

Flagler County School Board Welcome Guide



Make the most of your benefits.

What could be more valuable than getting the health care you need, when you need it? It's a good thing you have access to top-quality care from the largest provider network in the Sunshine State!

Please use this guide to make the most of your benefits. We appreciate having you as a member and will do all we can to serve you.

For your health,
Your Florida Blue Team



These topics are included in this guide:

- How to create your member account
- Using your member ID card
- Finding doctors and cost details on our website
- Discounts on health products and services
- Connecting in ways that work for you — including phone calls and web inquiries
- Tips on the benefits available with your health insurance plan

Get all the tools, resources, and support you need.

Members can access information about plan benefits and claim information at **FLBlueGroupBenefits.com** via a computer or via a mobile-friendly version on your phone's browser. Your member portal keeps your information safe and ensures strict HIPAA-compliant confidentiality.

How to get started — register today!

1. Go to **FLBlueGroupBenefits.com**.
2. Click the green **Login** button at the top of the page and select the **Member Portal**.
3. Click **Create account**. Review and accept the license agreement.
4. Enter your date of birth, ZIP code, and Member ID, adding -01 to the end of your member ID number. (Member ID: XXXXXXXXXXXX-01). Make sure your date of birth and member ID match what appears on your ID card.

To register a dependent, please check the box next to “are you a dependent” and enter their date of birth, ZIP code, and member ID adding the -01 to the end of the member ID number.

5. Create a username and password of your choice (password must be at least 8 alpha-numeric characters) and enter three security questions and answers.
6. Confirm your information and start enjoying the benefits of your new, secure online account immediately.

Your online member portal allows you to:

- View eligibility information for subscribers and dependents (Dependents age 18+ need a HIPAA release form in order for the subscriber to view their information)
- View, print, or order proof of health coverage
- View claim status and history
- View your Explanation of Benefits
- Search for a doctor near you
- Get estimates and compare pricing for medical procedures and services
- Download forms and documents
- Communicate with Member Services



We're here to help

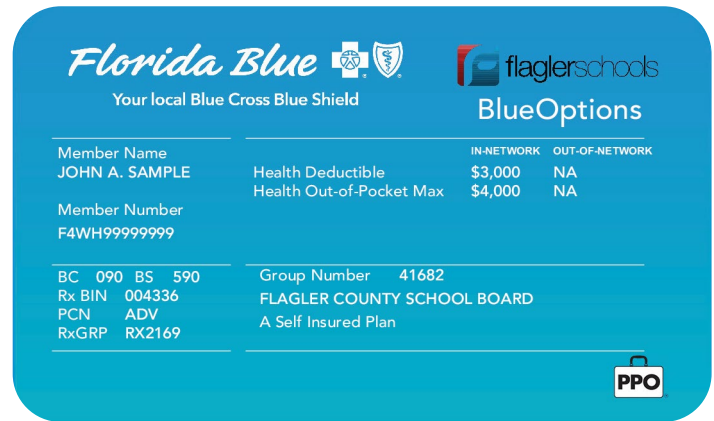
Visit **FLBlueGroupBenefits.com** or call the number on the back of your ID card to receive additional assistance from your designated Member Services team.

Your membership card has you covered.

Your member ID card contains important information that helps providers apply your benefits correctly. Always keep it with you. A health care provider will usually ask to see your insurance card at the beginning of your visit.

Covered family members can also use the subscriber's card

Your member ID contains a set of letters and numbers that are unique to you



Where should I go when I need care?

Remember, where you go matters!

Choosing the right treatment option can help you avoid needless worry, higher out-of-pocket costs, and hours of unnecessary waiting. Use this simple guide to help you make the right decisions when you can't see your primary care doctor.

Virtual visits

General medical (24/7 care)

Need care for non-urgent and common conditions? Get same-day appointments with a certified provider from wherever you are. Teladoc Health providers diagnose, treat, and even prescribe medicine if needed.

- Allergies
- Bronchitis
- Flu
- COVID-19
- Pink eye
- Rashes
- Sinus infections
- Sore throats
- And more

Mental health

Have real conversations and see progress with a therapist of your choice. Available 7 days a week from the privacy of your own home.

- Anxiety and depression
- Sleep issues
- Relationship conflicts
- Trauma and PTSD
- Medication management

Call your doctor and ask if they offer virtual visits.

