

FLORIDA 2017 EHB BENCHMARK PLAN

SUMMARY INFORMATION

| | |
|---|--|
| Plan Type | Small Group Market |
| Issuer Name | Blue Cross and Blue Shield of Florida |
| Product Name | BlueOptions |
| Plan Name | BlueOptions 5462 |
| Supplemented Categories (Supplementary Plan Type) | Pediatric dental (FEDVIP) Pediatric vision (FEDVIP) |

BENEFITS AND LIMITS

| A Benefit | B EHB | C Is the Benefit Covered? | D Quantitative Limit on Service? | E Limit Quantity | F Limit Unit | G Exclusions | H Explanations |
|--|----------|------------------------------------|---|------------------------|-----------------------------|--|-------------------|
| Primary Care Visit to Treat an Injury or Illness | Yes | Covered | No | | | | |
| Specialist Visit | Yes | Covered | No | | | | |
| Other Practitioner Office Visit (Nurse, Physician Assistant) | Yes | Covered | No | | | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | Yes | Covered | No | | | | |
| Outpatient Surgery Physician/Surgical Services | Yes | Covered | No | | | | |
| Hospice Services | Yes | Covered | No | | | | |
| Routine Dental Services (Adult) | No | Covered | No | | | | |
| Infertility Treatment | No | Not Covered | No | | | | |
| Long-Term/Custodial Nursing Home Care | No | Not Covered | No | | | | |
| Private-Duty Nursing | No | Not Covered | No | | | | |
| Routine Eye Exam (Adult) | No | Covered | No | | | | |
| Urgent Care Centers or Facilities | Yes | Covered | No | | | | |
| Home Health Care Services | Yes | Covered | Yes | 20 | Day(s) per Benefit Period | Part-time- Services limited to less than 8 hours a day, less than 40 hours a week. Intermittent- Services limited to each visit up to but not exceeding 2 hours a day. Excluded: Services rendered by an employee/operator of an adult congregate living facility, adult foster home, adult day care center, or a nursing facility. | |
| Emergency Room Services | Yes | Covered | No | | | | |
| Emergency Transportation/Ambulance | Yes | Covered | No | | | | |
| Inpatient Hospital Services (e.g., Hospital Stay) | Yes | Covered | No | | | | |
| Inpatient Physician and Surgical Services | Yes | Covered | No | | | | |
| Bariatric Surgery | No | Not Covered | No | | | | |
| Cosmetic Surgery | No | Not Covered | No | | | | |
| Skilled Nursing Facility | Yes | Covered | Yes | 60 | Day(s) per Benefit Period | | |
| Prenatal and Postnatal Care | Yes | Covered | No | | | | |
| Delivery and All Inpatient Services for Maternity Care | Yes | Covered | No | | | Maternity services rendered to a covered person who is acting as a gestational surrogate are excluded. | |
| Mental/Behavioral Health Outpatient Services | Yes | Covered | Yes | 20 | Visit(s) per Benefit Period | Excludes services for psychological testing associated with the evaluation and diagnosis of learning disabilities or for mental retardation. | |
| Mental/Behavioral Health Inpatient Services | Yes | Covered | Yes | 30 | Day(s) per Benefit Period | Exclusion of "inpatient (overnight) mental health services received in a residential treatment facility." | |
| Substance Abuse Disorder Outpatient Services | Yes | Covered | No | | | | |
| Substance Abuse Disorder Inpatient Services | Yes | Covered | No | | | Exclusion of "expenses for prolonged care and treatment of Substance Dependency in a specialized inpatient or residential treatment facility..." | |
| Generic Drugs | Yes | Covered | No | | | | |
| Preferred Brand Drugs | Yes | Covered | No | | | | |
| Non-Preferred Brand Drugs | Yes | Covered | No | | | | |
| Specialty Drugs | Yes | Covered | No | | | | |

