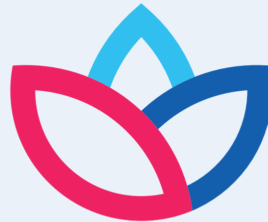
Florida
BENEFIT CHARTS



Medical

Benefit charts

2025 Individual and Family Plans

Plans on the Marketplace

Bronze, Silver, Gold, and Catastrophic plans

HMO plans offered by Wellpoint

Warning: If you or your family members are covered by more than one healthcare plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

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Wellpoint

Supporting your path to wellness

We know choosing a health plan that fits your family's needs and budget is an important decision. Wellpoint is proud to offer affordable health plans to individuals and families at every moment of their health journey. This booklet will show you plan benefit charts and explain terms you should know when selecting a health plan. The information will help you choose the right coverage for your health and budget.

Let us connect you to the right coverage.

Plan overview

Understanding Care Provider Networks

When choosing a plan, you will have access to a specific network. Certain networks may be larger than others or offer different options for local care providers. It's important to understand these differences and keep your healthcare needs in mind when choosing a plan.

When you choose a Health Maintenance Organization (HMO) plan, you will be assigned a primary care physician upon enrollment. You can change your PCP at any time. Your PCP preventive care, such as annual physicals, screenings, and vaccinations. You can also see specialty doctors, like dermatologists and allergists, without a referral if they are in your plan's network.

If there's a medical emergency, go to the nearest hospital or urgent care. These plans help pay for medically necessary emergency and urgent care services, whether received in or out of your plan's network, or when a service is preapproved.

View our county network coverage map here

Plan benefit chart — HMO

Wellpoint Florida Essential HMO is offered in Brevard, Broward, Collier, DeSoto, Hardee, Hendry, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Lucie, Volusia

Plan type	Bronze plans		
	HMO		
Plan name	Wellpoint Essential Bronze 7500 ($0 Virtual PCP + $0 Select Drugs + Incentives) Standard (847F) *NEW*	Wellpoint Essential Bronze 6000 ($0 Virtual PCP + $0 Select Drugs + Incentives) (849R) *NEW*	Wellpoint Essential Bronze 5500 Adult Dental/Vision ($0 Virtual PCP + $0 Select Drugs + Incentives) (849C) *NEW*
Network name	Wellpoint Florida Essential	Wellpoint Florida Essential	Wellpoint Florida Essential
Plan includes non-network coverage?	No	No	No
Individual deductible	$7,500	$6,000	$5,500
Individual out-of-pocket limit	$9,200	$9,200	$9,200
Coinsurance (may vary for certain covered services)	50%	50%	35%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and online visit[2]**:** primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	$50 copay	$50 copay	$30 copay
Office and online visit[2]**:** specialist (Other office services may be subject to deductible and plan coinsurance)	$100 copay	Deductible, then 50% coinsurance	Deductible, then 35% coinsurance
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 35% coinsurance
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Urgent care	$75 copay	$75 copay	$60 copay
Emergency room (ER) care (Copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then 50% coinsurance	Deductible, then $500 copay and 50% coinsurance	Deductible, then $500 copay and 50% coinsurance
Hospital: inpatient admission (includes maternity, mental health, substance use)	Deductible, then 50% coinsurance	Deductible, then $500 copay per admission and 50% coinsurance	Deductible, then $500 copay per admission and 50% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity mental health, substance use)	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 35% coinsurance
Physical and occupational therapy[3] (limits apply)	$50 copay	Deductible, then 50% coinsurance	Deductible, then 35% coinsurance
Speech therapy[3] (limits apply)	$50 copay	Deductible, then 50% coinsurance	Deductible, then 35% coinsurance
Retail Pharmacy deductible	Tier 1: No deductible Tiers 2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2,3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2*	$25 copay	$20 copay / $35 copay	$25 copay / $40 copay
Retail pharmacy tier 2: Level 1 / Level 2*	$50 copay	40% coinsurance / 55% coinsurance	40% coinsurance / 50% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2*	$100 copay	40% coinsurance / 55% coinsurance	45% coinsurance / 55% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2*	$500 copay	50% coinsurance / 60% coinsurance	50% coinsurance / 60% coinsurance
Dental Benefits Included	Not applicable	Not applicable	I_DEHB_FL_F2
Vision Benefits Included	IVEHB - FL - P1	IVEHB - FL - P1	IVEHB - FL - F1

Please see Medical and Silver cost-share reduction plans footnotes on page 14. Please see dental plans on page 15. Please see vision plans on page 16.
*Some plans do not include tier level pharmacy benefits

Plan benefit chart — HMO

Wellpoint Florida Essential HMO is offered in Brevard, Broward, Collier, DeSoto, Hardee, Hendry, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Lucie, Volusia

Plan type	Bronze plans	Silver plans	
	HMO		
Plan name	Wellpoint Essential Bronze 5500 ($0 Virtual PCP + $0 Select Drugs + Incentives) (849J) *NEW*	Wellpoint Essential Silver 5000 ($0 Virtual PCP + $0 Select Drugs + Incentives) Standard (848T) *NEW*	Wellpoint Essential Silver 3500 ($0 Virtual PCP + $0 Select Drugs + Incentives) (84A0) *NEW*
Network name	Wellpoint Florida Essential	Wellpoint Florida Essential	Wellpoint Florida Essential
Plan includes non-network coverage?	No	No	No
Individual deductible	$5,500	$5,000	$3,500
Individual out-of-pocket limit	$9,200	$8,000	$9,200
Coinsurance (may vary for certain covered services)	35%	40%	20%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and online visit[2]**:** primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	$30 copay	$40 copay	$25 copay
Office and online visit[2]**:** specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 35% coinsurance	$80 copay	$80 copay
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then 35% coinsurance	Deductible, then 40% coinsurance	Deductible, then 20% coinsurance
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 20% coinsurance
Urgent care	$60 copay	$60 copay	$60 copay
Emergency room (ER) care (Copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then $500 copay and 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then $500 copay and 40% coinsurance
Hospital: inpatient admission (includes maternity, mental health, substance use)	Deductible, then $500 copay per admission and 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then $500 copay per admission and 40% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity mental health, substance use)	Deductible, then 35% coinsurance	Deductible, then 40% coinsurance	Deductible, then 20% coinsurance
Physical and occupational therapy[3] (limits apply)	Deductible, then 35% coinsurance	$40 copay	Deductible, then 20% coinsurance
Speech therapy[3] (limits apply)	Deductible, then 35% coinsurance	$40 copay	Deductible, then 20% coinsurance
Retail Pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2,3,4: Medical deductible applies	Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2*	$25 copay / $40 copay	$20 copay	$5 copay / $20 copay
Retail pharmacy tier 2: Level 1 / Level 2*	40% coinsurance / 50% coinsurance	$40 copay	$40 copay / $55 copay
Retail pharmacy tier 3: Level 1 / Level 2*	45% coinsurance / 55% coinsurance	$80 copay	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2*	50% coinsurance / 60% coinsurance	$350 copay	50% coinsurance / 60% coinsurance
Dental Benefits Included	Not applicable	Not applicable	Not applicable
Vision Benefits Included	IVEHB - FL - P1	IVEHB - FL - P1	IVEHB - FL - P1

