



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

For employees of Eastern Shipbuilding Group, Inc.

September 2021



BE HEALTHY. BE HAPPY.

Make the most of your health plan's benefits!

We want to welcome you as a member — and give you a quick overview of how your health benefits work.

Your benefits plan gives you access to top-quality care from the largest provider network in the nation. We want you to understand and use those benefits. And we aim to make that easy so you can have a happier, healthier life.

Topics in this guide include:



◆ Using your member ID card



◆ Getting health info by texts



◆ Discounts on health products and services



◆ Finding doctors and cost details on our website



◆ Tips on the benefits available with your health plan



◆ And more!

For your health,
Blue Cross and Blue Shield of Florida, Inc.

Symbols in this guide:



Log in to your **My Health Toolkit®** account.

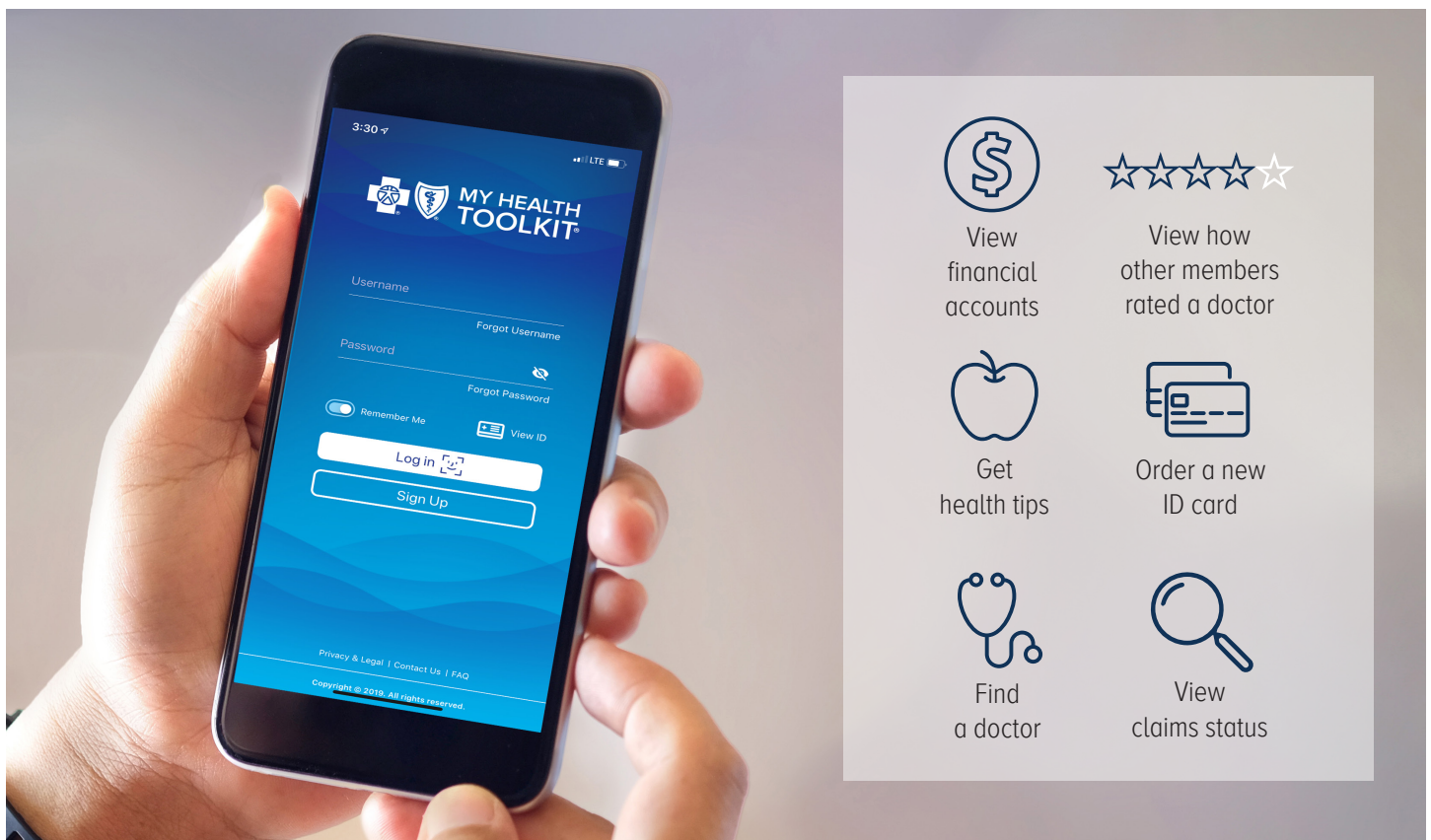


Call the number on the back of your membership ID card to speak to a **customer service advocate**.