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|---|----------|------------------------------------|---|------------------------|-----------------------------|---|--|
| Outpatient Rehabilitation Services | Yes | Covered | Yes | 35 | Visit(s) per Benefit Period | | Combined limit for all outpatient therapy plus chiropractic. |
| Habilitation Services | Yes | Not Covered | No | | | | |
| Chiropractic Care | Yes | Covered | Yes | 35 | Visit(s) per Benefit Period | | Combined limit for all outpatient therapy plus chiropractic. |
| Durable Medical Equipment | Yes | Covered | No | | | | |
| Hearing Aids | No | Not Covered | No | | | | |
| Imaging (CT/PET Scans, MRIs) | Yes | Covered | No | | | | |
| Preventive Care/Screening/Immunization | Yes | Covered | No | | | | |
| Routine Foot Care | No | Not Covered | No | | | | |
| Acupuncture | No | Not Covered | No | | | | |
| Weight Loss Programs | No | Not Covered | No | | | | |
| Routine Eye Exam for Children | Yes | Covered | No | | | | |
| Eye Glasses for Children | Yes | Covered | No | | | | |
| Dental Check-Up for Children | Yes | Covered | No | | | | |
| Rehabilitative Speech Therapy | Yes | Covered | Yes | 35 | Visit(s) per Benefit Period | | Combined limit for all outpatient therapy plus chiropractic. |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | Yes | Covered | Yes | 35 | Visit(s) per Benefit Period | If provided in an Inpatient setting, member must be able to actively participate in 2 rehabilitative therapies and be able to tolerate at least 3 hours per day of skilled Rehab services for at least 5 days a week. Member's condition must be likely to significantly improve. Inpatient rehab limit is 21 days. | Combined limit for all outpatient therapy plus chiropractic. |
| Well Baby Visits and Care | Yes | Covered | No | | | | |
| Laboratory Outpatient and Professional Services | Yes | Covered | No | | | | |
| X-rays and Diagnostic Imaging | Yes | Covered | No | | | | |
| Basic Dental Care - Child | Yes | Covered | No | | | | |
| Orthodontia - Child | Yes | Covered | No | | | | |
| Major Dental Care - Child | Yes | Covered | No | | | | |
| Basic Dental Care - Adult | No | Covered | No | | | | |
| Orthodontia - Adult | No | Not Covered | No | | | | |
| Major Dental Care – Adult | No | Covered | No | | | | |
| Abortion for Which Public Funding is Prohibited | No | Covered | No | | | Elective abortions excluded. | |
| Transplant | Yes | Covered | No | | | | |
| Accidental Dental | Yes | Covered | No | | | | |
| Dialysis | Yes | Covered | No | | | | |
| Allergy Testing | Yes | Covered | No | | | | |
| Chemotherapy | Yes | Covered | No | | | | |
| Radiation | Yes | Covered | No | | | | |
| Diabetes Education | Yes | Covered | No | | | | |
| Prosthetic Devices | Yes | Covered | No | | | | |
| Infusion Therapy | No | Not Covered | No | | | | |

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|---|----------|------------------------------------|---|------------------------|-----------------|--|---|
| Treatment for Temporomandibular Joint Disorders | Yes | Covered | No | | | <p>Services involving bones or joints of the jaw (e.g., Services to treat temporomandibular joint [TMJ] dysfunction) or facial region if, under accepted medical standards, such diagnostic Services are necessary to treat Conditions caused by congenital or developmental deformity, disease, or injury.</p> <p>Payment for splints for the treatment of temporomandibular joint ("TMJ") dysfunction is limited to one splint in a six-month period unless a more frequent replacement is determined by us to be Medically Necessary.</p> | |
| Nutritional Counseling | Yes | Covered | No | | | | Diabetes coverage includes "nutrition counseling"; home health services include "nutritional guidance." |
| Reconstructive Surgery | Yes | Covered | No | | | | Only for Breast reconstruction following a Mastectomy. |