Please see Medical and Silver cost-share reduction plans footnotes on page 14. Please see dental plans on page 15. Please see vision plans on page 16.
*Some plans do not include tier level pharmacy benefits

Plan benefit chart — HMO

Wellpoint Florida Essential HMO is offered in Brevard, Broward, Collier, DeSoto, Hardee, Hendry, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Lucie, Volusia

Plan type	Silver plans		Gold plans
	HMO		
Plan name	Wellpoint Essential Silver 3500 Adult Dental/Vision ($0 Virtual PCP + $0 Select Drugs + Incentives) (849X) *NEW*	Wellpoint Essential Silver 1850 ($0 Virtual PCP + $0 Select Drugs + Incentives) (847W) *NEW*	Wellpoint Essential Gold 1500 ($0 Virtual PCP + $0 Select Drugs + Incentives) Standard (848D) *NEW*
Network name	Wellpoint Florida Essential	Wellpoint Florida Essential	Wellpoint Florida Essential
Plan includes non-network coverage?	No	No	No
Individual deductible	$3,500	$1,850	$1,500
Individual out-of-pocket limit	$9,200	$9,100	$7,800
Coinsurance (may vary for certain covered services)	20%	50%	25%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and online visit[2]**:** primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	$25 copay	$10 copay	$30 copay
Office and online visit[2]**:** specialist (Other office services may be subject to deductible and plan coinsurance)	$80 copay	Deductible, then 50% coinsurance	$60 copay
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 25% coinsurance
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 25% coinsurance
Urgent care	$60 copay	$75 copay	$45 copay
Emergency room (ER) care (Copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then $500 copay and 40% coinsurance	Deductible, then $500 copay and 50% coinsurance	Deductible, then 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health, substance use)	Deductible, then $500 copay per admission and 40% coinsurance	Deductible, then $500 copay per admission and 50% coinsurance	Deductible, then 25% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity mental health, substance use)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 25% coinsurance
Physical and occupational therapy[3] (limits apply)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	$30 copay
Speech therapy[3] (limits apply)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	$30 copay
Retail Pharmacy deductible	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Tiers 1,2,3,4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2*	$5 copay / $20 copay	$10 copay / $25 copay	$15 copay
Retail pharmacy tier 2: Level 1 / Level 2*	$40 copay / $55 copay	$50 copay / $65 copay	$30 copay
Retail pharmacy tier 3: Level 1 / Level 2*	35% coinsurance / 50% coinsurance	40% coinsurance / 55% coinsurance	$60 copay
Retail pharmacy tier 4: Level 1 / Level 2*	50% coinsurance / 60% coinsurance	50% coinsurance / 60% coinsurance	$250 copay
Dental Benefits Included	I_DEHB_FL_F2	Not applicable	Not applicable
Vision Benefits Included	IVEHB - FL - F1	IVEHB - FL - P1	IVEHB - FL - P1

Please see Medical and Silver cost-share reduction plans footnotes on page 14. Please see dental plans on page 15. Please see vision plans on page 16.
*Some plans do not include tier level pharmacy benefits

Plan benefit chart — HMO

Wellpoint Florida Essential HMO is offered in Brevard, Broward, Collier, DeSoto, Hardee, Hendry, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Lucie, Volusia

Plan type	Gold plans		
	HMO		
Plan name	Wellpoint Essential Gold 1400 ($0 Virtual PCP + $0 Select Drugs + Incentives) (849T) *NEW*	Wellpoint Essential Gold 800 ($0 Virtual PCP + $0 Select Drugs + Incentives) (847K) *NEW*	Wellpoint Essential Gold 800 Adult Dental/Vision ($0 Virtual PCP + $0 Select Drugs + Incentives) (849E) *NEW*
Network name	Wellpoint Florida Essential	Wellpoint Florida Essential	Wellpoint Florida Essential
Plan includes non-network coverage?	No	No	No
Individual deductible	$1,400	$800	$800
Individual out-of-pocket limit	$5,000	$9,000	$9,000
Coinsurance (may vary for certain covered services)	40%	30%	30%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and online visit[2]**:** primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	$20 copay	$10 copay	$10 copay
Office and online visit[2]**:** specialist (Other office services may be subject to deductible and plan coinsurance)	$75 copay	$45 copay	$45 copay
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Urgent care	$40 copay	$50 copay	$50 copay
Emergency room (ER) care (Copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then 40% coinsurance	Deductible, then $500 copay and 30% coinsurance	Deductible, then $500 copay and 30% coinsurance
Hospital: inpatient admission (includes maternity, mental health, substance use)	Deductible, then 40% coinsurance	Deductible, then $500 copay per admission and 30% coinsurance	Deductible, then $500 copay per admission and 30% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity mental health, substance use)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Physical and occupational therapy[3] (limits apply)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Speech therapy[3] (limits apply)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Retail Pharmacy deductible	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2*	$10 copay / $25 copay	$10 copay / $25 copay	$10 copay / $25 copay
Retail pharmacy tier 2: Level 1 / Level 2*	$50 copay / $65 copay	$50 copay / $65 copay	$50 copay / $65 copay
Retail pharmacy tier 3: Level 1 / Level 2*	40% coinsurance / 55% coinsurance	40% coinsurance / 55% coinsurance	40% coinsurance / 55% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2*	50% coinsurance / 60% coinsurance	50% coinsurance / 60% coinsurance	50% coinsurance / 60% coinsurance
Dental Benefits Included	Not applicable	Not applicable	I_DEHB_FL_F2
Vision Benefits Included	IVEHB - FL - P1	IVEHB - FL - P1	IVEHB - FL - F1

