



Medical & Rx Frequently Asked Questions

FAQ

Medical

- **What are the two medical plans and what are the differences between them?**

Blue Care HMO:

Copay based plan

Lower deductible than PPO

Open Access – no referrals needed to see a specialist, but you must select a Primary Care Physician (PCP)

Florida based network, more narrow than PPO plan

Emergencies are covered throughout the US at the in-network copay

For those with dependents outside of FL, there is an Away from Home program

Lower cost per paycheck

Blue Options PPO:

Deductible & Coinsurance based plan

Larger and national network

Open Access – no referrals needed to see a specialist

Includes Mayo clinic

Includes out of network coverage

- **How do I find in-network providers/hospitals?**

Sign up for an account on floridablue.com and/or download the Florida Blue mobile app. This will give you 24/7 access to benefit coverage, claims information, ID cards, and in-network doctors and hospitals.

- **What if my doctor says I need a referral to see a specialist or for allergy injections**

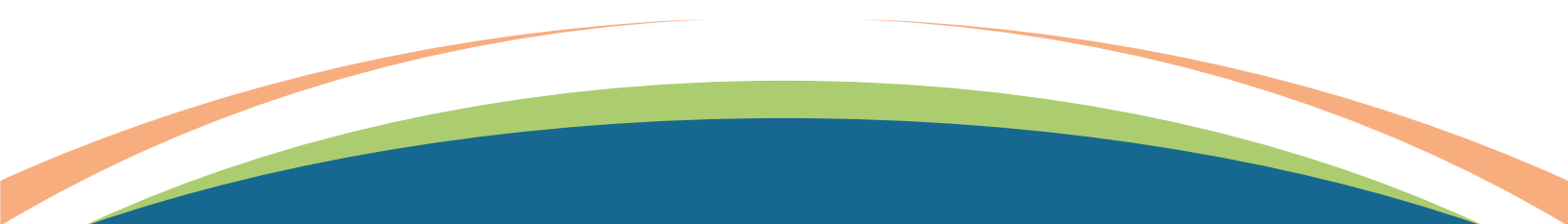
Tell your doctor that your plan does not have this requirement. If they insist, have them call Florida Blue to verify. The Blue Care HMO plan does not require a referral like some other HMO plans do.

- **What do I do if I need a new ID card?**

You can request a new ID card on Florida Blue's member portal, floridablue.com or call member services at 800-810-2583 for assistance.

- **Does my PPO (BlueOptions) plan have coverage anywhere in the country?**

BlueOptions is a national network with coverage anywhere in the U.S. You can find in-network providers and hospitals even when you travel out-of-state. If the provider or hospital is not in network, you will still be covered, but there can be balance billing.



Medical Frequently Asked Questions **FAQ**

...continuing medical

- **Does my HMO (BlueCare) plan have coverage anywhere in the country?**

For short trips, your coverage is accepted worldwide by doctors and hospitals that participate in the **BlueCard Program**. Emergency care does not require an authorization first, but it's important that you follow up with your PCP as soon as possible.

TIPS:

1. Always carry your member ID card
2. In an emergency, go directly to the nearest hospital

For longer trips (90 consecutive days or longer), there is the **Away From Home Care Guest Membership program** which is available in most states and in the District of Columbia. This program works well for dependents living or attending school out-of-state

TIPS:

1. Before leaving, call the customer service number on your member ID card 1 (800) 664 - 5295 to see if a participating HMO is in the area where you'll be staying
2. If a participating HMO is in the area (called a Host HMO), Florida Blue HMO will work with you to complete a Guest Membership application. You will sign, date, and return the application
3. When you need medical care, you call the PCP located in the Host HMO service area
4. Coverage is limited to 6 months for the policyholder and up to 12 months for dependents, with annual renewal

After receiving care from a BlueCard health provider, you should not have to complete any claim forms, nor should you have to pay more than your usual out-of-pocket expenses which may include non-covered services, deductible, copayments and coinsurance. Please note that these payment amounts may be different from those required by Florida Blue HMO. The Host HMO will communicate this information to you upon acceptance of your Guest Membership application.

If you need to locate a doctor or hospital, or need medical assistance services, call the **BCBS Global Core Service Center at either 1 (800) 810 – BLUE(2583) or 1 (877) 547-2903.**

The BCBS Global Core app is available for Apple and Android devices. Visit the app store or **www.bcbsglobalcore.com/home/mobileapp/**

As a BCBS member, you are responsible for any required precertification/preauthorization.

Medical Frequently Asked Questions FAQ

Prescriptions

- **Who is RxBenefits?**

RxBenefits is a pharmacy benefits optimizer. They are available to assist members between the hours of 7AM to 8PM CT, Mon-Fri at 1 (800) 334 – 8134 or CustomerCare@RxBenefits.com for anything from claims status, pharmacy network, Mail and Specialty Scripts, and much more.

- **Who can I reach out to for benefit questions?**

Along with RxBenefits, you can reach out to the Stetson benefit support box, at stetsonquest@bbrown.com.

- **How are specialty medications covered?**

PrudentRX is a specialty Rx program to help you save. PrudentRx has collaborated with CVS Caremark to offer a third-party (manufacturer) copay assistance program that may help you save money on your specialty prescriptions. Your doctor will need to create and submit a Prior Authorization medication review. You or your doctor can call CVS Caremark to speak with a team member, who will work with your doctor to take care of the necessary paperwork to continue your therapy or move you to an equally effective drug.

Your enrollment will be started automatically, but you must speak with a PrudentRx advocate to finalize enrollment 1 (800) 237-2767 or faxing it to 1 (800) 323 – 2445.

- **What ID card do I present to the pharmacy?**

Your Florida Blue ID card is also your Pharmacy ID card.