TRY THIS SHORTCUT

Get easy access to your benefits information by downloading the My Health Toolkit® mobile app today! It's free at: www.MyHealthToolkitFL.com.

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



Your GetStarted page also 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/laptop computer?

Go to www.MyHealthToolkitFL.com and then:

- ◆ Click the **Register Now button** on the right side of the page.
- ◆ Enter your **Member ID** (from your ID card).
- ◆ Follow the instructions to **Create Your Profile**.

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.

Coinsurance: Your share of the costs for a covered health care service, calculated as a percentage. You pay coinsurance plus any deductibles you owe. For example, say your health plan's allowed amount for an office visit is \$100 and you've met your deductible. Your coinsurance payment of 20 percent would be \$20. Your health plan pays the rest of the allowed amount.

Copayment: The fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary, depending on the provider and the type of health care service.

Deductible: The amount you pay for services received before your health plan begins to pay. For example, if your deductible is \$1,000, your health plan will not pay for covered services until you've paid \$1,000 toward your covered health care expenses. After that, your health plan will pay for all covered services in that benefit year.

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.

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



Premium: The amount you pay for your health plan, usually biweekly or monthly.

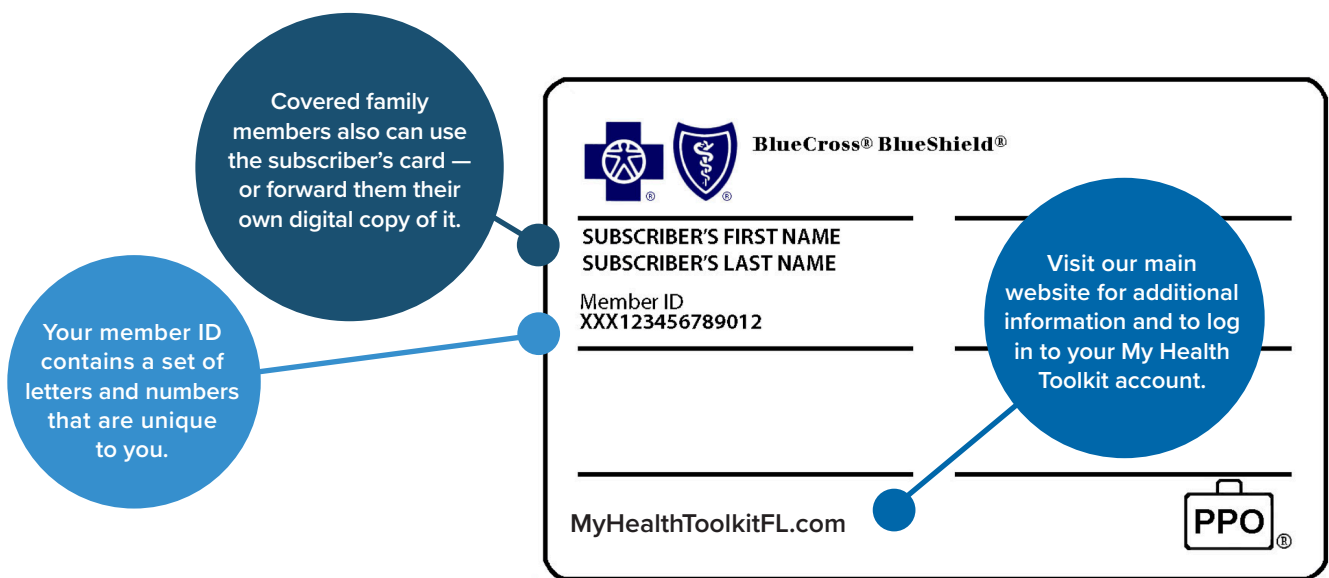
Primary care physician (PCP): The main doctor and primary contact for your health care services.

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 non-emergency consultations for a variety of conditions and can prescribe medication, when appropriate.

WE'VE GOT YOU COVERED WITH YOUR MEMBERSHIP CARD

Your BCBSF membership card contains important information that helps providers 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.