Convenient care centers

Convenient care centers may be a good option. They usually have a similar copay to a primary care doctor and treat things like:

- Cold and flu-like symptoms
- Sinus infection
- Urinary tract infection
- Rash/skin conditions

Be sure to check and see if convenient care centers are in your network.

Emergency room (ER)

Going to an ER for an issue that is not life-threatening often results in long wait times and high medical bills. Examples of symptoms that require emergency room care:

- Severe chest pain (a possible heart attack)
- Signs of a possible stroke
- Severe or sudden shortness of breath
- Sudden or unexplained loss of consciousness

If you have a life-threatening emergency, call 911 right away.

For more information on care options, visit us online at [FLBlueGroupBenefits.com](https://www.flbluegroupbenefits.com).

Take the time to find the best care.

Research the best available health care options just like you check out your choices for cars, hotels, or restaurants.

“Know before you go.” It’s a smart idea before you make any important decision, including finding a new doctor or choosing a location for surgery.

Florida Blue makes these decisions easier from the member home page. Click on [FIND A PROVIDER](#) on the top menu bar.

- Find health care providers and services within our vast provider network.
- Check out cost information to make sure you’re getting the care you need at the best possible price.
- View a detailed map to help you get where you need to go.



Determine how much it will cost.

Estimates help you avoid surprises when bills come.

Costs for a medical procedure — like an ultrasound, a checkup, X-rays, or joint replacement — can vary by hundreds of dollars. Our Cost Transparency tool includes cost estimates to help you find the right care at the right price.

Estimate your out-of-pocket expenses for medical procedures, and compare pricing details that show you the most cost-efficient providers. To get started:

- Log in to your member account at **FLBlueGroupBenefits.com**.
- From the member home page, click on **Find a Provider** at the top.
- Next click on **Find Pricing for Medical Services**.



The Cost Transparency tool is loaded with price information about hundreds of procedures, from mammograms and MRIs to allergy testing, sleep studies, physical therapy, and various types of surgery.

Find Providers, Facilities, or Pricing

All ▾ E.g. "Family Medicine" or "Urgent Care" 🔍 Fort Wayne, IN 📍 [Search](#)

Search by category



Find a Provider or Facility
Doctors, hospitals, labs,
imaging centers, etc



Find Pricing for Medical Services
Office visits, labs, imaging,
inpatient & outpatient
procedures, etc

Care Management services

Care Management is a great resource for patients when they need comprehensive services for complex or chronic conditions. Navigating resources and understanding treatment plans can sometimes feel like an enormous task. That's why we're here to help!



Case management

If you're facing a serious health problem, it can be hard to manage all you need to do. Look to us to:

- Guide you and answer your questions related to your health conditions
- Coordinate your various levels of care to best benefit you and your caregivers
- Help you navigate your network of providers, use your insurance benefits, and find community resources
- Provide support for extended hospital stays, frequent admissions to the hospital, and emergency room visits
- Help you learn to manage your condition by understanding symptoms, how and when to take your prescription medications, diet and nutrition, and how to handle the stress that comes with health concerns



Chronic and complex condition management

Living with a health condition can get in the way of what matters most to you. As your health care needs change or become more complicated, our clinical experts are here to support you in your journey. They're here to:

- Provide coaching and educational resources tailored to your comfort and self-confidence levels
- Customize personal health goals with realistic expectations for you to better self-manage your condition
- Assist with preventive care follow-through and follow-up
- Address any changes that have occurred since the last conversation
- Review doctor recommended procedures and services and suggest alternate care options when needed to make sure you are getting the level of care you need



Testimonial quote:

"We couldn't have done all this without you. I wouldn't have maintained sanity without you talking, guiding, and making phone calls for us. We can't thank you enough for sticking with us during this roller coaster ride."



To learn more call **1-855-698-1963**

Healthy Beginnings maternity management



We're here to help.

Finding out you're expecting can be a very joyous time in your life. However, it can also be a confusing time. This program provides you with a personalized approach to your pregnancy through support from experienced nurses and relevant educational resources. Our skilled and compassionate nurses are here to help you every step of the way. The program emphasizes proactive communication with expectant mothers and health care providers to ensure the best possible care for you and your baby. This confidential service is part of your health plan and is available to you at no extra cost.

