

Health Plan Information

(ID Cards, Labs, Co-pays, Rx's & Other Tips)

FLORIDA BLUE: 03769 and 03559 (PPO) www.floridablue.com / 1-800-FLA-BLUE (352-2583)

ID Cards – If you enroll, your medical ID card will be mailed to you.

Lab work – Members should use Quest Labs for in-network benefits.

Prescriptions – You may use any pharmacy to fill prescriptions. For prescription co-pays, please refer to the FCSRMC Benefits Comparison to you during your New Employee Benefits Orientation. Save time & money and use PrimeMail, Florida Blue's online mail order pharmacy and get a 90-day supply of prescription medication for 2x retail co-pay (versus 3x your copay at the pharmacy).

Medical Visit Co-pays (both PPO's) – Primary Care - \$30; Specialist - \$50; Preventative Care – No charge

FLORIDA HEALTH CARE PLAN: TS1 and T51 (HMO) www.fhcp.com / 386-615-4022 or 1-877-615-4022

ID Cards - If you enroll, your medical ID card will be mailed to you.

Lab work – Members need to use FHCP labs or Lab Corp for all lab work.

Prescriptions – Members should use an FHCP Pharmacy for prescription medications. For prescription co-pays, please refer to the FCSRMC Benefits Comparison given to you during your New Employee Benefits Orientation. Members receive a \$1.00 discount for each 31 day supply up to 90 days (example: 90 day preferred generic costs \$6 versus \$9 ordered monthly).

Medical Visit Co-pays – Primary Care-\$20(TS1) & \$30(T51); Specialist-\$35(TS1) & \$50(T51); Preventative Care–No charge

VSP Vision Care: www.vsp.com / 1-800-877-7195

Membership cards are not provided. You may register online and print out a membership card. You should consult with your provider prior to an appointment and let them know you have VSP Vision insurance. If they are a VSP provider, they will verify your eligibility & coverage; no claim form is needed. If they are an out-of-network provider, you will need to submit a claim form (online or through the mail).

DELTA DENTAL: Options: 1-PPO, 2-PPO, or, 3-HMO www.deltadentalins.com

PPO & Premier Plans (Options # 1 & #2) – 1-800-521-2651

DeltaCare Plan (HMO – Option #3) – 1-800-422-4234

Membership cards are not provided to new enrollees. You may register online and then print out a membership card, if need be. You should consult with your provider prior to an appointment and let them know you have Delta Dental insurance. You may change your provider at any time by simply calling the customer service numbers. Use the “Find a Dentist” on their website to see who is a Delta Dental provider (Note: changes should be made prior to the 20th of the month in order to be effective the 1st of the following month).

PPO & Premier Plans: If your dentist is a Delta Dental provider, they will verify your eligibility & coverage; no claim form is needed. If they are an out-of-network provider, you will need to submit a claim form (online or through the mail).

HMO Plan: You have already selected a provider/facility from the network during Open Enrollment. If you want to change providers, you MUST stay within the DeltaCare listing of approved providers/facilities. Go to the website to search for an HMO provider and then call customer service to change. See Schedule 48N for set prices for services.

FLEXIBLE SPENDING ACCOUNTS / DEBIT CARDS: - HEALTH EQUITY www.healthequity.com 1-877-582-8753

A membership welcome packet will be mailed to all FSA participants that will include information on direct deposit for reimbursements, debit cards, claim forms and ways to check your balance. You should call the customer service number with any questions you have regarding your account. **Retirees are not eligible for this benefit.**