

Summary of PPO Benefits

Benefit Period April 1, 2023 -March 31, 2024



A PPO, or Preferred Provider Organization, offers two levels of benefits. If you receive services from a provider who is in the PPO network, you'll receive the highest level of benefits. If you receive services from a provider who is not in the PPO network, you'll receive the lower level of benefits. In either case, you coordinate your own care. There is no requirement to select a Primary Care Physician (PCP) to coordinate your care. Below are specific benefit levels.

ICUBA Preferred PPO Plan

Benefit	In-Network	Out-of-Network
	<i>(Coinsurance and Copays displayed as Employee responsibility)</i>	
Deductible Per Benefit Period (PBP)		
Individual	\$2,500	\$4,000
Family	\$5,000	\$10,750
Coinsurance	20%	40%
Out-of-Pocket Maximums PBP <i>(includes deductible, coinsurance, and medical copays)</i>		
Individual	\$4,000	\$7,500
Family	\$8,000	\$15,000
Lifetime Maximum	No Maximum	
Physician Office Visits <i>(Internal Medicine, General Practice, Family Practice, Pediatrician, OB/GYN)</i>	\$15 copay (not subject to deductible)	40% after deductible
Total Care Physician Office Visit <i>(Internist, Family Practice, Pediatrician)</i>	0% (not subject to deductible or copayment)	N/A
Embold Physician Office Visit <i>(Primary Care, Pediatrician, Cardiology, Obstetrics, Joint care, Spine care, Endocrinology, Gastroenterology, Pulmonology, and Dermatology)</i>		
Teladoc Telemedicine Visit	0% after \$5 copay	N/A
Maternity Office Visit Benefit <i>(initial OB visit only)</i>	\$15 copay (not subject to deductible)	40% after deductible
Specialist Office Visits	\$35 copay (not subject to deductible)	40% after deductible
Independent Clinical Labs ** <i>(free standing facilities and office visits)</i> Outpatient Facility (Hospital setting)***	0% (not subject to deductible) 20% coinsurance	40% after deductible
Preventive Care - Annual Physical and Gynecological exam	0% (not subject to deductible)	Not Covered
Chlamydia and STD tests	0% (not subject to deductible)	Not Covered
PAP tests	0% (not subject to deductible)	Not Covered
Prostate cancer screenings (PSA)	0% (not subject to deductible)	Not Covered
Mammograms and Ultrasounds of the Breast	0% (not subject to deductible)	Not Covered
Urinalysis	0% (not subject to deductible)	Not Covered
Venipuncture/Conveyance Fee	0% (not subject to deductible)	Not Covered
General Health Blood Panel, Glucose Test, Lipid Panel, Cholesterol, and ALT/AST.	0% (not subject to deductible)	Not Covered
Adult and Pediatric Immunizations	0% (not subject to deductible)	Not Covered
Related Wellness Services (e.g., blood stool tests, colonoscopies, sigmoidoscopies, electrocardiograms, echocardiograms, and bone mineral density tests)	0% (not subject to deductible)	Not Covered

** Quest Diagnostic Labs is the In-Network Lab for BlueCross BlueShield of Florida.

***Outpatient Facility Lab – If you go to your doctor's office at/in a hospital facility and have lab work done (ex: Moffitt Center)

