



WELCOME TO  
BLUE CROSS AND BLUE SHIELD  
OF FLORIDA, INC.



For employees of Roper Technologies, Inc.

January 2025

[MyHealthToolkitFL.com](http://MyHealthToolkitFL.com)

# TABLE OF CONTENTS

## Health Plan Basics

Get started with your benefits and learn how to keep in touch with your health plan details.

## Receiving Care – And What Happens After

Our tips and tools help you find the health care you need and keep track of benefits and payments.


## Personalized Health and Well-Being Programs

Your employer has partnered with us to invest in programs designed to enhance your health and address issues you might be facing.

## Other Important Benefits

Additional programs and perks to help you make the most of your benefits.

# THINGS TO CONSIDER WHEN CHOOSING A HEALTH PLAN



Here are a few things to think about when deciding which health plan is right for you and your family.

## Think about your doctors visits over the past year.

- ◆ Do you think you'll see the doctor more or less this year?
- ◆ How did your insurance work during your last appointment?
- ◆ Do you want a similar insurance plan this year?

Make a list of the prescription medications you're taking. If prescription drug coverage is part of your medical plan, you can look up the name of your prescriptions through your health plan's drug list to determine if they're covered.

## What's most important to your budget?

**How much cost variation are you comfortable with?** Plans that have copays built in, like preferred provider organization (PPO) plans, typically cost more each month in premium, but less in coinsurance when you visit the doctor. High deductible plans typically cost less each month in premium, but your costs will vary when visiting the doctor or filling a prescription.

## Be aware of what's not included in your plan.

Make sure you're familiar with the provider network for your plan and any excluded services.

## Are you expecting any big changes in the coming year?

**Is there a medical procedure you or a family member may need in the coming months?**

**Do you plan on expanding your family?** There are qualifying life events, like marriage or having a baby, that allow you to add dependents to your plan during the benefits year. Make sure you know how your plan costs may change in those scenarios.

Remember, you're committed to your health plan selection until the next open enrollment opportunity unless you have a qualifying event.

## Qualifying events include:

- ◆ Marriage, divorce or legal separation.
- ◆ When you or a dependent gets other coverage.
- ◆ Death of a spouse or dependent.
- ◆ Birth or adoption of a child.
- ◆ Enrollment in Medicare or Medicaid.

For information about your eligibility and benefits, log in to [My Health Toolkit®](#) and select [My Plan & Benefits](#). Next, select [Health](#), then [Health Benefits](#). On the My Health Toolkit app, select [Benefits](#), then [Health Benefits](#). In this section, you can see your benefits at a glance, including the type of coverage you have and where you stand with your maximum out of pocket and deductible. You also can look up specific types of coverage such as hospital inpatient, surgery, urgent care and office visit. For questions about your deductible or out-of-pocket maximum amounts, please use the [Ask Customer Service](#) button on the Benefits page.

# WELCOME!

## Quick Start Guide

Welcome to Blue Cross and Blue Shield of Florida, Inc. We're your gateway to top-quality health care from the largest provider network in the nation.

You might want to skim through this guide if you're a new member. Or you can refer to it later when questions come up. To get you off to a quick start, here's a look at what you'll find inside.



### Health Plan Basics

What's coinsurance anyway? Get info on health terms and using your ID card (or getting a digital one). See why you should create a My Health Toolkit® account for easy access to all your benefits.

### Getting Care – And What Happens After

You might need the Shopping for Care platform to find a doctor or hospital. Get the scoop on prior authorizations and learn how to read your Explanation of Benefits (EOB).

### Personalized Health and Well-Being Programs

Your plan offers programs, including interesting digital solutions, to help you manage your health.

### Other Important Benefits

Learn about other useful programs and benefits you can use.

**We're glad to have you as a member. We look forward to being your partner for good health!**

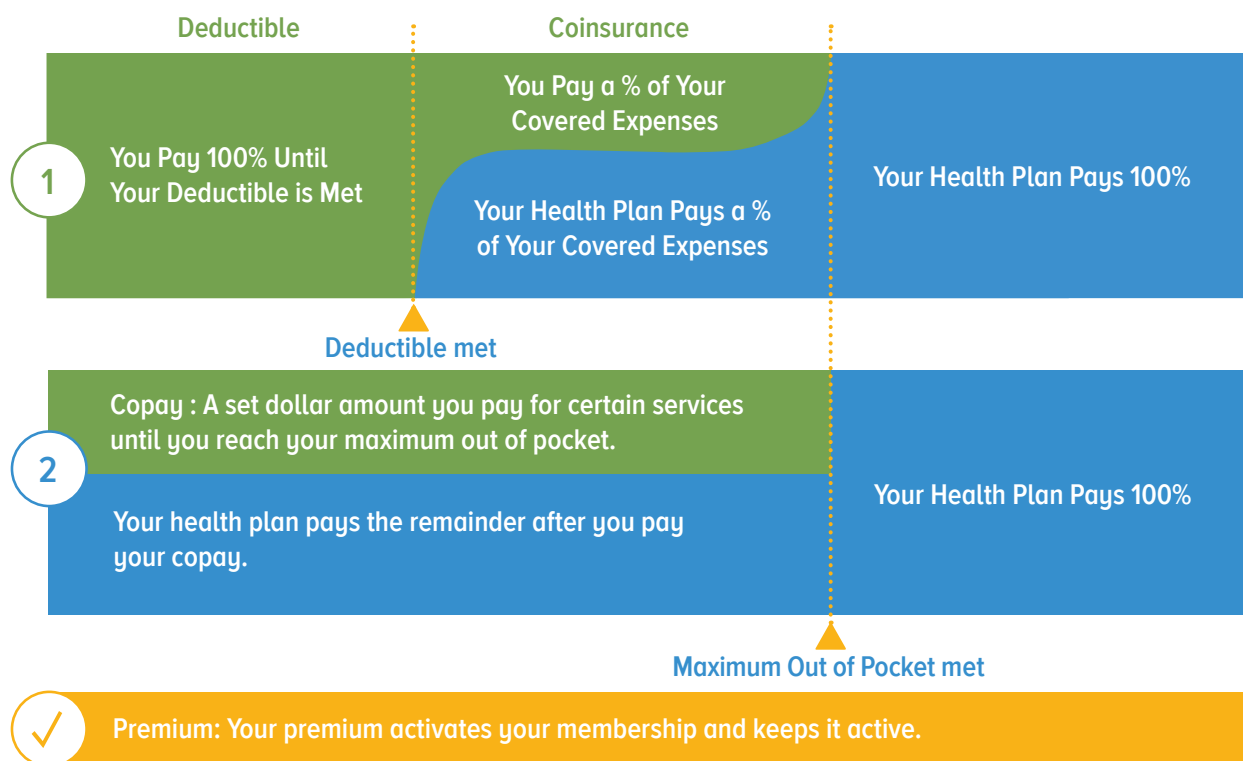


# HOW YOU AND YOUR PLAN SHARE HEALTH CARE COSTS

Health insurance helps cover the cost of your medical expenses.

## How your annual insurance benefits work: what you can expect to pay

Each service you receive gets paid through path 1 or path 2.



## Terms you need to know

Your **deductible** is the set total amount you pay for medical services before your coinsurance kicks in. For example, you would meet your \$1,000 deductible after your payments for covered medical services add up to \$1,000. For most health plans, your copay does not count toward your deductible.

**Coinsurance** is the percentage of medical costs you pay after you've met your deductible. For example, you might pay 20 percent once you've met your deductible. Your health plan would pay 80 percent.

A **copay**, or copayment, is a set rate you pay for doctor visits, prescriptions and some other types of care. For example, you might pay \$20 for an in-network doctor visit and \$15 for a prescription.

Your **maximum out-of-pocket amount** is the most you have to pay for covered services in one plan year. For example, let's say your maximum out-of-pocket amount is \$4,000. Once your in-network payments for deductibles, copays and coinsurance add up to \$4,000, your health plan then will pay 100 percent of the costs for covered services for the rest of that benefit year.

**For more terms you'll see and hear in health insurance and health care, please see the Helpful Terms page near the end of this benefits guide.**

To find your deductible, coinsurance, copay and maximum out-of-pocket amounts, review your summary of benefits or log in to **My Health Toolkit®**.

# WE'VE GOT YOU COVERED WITH YOUR MEMBERSHIP CARD

Your BCBSF membership card contains important information that helps providers and pharmacists apply your benefits correctly. Keep it with you at all times or download a digital ID card to keep on your smartphone. A health care provider usually will ask to see your insurance card at the beginning of your visit.