Healthy moms, healthy babies

- Our nurses can help catch potential complications sooner and help you find better opportunities for prevention and treatment
- We collaborate with you and your doctors to form a support system for your expectant family and to maximize the coordination of your care
- Early identification and intervention can reduce the risk of preterm birth and other pregnancy-related complications

Program goals

- Prevention of premature/low birth weight infants
- Reduction in unplanned cesarean section rates
- Fewer pregnancy-related complications
- Avoidance of unnecessary testing and medical costs

Features

- Support from a registered nurse counselor with extensive maternity management experience
- Screening and risk assessment to reduce risk factors and monitor your health
- Assistance throughout each stage of pregnancy, from first trimester to post delivery
- Help with identification of high-risk conditions and other pregnancy complications



Starting things off on the right foot can make all the difference.
Call the number on the back of your member ID card to learn more.

Florida Blue 
Your Health Solutions Partner

Home-based services

Florida Blue will coordinate all of your home health services, medical equipment, and infusion therapy needs.

Your employer has a dedicated service team within Florida Blue to assist you with your home health, medical equipment, and home infusion therapy needs. Although some of your care may come from CareCentrix providers, please do not call CareCentrix directly. Call Florida Blue at 1-999-999-9999 and we will work with CareCentrix on your behalf. Providers and hospital discharge planners should also call the number on the back of your insurance ID card to initiate these services with our dedicated service team at Florida Blue.



Home health services

- Nursing visits
- Physical, occupational, and speech therapy
- Home health aides†



Infusion therapy services

- Visits from an infusion nurse
- IV fluids
- Antibiotics
- Total Parenteral Nutrition (TPN)†



Durable medical and respiratory equipment

- Respiratory: oxygen; sleep apnea machines; nebulizers
- Diabetes: continuous glucose monitors; insulin pumps
- Wheelchairs
- Hospital beds
- Breast pumps
- Custom orthotics
- Bedside commodes†

If you already have medical equipment from another company:

If you're renting equipment:

visit [FLBlueGroupBenefits.com](https://www.flbluegroupbenefits.com), for help to ensure a smooth transition.

If you own your equipment:

Great news — you don't have to do anything!

Please check your benefits for coverage of any supplies you may need.

If you live outside of Florida:

To find a provider near you, visit

[FLBlueGroupBenefits.com](https://www.flbluegroupbenefits.com).

If you need help to find a provider outside of Florida, please call the number on the back of your ID card.

Questions?

For all new requests or help transitioning your current services, call 1-855-698-1963

If your provider needs help requesting your services, have them call the number on the back of your ID card.



Understanding your *Explanation of Benefits (EOB).*

Savvy health care customers check their EOBs!

Keep track of your medical services by checking each EOB.

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 insurer paid
- The amount applied toward your deductible
- How much you may still owe

Why look at your EOB?

When you dine 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.

Make sure you're covered.

Why coordination of benefits is important:

Do you have other health insurance?

Coordination of Benefits — COB, for short — affects your benefits when you or a family member is also covered under another health insurance plan. COB makes sure the right insurer processes your claims first. It prevents overpaying and duplications of services. And that helps keep costs down for everyone.

Examples of other insurance:

These may include coverage under a spouse's insurance plan, Medicaid, or Medicare.

What you need to do:

Be sure to have up-to-date information about your other insurance. That way we can process your claims correctly and promptly.

- If you receive an Other Health Insurance Questionnaire in the mail, fill it out and return it right away. Even if you do not have coverage with another health insurer, we need to know that, too.
- Call the number on the back of your member ID card and provide the information to Customer Service.

We appreciate your help with this.

Getting benefits after you have declined coverage.

Special enrollment rights may apply to you, your spouse, or other dependents even after you have declined coverage.

- For example, you might have declined coverage because other health insurance was in effect. Later, you may want to seek coverage with this plan if you or your dependents became ineligible for the other coverage, or the employer stopped contributing to the other coverage. You must request our coverage within 30 days, after the other coverage ends or after the employer contribution stops.
- You may also be able to get coverage if you have a new dependent because of marriage, birth, adoption, or placement for adoption. Again, you must request enrollment within 30 days of the event.

Please note that you may have been required to provide a written statement when you declined enrollment with us. If you didn't provide this written statement, Florida Blue isn't required to grant special enrollment rights to you or your dependents.

For more information, contact your employer's benefits department.

When prior authorization is required?

Florida Blue requires prior authorization for certain medical tests and treatments. This is an extra step to ensure you receive the appropriate type of care for your condition. If your doctor does not receive authorization before they perform the service, it may not be covered by your health insurance.

What types of services require prior authorization?