ICUBA Preferred PPO Plan

Benefit	In-Network	Out-of-Network
	<i>(Coinsurance and Copays displayed as Employee responsibility)</i>	
Allergy Injections	0% (not subject to deductible)	40% after deductible
Emergency Room Services	0% after \$300 copay (waived if admitted)	
Medically Necessary Emergency Transportation	0% after \$250 copay	
Convenient Care Clinic (Retail) Minute Clinic- CVS/Healthcare Clinic - Walgreens	0% after \$10 copay	
Urgent Care Center	0% after \$30 copay	
Hospital Expenses		
Inpatient	20% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible
Outpatient Surgery Office Setting (Physician or Specialist)	20% (not subject to deductible)	40% after deductible
Outpatient Facility	20% after deductible	40% after deductible
Related professional services	20% after deductible	40% after deductible
<i>Non-Emergent Surgeries with SurgeryPlus Please call 1-855-200-2119 for this separate benefit</i>	<i>Deductible and coinsurance are waived when utilizing SurgeryPlus services and network</i>	<i>Not Covered</i>
Infertility Services (Counseling and testing to diagnose only)	20% after deductible	40% after deductible
Outpatient Physical Therapy	\$20 copay (not subject to deductible) Limit: 60 visits/ benefit period	40% after deductible
Outpatient Speech Therapy (Restorative services only)	\$20 copay (not subject to deductible) Limit: 60 visits/ benefit period	40% after deductible
Outpatient Occupational Therapy	\$20 copay (not subject to deductible) Limit: 60 visits/ benefit period	40% after deductible
Spinal Manipulation	\$20 copay (not subject to deductible) Limit: 60 visits/ benefit period	40% after deductible
Diagnostic Services (X-Ray and other tests)	20% after deductible	40% after deductible
Outpatient Diagnostic Imaging (MRI, MRA, CAT Scan, PET Scan)	Allowed Charges up to \$500 Copay	40% after deductible
Durable Medical Equipment	20% after deductible	40% after deductible
Prosthetic Appliances	20% after deductible	40% after deductible
Hearing Care Services		
Hearing aid screening/exam	20% (not subject to deductible)	
Hearing aid	20% after in-network deductible Combined limit: \$1,500/ benefit period	
Temporomandibular Joint Disorder (Medical necessity required; excludes appliances and orthodontic treatment)	20% after deductible	40% after deductible
Inpatient Rehabilitation	20% after deductible Limit: 60 days/ benefit period	40% after deductible
Skilled Nursing Rehabilitation	20% after deductible Limit: 60 days/ benefit period	40% after deductible
Home Health Care	20% after deductible	40% after deductible
Private Duty Nursing	20% after deductible	40% after deductible
Hospice (Inpatient and Outpatient Care)	0% (not subject to deductible)	40% after deductible
Mental Health, Substance Abuse Benefits are provided by Aetna Behavioral Health - Available 24 hours at 877-398-5816		
Mental Health/Substance Abuse		
Inpatient	20% after deductible	40% after deductible
Outpatient	\$15 copay (not subject to deductible)	40% after deductible

This is not intended as a contract of benefits. It is designed purely as a reference of the many benefits available under your program. Please see your Plan Document for detailed information on plan terms and the appeals process. Effective 4/1/2023