The diagram shows a membership card with the following fields and callouts:

- Callout 1 (Dark Blue):** Covered family members also can use the subscriber's card, or you can forward them their own digital copy of it.
- Callout 2 (Light Blue):** Your member ID contains a set of letters and numbers that are unique to you.
- Callout 3 (Dark Blue):** Visit our main website or download our mobile app for information and to log in to your My Health Toolkit account.
- Callout 4 (Orange):** Your pharmacy will need this information when you buy prescription medications.

**Membership Card Details:**

- Logo: BlueCross® BlueShield®
- Subscriber's First Name: \_\_\_\_\_
- Subscriber's Last Name: \_\_\_\_\_
- Member ID: XXX123456789012
- RxBIN: 021684
- RxGRP: BXMN
- IN NETWORK DEDUCTIBLE: \$XX,XXX
- OUT OF POCKET: \$XX,XXX
- OUT OF NETWORK DEDUCTIBLE: \$XX,XXX
- OUT OF POCKET: \$XX,XXX
- GRID+ \_\_\_\_\_
- MyHealthToolkitFL.com
- NetworkBlue™ PPO®




## Convenient option: your digital ID

It's all about convenience! Your digital ID card has the same information as the card you receive in the mail, but you can:

- ◆ View the digital ID on a smartphone, tablet or computer.
- ◆ Email the card to a spouse, child, doctor's office or pharmacy.
- ◆ Print the card from a smartphone, tablet or computer and use the printout just like a plastic card.

### Accessing your digital ID

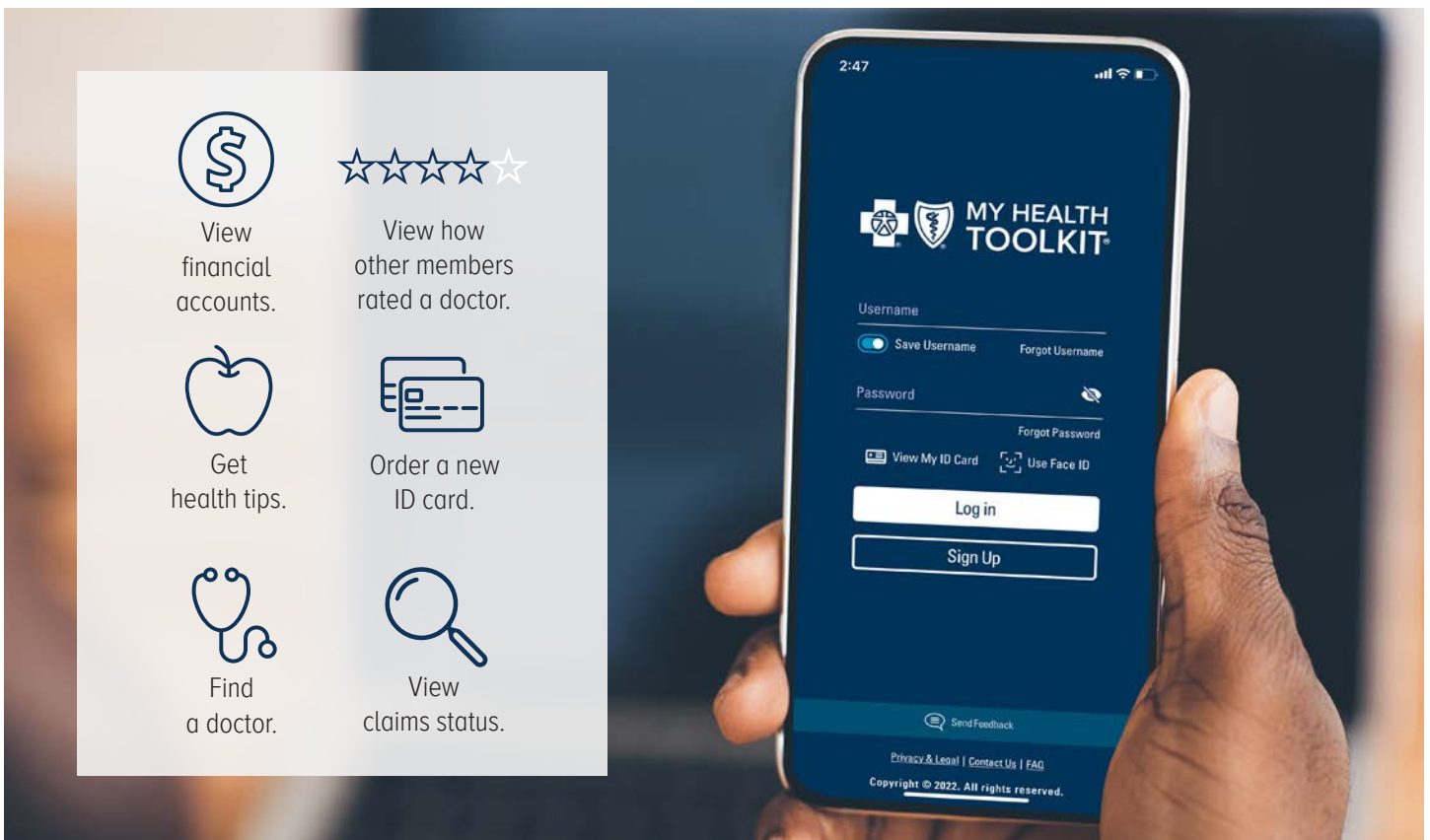
- ◆  From a computer or mobile device, log in to [My Health Toolkit](#).
- ◆ Follow the prompts to select/view your insurance ID card.

# TRY THIS SHORTCUT

Get easy access to your benefits information by downloading the My Health Toolkit® mobile app today! It's free on the App Store or Google Play.



Register quickly through the app using your member ID number. Or just log in if you're already a My Health Toolkit user.



Your account homepage will link you to all of the helpful resources included with your health benefits plan.

Now you have anywhere, anytime access to your benefits information, including claims, discounts and how you prefer to be contacted.

## Rather get My Health Toolkit from a desktop or laptop computer?

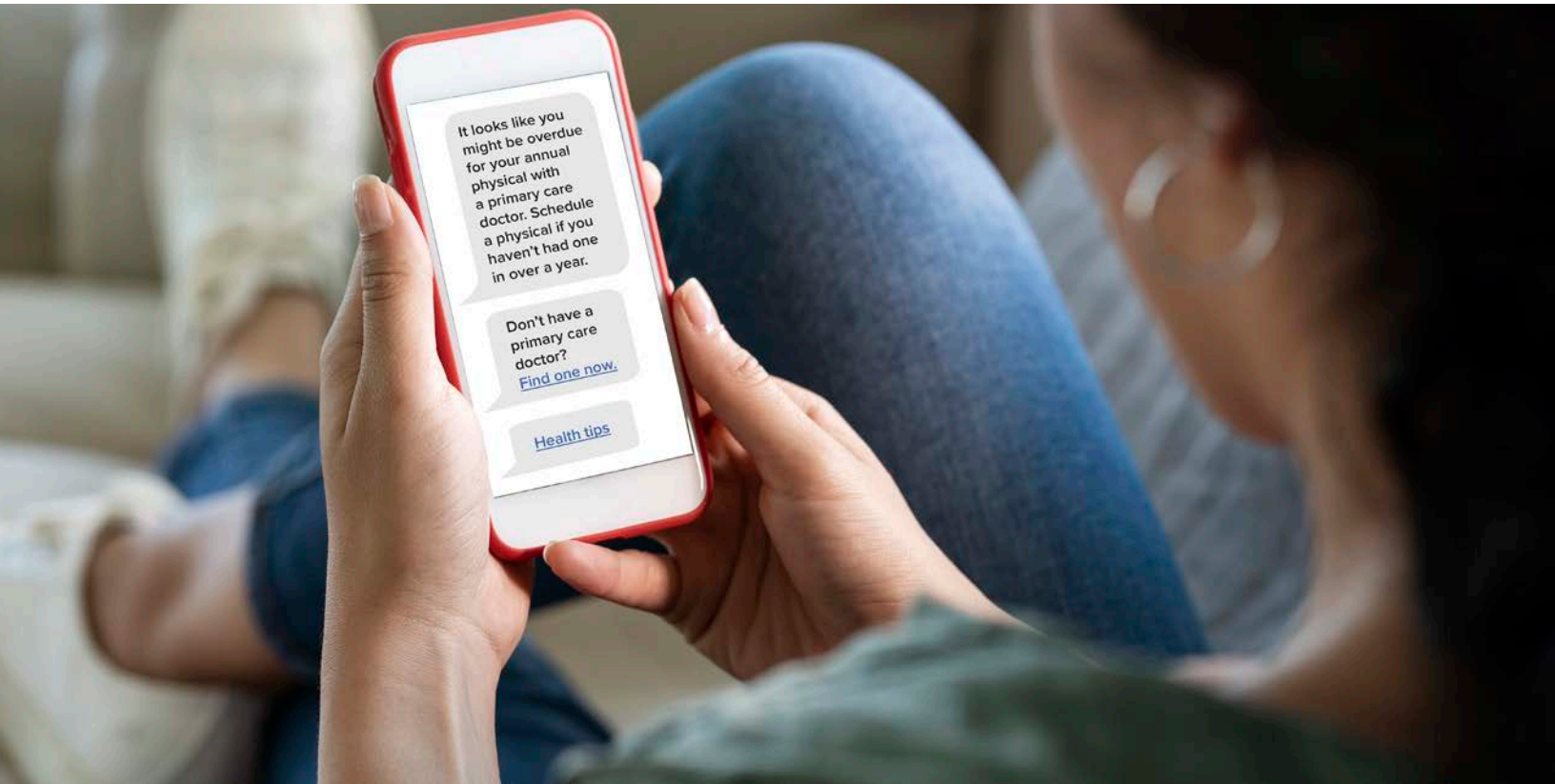
Go to [www.MyHealthToolkitFL.com](http://www.MyHealthToolkitFL.com) and then:

- ◆ Select **Create An Account** within the **Member Login** section.
- ◆ Enter your **member ID** (from your ID card).
- ◆ Follow the instructions to **create your profile**.



## TELL US THE BEST WAY TO REACH YOU

Occasional communications from your health plan help you stay on top of your health, save money and make the most of your benefits. Just let us know which contact option is most convenient. We'll send a brief message when it's time for your annual checkup, for example, or there's an update on a prior authorization request.



Personalized member messages — by text, mail, app notification or email — help us keep in touch by providing useful information and tips. These could include wellness reminders or news on benefit changes.

You have great benefits; make sure you use them! Please take a minute to update your contact preferences in My Health Toolkit. Just let us know which channels and contacts you prefer. Check out the easy opt-in tips below.

**Log in to My Health Toolkit, and under My Profile, select My Account, then My Contact Preferences. Update your contact information and tell us the best way to reach you.**

**You also can opt in to receive text messages by calling 844-206-0624.**



# SHOPPING FOR CARE

Find the best health care options just like you check out your choices in cars, hotels or restaurants.



“Know before you go.” It’s a smart idea before you make any important decision, including finding a new doctor or choosing a location for surgery.

Your health plan makes these decisions easier with Shopping for Care. Find it at your health plan’s **My Health Toolkit®** website.

- ◆ Find health care providers and services within our vast provider network.
- ◆ Check out cost information to make sure you’re getting the care you need at the best possible price.\*
- ◆ See reviews from other patients who have rated a provider you’re considering.
- ◆ Identify the highest-quality providers in your area, with Total Care and Blue Distinction® Specialty Care designations.
- ◆ View a detailed map to help you get where you need to go.

## After you’ve registered with My Health Toolkit®:

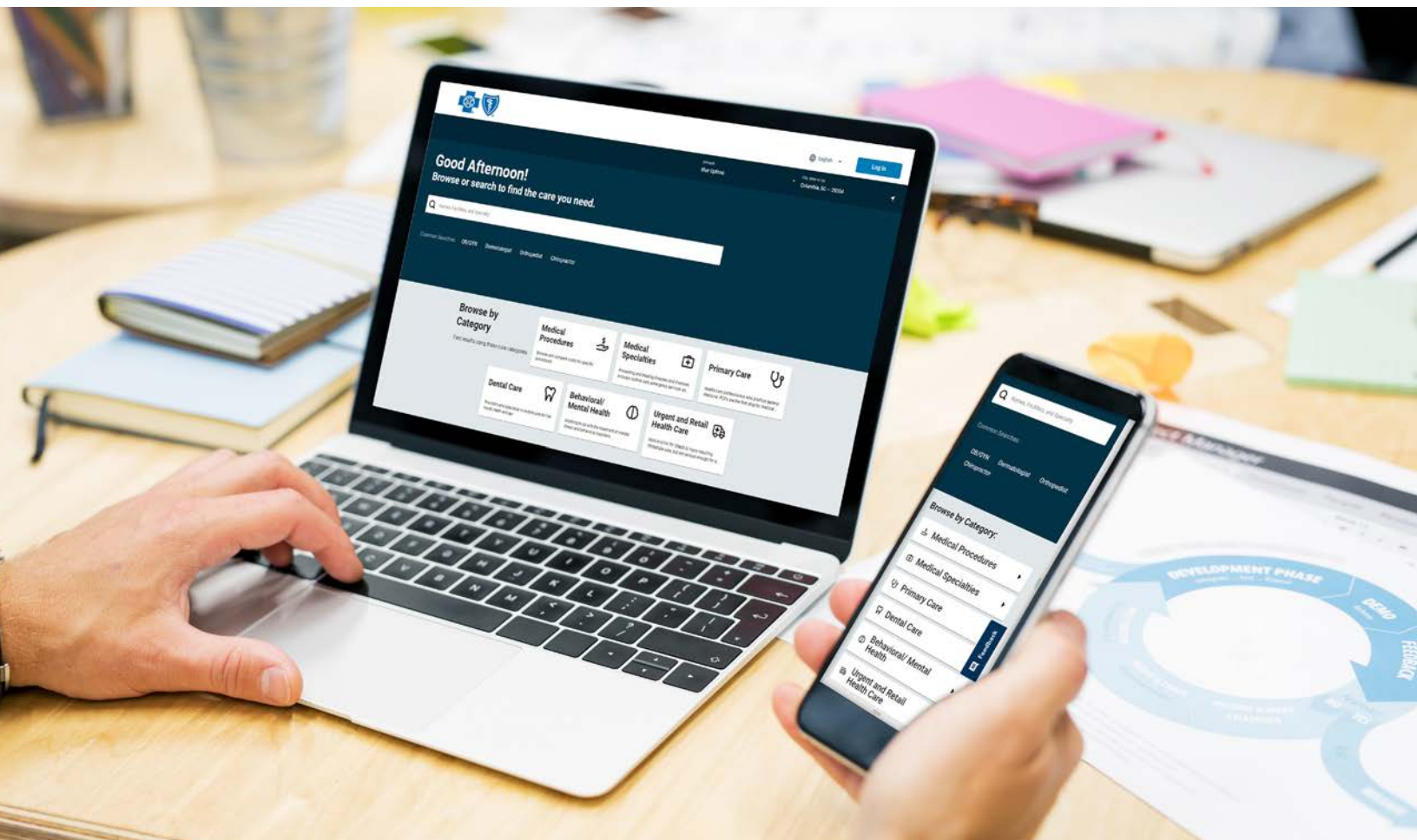
### Access Shopping for Care from your computer:

- ◆ Visit your health plan’s **My Health Toolkit** site.
- ◆ Log in to your account, select **Providers and Services**, then **Find Care**.
- ◆ We’ll walk you through each step!