Please see Medical and Silver cost-share reduction plans footnotes on page 14. Please see dental plans on page 15. Please see vision plans on page 16.
*Some plans do not include tier level pharmacy benefits

Plan benefit chart — HMO

Wellpoint Florida Essential HMO is offered in Brevard, Broward, Collier, DeSoto, Hardee, Hendry, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole, St. Lucie, Volusia

Plan type	Catastrophic plans HMO
Plan name	Wellpoint Essential Catastrophic 9200 (+ Incentives) (849N) *NEW*
Network name	Wellpoint Florida Essential
Plan includes non-network coverage?	No
Individual deductible	$9,200
Individual out-of-pocket limit	$9,200
Coinsurance (may vary for certain covered services)	0%
Preventive care[1]	No additional cost to you.
Office and online visit[2]**:** primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	$40 copay per visit for first 3 visits, then deductible and 0% coinsurance
Office and online visit[2]**:** specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then covered in full
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then covered in full
Urgent care	Deductible, then covered in full
Emergency room (ER) care (Copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then covered in full
Hospital: inpatient admission (includes maternity, mental health, substance use)	Deductible, then covered in full
Hospital: outpatient surgery hospital facility (includes maternity mental health, substance use)	Deductible, then covered in full
Physical and occupational therapy[3] (limits apply)	Deductible, then covered in full
Speech therapy[3] (limits apply)	Deductible, then covered in full
Retail Pharmacy deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2*	0% coinsurance / 0% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2*	0% coinsurance / 0% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2*	0% coinsurance / 0% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2*	0% coinsurance / 0% coinsurance
Dental Benefits Included	Not applicable
Vision Benefits Included	IVEHB - FL - CAT - P1

Please see Medical and Silver cost-share reduction plans footnotes on page 14. Please see dental plans on page 15. Please see vision plans on page 16.
*Some plans do not include tier level pharmacy benefits

Silver cost-sharing reduction (CSR) plans — HMO

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through the Marketplace. If you have questions, call us, or call your broker.

Plan Name	Wellpoint Essential Silver 5000 ($0 Virtual PCP + $0 Select Drugs + Incentives) Standard (848T) *NEW*		
	WellpointEssentialSilver3000($0 Virtual PCP + $0 Select Drugs + Incentives) Standard S04 (8497) *NEW*	Wellpoint Essential Silver 500 ($0 Virtual PCP + $0 Select Drugs + Incentives) Standard S05 (849Y) *NEW*	Wellpoint Essential Silver 0 ($0 Virtual PCP + $0 Select Drugs + Incentives) Standard S06 (847M) *NEW*
Network name	Wellpoint Florida Essential	Wellpoint Florida Essential	Wellpoint Florida Essential
Plan includes non-network coverage?	No	No	No
Individual deductible	$3,000	$500	$0
Individual out-of-pocket limit	$6,400	$3,000	$2,000
Coinsurance (may vary for certain covered services)	40%	30%	25%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office (in person or online) visit[2]**:** primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	$40 copay	$20 copay	Covered in full
Office and online visit[2]**:** specialist (Other office services may be subject to deductible and plan coinsurance)	$80 copay	$40 copay	$10 copay
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	25% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	25% coinsurance
Urgent care	$60 copay	$30 copay	$5 copay
Emergency room (ER) care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	25% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	25% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity mental health / substance use)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	25% coinsurance
Physical and occupational therapy[3] (limits apply)	$40 copay	$20 copay	Covered in full
Speech therapy[3] (limits apply)	$40 copay	$20 copay	Covered in full
Retail Pharmacy deductible	Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Tiers 1,2,3,4: No deductible
Retail pharmacy tier 1: 1 Level 1 / Level 2*	$20 copay	$10 copay	$0 copay
Retail pharmacy tier 2: 1 Level 1 / Level 2*	$40 copay	$20 copay	$15 copay
Retail pharmacy tier 3: 1 Level 1 / Level 2*	$80 copay	$60 copay	$50 copay
Retail pharmacy tier 4: 1 Level 1 / Level 2*	$350 copay	$250 copay	$150 copay
Dental Benefits Included	Not applicable	Not applicable	Not applicable
Vision Benefits Included	IVEHB - FL - P1	IVEHB - FL - P1	IVEHB - FL - P1

Please see Medical and Silver cost-share reduction plans footnotes on page 14. Please see dental plans on page 15. Please see vision plans on page 16.
*Some plans do not include tier level pharmacy benefits

Silver cost-sharing reduction (CSR) plans — HMO

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through the Marketplace. If you have questions, call us, or call your broker.

Plan Name	Wellpoint Essential Silver 3500 ($0 Virtual PCP + $0 Select Drugs + Incentives) (84A0) *NEW*		
	Wellpoint Essential Silver 2800 ($0 Virtual PCP + $0 Select Drugs + Incentives) S04 (848Y) *NEW*	**Wellpoint Essential Silver 600 ($0 Virtual PCP + $0 Select Drugs + Incentives) S05 (849A) *NEW***	**Wellpoint Essential Silver 50 ($0 Virtual PCP + $0 Select Drugs + Incentives) S06 (849L) *NEW***
Network name	Wellpoint Florida Essential	Wellpoint Florida Essential	Wellpoint Florida Essential
Plan includes non-network coverage?	No	No	No
Individual deductible	$2,800	$600	$50
Individual out-of-pocket limit	$7,350	$2,800	$1,050
Coinsurance (may vary for certain covered services)	20%	20%	10%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office (in person or online) visit[2]: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	$25 copay	Covered in full	Covered in full
Office and online visit[2]: specialist (Other office services may be subject to deductible and plan coinsurance)	$80 copay	$70 copay	$70 copay
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Urgent care	$60 copay	$25 copay	$5 copay
Emergency room (ER) care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then $500 copay and 40% coinsurance	Deductible, then $250 copay and 40% coinsurance	Deductible, then $150 copay and 40% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then $500 copay per admission and 40% coinsurance	Deductible, then $250 copay per admission and 40% coinsurance	Deductible, then $150 copay per admission and 40% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity mental health / substance use)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Physical and occupational therapy[3] (limits apply)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Speech therapy[3] (limits apply)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Retail Pharmacy deductible	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies
Retail pharmacy tier 1: 1 Level 1 / Level 2*	$5 copay / $20 copay	$3 copay / $15 copay	$3 copay / $15 copay
Retail pharmacy tier 2: 1 Level 1 / Level 2*	$40 copay / $55 copay	$30 copay / $45 copay	$30 copay / $45 copay
Retail pharmacy tier 3: 1 Level 1 / Level 2*	35% coinsurance / 50% coinsurance	20% coinsurance / 35% coinsurance	20% coinsurance / 35% coinsurance
Retail pharmacy tier 4: 1 Level 1 / Level 2*	50% coinsurance / 60% coinsurance	50% coinsurance / 60% coinsurance	50% coinsurance / 60% coinsurance
Dental Benefits Included	Not applicable	Not applicable	Not applicable
Vision Benefits Included	IVEHB - FL - P1	IVEHB - FL - P1	IVEHB - FL - P1