ICUBA Preferred PPO Plan

Aetna Behavioral Health and Substance Abuse

Aetna Open Choice PPO Network

Plan Year April 1, 2023 through March 31, 2024

Employee Assistance Program (EAP), Mental Health, Substance Abuse Benefits and Applied Behavioral Analysis (ABA) Provided by Aetna Behavioral Health - Available 24/7 - 877-398-5816 Deductibles and Out of Pocket Maximum Amounts are COMBINED with BCBS Medical		
	In Network	Out of Network
Employee Assistance Program (EAP) * <i>Up to 6 short-term professional counseling sessions per episode per year. Talk with a licensed clinician regarding stress, relationship issues, grief, etc.</i>	\$0	No coverage
Inpatient*	20% after deductible	40% after deductible
Mental Health Hospital Admission*	20% after deductible	40% after deductible
Substance Abuse Hospital Admission*	20% after deductible	40% after deductible
Residential* <i>Residential Services focus on evaluating and stabilizing the patient. They help the patient learn effective ways to cope with the symptoms and impact of the patient's illness.</i>	20% after deductible	40% after deductible
Inpatient Detoxification* <i>Inpatient detoxification provides 24 hour treatment in a residential or hospital setting for patients who are abusing alcohol or other physically addictive drugs. Patients typically stay in detoxification only as long as their withdrawal symptoms require 24 hour medical and nursing services.</i>	20% after deductible	40% after deductible
Outpatient	\$15 copayment (not subject to deductible)	40% after deductible
Professional Counseling Sessions <i>Talk with a licensed clinician regarding anxiety, attention deficit hyperactivity disorder (ADHD), depression, mood disorders, oppositional defiance disorder (ODD), schizophrenia, trauma, etc.</i>	\$15 copayment (not subject to deductible)	40% after deductible
Psychiatric Medication Evaluation	\$15 copayment (not subject to deductible)	40% after deductible
Applied Behavioral Analysis Therapy* <i>Behavioral health services related to Autism Spectrum Disorder (ASD) diagnosis</i>	\$15 copayment (not subject to deductible)	40% after deductible
Partial Hospitalization (PHP)* <i>These programs are longer and more intensive than an IOP, usually 4-6 hours per day, 5-7 days per week. Services include physician and nursing services, as well as group, individual, family or multi-family group psychotherapy, psycho-educational services, and other services. These programs are often used in lieu of an inpatient stay, or as a transition from an inpatient stay.</i>	\$15 copayment (not subject to deductible)	40% after deductible
Outpatient Detoxification <i>Monitor withdrawal from alcohol or another substance of abuse and may administer medications that assist with detoxification and recovery from addiction.</i>	\$15 copayment (not subject to deductible)	40% after deductible
Intensive Outpatient Sessions (IOP) <i>These planned and structured programs are usually 2-3 hours/day (or evening), and 3-7 days per week. They may include group, individual, family or multi-family group psychotherapy, psycho-educational services, and other services.</i>	\$15 copayment (not subject to deductible)	40% after deductible
AbleTo <i>Meet with a therapist and coach via web-based videoconferencing, or over the telephone for a 8 week program for select conditions including breast and prostate cancer recovery, heart problems, diabetes, depression, digestive health, pain management, respiratory problems, substance abuse, anxiety, postpartum depression, caregiver status (child, elder, Autism, etc.), grief/loss, and military transition.</i>	\$0	No coverage

*Services require prior-authorization



Resources for Living

Summary of PPO Benefits

Benefit Period April 1, 2023 -March 31, 2024



A PPO, or Preferred Provider Organization, offers two levels of benefits. If you receive services from a provider who is in the PPO network, you'll receive the highest level of benefits. If you receive services from a provider who is not in the PPO network, you'll receive the lower level of benefits. In either case, you coordinate your own care. There is no requirement to select a Primary Care Physician (PCP) to coordinate your care. Below are specific benefit levels.