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

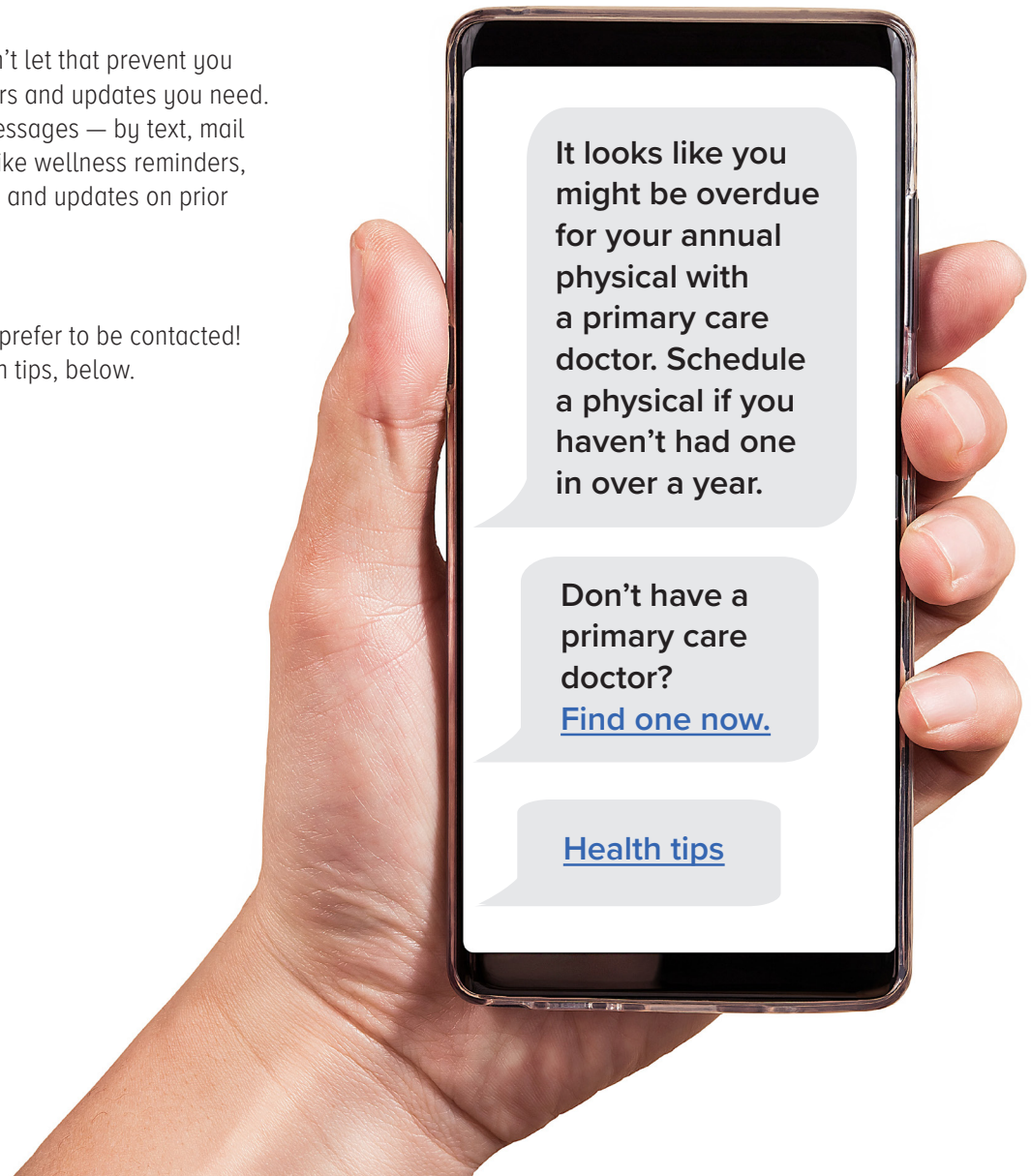
- ◆  Log in to **My Health Toolkit**.
- ◆ From a mobile device, select **Insurance Card**.
- ◆ From a computer, select **Insurance Card** and then **View Your Card**.

SIGN UP FOR MEMBER MESSAGING

Occasional communications from your health plan help you stay on top of your health, save money and make the most of your benefits.

Everyone's busy. But don't let that prevent you from getting the reminders and updates you need. Personalized member messages — by text, mail or email — provide info like wellness reminders, news on benefit changes and updates on prior authorization requests.