Please see Medical and Silver cost-share reduction plans footnotes on page 14. Please see dental plans on page 15. Please see vision plans on page 16.
*Some plans do not include tier level pharmacy benefits

Silver cost-sharing reduction (CSR) plans — HMO

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through the Marketplace. If you have questions, call us, or call your broker.

Plan Name	Wellpoint Essential Silver 3500 Adult Dental/Vision ($0 Virtual PCP + $0 Select Drugs + Incentives) (849X) *NEW*		
	Wellpoint Essential Silver 2800 Adult Dental/Vision ($0 Virtual PCP+$0 Select Drugs+Incentives) S04 (847S) *NEW*	**Wellpoint Essential Silver 600 Adult Dental/Vision ($0 Virtual PCP+$0 Select Drugs+Incentives) S05 (847N) *NEW***	**Wellpoint Essential Silver 50 Adult Dental/Vision ($0 Virtual PCP+$0 Select Drugs+Incentives) S06 (848X) *NEW***
Network name	Wellpoint Florida Essential	Wellpoint Florida Essential	Wellpoint Florida Essential
Plan includes non-network coverage?	No	No	No
Individual deductible	$2,800	$600	$50
Individual out-of-pocket limit	$7,350	$2,800	$1,050
Coinsurance (may vary for certain covered services)	20%	20%	10%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office (in person or online) visit[2]: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	$25 copay	Covered in full	Covered in full
Office and online visit[2]: specialist (Other office services may be subject to deductible and plan coinsurance)	$80 copay	$70 copay	$70 copay
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Urgent care	$60 copay	$25 copay	$5 copay
Emergency room (ER) care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then $500 copay and 40% coinsurance	Deductible, then $250 copay and 40% coinsurance	Deductible, then $150 copay and 40% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then $500 copay per admission and 40% coinsurance	Deductible, then $250 copay per admission and 40% coinsurance	Deductible, then $150 copay per admission and 40% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity mental health / substance use)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Physical and occupational therapy[3] (limits apply)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Speech therapy[3] (limits apply)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Retail Pharmacy deductible	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies
Retail pharmacy tier 1: 1 Level 1 / Level 2*	$5 copay / $20 copay	$3 copay / $15 copay	$3 copay / $15 copay
Retail pharmacy tier 2: 1 Level 1 / Level 2*	$40 copay / $55 copay	$30 copay / $45 copay	$30 copay / $45 copay
Retail pharmacy tier 3: 1 Level 1 / Level 2*	35% coinsurance / 50% coinsurance	20% coinsurance / 35% coinsurance	20% coinsurance / 35% coinsurance
Retail pharmacy tier 4: 1 Level 1 / Level 2*	50% coinsurance / 60% coinsurance	50% coinsurance / 60% coinsurance	50% coinsurance / 60% coinsurance
Dental Benefits Included	I_DEHB_FL_F2	I_DEHB_FL_F2	I_DEHB_FL_F2
Vision Benefits Included	IVEHB - FL - F1	IVEHB - FL - F1	IVEHB - FL - F1

Please see Medical and Silver cost-share reduction plans footnotes on page 14. Please see dental plans on page 15. Please see vision plans on page 16.
*Some plans do not include tier level pharmacy benefits

Silver cost-sharing reduction (CSR) plans — HMO

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through the Marketplace. If you have questions, call us, or call your broker.

Plan Name	Wellpoint Essential Silver 1850 ($0 Virtual PCP + $0 Select Drugs + Incentives) (847W) *NEW*		
	Wellpoint Essential Silver 1500 ($0 Virtual PCP + $0 Select Drugs + Incentives) S04 (848Q) *NEW*	**Wellpoint Essential Silver 300 ($0 Virtual PCP + $0 Select Drugs + Incentives) S05 (8498) *NEW***	**Wellpoint Essential Silver 0 ($0 Virtual PCP + $0 Select Drugs + Incentives) S06 (848F) *NEW***
Network name	Wellpoint Florida Essential	Wellpoint Florida Essential	Wellpoint Florida Essential
Plan includes non-network coverage?	No	No	No
Individual deductible	$1,500	$300	$0
Individual out-of-pocket limit	$7,200	$3,050	$1,100
Coinsurance (may vary for certain covered services)	50%	30%	25%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office (in person or online) visit[2]: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	$10 copay	Covered in full	Covered in full
Office and online visit[2]: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 50% coinsurance	Deductible, then 30% coinsurance	25% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 50% coinsurance	Deductible, then 30% coinsurance	25% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 50% coinsurance	Deductible, then 30% coinsurance	25% coinsurance
Urgent care	$50 copay	$25 copay	$5 copay
Emergency room (ER) care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then $500 copay and 50% coinsurance	Deductible, then $250 copay and 50% coinsurance	$150 copay, then 40% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then $500 copay per admission and 50% coinsurance	Deductible, then $250 copay per admission and 50% coinsurance	$150 copay per admission, then 40% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity mental health / substance use)	Deductible, then 50% coinsurance	Deductible, then 30% coinsurance	25% coinsurance
Physical and occupational therapy[3] (limits apply)	Deductible, then 50% coinsurance	Deductible, then 30% coinsurance	25% coinsurance
Speech therapy[3] (limits apply)	Deductible, then 50% coinsurance	Deductible, then 30% coinsurance	25% coinsurance
Retail Pharmacy deductible	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible
Retail pharmacy tier 1: 1 Level 1 / Level 2*	$10 copay / $25 copay	$5 copay / $20 copay	$5 copay / $20 copay
Retail pharmacy tier 2: 1 Level 1 / Level 2*	$50 copay / $65 copay	$40 copay / $55 copay	$40 copay / $55 copay
Retail pharmacy tier 3: 1 Level 1 / Level 2*	40% coinsurance / 55% coinsurance	30% coinsurance / 45% coinsurance	30% coinsurance / 45% coinsurance
Retail pharmacy tier 4: 1 Level 1 / Level 2*	50% coinsurance / 60% coinsurance	50% coinsurance / 60% coinsurance	50% coinsurance / 60% coinsurance
Dental Benefits Included	Not applicable	Not applicable	Not applicable
Vision Benefits Included	IVEHB - FL - P1	IVEHB - FL - P1	IVEHB - FL - P1