ICUBA High Deductible PPO Plan

Benefit	In-Network	Out-of-Network
	<i>(Coinsurance and Copays displayed as Employee responsibility)</i>	
Deductible Per Benefit Period (PBP)		
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
Coinsurance	30%	50%
Out-of-Pocket Maximums PBP <i>(includes deductible, coinsurance, and medical copays)</i>		
Individual	\$5,350	\$10,700
Family	\$10,700	\$21,400
Lifetime Maximum	No Maximum	
Physician Office Visits <i>(Internal Medicine, General Practice, Family Practice, Pediatrician, OB/GYN)</i>	0% after \$15 copay (not subject to deductible)	50% after deductible
Total Care Physician Office Visit <i>(Internal Medicine, Family Practice, Pediatrician)</i>	\$0 copay (not subject to deductible or copayment)	N/A
Embold Physician Office Visit <i>(Primary Care, Pediatrician, Cardiology, Obstetrics, Joint care, Spine care, Endocrinology, Gastroenterology, Pulmonology, and Dermatology)</i>		
Teladoc Telemedicine Visit	0% after \$5 copay	N/A
Maternity Office Visit Benefit <i>(initial OB visit only)</i>	0% after \$15 copay (not subject to deductible)	50% after deductible
Specialist Office Visits	0% after \$35 copay (not subject to deductible)	50% after deductible
Independent Clinical Labs ** <i>(free standing facilities and office visits)</i>	0% (not subject to deductible)	50% after deductible
Outpatient Facility (Hospital setting)***	30% coinsurance	
Preventive Care - Annual Physical and Gynecological exam	0% (not subject to deductible)	Not Covered
Chlamydia and STD tests	0% (not subject to deductible)	Not Covered
PAP tests	0% (not subject to deductible)	Not Covered
Prostate cancer screenings (PSA)	0% (not subject to deductible)	Not Covered
Mammograms and Ultrasounds of the Breast	0% (not subject to deductible)	Not Covered
Urinalysis	0% (not subject to deductible)	Not Covered
Venipuncture/Conveyance Fee	0% (not subject to deductible)	Not Covered
General Health Blood Panel, Glucose Test, Lipid Panel, Cholesterol, and ALT/AST.	0% (not subject to deductible)	Not Covered
Adult and Pediatric Immunizations	0% (not subject to deductible)	Not Covered
Related Wellness Services (e.g., blood stool tests, colonoscopies, sigmoidoscopies, electrocardiograms, echocardiograms, and bone mineral density tests)	0% (not subject to deductible)	Not Covered

ICUBA High Deductible PPO Plan

Benefit	In-Network	Out-of-Network
	<i>(Coinsurance and Copays displayed as Employee responsibility)</i>	
Allergy Injections	0% (not subject to deductible)	50% after deductible
Emergency Room Services	0% after \$300 copay (waived if admitted)	
Medically Necessary Emergency Transportation	0% after \$250 copay	
Convenient Care Clinic (Retail) Minute Clinic- CVS/Healthcare Clinic - Walgreens	0% after \$10 copay	
Urgent Care Center	0% after \$30 copay	
Hospital Expenses		
Inpatient	30% after deductible	50% after deductible
Outpatient	30% after deductible	50% after deductible
Outpatient Surgery Office Setting		
Physician	0% after \$15 Copay	50% after deductible
Specialist	0% after \$35 Copay	
Outpatient Facility	30% after deductible	50% after deductible
Related professional services	30% after deductible	50% after deductible
<i>Non-Emergent Surgeries with SurgeryPlus Please call 1-855-200-2119 for this separate benefit</i>	<i>Deductible and coinsurance are waived when utilizing SurgeryPlus services and network</i>	<i>Not Covered</i>
Infertility Services (Counseling and testing to diagnose only)	30% after deductible	50% after deductible
Outpatient Physical Therapy	0% after \$20 copay (not subject to deductible) Limit: 60 visits/ benefit period	50% after deductible
Outpatient Speech Therapy (Restorative services only)	0% after \$20 copay (not subject to deductible) Limit: 60 visits/ benefit period	50% after deductible
Outpatient Occupational Therapy	0% after \$20 copay (not subject to deductible) Limit: 60 visits/ benefit period	50% after deductible
Spinal Manipulation	0% after \$20 copay (not subject to deductible) Limit: 60 visits/ benefit period	50% after deductible
Diagnostic Services (X-Ray and other tests)	30% after deductible	50% after deductible
Outpatient Diagnostic Imaging (MRI, MRA, CAT Scan, PET Scan)	Allowed Charges up to \$500 Copay	50% after deductible
Durable Medical Equipment (DME)	\$2,000 Deductible of the \$4,000 Individual Deductible must be satisfied before 30% coinsurance applies	50% after deductible
Prosthetic Appliances		50% after deductible
Hearing aid screening/exam	30% (not subject to deductible)	
Hearing aid	30% after in-network DME deductible	
	Combined limit: \$1,500/ benefit period	
Temporomandibular Joint Disorder (Medical necessity required; excludes appliances and orthodontic treatment)	30% after deductible	50% after deductible
Inpatient Rehabilitation	30% after deductible Limit: 60 days/ benefit period	50% after deductible
Skilled Nursing Rehabilitation	30% after deductible Limit: 60 days/ benefit period	50% after deductible
Home Health Care	30% after deductible	50% after deductible
Private Duty Nursing	30% after deductible	50% after deductible
Hospice (Inpatient and Outpatient Care)	0% (not subject to deductible)	50% after deductible
Mental Health, Substance Abuse Benefits are provided by Aetna Behavioral Health - Available 24 hours at 877-398-5816		
Mental Health/Substance Abuse		
Inpatient	30% after deductible	50% after deductible
Outpatient	0% after \$15 copay	50% after deductible