And you tell us how you prefer to be contacted! Check out the easy opt-in tips, below.



Log in to My Health Toolkit, and under My Profile, select 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.

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?

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

Doctor's Office



Your primary care physician, or regular doctor, is the best option for routine medical care like:

- ◆ Annual checkups, physicals
- ◆ Health screenings, immunizations
- ◆ Prescription refills

And unexpected health issues, if they can wait a day, like:

- ◆ Sprained muscles
- ◆ Minor cuts and bruises
- ◆ Cold and flu symptoms, including fever, coughing, sore throat and mild nausea
- ◆ Sinus or respiratory infections
- ◆ Urinary tract infections
- ◆ Seasonal allergies
- ◆ Pinkeye
- ◆ Migraines
- ◆ Rashes, insect bites, sunburn, other skin irritations

Urgent Care Center



If you can't wait for an appointment with your regular doctor, an urgent care center may be your best option for unexpected health issues like:

- ◆ Minor fractures and sprains, especially if an X-ray is required
- ◆ Minor cuts and animal bites, especially if stitches may be required
- ◆ Cold and flu symptoms, including fever, coughing, sore throat and mild nausea
- ◆ Sinus or respiratory infections
- ◆ Urinary tract infections
- ◆ Seasonal allergies
- ◆ Pinkeye
- ◆ Migraines
- ◆ Rashes, insect bites, sunburn and other skin irritations

Emergency Room



Go to the ER or call 911 for potentially life-threatening conditions like:

- ◆ Heavy, uncontrolled bleeding
- ◆ Signs of a heart attack, like chest pain that lasts more than two minutes
- ◆ Signs of stroke, such as numbness, sudden loss of speech or vision
- ◆ Loss of consciousness or sudden dizziness
- ◆ Major injuries such as broken bones or head trauma
- ◆ Coughing up or vomiting blood
- ◆ Severe allergic reactions

EXPLANATION OF BENEFITS

Smart health care consumers check their EOBs!

Doctors' bills can be complicated — and then you get an email saying there's an Explanation of Benefits to look at. But don't skip your EOB or just stash it away. It's pretty simple, and an important way to stay on top of your health care spending.

What is an EOB?

Whenever you use your health insurance, we send you an Explanation of Benefits. It shows you:

- ◆ How much the doctor charged.
- ◆ How much your health plan paid.
- ◆ The amount applied toward your deductible.
- ◆ How much you may still owe.

Why look at your EOB?

When you eat out, you at least glance at the bill before paying, right? Double-checking your medical expenses is even more important. You can:

- ◆ Compare your doctor and hospital bills with the EOB to make sure you're being billed — and paying — the correct amount.
- ◆ Share your EOB with your provider if you notice any differences.

Check your EOBs easily in My Health Toolkit®



We make it simple, through your health plan's website or our My Health Toolkit app.

- ◆ Log in to **My Health Toolkit** and select the **Benefits** tab.
- ◆ Click **Claims Status**, then "View Your Summary Explanation of Benefits."
- ◆ To see a particular claim, check the **Claims Status List** or search by date or claim number.
- ◆ On the **My Health Toolkit** mobile app, just click on the **Claims** tab and select a specific claim to view your EOB.



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.



Go to our website and select the **Member Discounts** tab. 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

- ◆ 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

PRESCRIPTION DRUG PROGRAM

Your prescription drug plan gives you and your doctor many choices. Understanding your choices can help you make the most of your benefits and save money.

Where to find details

The drug lists for your prescription drug program are located on our website:



Under the **Education Center** tab, select **Enrollment Tools**, then scroll to the **Drug Lists and Drug Management Programs** section and select **View Drug Lists**.

Prescription Drug Coverage

With almost 70,000 network pharmacies to choose from, it's easy to find one near you. When you use a network pharmacy, you'll have no claim forms to file and no waiting for reimbursement. Prescription drugs under your integrated medical or pharmacy benefit may be subject to deductible and coinsurance. At network pharmacies, the pharmacist will use a computer to check your eligibility for benefits and to provide the amount you will pay for prescriptions. If you don't present your member ID card or don't use a network pharmacy, you'll have to file a claim and you may not be reimbursed for the full amount you paid. Please see the benefits summary listed in this booklet to determine the amounts you pay for your prescriptions.