### Or take it with you:

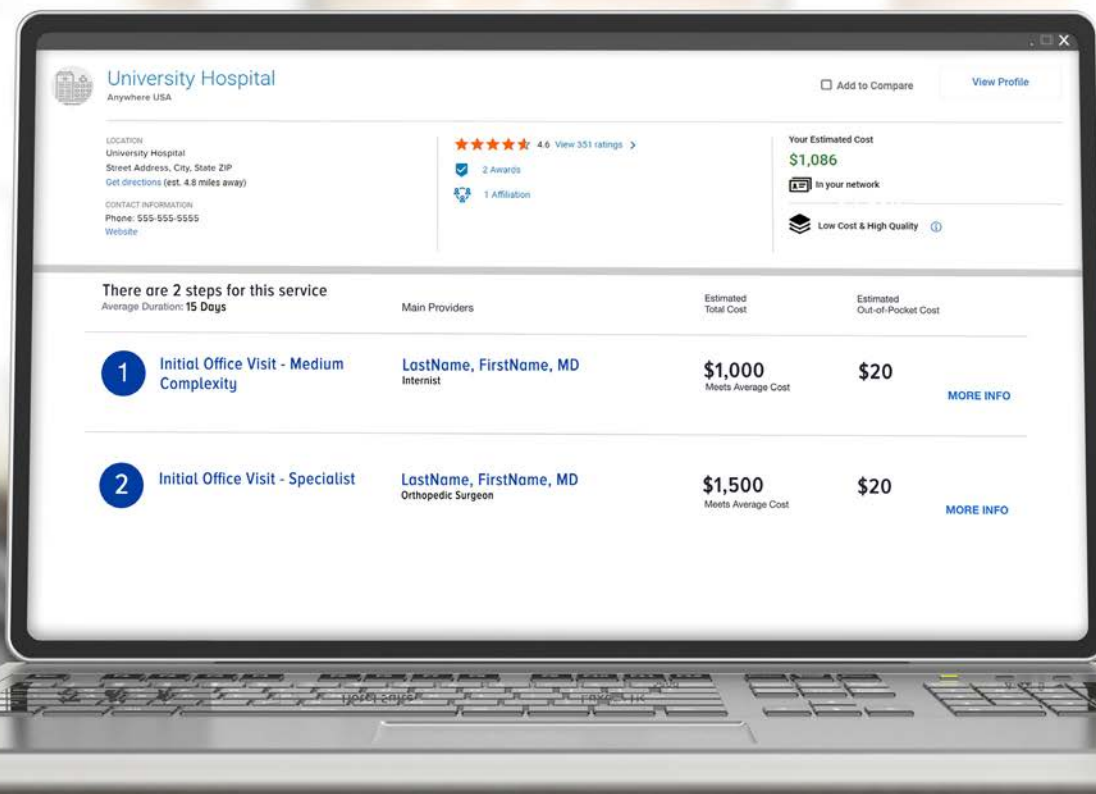
- ◆ Log in to the **My Health Toolkit** app from your mobile device.
- ◆ Select **Find Care**.

\*Cost details might not be included with all plans.



## “How much will it cost?”

 Estimates help you avoid surprises when the bills come.



Costs for a medical procedure — like an ultrasound, a checkup, X-rays or joint replacement — can vary by hundreds of dollars. Our Shopping for Care feature includes cost estimates to help you find the right care at the right price. (Cost information might not be included for all plans.)

Estimate your out-of-pocket expenses for medical procedures — and compare pricing details that show you the most cost-efficient providers.

- ◆ At your health plan’s [My Health Toolkit](#) website, log in to your [My Health Toolkit](#) member account.
- ◆ Select [Providers and Services](#), then [Find Care](#).



As you explore the [Find Care](#) categories further, you’ll see a [Cost Estimates](#) tab that’s loaded with price information about hundreds of procedures, from mammograms and MRIs to allergy testing, sleep studies, physical therapy and various types of surgery.

**TIP:** When you get your member ID card, use your ID number to create your [My Health Toolkit](#) account. Then you’ll see cost information about copays and other details specific to your health plan.

# WHERE SHOULD YOU GO WHEN YOU NEED CARE?

Your primary care physician should be your first call for routine medical care. But what if your doctor's office is closed? Or it may be an emergency? Or you've been advised to stay home as much as possible?

Here are tips to help you choose the right type of care for various situations.

Teladoc™	Doctor's Office	Emergency Room
 <p>A Teladoc virtual visit is a great option if your doctor's office or urgent care center is closed, you're traveling, or you're not up to driving.</p> <p><b>With a virtual visit, you can:</b></p> <ul style="list-style-type: none"><li>◆ Use your computer or mobile device.</li><li>◆ See a doctor who can diagnose your symptoms.</li><li>◆ Get a prescription if needed.</li></ul> <p><b>Use Teladoc for nonemergency health issues, such as:</b></p> <ul style="list-style-type: none"><li>◆ Cold and flu symptoms, including fever, coughing and sore throat.</li><li>◆ Sinus or respiratory infections.</li><li>◆ Urinary tract infections.</li><li>◆ Seasonal allergies.</li><li>◆ Pinkeye.</li><li>◆ Migraine.</li><li>◆ Rashes, insect bites, sunburn or other skin irritations.</li></ul>	 <p>Your primary care physician, or regular doctor, is the best option for routine medical care. Routine care includes:</p> <ul style="list-style-type: none"><li>◆ Annual checkups and physicals.</li><li>◆ Health screenings and immunizations.</li><li>◆ Prescription refills.</li></ul> <p>Your regular doctor can also help with unexpected health issues that can wait a day or so. These might include:</p> <ul style="list-style-type: none"><li>◆ Sprained muscles.</li><li>◆ Minor cuts and bruises.</li><li>◆ Cold and flu symptoms, including fever, coughing, sore throat and mild nausea.</li><li>◆ Sinus or respiratory infections.</li><li>◆ Urinary tract infections.</li><li>◆ Seasonal allergies.</li><li>◆ Pinkeye.</li><li>◆ Migraine.</li><li>◆ Rashes, insect bites, sunburn or other skin irritations.</li></ul>	 <p>Go to the emergency room or call 911 for potentially life-threatening conditions, such as:</p> <ul style="list-style-type: none"><li>◆ Heavy, uncontrolled bleeding.</li><li>◆ Signs of a heart attack, like chest pain that lasts more than two minutes.</li><li>◆ Signs of a stroke, such as numbness or sudden loss of speech or vision.</li><li>◆ Loss of consciousness or sudden dizziness.</li><li>◆ Major injuries, such as broken bones or head trauma.</li><li>◆ Coughing up or vomiting blood.</li><li>◆ Severe allergic reactions.</li></ul>

# 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. 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
- ◆ Behavioral health and dermatology services may also be covered.

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 an experienced doctor from the comfort of your home.

## It's easy to get started

Register for Teladoc now — don't wait till you are sick! Call **866-789-8155**, or start by logging in to **My Health Toolkit**.

1. Select **Providers & Services, Telehealth**, then **Teladoc**. This will take you to the Teladoc site.
2. Your insurance information will appear so you can easily complete your registration.

**Want to know more? Please visit your health plan's My Health Toolkit website to learn more about using Teladoc.**



# WHEN AN EXPLANATION OF BENEFITS COMES, HERE'S WHAT TO DO WITH IT

Whenever you use your health insurance, we send you an Explanation of Benefits (EOB). It shows you a breakdown of the services you received, the cost of those services and what you might have to pay your provider. **An EOB is not a bill.**

## Your EOB shows you:

- 1 How much the doctor charged.
- 2 How much you saved through your health plan.
- 3 How much your health plan paid.
- 4 How much you may still owe.
- 5 How close you are to reaching your deductible and out-of-pocket maximum during this benefit period based on your in-network benefits.

## On page 1, you'll find:

- A Helpful definitions.
- B How to reach us if you have questions.
- C Your member ID number.

**THIS IS NOT A BILL**

**PAYMENTS SUMMARY for PAUL MEMBER**

Your health care providers' charges \$262.00

Amount **you saved** \$26.96

Total amount **your plan paid** \$55.91

**AMOUNT YOU MAY OWE OR HAVE PAID PROVIDER(S)** **\$179.13**

**Claim**  
07/31/2023

1

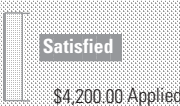

2

3

4

---

**IN-NETWORK BENEFITS AT-A-GLANCE**

Family		Member(s)	
<b>Deductible</b> \$4,200.00 Maximum  Satisfied	<b>Out-of-Pocket</b> \$9,500.00 Maximum \$5,163.31 Remaining \$4,336.69 Applied	<b>PAUL MEMBER</b> <b>Deductible</b> \$3,000.00 Maximum  Satisfied	<b>Out-of-Pocket</b> \$4,750.00 Maximum \$2,957.85 Remaining \$1,792.15 Applied

**A** **Deductible** Each covered individual has a deductible that applies toward the family deductible. Once the family deductible is met, all deductibles are met.

**Out-of-Pocket** The most you could pay during a benefit plan year for your share of the cost of covered services.

**B** **WE'RE HERE!**

**Write:** Your Health Plan  
P.O. Box 123456  
Anytown, USA 12345

**Web:** Log on to [www.MyHealthToolkit.com](http://www.MyHealthToolkit.com)

**Toll-free:** 000-000-000 (Monday - Friday, 8:30 a.m. - 4:30 p.m.)

**Local:** 000-000-0000

## Individual Claim Report

### EXPLANATION OF BENEFITS

**Plan Holder: PAUL MEMBER**

(ID # XYZ999999999999)

Benefit Plan Year: 01/01/2023 - 01/01/2024

Notice Date: 08/07/2023


**On page 2, you'll find:**

- A** How close you are to reaching your deductible and out-of-pocket maximum during this benefit period based on your out-of-network benefits.
- B** Tips on using and making the most of your benefits.