** Quest Diagnostic Labs is the In-Network Lab for BlueCross BlueShield of Florida.

***Outpatient Facility Lab – If you go to your doctor's office at/in a hospital facility and have lab work done (ex: Moffitt Center)

Effective 04/01/2023

This is not intended as a contract of benefits. It is designed purely as a reference of the many benefits available under your program. Please see your Plan Document for detailed information on plan terms and the appeals process.

ICUBA High Deductible PPO Plan
Aetna Behavioral Health and Substance Abuse
Aetna Open Choice PPO Network
Plan Year April 1, 2023 through March 31, 2024

Employee Assistance Program (EAP), Mental Health, Substance Abuse Benefits and Applied Behavioral Analysis (ABA) Provided by Aetna Behavioral Health - Available 24/7 - 877-398-5816 Deductibles and Out of Pocket Maximum Amounts are COMBINED with BCBS Medical		
	In Network	Out of Network
Employee Assistance Program (EAP) * <i>Up to 6 short-term professional counseling sessions per episode per year. Talk with a licensed clinician regarding stress, relationship issues, grief, etc.</i>	\$0	No coverage
Inpatient*	30% after deductible	50% after deductible
Mental Health Hospital Admission*	30% after deductible	50% after deductible
Substance Abuse Hospital Admission*	30% after deductible	50% after deductible
Residential* <i>Residential Services focus on evaluating and stabilizing the patient. They help the patient learn effective ways to cope with the symptoms and impact of the patient's illness.</i>	30% after deductible	50% after deductible
Inpatient Detoxification* <i>Inpatient detoxification provides 24 hour treatment in a residential or hospital setting for patients who are abusing alcohol or other physically addictive drugs. Patients typically stay in detoxification only as long as their withdrawal symptoms require 24 hour medical and nursing services.</i>	30% after deductible	50% after deductible
Outpatient	\$15 copayment (not subject to deductible)	50% after deductible
Professional Counseling Sessions <i>Talk with a licensed clinician regarding anxiety, attention deficit hyperactivity disorder (ADHD), depression, mood disorders, oppositional defiance disorder (ODD), schizophrenia, trauma, etc.</i>	\$15 copayment (not subject to deductible)	50% after deductible
Psychiatric Medication Evaluation	\$15 copayment (not subject to deductible)	50% after deductible
Applied Behavioral Analysis Therapy* <i>Behavioral health services related to Autism Spectrum Disorder (ASD) diagnosis</i>	\$15 copayment (not subject to deductible)	50% after deductible
Partial Hospitalization (PHP)* <i>These programs are longer and more intensive than an IOP, usually 4-6 hours per day, 5-7 days per week. Services include physician and nursing services, as well as group, individual, family or multi-family group psychotherapy, psycho-educational services, and other services. These programs are often used in lieu of an inpatient stay, or as a transition from an inpatient stay.</i>	\$15 copayment (not subject to deductible)	50% after deductible
Outpatient Detoxification <i>Monitor withdrawal from alcohol or another substance of abuse and may administer medications that assist with detoxification and recovery from addiction.</i>	\$15 copayment (not subject to deductible)	50% after deductible
Intensive Outpatient Sessions (IOP) <i>These planned and structured programs are usually 2-3 hours/day (or evening), and 3-7 days per week. They may include group, individual, family or multi-family group psychotherapy, psycho-educational services, and other services.</i>	\$15 copayment (not subject to deductible)	50% after deductible
AbleTo <i>Meet with a therapist and coach via web-based videoconferencing, or over the telephone for a 8 week program for select conditions including breast and prostate cancer recovery, heart problems, diabetes, depression, digestive health, pain management, respiratory problems, substance abuse, anxiety, postpartum depression, caregiver status (child, elder, Autism, etc.), grief/loss, and military transition.</i>	\$0	No coverage