Please see Medical and Silver cost-share reduction plans footnotes on page 14. Please see dental plans on page 15. Please see vision plans on page 16.
*Some plans do not include tier level pharmacy benefits

Medical and Silver cost-share reduction plans footnotes

1 Nationally recommended **preventive care services** from network providers have no copay, no coinsurance and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, pap smear tests, and mammograms, as recommended by the United States Preventive Services Task Force.

2 Cost share may apply to virtual visits for specialists and behavioral health services from the virtual care-only providers available through Sydney HealthSM and our website.

3 **Physical, occupational, or speech outpatient therapy** is limited to up to 35 visits for each therapy per year for **rehabilitation services.** A separate 35-visit limit for each therapy per year applies to **habilitation services.** From birth until the member's 6th birthday, both of these benefits are provided as required by applicable law.

Dental benefits included within these medical plans

Plans that include embedded adult dental benefits would be subject to benefits listed below in the adults age 19+ column. Coverage includes preventive care, fillings and some other major services.

Cost shares show what the member pays	I_DEHB_FL_F2	
	Members age 18 and younger	Adults age 19+
	network/non-network	network/non-network
Dental network	Dental Prime	Dental Prime
Deductible	Not Covered	Dental services subject to a separate $0 dental deductible
Annual maximum (per person)	Not Covered	$1,000
Annual out-of-pocket maximum	N/A	N/A
Diagnostic and preventive	No waiting period	No waiting period
Cleaning, exams, x-rays	Not covered / Not covered	Covered in full / Not covered
Basic services	No waiting period	No waiting period
Fillings	Not covered / Not covered	40% coinsurance / Not covered
Complex and major services	No waiting period	No waiting period
Endodontic	Not covered / Not covered	50% coinsurance / Not covered
Periodontic	Not covered / Not covered	50% coinsurance / Not covered
Oral surgery	Not covered / Not covered	50% coinsurance / Not covered
Major restorative	Not covered / Not covered	50% coinsurance / Not covered
Medically necessary orthodontia	Not covered / Not covered	Not covered / Not covered
Cosmetic orthodontia	Not covered / Not covered	Not covered / Not covered

Vision benefits included within these medical plans

Plans that include embedded adult vision benefits would be subject to benefits listed below in the adults age 19+ column. Coverage may include eye exams, eyeglass lenses, frames, and contact lenses. The benefit period is the calendar year (January 1 through December 31, 2025).

Cost shares show what the member pays	IVEHB - FL - CAT - P1			
	Dependents age 18 and younger		Adults 19+	
	Benefit frequency	Cost share network/non-network	Benefit frequency	Cost share network/non-network
Eye exam	Once every benefit period	$0 copay / Not covered		Not covered / Not covered
Lenses				
Single, bifocal, and trifocal	Once every benefit period	Ded, then $0 copay / Not covered		Not covered / Not covered
Standard progressive	Once every benefit period	$65 copay / Not covered		Not covered / Not covered
Frames[1]	Once every benefit period	Wellpoint formulary / Not covered		Not covered / Not covered
Contact lenses				
Non-elective[2]	Once every benefit period	Ded, then $0 copay / Not covered		Not covered / Not covered
Elective/disposable[2]	Once every benefit period	Ded, then Wellpoint formulary / Not covered		Not covered / Not covered
Low vision services				
Low vision optical/nonoptical or supplemental aids	Once every benefit period	Ded, then $0 copay / Not covered (benefits are only available when received from Wellpoint Vision providers)		Not covered / Not covered (benefits are only available when received from Wellpoint Vision providers)

1 A collection of frames and lenses that can be purchased for a $0 copay (may differ by provider).
2 Benefits for contact lenses are in lieu of the eyeglass lens benefit. If you receive contact lenses, no benefit will be available for eyeglass lenses until the next benefit period.

Vision benefits included within these medical plans

Plans that include embedded adult vision benefits would be subject to benefits listed below in the adults age 19+ column. Coverage may include eye exams, eyeglass lenses, frames, and contact lenses. The benefit period is the calendar year (January 1 through December 31, 2025).

Cost shares show what the member pays	IVEHB - FL - P1			
	Dependents age 18 and younger		Adults 19+	
	Benefit frequency	Cost share network/non-network	Benefit frequency	Cost share network/non-network
Eye exam	Once every benefit period	$0 copay / Not covered		Not covered / Not covered
Lenses				
Single, bifocal, and trifocal	Once every benefit period	$0 copay / Not covered		Not covered / Not covered
Standard progressive	Once every benefit period	$65 copay / Not covered		Not covered / Not covered
Frames[1]	Once every benefit period	Wellpoint formulary / Not covered		Not covered / Not covered
Contact lenses				
Non-elective[2]	Once every benefit period	$0 copay / Not covered		Not covered / Not covered
Elective/disposable[2]	Once every benefit period	Wellpoint formulary / Not covered		Not covered / Not covered
Low vision services				
Low vision optical/nonoptical or supplemental aids	Once every benefit period	$0 copay / Not covered (benefits are only available when received from Wellpoint Vision providers)		Not covered / Not covered (benefits are only available when received from Wellpoint Vision providers)

1 A collection of frames and lenses that can be purchased for a $0 copay (may differ by provider).
2 Benefits for contact lenses are in lieu of the eyeglass lens benefit. If you receive contact lenses, no benefit will be available for eyeglass lenses until the next benefit period.