**On page 3, you'll find:**

- A** Details about your claim, including the claim number and provider.
- B** When the visit took place and if the provider is in or out of network.
- C** A breakdown of what your health plan paid and how much you might owe your provider. The amount you might owe does not reflect any amount you may have already paid the provider.
- D** Additional details about your claim, including why a claim may have been denied.

**Individual Claim Report: EXPLANATION OF BENEFITS Plan**  
Holder: PAUL MEMBER (ID # XY29999999)



**OUT-OF-NETWORK BENEFITS AT-A-GLANCE**

	Deductible			Out-of-Pocket		
	Maximum	Applied	Remaining	Maximum	Applied	Remaining
FAMILY	\$8,000.00	\$4,200.00	\$3,800.00	\$19,000.00	\$4,336.69	\$14,663.31
PAUL MEMBER	\$4,000.00	\$1,697.73	\$2,302.27	\$9,500.00	\$1,792.15	\$7,707.85

**Deductible** Each covered individual has a deductible that applies toward the family deductible. Once the family deductible is met, all deductibles are met.  
**Out-of-Pocket** The most you could pay during a benefit plan year for your share of the cost of covered services.

**GETTING THE MOST FROM YOUR PLAN**

Order an ID Card Online  
Getting a replacement ID card is easy. Simply log in to My Health Toolkit(R) and select the Benefits tab. Click on "ID Card Request," then select "Request ID Card." Your request will be processed and your ID card will be sent to your address on file within a few days.


Network Providers Save You Money  
Seeing a physician who is part of your health plan's network can help lower your health care costs. You can easily locate in-network providers by using the Doctor and Hospital Finder on our website.

Rate Your Doctor  
The "Rate Your Visit" tool allows you to help other members find the right providers by writing reviews for your doctor and hospital visits. You will soon be able to read reviews provided by other members. To access the tool, log in to My Health Toolkit(R) and click on the Resources tab at the top of the page or under the Quick Links section. Review the information and provide your rating for eligible claims.

Go Green. Go Paperless  
Less paper and more convenience. Sign up today to receive online Explanations of Benefits (EOBs). Visit our website and log in to My Health Toolkit(R).

Information When You Need It  
Our website offers tools and information any time you need it. You can find a provider for health care services, access information regarding your benefits and find resources for a healthier lifestyle.

**Individual Claim Report: EXPLANATION OF BENEFITS Plan**  
Holder: PAUL MEMBER (ID # XY29999999)



**MEDICAL CLAIMS** for patient: **PAUL MEMBER**

**THIS IS NOT A BILL**

Provider and Service Information		Charges and Insurance Payments			Breakdown of Member Responsibility				
Claim Number	Service Type	Provider Charges	Covered Expense	Your Plan Paid	Copay	Deductible	Coinsurance	Not Covered	Amount You May Owe or Have Paid
Provider Group	Date of Service(s) Network							see Comments below table	
00000000000000	OFFICE VISIT(S) 07/31/2023 In-Network	240.00	217.91	42.20	0.00	165.17	10.54	0.00	175.71
DERMATOLOGY AND S	OFFICE LAB/PATH 07/31/2023 In-Network	22.00	17.13	13.71	0.00	0.00	3.42	0.00	3.42
<b>Statement Period Total</b>		<b>262.00</b>	<b>235.04</b>	<b>55.91</b>	<b>0.00</b>	<b>165.17</b>	<b>13.96</b>	<b>0.00</b>	<b>179.13</b>

**Comments**  
1 HERE'S WHERE YOU'LL FIND COMMENTS ABOUT YOUR CLAIM, IF APPLICABLE.

Every EOB includes important information about how to appeal a denial of your claim. This will help you figure out what to do if you disagree with any of the benefits decisions made on this claim.

Check your EOBs through the **My Health Toolkit®** app or by logging in online. Select **Claims & Authorizations**, **Claims**, and then **Health Claims**.

**Choose how you want to receive your EOBs — text, email or mail**

You can set your contact preferences when you register for **My Health Toolkit**. Log in and select **Profile, My Account** and then **Contact Preferences**.

If you get paper EOBs, an EOB will be mailed to you after a claim has been finalized. If you've opted for online delivery, you'll get an email or text when your EOB is ready to view in **My Health Toolkit**.



# MAKE SURE YOU'RE COVERED

## Why coordination of benefits is important


### Do you have other health insurance?


Coordination of benefits — COB, for short — affects your benefits when you or a family member also is 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.

**Examples of other insurance:** These may include coverage under a spouse's insurance plan, Medicaid or Medicare.

**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 **My Plan Benefits, Health**, 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.



### Getting benefits after you have declined coverage

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 stopped 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.

# MEMBER PERKS

Discounts for you – just for being Blue!

In addition to superior health coverage, your membership provides access to exclusive discounts on a variety of products and services. The member discounts program includes items that generally are not covered by health insurance.



 Log in to My Health Toolkit, select the **Resources** tab, then **Blue365® Discounts**. On a mobile device, select **Menu**, then **Blue365® Discounts**. You'll find details on discounts for:



## Fitness

- ◆ Gym memberships
- ◆ Wearable fitness devices
- ◆ Activewear
- ◆ Magazine subscriptions
- ◆ 5K and obstacle course registration
- ◆ Home fitness equipment
- ◆ Vitamins and nutritional supplements



## Personal care

(please note that some restrictions may apply for these services.)

- ◆ Allergy relief
- ◆ Acupuncture
- ◆ Chiropractic services
- ◆ Massage therapy
- ◆ Hair restoration
- ◆ Teeth whitening



## Healthy eating

- ◆ Weight loss programs
- ◆ Cookbooks and recipes
- ◆ Online cooking classes



## Hearing and vision

- ◆ Hearing aids
- ◆ Eyewear



## Lifestyle

- ◆ Travel clubs
- ◆ Vacation packages
- ◆ Pet care

# HELP ALONG THE WAY TO BETTER HEALTH

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 free care management programs and resources to help you make positive, meaningful changes at your own pace.

## What is care management?

It's a personalized approach that gives you support and lots of options. Our team of nationally accredited health coaches includes registered nurses, health educators, respiratory therapists, certified diabetes educators, licensed behavioral health specialists, and other health and well-being professionals. Connect digitally or by phone!

## Chronic condition care

- ◆ Attention-deficit hyperactivity disorder (adults)
- ◆ Asthma (adults and children)
- ◆ Bipolar disorder
- ◆ Heart disease and heart failure
- ◆ Chronic obstructive pulmonary disease
- ◆ Depression
- ◆ Diabetes (adults and children)
- ◆ High blood pressure and high cholesterol
- ◆ Metabolic health (metabolic syndrome and prediabetes)
- ◆ Migraine
- ◆ Recovery support for substance use disorder

## Case management

If you experience complex or difficult health issues, your nurse care manager will reach out to you to provide support. Things he or she can help with include cancer, transplants, end-stage renal disease, trauma and neonatal intensive care.

## Connect with an app

The [My Health Planner<sup>SM</sup>](#) app is free for eligible members! It helps you keep track of what you need to do between doctor visits and stay in touch with your care team.

## Maternity Care

- ◆ Personalized digital support during and after your pregnancy
- ◆ On-demand access to a maternity nurse



## Ready to become a healthier you?



If you qualify for one of our care management programs, we will reach out to you with a phone call, email, text or letter to help you get started. To learn more, log in to [My Health Toolkit<sup>®</sup>](#). Select **Wellness and Care Management**, then **Care Management**. If you have questions, call the care management team at **855-838-5897**.



# My Health Novel: Healthy Solutions

Everyone's life story has some plot twists — and when it comes to your health, you have a lot to say about how the story develops.

That's the simple idea behind **My Health Novel**, a free program offered by your health plan. Using innovative mobile apps and other tools and resources, you can set your own goals to stay on track.

See if a My Health Novel solution is right for you! Log in to My Health Toolkit® and select **Wellness & Care Management**, **Wellness Programs**, then **My Health Novel**.

**Weight Management:** This program matches you with mobile apps to help you get and stay at a healthy weight. These may include resources like health coaching, nutrition guidance, digital tools and group support. When matched with Weight Watchers, you can choose to attend an in-person class.

**Fitness and Physical Therapy:** This program matches you with digital programs like targeted exercises and virtual visits with physical therapists. Helpful tools and educational sessions explain how injuries happen and how to have healthier muscles, bones and joints.

**Behavioral Health:** This program matches you with apps to address issues such as depression and anxiety. Resources may include evidence-based behavioral health programs, digital tools and group support. When matched with a certified behavioral health coach, you'll receive personalized, one-on-one support.