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

| CATEGORY | CLASS | SUBMISSION COUNT |
|--|---|------------------|
| Analgesics | Nonsteroidal Anti-inflammatory Drugs | 20 |
| Analgesics | Opioid Analgesics, Long-acting | 10 |
| Analgesics | Opioid Analgesics, Short-acting | 13 |
| Anesthetics | Local Anesthetics | 3 |
| Anti-Addiction/ Substance Abuse Treatment Agents | Alcohol Deterrents/Anti-craving | 2 |
| Anti-Addiction/ Substance Abuse Treatment Agents | Opioid Dependence Treatments | 2 |
| Anti-Addiction/ Substance Abuse Treatment Agents | Opioid Reversal Agents | 0 |
| Anti-Addiction/ Substance Abuse Treatment Agents | Smoking Cessation Agents | 1 |
| Antibacterials | Aminoglycosides | 5 |
| Antibacterials | Antibacterials, Other | 15 |
| Antibacterials | Beta-lactam, Cephalosporins | 10 |
| Antibacterials | Beta-lactam, Other | 1 |
| Antibacterials | Beta-lactam, Penicillins | 5 |
| Antibacterials | Macrolides | 5 |
| Antibacterials | Quinolones | 9 |
| Antibacterials | Sulfonamides | 4 |
| Antibacterials | Tetracyclines | 4 |
| Anticonvulsants | Anticonvulsants, Other | 5 |
| Anticonvulsants | Calcium Channel Modifying Agents | 4 |
| Anticonvulsants | Gamma-aminobutyric Acid (GABA) Augmenting Agents | 6 |
| Anticonvulsants | Glutamate Reducing Agents | 3 |
| Anticonvulsants | Sodium Channel Agents | 8 |
| Antidementia Agents | Antidementia Agents, Other | 1 |
| Antidementia Agents | Cholinesterase Inhibitors | 3 |
| Antidementia Agents | N-methyl-D-aspartate (NMDA) Receptor Antagonist | 1 |
| Antidepressants | Antidepressants, Other | 8 |
| Antidepressants | Monoamine Oxidase Inhibitors | 4 |
| Antidepressants | SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors) | 13 |
| Antidepressants | Tricyclics | 9 |
| Antiemetics | Antiemetics, Other | 9 |
| Antiemetics | Emetogenic Therapy Adjuncts | 6 |
| Antifungals | No USP Class | 21 |
| Antigout Agents | No USP Class | 6 |
| Anti-inflammatory Agents | Glucocorticoids | 25 |
| Anti-inflammatory Agents | Nonsteroidal Anti-inflammatory Drugs | 20 |
| Antimigraine Agents | Ergot Alkaloids | 2 |

| CATEGORY | CLASS | SUBMISSION COUNT |
|-----------------------|--|------------------|
| Antimigraine Agents | Prophylactic | 3 |
| Antimigraine Agents | Serotonin (5-HT) 1b/1d Receptor Agonists | 7 |
| Antimyasthenic Agents | Parasympathomimetics | 2 |
| Antimycobacterials | Antimycobacterials, Other | 2 |
| Antimycobacterials | Antituberculars | 11 |
| Antineoplastics | Alkylating Agents | 3 |
| Antineoplastics | Antiandrogens | 3 |
| Antineoplastics | Antiangiogenic Agents | 3 |
| Antineoplastics | Antiestrogens/Modifiers | 3 |
| Antineoplastics | Antimetabolites | 4 |
| Antineoplastics | Antineoplastics, Other | 4 |
| Antineoplastics | Aromatase Inhibitors, 3rd Generation | 3 |
| Antineoplastics | Enzyme Inhibitors | 6 |
| Antineoplastics | Molecular Target Inhibitors | 16 |
| Antineoplastics | Monoclonal Antibodies | 0 |
| Antineoplastics | Retinoids | 3 |
| Antiparasitics | Anthelmintics | 3 |
| Antiparasitics | Antiprotozoals | 11 |
| Antiparasitics | Pediculicides/Scabicides | 5 |
| Antiparkinson Agents | Anticholinergics | 2 |
| Antiparkinson Agents | Antiparkinson Agents, Other | 3 |
| Antiparkinson Agents | Dopamine Agonists | 3 |
| Antiparkinson Agents | Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors | 2 |
| Antiparkinson Agents | Monoamine Oxidase B (MAO-B) Inhibitors | 2 |
| Antipsychotics | 1st Generation/Typical | 10 |
| Antipsychotics | 2nd Generation/Atypical | 8 |
| Antipsychotics | Treatment-Resistant | 1 |
| Antispasticity Agents | No USP Class | 4 |
| Antivirals | Anti-cytomegalovirus (CMV) Agents | 2 |
| Antivirals | Anti-hepatitis B (HBV) Agents | 7 |
| Antivirals | Anti-hepatitis C (HCV) Agents | 7 |
| Antivirals | Antitherpetic Agents | 5 |
| Antivirals | Anti-HIV Agents, Integrase Inhibitors (INSTI) | 3 |
| Antivirals | Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) | 5 |
| Antivirals | Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) | 13 |
| Antivirals | Anti-HIV Agents, Other | 3 |
| Antivirals | Anti-HIV Agents, Protease Inhibitors | 9 |
| Antivirals | Anti-influenza Agents | 4 |

