outpatient Diagnostic Imaging (MRI, MRA, CAT Scan, PET Scan)	Allowed Charges up to \$500 Copay	40% after deductible
Durable Medical Equipment	20% after deductible	40% after deductible
Prosthetic Appliances	20% after deductible	40% after deductible
Hearing Care Services		
Hearing aid screening/exam	20% (not subject to deductible)	
Hearing aid	20% after in-network deductible Combined limit: \$1,500/ benefit period	
Temporomandibular Joint Disorder (Medical necessity required; excludes appliances and orthodontic treatment)	20% after deductible	40% after deductible
Inpatient Rehabilitation	20% after deductible Limit: 60 days/ benefit period	40% after deductible
Skilled Nursing Rehabilitation	20% after deductible Limit: 60 days/ benefit period	40% after deductible
Home Health Care	20% after deductible	40% after deductible
Private Duty Nursing	20% after deductible	40% after deductible
Hospice (Inpatient and Outpatient Care)	0% (not subject to deductible)	40% 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	20% after deductible	40% after deductible
Outpatient	\$15 copay (not subject to deductible)	40% after deductible

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. Effective 4/1/2023

ICUBA Preferred PPO Plan
Aetna Behavioral Health and Substance Abuse
Aetna Open Choice PPO Network
Plan Year April 1, 2023 through March 31, 2024

Employee Assistance Program (EAP), Mental Health, Substance Abuse Benefits and Applied Behavioral Analysis (ABA) Provided by Aetna Behavioral Health - Available 24/7 - 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*	20% after deductible	40% after deductible
Mental Health Hospital Admission*	20% after deductible	40% after deductible
Substance Abuse Hospital Admission*	20% after deductible	40% 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.</i>	20% after deductible	40% 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. Patients typically stay in detoxification only as long as their withdrawal symptoms require 24 hour medical and nursing services.</i>	20% after deductible	40% after deductible
Outpatient	\$15 copayment (not subject to deductible)	40% 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>	\$15 copayment (not subject to deductible)	40% after deductible
Psychiatric Medication Evaluation	\$15 copayment (not subject to deductible)	40% after deductible
Applied Behavioral Analysis Therapy* <i>Behavioral health services related to Autism Spectrum Disorder (ASD) diagnosis</i>	\$15 copayment (not subject to deductible)	40% 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 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>	\$15 copayment (not subject to deductible)	40% after deductible
Outpatient Detoxification <i>Monitor withdrawal from alcohol or another substance of abuse and may administer medications that assist with detoxification and recovery from addiction.</i>	\$15 copayment (not subject to deductible)	40% 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. They may include group, individual, family or multi-family group psychotherapy, psycho-educational services, and other services.</i>	\$15 copayment (not subject to deductible)	40% after deductible
AbleTo <i>Meet with a therapist and coach via web-based videoconferencing, or over the telephone for a 8 week program for select conditions including breast and prostate cancer recovery, heart problems, diabetes, depression, digestive health, pain management, respiratory problems, substance abuse, anxiety, postpartum depression, caregiver status (child, elder, Autism, etc.), grief/loss, and military transition.</i>	\$0	No coverage

*Services require prior-authorization



Resources for Living

Summary of PPO Benefits

Benefit Period April 1, **2023** -March 31, **2024**



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 High 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 \$15 copay (not subject to deductible)	50% after deductible
Total Care Physician Office Visit <i>(Internal Medicine, Family Practice, Pediatrician)</i>		
Embold Physician Office Visit <i>(Primary Care, Pediatrician, Cardiology, Obstetrics, Joint care, Spine care, Endocrinology, Gastroenterology, Pulmonology, and Dermatology)</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 \$15 copay (not subject to deductible)	50% after deductible
Specialist Office Visits	0% after \$35 copay (not subject to deductible)	50% after deductible
Independent Clinical Labs ** <i>(free standing facilities and office visits)</i> Outpatient Facility (Hospital setting)***	0% (not subject to deductible) 30% coinsurance	50% after deductible
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