Generally, prior authorization will be required for these types of services:*

- Inpatient stays (medical and behavioral health/substance use disorders)
- Outpatient hospital programs (partial hospitalization or intensive outpatient programs)
- Home health services
- Home infusions
- Medical equipment rentals and purchases over \$1500
- Advanced imaging/radiology services, such as magnetic resonance imaging (MRIs) and positron emission tomography scans (PET)
- Spinal surgeries, spinal epidural injections, and spinal blocks
- Solid organ and stem cell transplants
- Specialty medications covered under your medical benefit in an outpatient setting

*This is not an all-inclusive list.



What's the status of your prior authorization?

To check the status of your request: Call the number on the back of your member ID card to speak to Customer Service.



HEALTHY LIVING IS JUST A DEAL AWAY

Join Blue365 and start saving today!

Blue365 gives you access to savings across all aspects of your life — including 20 percent off on Fitbit devices and over \$800 off Lasik, discounts on healthy, organic meal delivery services like Sun Basket, and much more!

Register now for free to take advantage of Blue365. It's an online destination where participating members can find healthy deals and exclusive discounts, all you need is your Blue Cross and Blue Shield member card to get started.

Get started today at
www.Blue365Deals.com/register

Exclusive savings from



2024 general wellness guidelines

Use to discuss with your health care provider

Adult (age 19+) wellness schedule

Be sure to review your plan benefits to determine your costs for these services

Routine health guide	
Annual wellness and routine checkup	Annually: discuss related screening with your doctor
Obesity screening: diet/physical activity/BMI counseling	Annually
Vision and dental exam (These services may not be covered by your medical benefits plan. Check your plan documents.)	Annually: discuss with your doctor
Recommended diagnostic checkups and screenings for at-risk patients	
Abdominal aortic aneurysm (AAA) check	One-time screening for those age 65– 75 who have ever smoked or have a family history of AAA
Bone mineral density screening and prescribed medication for osteoporosis	Women beginning at age 65 or older; and in younger women who have an increased risk
Cholesterol screening	Age 35+; age 20 – 35 at risk annually: All men; age 45+; age 20 – 45 at risk annually: All women
Colorectal cancer screening and counseling	Age 45 – 75; Colonoscopy or fecal occult blood test or sigmoidoscopy
Mammogram	Women should have a baseline mammogram (age 35 – 40). Thereafter, every two years (age 40 – 50); followed by every year (age 50+). At any age if recommended by physician based on risk factors.
Pap test/pelvic exam	Women age 21 – 29 should have a Pap test every 3 years. Women age 30 – 65 should have a Pap test alone every 3 years, or combined with HPV testing every 5 years. Women age 65+ should discuss with their doctor.
HIV and other sexually transmitted infections (STIs) screening and counseling	As indicated by history and/or symptoms. Discuss with your doctor behavioral risks.
Lung cancer screening and counseling	Age 50 – 80; 20-pack smoker history, current smoker/quit within past 15 years
Prostate cancer screening	Discuss with your doctor
Skin cancer screening	Discuss with your doctor

Live a healthy lifestyle

- Get your annual wellness exam to review your overall health and keep follow-up visits with your doctor.
- Find out if you are at risk for health conditions such as diabetes, high cholesterol, and high blood pressure.
- Get your vaccines, preventive screenings, and labs.
- Human Papillomavirus (HPV) vaccine 3 dose series is recommended for men and women age 19 through 26 years if not previously vaccinated prior to age 13.
- Talk with your doctor about the medications and over-the-counter/ vitamins you are taking to reduce side effects and interactions.
- Get a flu vaccine every year to prevent illness and related hospitalizations.
- Get a COVID-19 vaccine to prevent severe illness and related hospitalizations. Immunocompromised people should consult their physician on the need for an additional mRNA vaccine dose.