| CATEGORY | CLASS | SUBMISSION COUNT |
|--|---|------------------|
| Anxiolytics | Anxiolytics, Other | 4 |
| Anxiolytics | Benzodiazepines | 0 |
| Anxiolytics | SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors) | 5 |
| Bipolar Agents | Bipolar Agents, Other | 6 |
| Bipolar Agents | Mood Stabilizers | 5 |
| Blood Glucose Regulators | Antidiabetic Agents | 20 |
| Blood Glucose Regulators | Glycemic Agents | 1 |
| Blood Glucose Regulators | Insulins | 10 |
| Blood Products/Modifiers/ Volume Expanders | Anticoagulants | 7 |
| Blood Products/Modifiers/ Volume Expanders | Blood Formation Modifiers | 6 |
| Blood Products/Modifiers/ Volume Expanders | Coagulants | 0 |
| Blood Products/Modifiers/ Volume Expanders | Platelet Modifying Agents | 8 |
| Cardiovascular Agents | Alpha-adrenergic Agonists | 4 |
| Cardiovascular Agents | Alpha-adrenergic Blocking Agents | 4 |
| Cardiovascular Agents | Angiotensin II Receptor Antagonists | 7 |
| Cardiovascular Agents | Angiotensin-converting Enzyme (ACE) Inhibitors | 10 |
| Cardiovascular Agents | Antiarrhythmics | 10 |
| Cardiovascular Agents | Beta-adrenergic Blocking Agents | 13 |
| Cardiovascular Agents | Calcium Channel Blocking Agents | 9 |
| Cardiovascular Agents | Cardiovascular Agents, Other | 5 |
| Cardiovascular Agents | Diuretics, Carbonic Anhydrase Inhibitors | 2 |
| Cardiovascular Agents | Diuretics, Loop | 4 |
| Cardiovascular Agents | Diuretics, Potassium-sparing | 4 |
| Cardiovascular Agents | Diuretics, Thiazide | 6 |
| Cardiovascular Agents | Dyslipidemics, Fibric Acid Derivatives | 2 |
| Cardiovascular Agents | Dyslipidemics, HMG CoA Reductase Inhibitors | 7 |
| Cardiovascular Agents | Dyslipidemics, Other | 8 |
| Cardiovascular Agents | Vasodilators, Direct-acting Arterial | 4 |
| Cardiovascular Agents | Vasodilators, Direct-acting Arterial/Venous | 3 |
| Central Nervous System Agents | Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines | 4 |
| Central Nervous System Agents | Attention Deficit Hyperactivity Disorder Agents, Amphetamines | 4 |
| Central Nervous System Agents | Central Nervous System, Other | 9 |
| Central Nervous System Agents | Fibromyalgia Agents | 3 |
| Central Nervous System Agents | Multiple Sclerosis Agents | 7 |
| Dental and Oral Agents | No USP Class | 7 |
| Dermatological Agents | No USP Class | 80 |
| Enzyme Replacement/ Modifiers | No USP Class | 6 |
| Gastrointestinal Agents | Antispasmodics, Gastrointestinal | 4 |