# YOUR PRESCRIPTION DRUG BENEFITS

When you need a prescription medication, your employer's prescription drug plan gives you and your doctor many options. Here's some information to help you make the most of your benefits – and save money at the pharmacy.

Our pharmacy benefits are managed by Optum Rx®. Optum Rx is an independent company that provides pharmacy services on behalf of our health plans.

## Log In to My Health Toolkit To Review Your Pharmacy Benefits



Log in to your health plan's My Health Toolkit site to see what your specific plan covers. Select [My Plan & Benefits](#), then [Pharmacy](#).

## Pharmacy Network

With almost 70,000 network pharmacies to choose from, it's easy to find one near you. All major chains and many independent drugstores are included in the network. Always make sure your pharmacy is part of our network before you have your prescriptions filled.

## How do I find a pharmacy?

Log in to your My Health Toolkit account. Select [My Plan & Benefits](#), then [Pharmacy](#), then [View Detailed Pharmacy Benefits](#).

## Mail Service

Mail service is convenient and can save you money on prescriptions you take regularly. You'll receive up to a 90-day supply of your prescription drugs at one time with free standard shipping. [Optum Rx® Home Delivery](#) provides this service. Optum Rx Home Delivery is a division of Optum Rx, an independent company that provides pharmacy benefit management services on behalf of your health plan.

## Specialty Drug Network

Prescriptions for specialty drugs must be filled at the preferred specialty pharmacy for the charges to be covered under your pharmacy benefit.

## Generic Drugs

This program can help you save money on your prescription drugs when a generic equivalent is available for your brand-name drug. If you think the generic is not right for you, your pharmacist will fill your prescription with the brand-name medication. You will pay the brand-name drug copay or coinsurance that applies to your prescription. **You will also pay any difference between the cost of the generic and the brand-name drug.** You will never pay more than the total cost of the brand-name drug.

### High-Deductible Health Plan Preventive Drug Coverage

Preventive drugs may help prevent serious illnesses and complications. Taking preventive drugs as directed by your doctor may help you live a healthier life today and avoid serious illness in the future. Internal Revenue Service guidelines for high-deductible health plans provide that preventive care, including prescription medications used for preventive purposes, can be excluded from the deductible. Talk to your benefits coordinator to learn more about this benefit.





# YOUR FORMULARY

Your prescription drug benefit is based on a list of covered drugs called the **Lowest Net Cost formulary**. A committee of independent doctors and pharmacists chooses the drugs for our formularies based on their effectiveness, safety and value. If you want to save the most on your drug costs, ask your doctor if a generic or preferred brand-name drug is right for you.



To find information on your formulary and drug management programs, go to your health plan's My Health Toolkit website. Then select **Prescription Drug** from the top menu.

## Drug Tiers

Each drug in the formulary is assigned a tier under your benefit plan. Each tier is associated with a copay or coinsurance amount. This is the amount you pay when you get a prescription. Refer to your benefit document to find the amounts that apply to you.

- ◆ **Generic** — For the lowest out-of-pocket expense, you should always consider generic drugs if you and your doctor decide they are right for you.
- ◆ **Preferred Brand** — Consider preferred brand-name drugs if no generic drug is available to treat your condition.
- ◆ **Nonpreferred Brand** — These are usually the highest-cost products. When a generic becomes available, most of the time the brand-name version will move to nonpreferred status.
- ◆ **Specialty** — Most plans have one or more tiers designated for specialty drugs.

## Nonformulary/Excluded Drug List

From time to time, our pharmacy committee may decide to no longer cover some drugs. The committee does this when other safe, effective, less costly alternatives are available. Those drugs are then moved to nonformulary status. Additionally, some plans may exclude coverage for certain categories of drugs, such as those for weight loss, fertility or sexual dysfunction. You and your doctor always have the freedom to choose the medication that works best for you.

If your drug is not on the formulary and you have more questions, please call the customer service number on the back of your membership card.

## Preventive Drugs

These are drugs that may help prevent serious illnesses and complications. Taking preventive drugs as directed by your doctor may help you live a healthier life today and avoid serious illness in the future. Under Health Care Reform, the Affordable Care Act requires most health plans to cover certain drugs at \$0 cost to members. Visit your health plan's website for information on drugs covered under this program.

## Drug Management Programs

**Prior Authorization** — Prior authorization is a quality and safety program that promotes the proper use of certain medications. If your doctor prescribes a medication that is included in our Prior Authorization program, you must get approval before your plan will cover it.

**Step Therapy** — Step therapy requires you to try an alternative, cost-effective medication before trying, or “stepping up to,” the more expensive brand-name medication. Many people find the alternative medications work just as well for them. If you have not tried the less expensive medication and you and your doctor want to skip that step, your doctor must request an exception before your plan will cover the more expensive drug.

**Quantity Management** — For drugs in this program, your plan will cover only a set amount within a set time frame. Your doctor can request an override to allow a larger amount if he or she determines it's necessary for you.

### **Specialty Drugs**

Specialty drugs are prescription medications that are used to treat complex or chronic medical conditions like cancer, rheumatoid arthritis, multiple sclerosis and hepatitis, just to name a few. Depending on your plan, you may pay a different copay or coinsurance for specialty drugs under the pharmacy benefit.

# SPECIALTY DRUG COVERAGE UNDER YOUR MEDICAL BENEFIT

Your health plan requires prior authorization for most specialty drugs covered under your medical benefit. This applies to specialty drugs administered and dispensed by a medical professional.

## What are specialty drugs?

Specialty drugs treat conditions such as cancer, hepatitis, multiple sclerosis or rheumatoid arthritis, just to name a few. They often require special administration, dosing and monitoring.

## How are specialty drugs covered under my medical benefit?

Most specialty drugs covered under the medical benefit require prior authorization through the MBMNow medical prior authorization system.

## How do I get prior authorization under the medical benefit?

Your doctor can access the medical prior authorization system by going to the Provider area of your health plan's website and signing in to [My Insurance Manager](#). Your doctor can also request prior authorization by calling **877-440-0089**.

## Site of care

Prior authorization for some specialty drugs may only be granted for administration in certain locations (sites of care), such as an infusion center or in your home.

