

Lake Sumter County Medical Society Health and Pharmacy Changes
Effective January 1, 2010

BlueOptions Health Contract Benefit Changes	Current Standard Benefit	Standard Benefit Effective January 1, 2010
Utilization Management Language	Language contains limited utilization management language.	<ul style="list-style-type: none"> Utilization Management language added to member contract to allow for implementation of future Prior Authorization programs.
Mental Health Parity Federal Mandate	Dollar & visit maximums apply to Mental & Nervous and Substance Dependency Services	<ul style="list-style-type: none"> Removal of dollar and visit maximums for Mental & Nervous and Substance Dependency Services. Utilization Management prior authorization process will be implemented.
Michelle's Law Federal Mandate	Coverage for dependent children ages 19-25 if dependent is supported by parent and if living away from home a full or part time student.	<ul style="list-style-type: none"> Allows coverage for dependents ages 19-25 who may not be a full or part time student due to a "medically necessary" leave of absence. Dependent children on an approved leave of absence must be covered until the earlier of one year from the first day of the leave of absence or the date on which the coverage otherwise would terminate. Bill requires that health plans and insurers receive certification by the dependent child's treating physician that the dependent child is suffering from a serious illness or injury and that the leave of absence is medically necessary.
Coverage for Autism State Mandate	Well child screening for the presence of autism	<ul style="list-style-type: none"> Well-baby and well-child screening for diagnosing the presence of autism spectrum disorder. Treatment through speech therapy, occupational therapy, physical therapy and applied behavior analysis provided by certified behavior analysts who often are psychologists, clinical social workers and others. Annual maximum \$36,000. Lifetime Maximum \$200,000. Dollar Maximums do not apply to behavioral health per Mental Health Parity.
Medical Pharmacy, Office Setting Physician Administered Medications in Office	Covered drugs administered in the physician's office are subject to one cost-share for the office visit and administration of drug.	<p>Covered drugs administered in the physician's office are subject to NEW Medical Pharmacy benefit.</p> <ul style="list-style-type: none"> Physician Administered Medication In-Network: No CYD, member pays in-network coinsurance up to monthly maximum member out of pocket \$200. Exception: HSA plan subject to CYD. Physician Administered Medication Out of Network: CYD, then member pays out of network coinsurance with no monthly member out of pocket. The office visit and administration of the drug are subject to your plan's standard office services benefit/cost share.

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BlueOptions Pharmacy Benefit Changes	Current Standard Benefit	Standard Benefit Effective January 1, 2010
Self-Administered, Specialty Drugs	<p>Self-administered, specialty drugs are covered under your medical or prescription drug benefits (including Mail Order where applicable)</p> <p>In-network pharmacy benefit applies when Specialty Drugs are purchased from a participating Specialty Pharmacy or Retail Pharmacy.</p>	<p>Self-administered, specialty drugs will be covered under your retail pharmacy prescription drug benefits rather than your health benefits.</p> <ul style="list-style-type: none"> Employee Plan A In-Network - Specialty drugs subject to NEW 4th Tier \$100 Copayment for a 30 day supply at Caremark Only. All Other Employee Plans: Specialty Drugs subject to standard pharmacy tiers/benefits. Out of Network: 50% Coinsurance of an allowance. Self Administered Specialty drugs are NOT available through PrimeMail. Caremark exclusive in-network provider 1/1/10. All other pharmacies: Out of Network <p>See link to BCBSF medication guide. (page 10 for a current listing of Self Administered, Specialty drugs)</p> <p>http://www.bcbsfl.com/DocumentLibrary/ProductsServices/Pharmacy/2009MedicationGuide.pdf</p>
Self-Administered, Non-Specialty Drugs	<p>Self-administered drugs are covered under medical or prescription drug benefits.</p>	<p>All self-administered, non-specialty drugs will be covered under your prescription drug benefits rather than your health benefits.</p> <ul style="list-style-type: none"> Exception: If a Home Health provider bills the drug with a nursing visit, the drug is covered under your health benefits.
Out-of-Network	<p>Reimbursement for covered prescriptions purchased at an out-of-network pharmacy is not based on an allowance.</p>	<ul style="list-style-type: none"> The member cost-share for prescriptions purchased at an out-of-network pharmacy includes the pharmacy deductible (where applicable) amount and 50% coinsurance. Reimbursement for covered prescriptions purchased at an out-of-network pharmacy is based on an allowance
Generic Substitution	<p>Generic substitution is not required</p>	<p>When a member chooses to fill a brand-name prescription when a lower cost generic equivalent is available, the member pays the brand deductible, copayment and/or coinsurance and the cost difference between the brand and generic drug.</p>

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BlueOptions Pharmacy Benefit Changes (Continued)	Current Standard Benefit	Standard Benefit Effective January 1, 2010
Coverage for Growth Hormones	Subject to Prior Authorization and criteria maintained in Medical Coverage Guides	Subject to Prior Authorization and the criteria included in your pharmacy endorsement.
Day Supply for Non-Specialty Drugs	One month supply = 31 days	One month supply = 30 day
Day Supply for Specialty Drugs	Specialty drugs = up to a 93 day supply	Specialty drugs are limited to a one month supply = 30 days
Mail Order Day Supply Mail Order Applicable to Plan A Only	Three month supply = up to 93 day supply	Three month supply = 90 days
Lifetime Maximum (LTM)	Pharmacy cost NOT included in LTM	Pharmacy cost included in LTM

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