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. You may pay more for specialty drugs than non-specialty drugs for each 30-day supply. Your plan requires you to have specialty drug prescriptions filled at our preferred specialty pharmacy, Optum Specialty Pharmacy. The Optum Specialty Pharmacy is a specialty pharmacy service provided by OptumRx, an independent company that provides pharmacy benefit management services on behalf of your health plan.

Mail (Standard/Voluntary)

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. To download the mail service form, visit your health plan's website. Select **Forms** from the menu bar, then click **Claims Forms**. Select **Mail Service Order Form**.

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.

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 name-brand 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.

Excluded Drug List

From time to time, our committee of doctors and pharmacists may decide to no longer cover some drugs when other safe, effective, less costly alternatives are available. To view the latest excluded drug list for your health plan, go to your health plan's website. Go to the **Education Center** option on the top menu, select **Enrollment Tools**, then click **View Drug Lists** in the **Drug Lists and Drug Management Programs** area.



2021 ADULT WELLNESS GUIDELINES

Adult Health — For Ages 18 and Over

Preventive care is very important for adults. By making healthier choices, you can improve your overall health and well-being. Some of these positive choices include:

- ◆ Eating a healthy diet.
- ◆ Participating in regular physical activity.
- ◆ Not using tobacco products.
- ◆ Limiting alcohol use.
- ◆ Striving for a healthy weight.
- ◆ Taking medications as prescribed by your doctor.

Adult recommendations for 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 colonoscopy beginning at age 45 in consultation with your doctor. You have three options for colon cancer screening: a colonoscopy every 10 years, a flexible sigmoidoscopy every five years or a blood test annually.
Diabetes 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 an earlier screening.)
Lung Cancer Screening	For high-risk individuals (Talk with your doctor.)

Adult recommendations for immunizations

	19 – 21 years	22 – 26 years	27 – 49 years	50 – 64 years	65 and older
Influenza (Flu)*	Once each year				
Tetanus, Diphtheria, Pertussis (Tdap)*	One dose with a booster every 10 years				
Herpes Zoster (Shingles) — RZV*				Two doses RZV for those 60 and older	
or Herpes Zoster (Shingles) — ZVL*				OR one dose ZVL for those 50 and older	
Varicella (Chicken Pox)*	Two doses				
Pneumococcal (Pneumonia)*					Two doses
Measles, Mumps & 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 or three doses depending on health risks (This vaccine is only recommended for specific groups of adults. Discuss the risks and benefits with uour doctor.)				

*Recommendations for most adults. **Recommended for adults with certain health risks.

Women's Health

Women have unique health care needs. To stay well, they should make regular screenings a priority. Women should discuss the recommendations listed on the chart below with their doctors.

Women's recommendations	
Mammogram	Every year for women, beginning at age 40*
Cholesterol	Ages 30 – 35 if at high risk, all women ages 45 and over
Pap Test	Pap test every three years for women ages 21 – 65, or pap test and HPV test every five years for women ages 30 – 65 (Women who have had a hysterectomy or are over age 65 may not need a Pap test.)*
Osteoporosis Screening	Beginning 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	Every year for ages 21 and over.*

Men's Health

Men are encouraged to get yearly wellness exams, even if they don't have symptoms. Engage in a healthy lifestyle and complete recommended preventive care services. Men should discuss health recommendations in the table below with their doctor.

Men's recommendations	
Cholesterol	Ages 20 – 35 if at high risk, all men ages 35 and over
Abdominal Aortic Aneurysm	Once between ages 65 and 75 if you have ever smoked
Aspirin Use	Ages 50 – 79 (Talk with your doctor about the benefits and risks of aspirin use.)

*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. These are independent organizations that offer health information that members of your health plan may find helpful.



CHILDREN'S HEALTH

Put your children on the path to wellness by scheduling regular office visits with a doctor. The doctor will watch your baby'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 mo.	2 mo.	4 mo.	6 mo.	12 mo.	15 mo.	18 mo.	1.5-3 yrs.	4-6 yrs.
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 yearly starting at age 6 months with 2 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 to 15 months and 4 to 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.

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 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.

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 online at 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，請撥電話 [在此插入數字 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 건보함에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

Kung ikaw, o ang iyong tinutulongan, 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 بـ 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, a des questions à propos de ce plan médical, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 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 در باره 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)

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 give us feedback at: www.MyHealthToolkitFL.com/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.