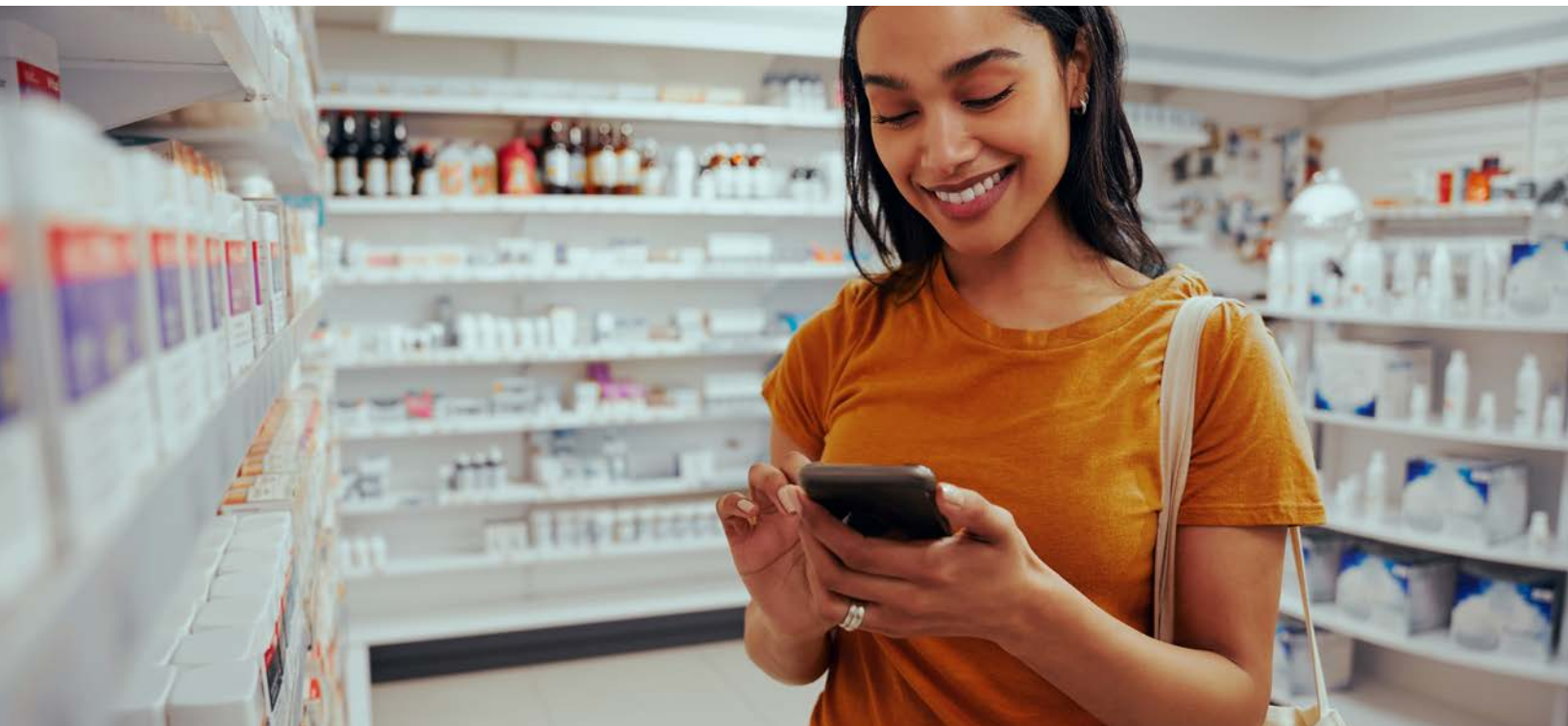
## Self-administered drug block

Most specialty drugs that are typically self-administered are "blocked" from coverage under the medical benefit and are covered only under your pharmacy benefit. See the Your Formulary section of this guide for more information on specialty drug coverage under the pharmacy benefit.

# KEEP UP WITH YOUR PRESCRIPTION DRUG BENEFITS FROM ANYWHERE

The **My Rx Toolkit** app provides easy access to details you need

Need to know more about your prescription drug benefits? Often, questions come up when you're on the go, such as at the doctor's office or pharmacy. Now there's a mobile app to help you find the answers easily.



The **My Rx Toolkit** app lets you look up coverage information, copays and options for your medications, all with the convenience of using a mobile device. You can use the app to:

- ◆ Set up home delivery of medications. Fill, renew or transfer prescriptions for delivery directly to your door, often for less than you'd pay at a retail pharmacy.
- ◆ Look up cost information for your medications, including how much you can expect to pay out of pocket.
- ◆ See if lower-cost alternatives may be available.
- ◆ Find a network pharmacy near you.
- ◆ Initiate conversations with your health care providers.

## Getting the app

You can download **My Rx Toolkit** from the App Store or Google Play. Log in with the same username and password you use for **My Health Toolkit**® — there's no need to create a new account.



It's one more way to make the most of your health care benefits.

# COULD YOU SAVE MORE ON YOUR PRESCRIPTIONS?

## Get a personalized analysis with Rx Spending and Savings Insights

Many people rely on prescription medications to manage health conditions and live their best lives. But these medications can be costly, especially if you're not taking advantage of all the potential discounts.



Want to keep close track of your prescription drug spending — and save some money while you're at it? Check out Rx Spending and Savings Insights, a web-based tool you can access through [My Health Toolkit®](#).

Rx Spending and Savings Insights offers a snapshot of your prescription drug spending based on your claims history. You can:

- ◆ See how much you've paid out of pocket for certain recurring prescriptions.
- ◆ See what your benefits plan has paid.

- ◆ Learn about possible cost savings, such as generic drug alternatives or mail-order delivery.
- ◆ View estimates of how much money you could save.

To access Rx Spending and Savings Insights:

- ◆ Log in to your [My Health Toolkit](#) account.
- ◆ Go to the [Benefits](#) tab and select [Pharmacy Benefits](#).
- ◆ Select the [View Detailed Pharmacy Benefits](#) button to access the pharmacy benefits portal.

It only takes a few minutes to keep an eye on your prescription drug spending and be a savvy health care consumer!

# ADULT WELLNESS GUIDELINES

## Adult health — for ages 18 and over

Preventive care is important for adults. By making healthier choices, you can improve your overall health and well-being. These healthy choices are a good start:

- ◆ Eat a healthy diet.
- ◆ Get regular exercise.
- ◆ Don't use tobacco products.
- ◆ Limit alcohol use.
- ◆ Strive for a healthy weight.
- ◆ Take medications as prescribed by your doctor.

### Adult Recommendations

Screenings	
Physical Exam	Every year or as directed by your doctor
Body Mass Index (BMI)	Every year
Blood Pressure (BP)	At least every two years
Colon Cancer Screening	Screening beginning at age 45 in consultation with your doctor — You have three options: a colonoscopy every 10 years, a flexible sigmoidoscopy every five years or a blood test annually.
Diabetes Screening	Screening beginning at age 45 — If you have high blood pressure or high cholesterol, are overweight, or have a close family history of diabetes, you should consider being screened earlier.
Lung Cancer Screening	If high risk (certain current/former smokers) discuss with your doctor.

Immunizations					
	19 – 21 years	22 – 26 years	27 – 49 years	50 – 64 years	65 and older
Influenza (Flu)*	Once each year				
Tetanus, Diphtheria and Pertussis (Tdap)*	One dose with a booster every 10 years				
Herpes Zoster (Shingles) — RZV*					Two doses RZV for those 50 and older
Varicella (Chickenpox)*	Two doses				
Pneumococcal (Pneumonia)*					Two doses
Measles, Mumps and Rubella (MMR)*	One or two doses if no evidence of immunity				
Human Papillomavirus (HPV) — Female*	One or two doses if no evidence of immunity				
Human Papillomavirus (HPV) — Male*	Two or three doses depending on age at series initiation				
Hepatitis A**	Two or three doses for at-risk adults — Discuss with your doctor if this vaccine is right for you.				
Hepatitis B**	Three doses for at-risk adults — Discuss with your doctor if this vaccine is right for you.				
Meningitis**	One to three doses depending on indication — This vaccine is only recommended for specific groups of adults. Discuss the risks and benefits with your doctor.				
Haemophilus Influenzae Type B (Hib)*	One to three doses depending on health risks — This vaccine is only recommended for specific groups of adults. Discuss the risks and benefits with your doctor.				

\*Recommended for most adults.

\*\*Recommended for adults with certain health risks.



# CHILDREN'S HEALTH

Put your children on the path to wellness by scheduling regular office visits with a doctor. The doctor will watch your child's growth and progress and should talk with you about eating and sleeping habits, safety, and behavior issues.

According to the Bright Futures recommendations from the American Academy of Pediatrics, the doctor should:

- ◆ Check your child's body mass index percentile regularly beginning at age 6.
- ◆ Conduct a yearly wellness exam beginning at age 3.
- ◆ Test vision at least once between the ages of 3 and 5.

Routine Children's Immunization Schedule										
Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	1.5 – 3 years	4 – 6 years
Hepatitis B (HepB)	●	●					●			
Rotavirus (RV)			●	●	●*					
Diphtheria, Tetanus and Pertussis (DTaP)			●	●	●			●†		●
Haemophilus Influenzae Type B (Hib)			●	●	●*		●			
Pneumococcal Conjugate (PCV)			●	●	●		●			
Inactivated Polio Vaccine (IPV)			●	●			●			●
Influenza (Flu)					● Recommended <b>yearly</b> starting at age 6 months with two doses given the first year					
Measles, Mumps and Rubella (MMR)							●†			●
Varicella (Chickenpox)							●			●
Hepatitis A (HepA)						● First dose: 12 – 23 months ● Second dose: 6 – 18 months later				

● One dose    □ Range of recommended dates

\*Number of doses needed varies depending on vaccine used. Ask your doctor.

†12 months is minimum age for routine vaccination: two-dose series at 12 – 15 months and 4 – 6 years. Second dose may be given as early as four weeks after the first dose.

Sources: U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, U.S. Preventive Services Task Force

Some of these recommendations may not be covered by your health plan. Please refer to your summary of benefits to verify which services are covered.

The American Academy of Pediatrics is an independent organization that provides health information you might find helpful.

## TWEEN AND TEEN HEALTH

Put your teen on the path to wellness. As your child grows into a teen, he or she should continue yearly doctor visits for exams and scheduled immunizations.

These visits give the doctor a chance to talk about:

- ◆ The importance of good eating habits and regular physical activity.
- ◆ Avoiding alcohol, smoking and drugs.
- ◆ The impact of sexual activity and sexually transmitted diseases.