2024 general wellness guidelines

Use to discuss with your health care provider

Adult (age 19+) wellness schedule

Be sure to review your plan benefits to determine your costs for these services

Guidance	
Screen/counseling: Depression, obesity, tobacco, alcohol, substance abuse, and pregnancy	Every visit, or as indicated by your doctor
Fall risk/unintentional injury/domestic violence prevention/seat belt use	Discuss exercise and home safety with your doctor
Medication list (including over-the-counter and vitamins) for potential interactions	Every visit, or as indicated by your doctor
Advance directives/living will	Annually
Immunizations* (Routine recommendations)	
Tetanus, diphtheria, pertussis (Td/Tdap)	Age 19+: Tdap vaccine once, then a Td booster every 10 years
Flu (influenza) and RSV	Flu (age 19+) — annually during flu season; RSV — for pregnant persons at 32 – 36 weeks; RSV (age 60+) — annually as recommended by physician
Pneumococcal PCV13 and PPSV23	Age 19 – 64: if risk factors are present; age 65+: 1 – 2 doses (per CDC); age 50+: 1 dose (Florida Blue Benefits)
Shingles (Zoster)	Age 50+: 2 doses Shingrix
Haemophilus influenzae Type b (HIB) hepatitis A, hepatitis B, meningococcal	Age 19+: if risk factors are present
Human papillomavirus (HPV), measles/mumps/rubella (MMR), varicella (chickenpox), and hepatitis C (HCV) infection screening	Physician recommendation based on past immunization or medical history
COVID-19	Recommended for adults age 19 and older within the scope of the authorization/approval for the particular vaccine

We're here to help!

Visit [FLBlueGroupBenefits.com](https://www.flbluegroupbenefits.com) or call the number on the back of your ID card to get additional assistance from your designated Member Services team.

2024 general wellness guidelines

Use to discuss with your health care provider

Children and adolescents (birth – 18 years of age) wellness schedule

Routine health guide

Wellness exam and autism/development behavioral assessment	Newborn up to age 3: Frequent wellness checkups; Age 3 – 18: Annual wellness checkup
Body mass index (BMI): height and weight	Every visit, BMI beginning at age 2
Blood pressure	Annually, beginning at age 3
Hearing/dental/vision screenings (These services may not be covered by your medical benefits plan. Check your plan documents.)	Hearing: Newborn then annually beginning at age 4; Dental: Regularly, beginning at age 1; Vision: Annually, beginning at age 3

Recommended screenings for at-risk patients

Cholesterol screening	Annually, beginning at age 2
Lead test, TB, sickle cell, and blood sugar	As indicated by history and/or symptoms
HIV and other sexually transmitted infections (STIs) screening and counseling	Discuss with your doctor based on behavioral risks
Skin cancer screening	Discuss with your doctor

Guidance

Injury/violence prevention	Annually, more often if indicated by your doctor
Diet/physical activity/emotional well-being counseling	Every visit
Tobacco/alcohol/substance abuse/depression/pregnancy screening and counseling	Every visit starting at age 11, earlier if indicated by your doctor

Are your children up to date with vaccinations?

Getting the recommended sequence of vaccinations is always a good idea to protect your child from illnesses from birth to 18 years of age. Most of these vaccinations require additional doses or boosters over time. As children grow up to become teenagers, they may come in contact with different diseases. Here are vaccines that can help protect your preteen or teen from these other illnesses and infections:

Tdap vaccine

Age 11 or 12. Protects against tetanus (lock jaw), diphtheria, and acellular pertussis (whooping cough). This is a booster shot of the same vaccine given during early childhood.

Meningococcal vaccine

(MCV4) Two doses beginning at 11 or 12 years, with a booster dose at age 16. (MenB) Two doses beginning at age 16 – 18. Protects against meningitis, sepsis (a blood infection), and other meningococcal diseases. Children with higher risk factors may need additional doses.

2024 general wellness guidelines

Use to discuss with your health care provider

Immunizations*	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	2 – 6 years	11 – 12 years	13 – 14 years	15 years	16 – 18 years
Hepatitis A						2 dose series, 12 – 23 months								
Hepatitis B	1st dose	2nd dose			3rd dose									
Diphtheria, Tetanus, Pertussis (DTaP)			1st dose	2nd dose	3rd dose		4th dose			5th dose				
Tetanus, Diphtheria, Pertussis (Tdap)											1st dose			
Haemophilus Influenzae Type b (Hib)			1st dose	2nd dose	3rd or 4th dose**									
Inactivated Poliovirus			1st dose	2nd dose	3rd dose					4th dose				
Measles, Mumps, Rubella (MMR)***						1st dose				2nd dose				
Varicella						1st dose				2nd dose				
Pneumococcal PCV13 and PPSV23			1st dose	2nd dose	3rd dose	4th dose								
Flu (Influenza)					6 months through 8 years, 1 or 2 doses; 9 years and older, 1 dose only									
Rotavirus			1st dose	2nd dose	3rd dose**									
Meningococcal											1st dose			Booster
Human Papillomavirus (HPV)											3 dose series			
COVID-19					6 months and older per CDC guidelines for specific vaccine									

Human papillomavirus

(HPV) Vaccine two or three doses over six months, beginning at age 11 – 12. (Two doses if started before 15th birthday or three if started at or after 15.) Protects boys and girls against HPV, which can lead to cancers and genital warts.

