Steps to verify benefits for Baptist Health Plan Members

Baptist Health medical and pharmacy benefits have moved from Humana, Inc. to Blue Cross and Blue Shield of Florida (BCBSF) effective January 1, 2012. The Availity tool is currently being worked on to ensure all benefits are displayed correctly with this new change. We expect Availity to be updated by April 1, 2012, until then, please utilize this document to assist you with quoting benefits correctly.

Definition of tiers for the Baptist Health Plan:

Tier 1 Benefits:
Baptist Health Plan members receive the highest level of coverage when utilizing a **Baptist facility, provider or pharmacy.**

Tier 2 Benefits:
Members can access non-Baptist **BlueOptions/NetworkBlue providers, facilities and pharmacies** but their cost share will be slightly higher in most scenarios.

Tier 3 Benefits:
Members can access **out-of-network/non-participating providers, facilities and pharmacies** but their cost share will be subject to deductible and coinsurance or not-covered.

Step action tool for verifying Tier 1 Benefits:

Step	Action
Step 1	If a member presents a BCBSF ID card with the Baptist Health Logo or can be identified as participating with the Baptist Health Plan and go to **Step 2.**
Step 2	Go to the Availity System and locate the member's "Plan/Product" under "Eligibility and Benefits Inquiry" and go to **Step 3.**
Step 3	• If the plan number is 03769 then the member is enrolled in the Preferred Plan. • If the plan number is 03566 then the member is enrolled in the Value Plan. Once you confirm which plan the member is enrolled in, go to **Step 4.**
Step 4	Refer to page 2 and 3 of this document to locate the specific benefit for the Preferred and Value Plans in order to quote benefits. **Stop.**

BCBSF is also available to answer benefit inquiries over the phone. To speak to a customer service representative call 1-800-727-2227.

Sample ID Card

FYI: Members can speak to a customer service representative by calling 1-800-664-5295.

The table below provides benefit information for Baptist Health's Preferred and Value Plans.

Tier 1 Benefit	Preferred Plan 03769			Value Plan 03566		
	Tier 1 Baptist	Tier 2 NetworkBlue	Tier 3 Out-of Network	Tier 1 Baptist	Tier 2 NetworkBlue	Tier 3 Out-of Network
Deductible	None	$5,500 Single $11,000 Family	$7,000 Single $12,000 Family	None	$5,500 Single $11,000 Family	$7,000 Single $12,000 Family
Out-of-Pocket Limit	$2,200 Single $6,600 Family (Only applies to DME)	Unlimited	Unlimited	$3,500 Single $10,500 Family	Unlimited	Unlimited
Inpatient Hospital (Including Behavioral Health)	$100 copayment per day for the first 5 days then covered 100%	30% Member coinsurance after Deductible	Not Covered	$300 copayment per day for the first 5 days then covered 100%	40% Member coinsurance after Deductible	Not Covered
Outpatient Hospital Surgical	$150 Copayment	30% Member coinsurance after Deductible	Not Covered	$300 Copayment	40% Member coinsurance after Deductible	Not Covered
Outpatient Hospital Non-Surgical (Including labs and diagnostic x-rays)	Covered 100%	30% Member coinsurance after Deductible	Not Covered	30% Member Coinsurance	40% Member coinsurance after Deductible	Not Covered
Prenatal Care (In addition to Hospital Fees)	$200 Copayment	$200 Copayment	30% Member coinsurance after Deductible	$300 Copayment	$300 Copayment	40% Member coinsurance after Deductible
Sleep Studies	100%	30% Member coinsurance after Deductible	Not Covered	100%	40% Member coinsurance after Deductible	Not Covered
Urgent Care (Solantic and Amelia Island UC)	$45 Copayment Per Visit	$75 Copayment Per Visit	Not Covered	$45 Copayment Per Visit	$75 Copayment Per Visit	Not Covered
Primary Care	$25 Copayment Per Visit	$40 Copayment Per Visit	30% Member coinsurance after Deductible	$35 Copayment Per Visit	$50 Copayment Per Visit	40% Member coinsurance after Deductible
Advanced Imaging	$150 Copayment	30% Member coinsurance after Deductible	Not Covered	30% Member Coinsurance	40% Member coinsurance after Deductible	Not Covered
Labs in free standing facility	Covered 100%	Covered 100%	Not Covered	30% Member Coinsurance	30% Member Coinsurance	Not Covered
Labs in a hospital setting	Covered 100%	30% Member coinsurance	Not Covered	30% Member Coinsurance	30% Member Coinsurance	Not Covered

Tier 1 Benefit	Preferred Plan 03769			Value Plan 03566		
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Outpatient Behavioral Health	$25 Copayment Per Visit	$40 Copayment Per Visit	Not Covered	$35 Copayment Per Visit	$50 Copayment Per Visit	Not Covered
Home Health (additional services billed with home health will take applicable cost share) 100 visits	$10 copayment for first 5 days then covered at 100%	30% Member coinsurance after Deductible	Not Covered	$20 copayment for first 5 days then covered at 100%	40% Member coinsurance after Deductible	Not Covered
Physical, Speech and Occupational	$25 Copayment	30% Member coinsurance after Deductible	Not Covered	$35 Copayment	40% Member coinsurance after Deductible	Not Covered
DME • CPAP and BiPAP Machines: • Canes, Crutches, Commodes, Walkers and diabetic equipment: • All other DME items:	• 20% Member Coinsurance • 10% Member Coinsurance • 20% Member Coinsurance	• Not Covered • 30% Member Coinsurance • 20% Member Coinsurance	•Not Covered • 30% Member Coinsurance after Deductible • 30% Member Coinsurance after deductible	• 30% Member Coinsurance • 30% Member Coinsurance • 30% Member Coinsurance	• Not Covered • 40% Member Coinsurance • 30% Member Coinsurance	•Not Covered • 40% Member Coinsurance after Deductible • 40% Member Coinsurance after deductible
Diagnostic X-Ray	Covered 100%	30% Member coinsurance after deductible	Not Covered	30% Member coinsurance	40% Member coinsurance after deductible	Not Covered
Routine Mammogram and *Colonoscopy (*Routine & Diagnostic)	Covered 100%	Covered 100%	Not Covered	Covered 100%	Covered 100%	Not Covered
Physician Inpatient and Outpatient Services	Covered 100%	Covered 100%	30% Member coinsurance after deductible	30% Member Coinsurance	30% Member coinsurance	40% Member coinsurance after deductible

If you cannot locate the specific benefit that you are looking for contact BCBSF customer service 1-800-727-2227.

BAPTIST HEALTH