*Services require prior-authorization



Resources for Living

ATTENTION ICUBA MEMBERS

ICUBA April 1, 2023 – March 31, 2024

Prescription Medication Plan

ICUBA Pharmacy Benefit Prescription Plan Summary

30-Day Supply

Nationwide Pharmacy Network

You have access to more than 62,000 chain and independent pharmacies including: Costco, CVS, Publix Super Markets Inc., Walgreens, Target, The Medicine Shoppe, Walmart, Winn-Dixie Stores, Inc.

90-Day Supply

Convenient Mail Service Pharmacy

Home Delivery is an easy way to receive up to a 90-day supply of your maintenance medication delivered by mail to your door. Standard shipping is free. Orders are shipped in confidential, tamper-evident packaging from Home Delivery pharmacies.

90-Day at Retail Program

This program allows you to obtain a 90-day supply of your maintenance medication at more than 45,000 participating community pharmacies.

Out-of-Pocket Maximum

In-network Rx copays will be applied toward an individual maximum out-of-pocket of \$2,000 and \$4,000 for family. Once you reach your out-of-pocket maximum, your prescriptions will be paid at 100% by the plan and no cost to you (\$0 copay).

Diabetic Supplies

The following prescribed diabetic supplies are covered at 100%, \$0 copay: meters, lancets, lancing devices, test strips, control solution, insulin needles and syringes.

Rx with Over-the-Counter (OTC) alternatives

The Rx with OTC strategy excludes certain prescription products when therapeutically acceptable over-the-counter (OTC) alternatives are available.

Over-The-Counter and Generic Preventive Medications

With a prescription from your physician, the following OTC and generic preventive medications are covered as part of your pharmacy benefit with \$0 copay: Aspirin for adults, prenatal vitamins or folic acid for women planning or capable of pregnancy, iron supplementation, oral fluoride supplementation for children, vaccines, Vitamin D for adults, bowel preparation agents for colorectal cancer screening, and select statins for prevention of cardiovascular disease (CVD).

Tobacco Cessation

Tobacco cessation medications are covered with \$0 copay when you participate in coaching or counseling options through local Area Health Education Centers, BCBS telephonic coaching or Resources for Living counseling.

Specialty Medications

Certain medications used for treating complex health conditions (e.g. Hepatitis, HIV/AIDS, Oncology, etc.) must be obtained through Optum Specialty Pharmacy with BlueCross BlueShield.

MyRx Toolkit and MyHealthToolkit

Find answers by visiting the **MyRx Toolkit** and **MyHealth Toolkit** through the single sign-on section at <http://ICUBAbenefits.org> to find your lowest copay, manage Home Delivery prescriptions, keep track of your health history and more!

Care Connected in your Corner

If you have a question about your pharmacy benefit, call the Care Connected team toll-free at **(855) 811-2218**, 24 hours a day, 7 days a week.



If you have a question about your pharmacy benefit, and would like to speak with a Pharmacist at ICUBAcares, call **(877) 286-3967**.