ICUBA High Deductible PPO Plan

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Urgent Care Center	0% after \$30 copay	
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Inpatient	30% after deductible	50% after deductible
Outpatient	30% after deductible	50% after deductible
Outpatient Surgery Office Setting		
Physician	0% after \$15 Copay	50% after deductible
Specialist	0% after \$35 Copay	
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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
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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.</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. Patients typically stay in detoxification only as long as their withdrawal symptoms require 24 hour medical and nursing services.</i>	30% after deductible	50% after deductible
Outpatient	\$15 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>	\$15 copayment (not subject to deductible)	50% after deductible
Psychiatric Medication Evaluation	\$15 copayment (not subject to deductible)	50% after deductible
Applied Behavioral Analysis Therapy* <i>Behavioral health services related to Autism Spectrum Disorder (ASD) diagnosis</i>	\$15 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 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>	\$15 copayment (not subject to deductible)	50% after deductible
Outpatient Detoxification <i>Monitor withdrawal from alcohol or another substance of abuse and may administer medications that assist with detoxification and recovery from addiction.</i>	\$15 copayment (not subject to deductible)	50% after deductible
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AbleTo <i>Meet with a therapist and coach via web-based videoconferencing, or over the telephone for a 8 week program for select conditions including breast and prostate cancer recovery, heart problems, diabetes, depression, digestive health, pain management, respiratory problems, substance abuse, anxiety, postpartum depression, caregiver status (child, elder, Autism, etc.), grief/loss, and military transition.</i>	\$0	No coverage

*Services require prior-authorization



Resources for Living®

ATTENTION ICUBA MEMBERS

ICUBA April 1, 2023 – March 31, 2024 Prescription Medication Plan

ICUBA Pharmacy Benefit Prescription Plan Summary

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.

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.

Rx with Over-the-Counter (OTC) alternatives

The Rx with OTC strategy excludes certain prescription products when therapeutically acceptable over-the-counter (OTC) alternatives are available.

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.

Specialty Medications

Certain medications used for treating complex health conditions (e.g. Hepatitis, HIV/AIDS, Oncology, etc.) must be obtained through Optum Specialty Pharmacy with BlueCross BlueShield.

MyRx Toolkit and MyHealthToolkit

Find answers by visiting the **MyRx Toolkit** and **MyHealth Toolkit** through the single sign-on section at <http://ICUBAbenefits.org> to find your lowest copay, manage Home Delivery prescriptions, keep track of your health history and more!

Care Connected in your Corner

If you have a question about your pharmacy benefit, call the Care Connected team toll-free at **(855) 811-2218**, 24 hours a day, 7 days a week.



If you have a question about your pharmacy benefit, and would like to speak with a Pharmacist at ICUBAcares, call **(877) 286-3967**.

Copayments	Prescription-Fill Methods*			
	Tier	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
Low Cost Generics at the Nova Southeast University (NSU) Pharmacy		\$0	\$0	N/A
Low Cost Generics at all other network pharmacies		\$5	\$10	\$10
Preventive Generics****		\$0	\$0	\$0
Generics: Tier 1 Medications on the Premium Formulary (PF)**		\$10	\$20	\$20
Preferred Brands: Tier 2) Medications on the Premium Formulary		\$40	\$80	\$80
Non-Preferred Brands: Tier 3 Medications Premium Formulary		\$75	\$150	\$150
Preferred specialty at Optum Specialty Pharmacy		\$75***	N/A	N/A
Non-preferred specialty at Optum 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 PF is a list of medications preferred by your plan that can help you maximize your pharmacy benefit by minimizing your prescription costs.

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

**** Prescribed preventive generic medications to treat one of the conditions designated Essential Health Benefit by the Affordable Care Act (In some cases You may have to meet an additional requirement such as age, sex, and diagnosis to qualify for the \$0 copay)