

Temporary Insurance Offers Health Coverage Options

We offer individuals under 65 years of age temporary insurance plans called *BlueOptionsSM Temporary Insurance* and *BlueSelect Temporary Insurance*. These plans can help consumers who are in-between jobs or waiting for full-time coverage to begin. Both plans are available year-round.

Individuals can purchase a temporary insurance plan for 30, 60, or 90 days. They can purchase additional policies that amount to no more than 120 days per 365 day period.

Temporary insurance plans are different from our other health plans. Here are a few important things to know:

Networks

- We base the temporary plans on our existing BlueOptions (NetworkBlue) and BlueSelect (BlueSelect network) health plans.
- Our temporary insurance plans use the NetworkBlue and BlueSelect provider networks. Traditional (PHS/PPS)* network pricing applies to covered out-of-network services.
- Individuals enrolled in a temporary insurance plan cannot be balance billed by providers.

*Payment for Hospital Services/Payment for Professional Services

Benefits

- Temporary insurance plans don't cover pre-existing health conditions. Members who receive treatment for an injury, illness or ongoing health condition that they had in the 24-month period before the plan's start date will have to pay the full cost of any care.
- Benefits reset for each contract period, including member cost share amounts such as deductibles, coinsurance and out-of-pocket maximums.
- Covered benefits include services such as doctor office visits, hospitalization, surgeries, well-child care visits, home health, mammograms and advanced imaging services.
- Adult wellness visits and pharmacy services are not covered. However, we offer members a BlueRx Discount Card to help with prescriptions costs.

Eligibility and Benefits

- Remember to ask members for a copy of their ID card at each visit.
- Verify a member's benefits and eligibility electronically through Availity®¹ at availity.com.

Referrals and Authorizations

- Referrals are not required if a member needs to see a specialist.
- Preauthorization is not required for most inpatient or outpatient services or surgical procedures. However, we strongly recommend that you request voluntary preservice reviews. The terms and benefits of a member's contract will overrule an authorization when applicable. For example, if a health condition is determined to be pre-existing, the services will be denied, and the member will have to pay the full cost of the services.
- Certain medical services such as advanced imaging require authorization.

More Information

For more information about our BlueOptions and BlueSelect Temporary Insurance Plans, please visit the *Manual for Physicians and Providers* at floridablue.com > Tools & Resources > [Provider Manual](#).

If your patients have questions about temporary insurance plans, please refer them to our website at floridablue.com.

¹Availity, LLC, is a multi-payer joint venture company. For more information, visit availity.com.