





Common Member Need	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
If you need to treat your illness or condition. More information about prescription drug coverage is available at <a href="https://www.foidh.ueccn.com/links-to-resources/phanacymedcatngide">https://www.foidh.ueccn.com/links-to-resources/phanacymedcatngide</a>		\$150 copay per Prescription at retail, \$40 copay per Prescription by mail	50% Coinsurance	Up to 30 days supply for retail, 90 days supply for mail order. Responsible Rx programs such as Prior Authorization may apply. See Medication guide for more information.
	Preferred brand drugs	\$10 copay per Prescription at retail, \$5 copay per Prescription by mail	50% Coinsurance	Up to 30 days supply for retail, 90 days supply for mail order.
	Non-preferred brand drugs	\$15 copay per Prescription at retail, \$5 copay per Prescription by mail	50% Coinsurance	Up to 30 days supply for retail, 90 days supply for mail order.
	Specialty drugs	\$350 copay per Prescription (retail) at retail		Up to 30 days supply for retail. Not covered through Mail Order.

**If you have outpatient surgery**

**surgery center**

**Physician/surgeon fees**

**Form more information about limitations and**

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out of Network Provider (You will pay the most)	
	Physician/surgeon fees	Deductible + 30% Coinsurance	In Network: Deductible + 30% Coinsurance Out of Network: Deductible + 50% Coinsurance	\$1,000
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No Charge, Deductible does not apply/Specialist Virtual Visits No Charge, Deductible does not apply/Hospital No Charge, Deductible does not apply	50% Coinsurance/ Specialist Virtual Visits Not Covered	Virtual Visit services are only covered for In Network providers

For more information about limitations and exceptions, see the plan or policy document at [www.fidelity.com/patients/gop](http://www.fidelity.com/patients/gop)



For more information about limitations and exceptions, see the plan or policy document at [www.fidhile.com/pa/notads/gup](http://www.fidhile.com/pa/notads/gup)

Does this plan meet the Minimum V t ut Com

For more information about limitations and exceptions, see the plan or policy document at [www.fidelity.com/pa/ret/act/gov](http://www.fidelity.com/pa/ret/act/gov)







Coordinator is available for help. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically. You can

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Get complaint forms are available at [www.hhs.gov/ocr/office/complaint/](http://www.hhs.gov/ocr/office/complaint/)

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**Health insurance is offered by Florida Blue. FMO coverage is offered by Florida Blue FMO, an affiliate of Florida Blue. Dental insurance is offered by Florida Combined Life Insurance Company, Inc., an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent licensees of the Blue Cross and Blue Shield Association.**