| CATEGORY | CLASS | SUBMISSION COUNT |
|--|--|------------------|
| Gastrointestinal Agents | Gastrointestinal Agents, Other | 10 |
| Gastrointestinal Agents | Histamine2 (H2) Receptor Antagonists | 4 |
| Gastrointestinal Agents | Irritable Bowel Syndrome Agents | 3 |
| Gastrointestinal Agents | Laxatives | 4 |
| Gastrointestinal Agents | Protectants | 2 |
| Gastrointestinal Agents | Proton Pump Inhibitors | 5 |
| Genitourinary Agents | Antispasmodics, Urinary | 7 |
| Genitourinary Agents | Benign Prostatic Hypertrophy Agents | 9 |
| Genitourinary Agents | Genitourinary Agents, Other | 6 |
| Genitourinary Agents | Phosphate Binders | 4 |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) | No USP Class | 30 |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins) | No USP Class | 1 |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Anabolic Steroids | 2 |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Androgens | 3 |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Estrogens | 14 |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Progesterone Agonists/Antagonists | 0 |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Progestins | 12 |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Selective Estrogen Receptor Modifying Agents | 2 |
| Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary) | No USP Class | 4 |
| Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid) | No USP Class | 3 |
| Hormonal Agents, Suppressant (Adrenal) | No USP Class | 2 |
| Hormonal Agents, Suppressant (Parathyroid) | No USP Class | 3 |
| Hormonal Agents, Suppressant (Pituitary) | No USP Class | 6 |
| Hormonal Agents, Suppressant (Thyroid) | Antithyroid Agents | 2 |
| Immunological Agents | Angioedema (HAE) Agents | 1 |
| Immunological Agents | Immune Suppressants | 16 |
| Immunological Agents | Immunizing Agents, Passive | 0 |
| Immunological Agents | Immunomodulators | 13 |
| Inflammatory Bowel Disease Agents | Aminosaliclates | 2 |
| Inflammatory Bowel Disease Agents | Glucocorticoids | 5 |
| Inflammatory Bowel Disease Agents | Sulfonamides | 1 |
| Metabolic Bone Disease Agents | No USP Class | 12 |
| Ophthalmic Agents | Ophthalmic Prostaglandin and Prostaglandin Analogs | 3 |
| Ophthalmic Agents | Ophthalmic Agents, Other | 18 |
| Ophthalmic Agents | Ophthalmic Anti-allergy Agents | 9 |
| Ophthalmic Agents | Ophthalmic Antiglaucoma Agents | 18 |
| Ophthalmic Agents | Ophthalmic Anti-inflammatories | 11 |
| Otic Agents | No USP Class | 8 |

| CATEGORY | CLASS | SUBMISSION COUNT |
|---|---|------------------|
| Respiratory Tract/ Pulmonary Agents | Antihistamines | 10 |
| Respiratory Tract/ Pulmonary Agents | Anti-inflammatories, Inhaled Corticosteroids | 8 |
| Respiratory Tract/ Pulmonary Agents | Antileukotrienes | 3 |
| Respiratory Tract/ Pulmonary Agents | Bronchodilators, Anticholinergic | 4 |
| Respiratory Tract/ Pulmonary Agents | Bronchodilators, Sympathomimetic | 11 |
| Respiratory Tract/ Pulmonary Agents | Cystic Fibrosis Agents | 3 |
| Respiratory Tract/ Pulmonary Agents | Mast Cell Stabilizers | 1 |
| Respiratory Tract/ Pulmonary Agents | Phosphodiesterase Inhibitors, Airways Disease | 5 |
| Respiratory Tract/ Pulmonary Agents | Pulmonary Antihypertensives | 8 |
| Respiratory Tract/ Pulmonary Agents | Respiratory Tract Agents, Other | 2 |
| Skeletal Muscle Relaxants | No USP Class | 6 |
| Sleep Disorder Agents | GABA Receptor Modulators | 3 |
| Sleep Disorder Agents | Sleep Disorders, Other | 5 |
| Therapeutic Nutrients/ Minerals/ Electrolytes | Electrolyte/Mineral Modifiers | 6 |
| Therapeutic Nutrients/ Minerals/ Electrolytes | Electrolyte/Mineral Replacement | 7 |
| Therapeutic Nutrients/ Minerals/ Electrolytes | Vitamins | 0 |