

T09000000289

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(Address)

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Renewal

03/25/14--01017--003 \*\*87.50

T09-289

FILED  
14 MAR 25 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 31 2014

N. CAUSSEAU

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HEALTH OPTIONS

(Name of Mark Registered)

Dear Sir or Madam:

The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy M. Hennessey

(Name of Person)

Smith, Gambrell & Russell, LLP

(Firm/Company)

50 N. Laura Street, Suite 2600

(Address)

Jacksonville, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy M. Hennessey

(Name of Person)

at ( 904 ) 598-6134

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**FILING FEE: \$87.50 per class**

**CERTIFICATE OF RENEWAL: \$ 8.75 (OPTIONAL)**

(**NOTE:** The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

## MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

Blue Cross and Blue Shield of Florida, Inc.  
4800 Deerwood Campus Pkwy., Bldg. 100-7  
Jacksonville, FL 32246

Return To: Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
14 MAR 25 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- 1) Mark Registered: HEALTH OPTIONS
- 2) Registration Number: T09000000289
- 3) Date Filed: 3/25/09 4.) Renewal Date: 3/25/14 5.) Class(es) Filed: 42
- 6) Renewal statement pursuant to section 495.071, Florida Statutes. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.  
The mark is still in use in Florida
- 7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.
- 8) If applicant is a business entity, enter the state of incorporation/formation/organization: FL

Blue Cross and Blue Shield of Florida, Inc.

Typed or Printed Name of Owner

Craig Thomas  
Owner's Signature or Authorized Person's Signature

STATE OF Florida

COUNTY OF Duval

Sworn to and subscribed before me on this 24 day of March, 2014, Craig A. Thomas  
(Name of Individual Signing)

☒ who is personally known to me ☐ whose identity I proved on the basis of \_\_\_\_\_



Carol L. Williams  
Notary Public's Signature

Carol L. Williams  
Notary Public's Printed Name

Fee: \$87.50 Per Class  
Certificate of Renewal : \$8.75 (Optional)  
CR2E005 (1/11)

## Other Products

### View Other Products

Overview
Dental
Life
Accident
Critical Illness
Hospital Indemnity



**We're here for you  
in sickness & in health**

Caring for people takes more than affordable health coverage. Our plans also include support for your overall well-being. With all of our health, dental, life, and supplementary plans to choose from, you'll find coverage that's right for you, plus get the personal support you deserve.

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc. (DBF). Florida Blue HMO coverage is offered by Health Options, Inc. (YB). Florida Blue HMO, an HMO subsidiary of Blue Cross and Blue Shield of Florida, Inc. Dental, Life, and Disability are offered by Florida Companies Life, an affiliate of Blue Cross and Blue Shield of Florida, Inc. USABLE Life is an independent company and operates separately from Blue Cross and Blue Shield of Florida. USABLE Life does not sell or service Blue Cross and Blue Shield of Florida products. USABLE Life is the insurer and is solely responsible for the Accident, Critical Illness, and Hospital Indemnity products referenced here. These plans have limitations and exclusions. The amount of benefits and premium provided may vary based on the plan selected.

CVS S-P 012 092013

## Formulary exception process

A formulary exception process is provided to allow for cases where the Closed Formulary List may not accommodate the unique medical needs of a member (e.g. documented allergy, ineffectiveness, or intolerable adverse effects from drugs on the formulary). The formulary exception form is available at [www.floridablue.com](http://www.floridablue.com).

- Click on the Providers tab
- Click Pharmacy, then click Medication Guides
- Click **Formulary Exception Physician Fax Form**

Florida Blue is not obligated to approve any exception or continue a previously approved exception.

## Generic drugs

Florida Blue encourages the use of Generic Drugs as a way to provide high-quality Drugs at a reduced cost. Generic Drugs are as safe and effective as their Brand Name counterparts, and are usually less expensive.

A Food and Drug Administration (FDA) approved Generic Drug may be substituted for its Brand name counterpart because it:

- Contains the same active ingredient(s) as the Brand Name Drug
- Is identical in strength, dosage form, and route of administration
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile

Check with your doctor or health care provider to determine if switching to a Generic Drug is appropriate for you.

## Contraceptive coverage

If your pharmacy plan includes contraceptives at no cost, as a result of the expanded PPACA Preventive Services benefits, only *generic* contraceptive medications or devices (e.g., oral contraceptives, emergency contraceptive, and diaphragms) are covered at no cost share when purchased at a participating pharmacy.

**Note:** Check your Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement to determine if this benefit applies to your plan. Coverage details are also available to you by calling the customer service number listed on your member ID card.

## Responsible Rx programs

Some covered medications may have additional requirements or limits on coverage. These requirements and limits may include:

### Prior Authorization Program

The Prior Authorization Program encourages the appropriate, safe and cost-effective use of medication. If you are currently taking or are prescribed a medication that is included in the Prior Authorization Program list of medications, your physician will need to submit a Prior Authorization request in order for your prescription to be considered for coverage. If you do not request and/or receive prior approval, the medication will not be covered.

A current listing of drugs requiring Prior Authorization may be found at: **Prior Authorization Program Information and Forms**

Florida Blue reserves the right to change the Drugs that require Prior Authorization at any time and for any reason.