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Cost shares show what the member pays	IVEHB - FL - F1			
	Dependents age 18 and younger		Adults 19+	
	Benefit frequency	Cost share network/non-network	Benefit frequency	Cost share network/non-network
Eye exam	Once every benefit period	$0 copay / Not covered	Once every benefit period	$20 copay / Not covered
Lenses				
Single, bifocal, and trifocal	Once every benefit period	$0 copay / Not covered	Once every 2 benefit periods	$20 copay / Not covered
Standard progressive	Once every benefit period	$65 copay / Not covered	Once every 2 benefit periods	$65 copay / Not covered
Frames[1]	Once every benefit period	Wellpoint formulary / Not covered	Once every 2 benefit periods	$130 allowance / Not covered
Contact lenses				
Non-elective[2]	Once every benefit period	$0 copay / Not covered	Once every 2 benefit periods	$0 copay / Not covered
Elective/disposable[2]	Once every benefit period	Wellpoint formulary / Not covered	Once every 2 benefit periods	$80 allowance / Not covered
Low vision services				
Low vision optical/nonoptical or supplemental aids	Once every benefit period	$0 copay / Not covered (benefits are only available when received from Wellpoint Vision providers)	N/A	Not covered / Not covered (benefits are only available when received from Wellpoint Vision providers)

1 A collection of frames and lenses that can be purchased for a $0 copay (may differ by provider).
2 Benefits for contact lenses are in lieu of the eyeglass lens benefit. If you receive contact lenses, no benefit will be available for eyeglass lenses until the next benefit period.

Terms you need to know

Coinsurance: Your percentage of healthcare costs after your deductible has been paid.

Copay: The set dollar amount you pay for covered services, such as doctor visits.

Deductible: The set dollar amount you are responsible for before your plan pays for healthcare services. Deductibles apply to the calendar year (January 1 - December 31), even if your coverage start date is after January 1.

Drug tiers: Drugs on a drug list/formulary are typically arranged in tiers. Your drug's cost depends on its tier.

In-network coverage: In-network coverage means visiting a participating doctor, hospital, or another provider who accepts a negotiated amount from your health insurance plan.

Network: A network is made up of doctors, hospitals, pharmacies, and other providers offering medical care at negotiated rates to health plan members.

Out-of-network coverage: Out-of-network coverage means visiting a doctor, hospital, or another provider who does not accept your health insurance plan. Members will be responsible for all of the costs with some exceptions such as emergency services, pre-approved services, urgent care, and more.

Out-of-pocket maximum: This is the maximum amount you will pay out-of-pocket for covered health services. After reaching your yearly maximum, your health plan covers the rest.

Plan name: The plan name and contract code are found on the first row of the medical plan charts, in parentheses after the plan name: "(WXYZ)."

Premium: This is the amount of money you pay monthly to your insurance company to keep your health plan active. You cannot apply what you pay for your premium toward your deductible.

Preventive care: These are medical services, like checkups, screenings, and vaccines, that can help you avoid illness and catch problems early. Preventive care is covered at $0 when you visit a provider in your plan's network.

Open enrollment period runs November 1, 2024 - January 15, 2025

We know finding a plan that works for you and your loved ones is a big decision. With Wellpoint you're never alone for the important choices.

Get started today

- Call us at **833-972-1438**, or contact your broker.
- Visit **wellpoint.com**, select **Insurance Plans**, and choose **Individual and Family Plans**. Then, **Shop Plans** to apply online.
- For plans off the Marketplace, review the **application** included with this brochure.
- Go to **wellpoint.com**, select **Insurance Plans,** and choose **Individual and Family plans.** You can shop for plans on and off the Marketplace, and you'll also learn if you're eligible for a premium subsidy or cost-sharing reduction plan. Visit **healthcare.gov.**

Qualifying life events

If you experience a major life event, you may need to make plan changes outside the sign-up period. To see if your life event qualifies for a plan change, call us at **833-972-1438** or contact your broker.

You can buy health plans once a year during open enrollment. Healthcare plans can also be purchased as a result of a special enrollment period. For 2025, the open enrollment period runs from **November 1, 2024 - January 15, 2025. Dates may change and vary by state.**

When you enroll in one of our plans, you will have access to your *Evidence of Coverage*, which explains the terms and conditions of coverage, including exclusions and limitations. You will have 30 days to examine your *Evidence of Coverage* features. If you are not fully satisfied during that time, you may cancel your coverage and your monthly payment will be refunded, minus any claims that were already paid.

Printed kits are available from your broker.

Important legal information

Before choosing a health benefit plan, please review the following information along with the other materials enclosed.

Eligibility

You can apply for coverage for yourself or with your family. You must be a resident of the State of Florida and not entitled to or enrolled in Medicare Parts A/B, C and/or D. Family health coverage includes you, your spouse or domestic partner and any dependent children, including stepchildren, newborn, legally adopted children, and foster children. Children are covered to the end of the year in which they turn age 26.

Eligibility for a catastrophic plan

You are eligible for this plan if you:

- are under age 30 before the plan's effective date; or
- have received certification from healthcare.gov that you qualify for a hardship exemption or do not have an affordable coverage option

Open enrollment for plans offered off the Marketplace

An annual open enrollment period is provided for enrollees. Individuals may enroll in a plan, and members may change benefit plans at that time.

Special enrollment and changes affecting eligibility

In addition to open enrollment, an individual can enroll during the special enrollment period. This is a period of time in which eligible individuals or their dependents can enroll after the open enrollment period, typically due to an event such as marriage, birth, adoption, or other qualifying events as defined by law.

Effective date of coverage

The earliest effective date for the annual open enrollment period is the first day of the following benefit period for a Qualified Individual who has made a Qualified Health Plan (QHP) selection during the annual open enrollment period. Except where noted otherwise, the applicant’s effective date is determined by based on the receipt of the completed enrollment form.

Managing your care if you need to go to a hospital or get certain medical treatment

If you or a family member need certain types of medical care (for example: surgery, treatment in a doctor’s office, physical therapy, etc.), you may want to know more about these programs and terms. They may help you better understand your benefits and how your health plan manages these types of care.