- **Does Florida Blue have anything to do with my prescriptions or authorization for a medication?**

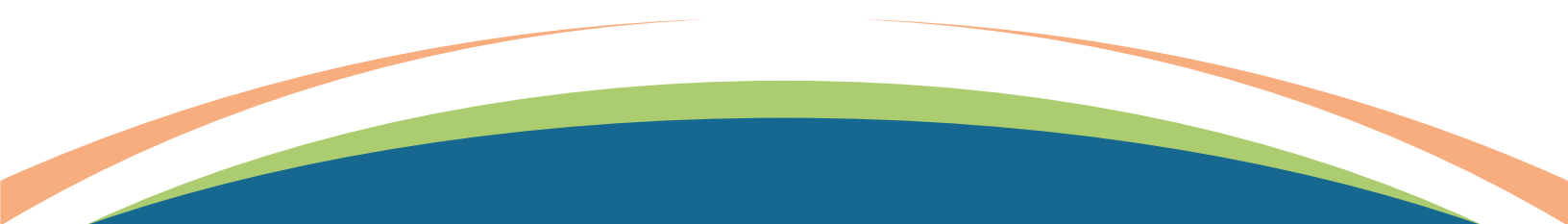
No, RxBenefits handles all pharmacy related items including authorizations.

- **What do I do if the pharmacy has trouble verifying my member number?**

Tell the pharmacist to exclude the first 3 letters of your member number for pharmacy claims. If you still have an issue for any reason, call RxBenefits Member Services at 1 (800) 334 - 8134.

- **What if I have a question regarding my prescription or need help in any way with prescriptions?**

Member Services –Members may contact at 1 (800) 334 - 8134 or CustomerCare@RxBenefits.com between the hours of 7AM to 8PM CT, Mon- Fri. They can assist with benefit questions, prior authorizations, mail order, specialty and coverage in general.





Medical Frequently Asked Questions **FAQ**

...continuing prescriptions

- **What is mail order and how do I enroll in this?**

CVS Caremark offers a convenient option for receiving prescription drugs that you take on an ongoing basis. You can have a 90-day supply of prescription maintenance medication sent directly to your home, office, or other location that works for you.

With home delivery services from CVS/Caremark, your medicine arrives safely at your door in plain packaging – at no extra cost to you. You will also be notified when a shipment is on the way so you can make changes or cancel at any time.

Get started today –

Online:

1. Go to [Caremark.com/mailemail](https://www.caremark.com/mailemail)
2. Register or Sign In and have your Prescription Benefit Card ready
3. Follow the guided steps to request a prescription. Once Caremark have your information, they will contact your doctor for a 90-day prescription of your current medicine

Phone:

1. Call the toll-free number on the back of your prescription ID card
2. Be ready with: your prescription ID card, list of long-term medications, doctor's information and payment method
3. Your doctor can also call in your prescription with the information from your prescription ID card, date of birth and mailing address

- **What pharmacies can I use for retail, specialty, and mail order?**

Caremark's National Network is extensive and includes 68,000 pharmacies in their network. Members may locate network pharmacies near them by going to [caremark.com](https://www.caremark.com) or using the CVS mobile app.

- **What should I do if I haven't received my prescription ID card?**

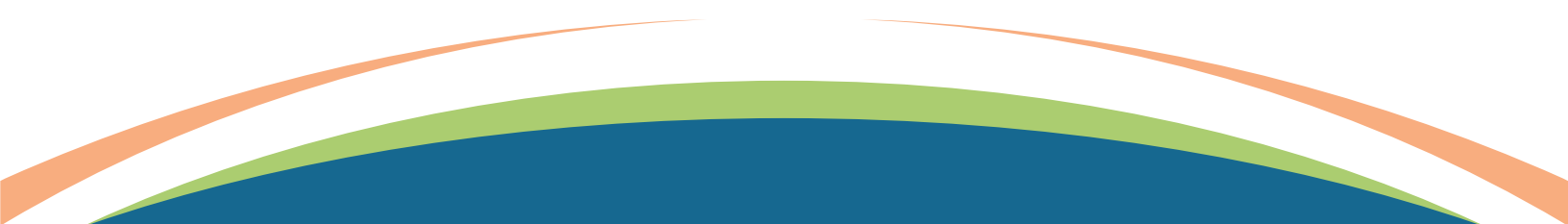
Members should receive a Member Launch Kit after enrollment, but if you need to fill a prescription and have not yet received the kit or lost the ID card(s), here is a temporary ID card with the necessary information that will be needed:

RxBIN: 004336

RxPCN: ADV

RxGRP: RX2169

For additional information regarding your prescription drug coverage, please contact RxBenefits' Member Services team directly by calling 1 (800) 334 – 8134 or email CustomerCare@rxbenefits.com.



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...continuing prescriptions

- **How do I know if my prescription requires prior authorization?**

You can go to the CVS Caremark member portal or mobile app. To register:

1. *Go to Caremark.com, click the Register button, and follow the instructions to sign up*
2. *Download the CVS Caremark® mobile app from Google Play or the App Store to register your account*
3. *Call the number on the back of your prescription ID card and a representative will get you started with a personalized registration email or text*

- **What do I do if my drug requires prior authorization?**

Doctor's offices may submit Prior Authorizations (and supporting documentation/chart notes) via the following routes:

1. *Submit electronic version at <https://rxb.promptpa.com> (receives the quickest response TAT time)*
2. *Fax form to 1 (888) 610 - 1180 Or email to PAsupport@rxbenefits.com*

For questions, doctors may call - Prior Authorization Services 1 (888) 608 - 8851, Hours: 8:00am - 6:00pm CST

