# 70900000289

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### **COVER LETTER**

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

For further information concerning this matter, please call:

(City/State and Zip Code)

(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.)

CR2E005 (1/11)

TOr

Registration Section

# MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:	Return To: Division of Corporations
Blue Cross and Blue Shield of Florida, Inc.	P.O. Box 6327 Tallahassee, FL 32344
4800 Deerwood Campus Pkwy., Bldg. 100-7	SSE 2
Jacksonville, FL 32246	Return To: Division of Corporations P.O. Box 6327 Tallahassee, FL 3237477
1) Mark Registered: HEALTH OPTIONS	ORDA ORDA
2) Registration Number: T0900000289	
3) Date Filed: 3/25/09 4.) Renewa	l Date: 3/25/14 5.) Class(es) Filed: 42
	.071, Florida Statues. Below you must state the mark is still in use is not due to any intention to abandon the mark.  rida
7) If the mark is still in use a specimen showi	ing actual use of the mark is included with this application
•	ing actual use of the mark is included with this application.  ate of incorporation/formation/organization: FL  Blue Cross and Blue Shield of Florida, Inc.
•	ate of incorporation/formation/organization: FL
8) If applicant is a business entity, enter the sta	ate of incorporation/formation/organization: FL  Blue Cross and Blue Shield of Florida, Inc.
8) If applicant is a business entity, enter the standard of th	Blue Cross and Blue Shield of Florida, Inc.  Typed or Printed Name of Owner
8) If applicant is a business entity, enter the sta	Blue Cross and Blue Shield of Florida, Inc.  Typed or Printed Name of Owner  Owner's Signature or Authorized Person's Signature  day of March  2014 Craig A. Thomas
8) If applicant is a business entity, enter the standard of th	Blue Cross and Blue Shield of Florida, Inc.  Typed or Printed Name of Owner  Owner's Signature or Authorized Person's Signature  day of March. 2014 Craig A. Thomas  (Name of Individual Signing)
8) If applicant is a business entity, enter the standard of th	Blue Cross and Blue Shield of Florida, Inc.  Typed or Printed Name of Owner  Owner's Signature or Authorized Person's Signature  day of March  2014 Craig A. Thomas

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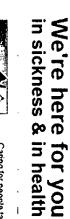
Need Help Picking a Plan? Call 1-855-714-8894

All other inquiries, call 1-877-465-1125

N-F: 8am - 8pm + Sat 9am - 5:30pm + Sun: Closed Get Help

# Other Products

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Dental

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Overview



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



Hospital Indemnity

Critical Illness

Accident

Heath insurance is offered by Elve Cross and Blue Shed of Florids, Inc., D/B/A Florids Blue HIJO coverage is offered by Heath Options Inc., D/B/A Florids Blue HIJO, an HIJO subsidiary of Blue may vary based on the plan selected. Cross and Blue Sheld of Flords, Inc. Dental, Life and Disability are offered by Florida Combines Life, an afficise of Blue Cross and Blue Sheld of Florids, Inc. USAble Life is an endependent solely responsible for the Accident, Crinical Chiess, and Hospital indemnity products reterenced here. These plans have land based and exclusions. The simport of benefits and premium provided company and operates separately from Blue Cross and Blue Shield of Florida, USAble Life does not set or service Blue Cross and Blue Shield of Florida products. USAble Life is the insurer and is

CWS SHP 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 <a href="https://www.floridablue.com">www.floridablue.com</a>.

- · 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: <u>Prior Authorization Program Information and</u> Forms

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

Florida Blue and Florida Blue HMO are independent licensees of the Blue Cross and Blue Shield Association. Florida Blue HMO is the trade name of Health Options on HMO subsidiary of Florida Blue