Utilization review

Utilization review is a program that is part of your health plan. It lets us make sure you are getting the right care at the right time. Our utilization review team, made up of licensed health care professionals such as nurses and doctors, does medical reviews. The team goes over the information your doctor has sent us to see if the requested surgery, treatment, or other type of care is medically necessary. The utilization review team checks to make sure the treatment meets certain clinical guidelines set by your health plan. After reviewing the records and information, the team will approve (cover) or deny (not cover) the treatment. The utilization review team will let you and your doctor know as soon as possible. Decisions not to approve are put in writing. The written notice will include information on how to appeal the decision and about your rights to an independent medical review.

Reviewing where services are provided

A service must be medically necessary to be a covered service. The utilization review may include a review of the level of care, clinical analysis and appropriateness of care, and type of setting or place or service where services can be safely given to you. If services are given in a higher level of care or cost setting when they could be safely given in a lower level place of care or cost setting, they will not be determined to be medically necessary. The service(s), in that case, are being

denied based on the review of where they are provided. When this happens the service(s) can be requested again in another setting or place of care and will be reviewed again for medical necessity. At times, a different type of provider or facility may need to be used in order for the service to be considered medically necessary.

Examples include, but are not limited to:

- A service may be denied on an inpatient basis at a hospital but may be approved if provided on an outpatient basis in a hospital setting.
- A service may be denied on an outpatient basis if taking place in a hospital setting but may be approved at a free-standing imaging center, infusion center, ambulatory surgical center/facility, or in a doctor's office.
- A service may be denied at a skilled nursing facility but may be approved in a home setting.

We can do medical reviews like this before, during and after a member's treatment. Here is an explanation of each type of review:

The pre-service review (done before you get medical care)

We may do a pre-service review before you go to the hospital or have other types of services or treatment.

The concurrent review (done during medical care and recovery)

We do a concurrent review when you are in the hospital or are released and need more care related to the hospital stay. This could mean services or treatment, such as physical therapy or durable medical equipment. The utilization review team looks at your medical information at the time of the review to see if the treatment is medically necessary.

The post-service review (done after you get medical care)

We do a post-service review when you have already had surgery or another type of medical care. When the utilization review team learns about the treatment, they look at the medical information the doctor or provider had about you at the time the medical care was given. The team then can see if the treatment was medically necessary.

Case management

Case management is conducted by a licensed health care professional who works with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

Precertification

Precertification is the process of getting approval from your health plan before you get services. This process lets you know if we will cover a service, supply, therapy or drug. We approve services that meet our standards for needed and appropriate treatment. The guidelines we use to approve treatment are based on standards of care in medical policies, clinical guidelines and the terms of your plan. As these may change, we review our precertification guidelines regularly. Precertification is a type of pre-service review.

Here is how requesting precertification can help you:

Saving time. Pre-authorizing services is a process of verifying, in advance, whether a proposed treatment, service or supply is medically necessary and/or medically appropriate. The doctors in our network ask for prior authorization for our members.

Saving money. Paying only for medically necessary services helps everyone save. Choosing a doctor who is in our network can help you get the most for your healthcare dollar.

What can you do? Choose a network doctor. Talk to your doctor about your conditions and treatment options. Ask your doctor which covered services need prior authorization or call us to ask. The doctor's office will ask for prior authorization for you. The network provider is responsible for seeking prior authorization for you. If you choose to receive treatment from an non-network provider, you will be responsible for seeking prior authorization. Plus, costs are usually lower with a network doctor. If you choose a non-network provider, be sure to call us to get prior authorization. Non-network providers

Important legal information

may not do that for you. It is important to understand that not all plans offer non-network coverage, with the exception of emergency or urgent care or ambulance services related to an emergency for transportation to a hospital or urgent care services received at an urgent care center. Please review the in order to determine your benefits. Once you are a member, if you have a question about prior authorization, you can call the Member Service number on the back of your ID card.

Network providers

Network providers are the key to providing and coordinating your health care services. Benefits are provided when you obtain covered services from network providers located in the state of Florida; however, the broadest benefits are provided for services obtained from a primary care doctor (PCP), specialty care doctor (SCP), or other network providers.

Services you obtain from any provider other than a PCP, SCP or another network provider are considered a non-network service, except for emergency care or urgent care, or as an authorized service if you purchase one of our HMO plans.

Laws and rights that protect you

As a member, you have rights and responsibilities. You have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. You also have certain rights and responsibilities when receiving your health care. For more information, visit our website or contact Member Services by calling the number on the back of your ID card.

Limitations

The specific limitations are spelled out in the terms of the particular plan, but some of the more common services limited by these plans are:

- Ambulance services (non-emergency transportation) – $50,000 per trip if an non-network provider is used. Non-network ambulance for non-emergency services is covered only if precertified by us.
- Applied behavior analysis for autism
- Home health care – 20 visits per year
- Rehabilitative care (outpatient only) – An equal number of therapy visits are available for habilitative care (outpatient only)
  - Chiropractic care – 35 visits per member per year
  - Occupational therapy – 35 visits per member per year
  - Physical therapy – 35 visits per member per year
  - Speech therapy – 35 visits per member per year
- Skilled nursing facility – 60 days per member per year
- Temporomandibular Joint (TMJ) and Craniomandibular Joint Services - 1 splint in a 6-month period

Exclusions

This list includes some of the more common services not covered by these plans:

- Alternative or complementary medicine
- Artificial and mechanical devices
- Breast reduction or augmentation
- Care provided by a member of your family
- Care received in an emergency room that is not emergency care, except as described in the exclusions
- Charges incurred prior to the effective date of coverage or after the termination date of coverage
- Charges greater than the maximum allowable amount (charges exceeding the amount recognized for services)
- Comfort and/or convenience items