Flu vaccine

Every year after six months of age. Protects individuals from getting the influenza virus.

Respiratory syncytial virus (RSV) injection

Respiratory syncytial virus (RSV) is the leading cause of hospitalization among U.S. infants. The CDC recommends nirsevimab for all infants under 8 months who are born during or entering their first RSV season (October through March) and for infants and children 8 – 19 months of age who are at increased risk for severe RSV disease and are entering their second RSV season.

COVID-19 vaccine

The American Academy of Pediatrics (AAP) recommends the COVID-19 vaccination for all children and adolescents 5 years of age and older who do not have contraindications using a COVID-19 vaccine authorized for use for their age. Any authorized COVID-19 vaccine appropriate by age and health status can be used for COVID-19 vaccination in children and adolescents.

Keep your teens safe from preventable, painful, and life-threatening diseases by staying in touch with your pediatrician's office or health clinic. Be sure to verify your benefits for preventive services.



Make it time well spent.

Meeting one-on-one with a health care provider?
Be prepared, ask questions, and make the most of your visits!



Prepare for your visit.

Make a list of any medications you're using. Include prescriptions, over-the-counter medications, vitamins, and supplements. Write down any problems or symptoms you need to discuss.



Take notes.

Note your doctor's instructions with pen and paper or on your phone.



Be honest.

Some problems might seem embarrassing to you. But don't worry! They won't be to your doctor. It's best to be transparent and thorough, providing all the details to your doctor so they can decide on what treatment is best for you.

Take care of yourself.

Just as taking good care of yourself physically is so important — be sure to protect your emotional health, too.

Some tips:

- Listen to the experts, of course, but don't obsess over news updates that ramp up your stress.
- Still sticking close to home? Stay connected with friends and family through calls, video chats, and texts. Share your concerns and listen to theirs.
- Focus on self-care basics: a healthy diet, daily exercise, and plenty of sleep.
- Whether you're back in the office or working from home, find ways to de-stress. Take a walk, do stretches with a video, write in a personal journal, watch a funny movie, work on a jigsaw puzzle, try mediation, or put on some music and dance.



Helpful health care terms to know.

Health care lingo can be confusing. Here are some commonly used terms 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:

Is the part or percentage of covered medical or prescription drug costs you pay out of your pocket, typically after you meet your deductible.

Copayment:

A standard amount you pay out of your pocket when you get covered medical care or prescription drugs.

Deductible:

The amount you must pay before your insurance starts to help with covered medical or prescription drug costs each year.

Network:

Doctors, hospitals, and health care providers who have an agreement with your insurance company to charge lower rates for their services. You'll 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 coverage services.

Subscriber:

The person who enrolls in a health insurance plan. There is only one subscriber per plan. The subscriber can add eligible depends to a family health insurance plan.

Prior authorization:

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

Premium:

The amount of money you pay regularly to have health insurance.

Primary care doctor:

The main doctor and primary contact for your health care services.

Specialist:

A doctor or health care professional who focuses on a specific field 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 medications when appropriate.

Non-discrimination statement and foreign language access

We do not discriminate on the basics of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in our health plans when we enroll members or when we provide benefits. If you or someone 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 (TDD 711). Free language interpretation support is available for those who cannot read or speak English by calling one of the numbers listed below. If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing, contact@hcrompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

¹Blue365 offers access to savings on items that members may purchase directly from independent vendors. Blue365 does not include items covered under your policies with Florida Blue or any applicable federal health care program. To find out what is covered under your policy, call Florida Blue. Blue Cross and Blue Shield Association (BCBSA) and local Blue companies may receive payments from Blue365 vendors. Neither BCBSA nor any local Blue company recommends, endorses, warrants, or guarantees any specific Blue365 vendor or item. For more information about Blue365, go to FloridaBlue.com.

[†] Examples, not an all-inclusive list.

^{*} These are routine immunizations based upon cdc.gov recommendations. Range of recommended ages for catch-up or certain high-risk groups is at the doctor's discretion based on the member's family history and personal risk factors.

^{**} Dosages determined by doctor with the type of brand vaccine used.

^{***} Those in an outbreak area, > 12 months of age who previously received ≤ 2 doses should receive a dose of mumps-virus containing vaccine.

Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue, is an Independent Licensee of the Blue Cross and Blue Shield Association. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

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