Copayments		Prescription-Fill Methods*		
Tier		Retail: Up to a 30-day supply	90-Day at Retail Program Up to a 90-day supply	Mail: Up to a 90-day supply
Low Cost Generics at the Nova Southeast University (NSU) Pharmacy		\$0	\$0	N/A
Low Cost Generics at all other network pharmacies		\$5	\$10	\$10
Preventive Generics****		\$0	\$0	\$0
Generics: Tier 1 Medications on the Premium Formulary (PF)**		\$10	\$20	\$20
Preferred Brands: Tier 2) Medications on the Premium Formulary		\$40	\$80	\$80
Non-Preferred Brands: Tier 3 Medications Premium Formulary		\$75	\$150	\$150
Preferred specialty at Optum Specialty Pharmacy		\$75***	N/A	N/A
Non-preferred specialty at Optum Specialty Pharmacy		\$75***	N/A	N/A

‡ Prior authorization may be required to ensure safe and effective use of select prescription drugs. Your physician may be asked to provide additional information to determine medical necessity.

* Unless medically necessary, members will be required to pay the difference in cost between a brand and generic drug if the brand is requested when a generic equivalent is available.

** The PF is a list of medications preferred by your plan that can help you maximize your pharmacy benefit by minimizing your prescription costs.

*** Specialty medications are limited to a 30 Day Supply. Copay Assistance Cards are acceptable to preferred specialty products

**** Prescribed preventive generic medications to treat one of the conditions designated Essential Health Benefit by the Affordable Care Act (In some cases You may have to meet an additional requirement such as age, sex, and diagnosis to qualify for the \$0 copay)

Guided Access to Excellent Surgical Care

What is SurgeryPlus?

SurgeryPlus provides you with access to excellent and affordable care for many planned surgical procedures. It's already included in your medical benefits at no additional cost to you.



Did you know...

- There will be no cost for your surgery.

The SurgeryPlus Difference



Excellent Care

Access to our network of thousands of highly qualified surgeons



Impactful Savings

Your surgery will be at little or no cost to you when you use your SurgeryPlus benefit



Guided Support

Your personal Care Advocate will support you every step of the way through your care

Here's what's covered

In partnership with your employer, we cover the most expensive costs associated with surgery, so you'll pay less for your procedure when you use your SurgeryPlus benefit. Your coverage includes:

- Consults and appointments with your SurgeryPlus surgeon
- Anesthesia
- Procedure and facility (hospital) fees
- Dedicated support and guidance

Commonly Covered Procedures

- Spine
- Orthopedic
- Ear, Nose & Throat
- Cardiac
- Gynecology
- General Surgery
- Gastrointestinal
- Spine and Ortho Injections
- Bariatrics

Your medical coverage may require you to use your SurgeryPlus benefit for specific procedures. Call to learn more.



You deserve excellent and affordable surgical care.
Call us to learn more at 855.200.2119

Email: ICUBA@SurgeryPlus.com

Website: ICUBA.SurgeryPlus.com

© 2022 SurgeryPlus. All rights reserved.





Yes. You *can* reverse
type 2 diabetes.



In only one year,
Virta patients see
an average of¹:

63% medication
reduction

1.3pt HbA1c
reduction

12% weight
loss

No matter the season or time of year, if you are part of an eligible plan,* you can enroll in Virta. Virta is a research-backed treatment that can help you reverse type 2 diabetes and take back control of your health.

The Virta difference

Unlike other diabetes (or weight loss) treatments/management programs, Virta goes beyond just treating the symptoms of the disease. On Virta, you learn how to change how you eat so that your body burns fat for energy, instead of sugar/carbohydrates. This can help you naturally lower your blood sugar and reduce the need for diabetes medication. It also can help you lose weight and live a healthier life.

ICUBA fully covers the cost of Virta (valued at over \$3,000) for you and your eligible family members with type 2 diabetes.

Virta is available to ICUBA members and eligible dependents between the ages of 18 and 79. This benefit is currently being offered to those with type 2 diabetes. There are some medical conditions that would exclude patients from the Virta treatment. Start the application process now to find out if you qualify.