Important legal information

- Compound drugs except as stated in your policy
- Consumer wearable/personal mobile devices (such as a smart phone, smart watch, or other personal tracking devices), including any software or applications
- Corrective eye surgery
- Cosmetic surgery and/or treatment that's primarily intended to improve your appearance
- Custodial ordered care as described in the exclusions (this exclusion does not apply to hospice care)
- Dental, except as described in the policy
- Educational/training services
- Experimental or investigative treatment and any resulting complications
- Feet – surgical treatment
- Foot care – routine
- Fraud, waste, abuse, and other inappropriate billing. Services from a non-network provider that are determined to be not payable as a result of fraud, waste, abuse or inappropriate billing activities. This includes a non-network provider's failure to submit medical records required to determine the appropriateness of a claim
- In-vitro fertilization (IVF) as described in the exclusions
- Nutritional and dietary supplements, some over-the-counter drugs, devices or products
- Physical fitness such as health club memberships, exercise equipment, etc.
- Prescriptions for infertility treatment, except where coverage is specifically required by law
- Services we determine are not medically necessary
- Teeth – congenital anomaly treatment of congenitally missing, malpositioned, or super numerary teeth, even if part of a congenital anomaly, except as stated in your policy as required by law
- Teeth, jawbone, gums – treatment of the teeth, jawbone or gums that are required as a result of a medical condition, except as expressly required by law or specifically stated in your policy
- Vein treatment – treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) for cosmetic purposes
- Vision, except as described in your policy
- Weight loss programs/surgery or treatment of obesity, as specified in your policy
- Workers' compensation

Health Savings Accounts

A high-deductible health plan is not a health savings account (HSA). An HSA is a separate arrangement between an individual and a qualified financial institution. To take advantage of tax benefits, an HSA needs to be established. This brochure provides general information only and is not intended to be a substitute for the advice of a qualified tax professional.

It is important we treat you fairly

We follow federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate, on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator,
P.O. Box 27401, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

Find help in your language

If you're curious to know what all this says, here is the English version:

If you need assistance to understand this document in an alternate language, you may request it at no extra cost by calling the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Member Services phone number listed above.

Spanish

Si necesita ayuda para entender este documento en otro idioma, puede solicitarla sin costo adicional llamando al número de Servicios para Miembros (1-855-748-1817). (TTY/TDD: 711)

Amharic

ይህንን ሰነድ ለመረዳት በአማራጭ ቋንቋ እርዳታ ማግኘት ከፈለጉ፣ የአባል አገልግሎቶች ቁጥርን (1-855-748-1817) በመደወል ያለምንም ክፍያ ማግኘት ይችላሉ። (TTY/TDD: 711)

Arabic

إذا احتجت إلى المساعدة لفهم هذا المستند بلغة أخرى، فيمكنك طلب المساعدة دون تكلفة إضافية من خلال الاتصال برقم خدمات الأعضاء. (1-855-748-1817) (TTY/TDD: 711)

Chinese

如果您需要協助以便以另一種語言理解本文件，您可以撥打成員服務號碼(1-855-748-1817)請求免費協助。(TTY/TDD: 711)

Farsi

در صورتی که برای درک این سند به زبانی دیگر نیازمند کمک هستید،
می‌توانید بدون هیچ هزینه اضافی این را درخواست کنید. برای این کار با
مرکز خدمات اعضاء به شماره 1-855-748-1817 تماس بگیرید، (TTY/TDD: 711)

French

Si vous avez besoin d'aide pour comprendre ce document dans une autre langue, vous pouvez en faire la demande gratuitement en appelant les Services destinés aux membres au numéro suivant : 1-855-748-1817. (TTY/TDD: 711)

German

Falls Sie Hilfe in einer anderen Sprache benötigen, um dieses Dokument zu verstehen, können Sie diese kostenlos anfordern, indem Sie die Servicenummer für Mitglieder anrufen (1-855-748-1817). (TTY/TDD: 711)

Haitian

Si ou bezwen èd pou konprann dokiman sa a nan yon lòt lang, ou kapab rele nimewo Manm Sèvis la pou mande asistans gratis nan nimewo (1-855-748-1817). (TTY/TDD: 711)

Hindi

अगर आपको यह दस्तावेज़ वैकल्पिक भाषा में समझने के लिए सहायता की ज़रूरत है, तो आप सदस्य सेवाएँ नंबर (1-855-748-1817) पर कॉल करके अतिरिक्त लागत के बिना इसके लिए अनुरोध कर सकते हैं। (TTY/TDD: 711)

Japanese

この書面を他の言語で理解するための支援が必要な場合には、メンバーサービス番号（1-855-748-1817）に電話して支援を求めることができます。追加費用はかかりません。(TTY/TDD: 711)

Korean

다른 언어로 본 문서를 이해하기 위해 도움이 필요하실 경우, 추가 비용 없이 회원 서비스 번호(1-855-748-1817)로 전화를 걸어 도움을 요청할 수 있습니다. (TTY/TDD: 711)

Find help in your language

Polish

Jeśli potrzebujesz pomocy w zrozumieniu niniejszego dokumentu w innym języku, możesz ją uzyskać bez ponoszenia dodatkowych kosztów, dzwoniąc do Działu Obsługi Klienta pod numer (1-855-748-1817). (TTY/TDD: 711)

Russian

Если вам нужна помощь, чтобы понять содержание настоящего документа на другом языке, вы можете бесплатно запросить ее, позвонив в отдел обслуживания участников (1-855-748-1817). (TTY/TDD: 711)

Tagalog

Kung kailangan ninyo ng tulong upang maunawaan ang dokumentong ito sa ibang wika, maaari ninyo itong hilingin nang walang karagdagang bayad sa pamamagitan ng pagtawag sa Member Services sa numerong (1-855-748-1817). (TTY/TDD: 711)

Vietnamese

Nếu quý vị cần hỗ trợ để hiểu được tài liệu này bằng một ngôn ngữ thay thế, quý vị có thể yêu cầu mà không tốn thêm chi phí bằng cách gọi số của Dịch Vụ Thành Viên (1-855-748-1817). (TTY/TDD: 711)

†Virtual care visits, including medical chats and video visits using the Sydney Health app are at no cost to members for most plans. Those enrolled in High-Deductible Health Plans associated with a Health Savings Account and Catastrophic plans must first meet their deductible. Virtual care visits refer to medical chats and/or video consultation, as deemed appropriate by a licensed physician. In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

Services provided by Wellpoint Life and Health Insurance Company.

This policy has exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call, or write your insurance agent or the company, whichever is applicable.

Coverage provided by Simply Healthcare Plans, Inc. doing business as Wellpoint Florida, Inc.

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