Patty's Points

Florida Blue

October 5, 2016

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Dear Patty:

Q: What is the recommended age for women to obtain their routine mammograms?

A: Annually at ages 40 + (per the American Cancer Society), then every other year at ages 50+ (per the U.S. Preventive Services Task Force/USPSTF).

Q: What is my cost share for a routine mammogram?

A: Routine mammograms fall under "Preventive" services, therefore there is no copay as long as the diagnostic imaging center is participating with your plan.

Q: How do I find a participating diagnostic imaging center?

A: Access the Florida Blue online directory at www.floridablue.com and click on "Find a Doctor". Then follow these instructions:

1. Select your **plan** from the drop down menu. If you have the HMO Basic or HMO Premium plan, select **BlueCare (HMO)**. If you have the BlueOptions PPO Standard plan, select **BlueOptions**.
2. **Search Within** Field: Select the radius in miles from the drop down menu.
3. **Enter Location** Field: Type in your Zip Code, or City and State or Street Address.
4. **Provider Type Field:** Select **X-ray** from the drop down menu.
5. Select other search criteria if you prefer, otherwise leave blank.
6. Click on **Search Now** button.

Q: Is 3D Mammography covered?

A: Digital Breast Tomosynthesis (DBT) also known as 3D Mammography is not covered under your policy. Please make sure you advise the imaging center. Otherwise if they perform this service, you will be responsible for the full cost.

Q: In the past, I have had my mammograms performed at the hospital. They have all my records. May I continue to go there for my mammograms?

A: As long as the hospital participates in your plan, then the mammogram will be covered at no cost to you. **This applies to Mammogram services only**. Please be aware if you receive any other diagnostic testing, such as an ultrasound or a MRI on the same day, then the claim will process against your plan benefits. For example, if your copay for ***outpatient hospital services (surgical or non-surgical)*** is $500, then you will be responsible for the allowable charges up to $500 for that ultrasound.

Q: I had a routine mammogram and the results indicated there was a lump in my breast. My doctor ordered a diagnostic mammogram for further evaluation. Is there a copay for this service?

A: No. Diagnostic mammograms are covered 100% of the allowable charges. Again, this applies to **Diagnostic Mammogram services only. If your doctor orders an ultrasound or MRI and it is billed with the Diagnostic Mammogram, then you will be responsible for the copays associated with that benefit. The member cost share varies by plan and location of the services.**

Q: My doctor ordered a Breast MRI. Where can I get this performed to avoid high out of pocket expenses under my plan?

A: First, please make sure the doctor received prior authorization for the MRI. Advanced Imaging Services performed at a participating "Independent Diagnostic Testing Facility" or Specialist Office will cost you less. If CareHere orders the MRI and refers you to Rose Radiology then it will be covered at no cost to you. Please refer to chart below if you are using your Florida Blue plan benefits:

MRI or Advanced Imaging Services by location	BlueCare HMO Basic	BlueCare HMO Premium	BlueOptions PPO Standard
Independent Diagnostic Testing Facility (IDTF)	$300 copay	$50 copay	$200 copay
Specialist Office	$300 copay	$50 copay	$200 copay
Outpatient Hospital Facility	$2,000 Deductible & 20% Coinsurance	$500 copay	$300 copay