Recommended Immunizations for Ages 7 to 18

Vaccine	7 – 10 years	11 – 12 years	13 – 15 years	16 years	17 – 18 years
Tetanus, Diphtheria and Pertussis (Tdap)		●			
Human Papillomavirus (HPV) — females and males		●*			
Meningococcal (MCV)		●		●	
Influenza (Flu)	Yearly				

● One dose    □ Range of recommended dates

\*Routine at 11 – 12; may start at age 9 and through age 18. Whether a two- or three-dose series is recommended will depend on age at first vaccination. A three-shot series is needed for those with weakened immune systems and those 15 and older.

## WOMEN'S HEALTH

You play the role of a superwoman very well.  
But that doesn't mean you're invincible.



Ladies, your supernatural ability to keep everything and everyone in order is truly impressive. But remember that your powers have a limit. Before you can save the world, you must first take care of yourself.

Make sure everything is healthy underneath that cape by scheduling regular health screenings. These recommendations are in addition to the standard wellness guidelines for adults.

### Women's Recommendations

Mammogram	Women 40 and up should get checked yearly.
Cholesterol	Ages 30 – 35 should be tested if at high risk. Women 45 and older should be tested.
Pap Test	Women ages 21 – 65 should have a Pap test every three years. Another option for ages 30 – 65 is a Pap test and HPV test every five years. Women who have had a hysterectomy or are over age 65 may not need a Pap test.*
Osteoporosis Screening	Screenings should begin at age 65 or at age 60 if risk factors are present.*
Aspirin Use	At ages 50 – 79, talk with your doctor about the benefits and risks of aspirin use.
Pelvic Exam	Ages 21 and over should have an exam every year.

\*Recommendations may vary. Discuss screening options with your doctor, especially if you are at increased risk.

Sources: American Cancer Society, U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, U.S. Preventive Services Task Force

## MEN'S HEALTH

Even the toughest machines depend on regular maintenance.



Preventive care is important to men's health. If you're going to keep firing on all cylinders, you need to make time for tuneups. So, let's man up and schedule that appointment!

In addition to the standard wellness guidelines for adults, men should discuss these recommendations with their doctors.

### Men's Recommendations

Cholesterol	Ages 20 – 35 should be tested if at high risk. Men age 35 and over should be tested.
Abdominal Aortic Aneurysm	Get checked once between ages 65 and 75 if you have ever smoked.
Aspirin Use	At ages 50 – 79, talk with your doctor about the benefits and risks of aspirin use.

Sources: American Cancer Society, U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, U.S. Preventive Services Task Force



## ALONE IN THAT CHILLY EXAM ROOM ...

... you wonder, 'How can I make sure this is not just another waste of time?'

Your health care providers are busy, and so are you. Be prepared, ask questions and make the most of your visits!



### **Prepare for your visit.**

Make a list of any medications you are using. Include prescriptions, over-the-counter medications, vitamins and supplements. And write down any problems or symptoms you need to discuss.

### **Take notes.**

Note your provider's instructions with pen and paper or on your phone. It will help you remember later.

### **Be honest.**

Some problems might seem embarrassing to you. But they won't be to your doctor. It's best to be open and frank, providing all the details he or she may need to decide on a treatment.



# Get on up!

You've heard that sitting all day is bad for your heart and overall health. *It's true.*

So, get on up out of that chair or off that couch. Take a little walk, do some stretches or lift some light weights.

Just 30 minutes of moderate activity a day\* is helpful, and you don't have to do it all at once. Move more, feel better!

\*Source: National Institutes of Health. The NIH is an independent organization that offers health information members of this health plan may find helpful.





*When you  
don't snooze,  
you lose*

A lousy night's sleep makes for a bleary morning. But it also can hurt your metabolism and contribute to weight gain.\* Some tips:

Stick to a regular bedtime routine.

Have a dark bedroom – no lights from TVs or phones.

Relax at night with a book, stretches or deep breathing.

Don't eat or drink near bedtime.

*Sweet dreams!*

\*Source: mayoclinic.com.

## TAKE CARE

During the COVID-19 pandemic, we all got a crash course in staying sanitized and safe. But even if life is back to “normal,” don’t forget about protecting your emotional health, too.



### Some tips:

- ◆ Try not to obsess over news updates that ramp up your stress.
- ◆ Stay connected with friends and family through calls, video chats, texts and occasional outings. Share your concerns and listen to theirs.
- ◆ Focus on self-care basics: a healthful diet, daily exercise and plenty of sleep.
- ◆ Whether you’re back in the workplace or working from home, find ways to destress. Take a walk, do stretches or workouts with videos, write in a journal, watch a funny movie, work a jigsaw puzzle, try meditation, or put on some music and dance!

# HELPFUL TERMS

## Words commonly used in health care

Health care lingo can be confusing. Here are some terms you might need to know.

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

**Copay (or copayment):** A set rate you pay for doctor visits, prescriptions and other types of care. For example, you might pay \$20 for a doctor visit and \$5 for a generic prescription.

**Deductible:** The set amount you pay for medical services and prescriptions before your coinsurance kicks in fully. For example, you'd meet a \$1,000 deductible after your payments for various medical services add up to \$1,000.

**Coinsurance:** The percentage of covered health care costs you pay after you've met your deductible. For example, you might pay 20 percent at that point, and your plan pays 80 percent.

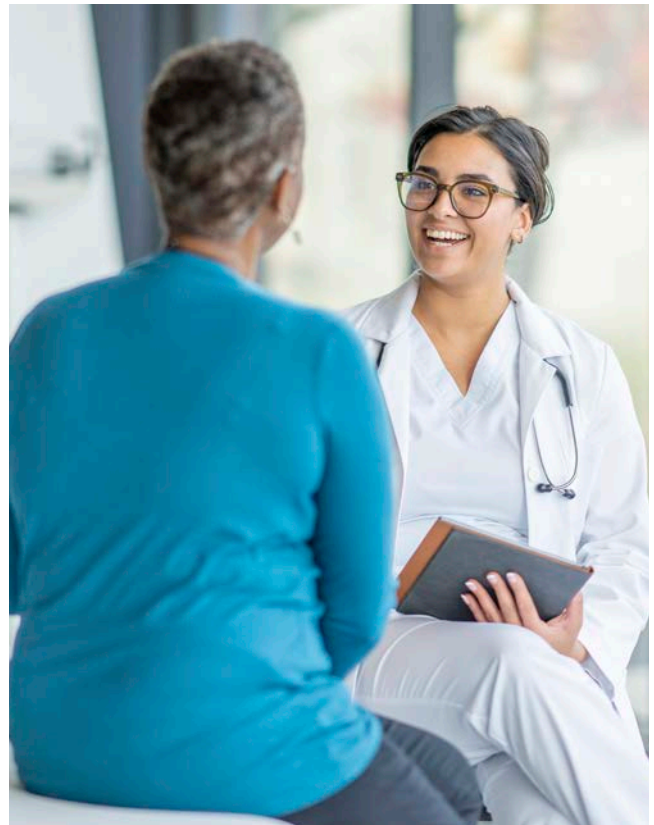
**Network:** The facilities, providers and suppliers your health plan contracts with to provide health care services. You will typically pay less for services received in network versus out of network.

**Out of pocket:** 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 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.

**Prior authorization:** A decision verifying that a service, prescription drug or type of treatment is medically necessary. Certain services and medications require prior authorization before you receive them, except in an emergency.

**Premium:** The amount you pay for your health plan's coverage, usually every two weeks or monthly.



**Primary care physician (PCP):** The main doctor and primary contact for your health care services.

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

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



# 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 when we 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](mailto:contact@hcrcompliance.com) or by calling our Compliance area at **800-832-9686** or the U.S. Department of Health and Human Services, Office for Civil Rights at **800-368-1019** or **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 tinutulungan, 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 تساعد 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 درباره 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 háída bík'a'aná nílwo'ígíí díí Béeso Ách'ááh naa'níłgi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'íshíł bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdizih nínízingo, kojí' béesh bee hólne' 1-844-516-6328. (Navajo)

---

Vann du adda ebbah es du am helpa bisht, ennichi questions hend veyyich *deah health plan*, hend diah's recht fa hilf un information greeya in eiyah aykni shprohch unni kosht. Fa shvetza mitt en interpreter, roof deah nummah oh 1-833-584-1829. (Pennsylvania Dutch)





We're glad to have you as a member of Blue Cross and Blue Shield of Florida, Inc. What did you think of this open enrollment guide? Please take a moment to scan this QR code and give us some feedback.



Blue Cross and Blue Shield of Florida, Inc. provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

Blue Cross and Blue Shield of Florida, Inc. is an Independent Licensee of the Blue Cross and Blue Shield Association.