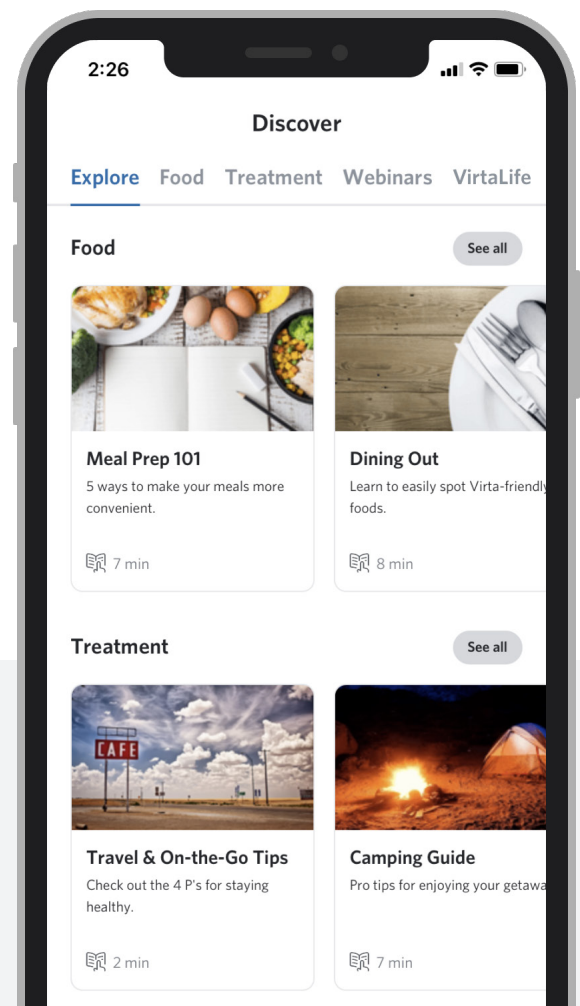


virtahealth.com/join/icuba

Text "VIRTA" to 57005 to receive periodic alerts about diabetes reversal from Virta.

Msg&data may apply. Text HELP for help, STOP to quit.
Privacy Policy: www.virtahealth.com/privacypolicy

1 Hallberg SJ, McKenzie AL, Williams P, et al. Effectiveness and Safety of a Novel Care Model for the Management of Type 2 Diabetes at One Year: An Open Label, Non-Randomized, Controlled Study. Diabetes Ther. 2018.





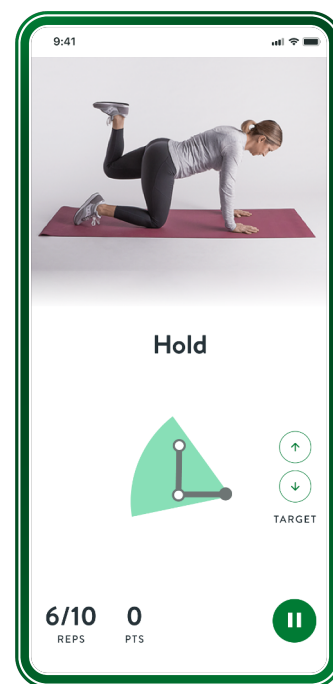
Conquer back and joint pain without drugs or surgery

We provide all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your needs, technology for instant feedback in the app, personal coach and physical therapist. Best of all, **it's free** — 100% covered by ICUBA for you and eligible family members.

Sign up today for help with any of the following:

- Conquer pain or limited movement
- Recover from a past injury
- Reduce stiffness in achy joints

Join for your **back, knee, hip, neck, pelvic, or shoulder or other joint pain**. On average, participants cut their pain as much as 68%*!



Scan the QR code to learn more or apply at
hinge.health/icuba-oe
 or call (855) 902-2777

Eligibility: Members and dependents 18+ enrolled in a Blue Cross Blue Shield ICUBA medical plan are eligible.

*Participants with chronic knee and back pain after 12 weeks. Bailey, et al. Digital Care for Chronic Musculoskeletal Pain: 10,000 Participant Longitudinal Cohort Study. JMIR. (2020).