



PUBLIC RISK MANAGEMENT GROUP HEALTH TRUST

Gastric Sleeve Surgical Benefit Summary

UPDATED OCTOBER 1, 2023

Description: Gastric sleeve surgery is performed for the treatment of morbid (clinically severe) obesity. Morbid obesity results in a very high risk for weight-related complications, such as diabetes, hypertension, obstructive sleep apnea, various types of cancer and musculoskeletal impairments.

Treatment: The treatment for all gastric sleeve surgeries will be managed exclusively, without exception, through Blue Centers of Distinction ("Center"). A list of these facilities can be found at <https://www.bcbs.com/blue-distinction-center/facility>. Once you select a facility, click on View Doctors for a list of participating providers.

Medical necessity will be determined by Florida Blue per the current Florida Blue Medical Coverage Guidelines. Generally, the treatment of clinically severe obesity meets the definition of medical necessity when **ALL** the following conditions are met:

- ✓ The member is severely obese with a BMI of 40 kg/m² or greater, OR
- ✓ The member is severely obese with a BMI of 35 kg/m² or greater with at least one severe morbidity such as type 2 diabetes, hypertension, cardiac disease, obstructive sleep apnea, GERD, osteoarthritis, or pseudotumor cerebri, AND
- ✓ Has made multiple attempts at a non-surgical management weight loss program (e.g., diet, exercise) AND
- ✓ Has received psychological or psychiatric evaluation with counseling as needed, prior to surgical intervention, AND
- ✓ Does not have a medically treatable cause for the obesity, (e.g., thyroid, or other endocrine disorder).

Necessary treatments and procedures will be determined by the Center (e.g., psychological evaluations, dietician consultation, surgery, pre-surgical and post-surgical tests, and examination).

Effective Date: The gastric sleeve surgery benefit with \$40,000 lifetime maximum is effective October 1, 2023. Consultations, examinations, and other procedures with a Center will not be verifiable by provider or approved for services prior to October 1, 2023.

Eligibility: Employees and their dependents, age 18 and over, covered under the PRM Group Health Trust medical plan, are eligible, based on medical necessity.

Lifetime Maximum Benefit: One surgery per eligible member, per lifetime, with a \$40,000 benefit maximum. Charges over the benefit maximum will be the member's responsibility.

Exclusions: Revisions and complications for prior procedures, not covered under the PRM benefit, are not covered. Cosmetic surgery and skin removal are not covered.

Payment of Gastric Sleeve Surgery Services:

All medical care related to bariatric surgery procedures will follow the plan benefits for the member's health plan coverage. Deductible, coinsurance, copays, and all amounts the Plan pays, will apply toward the \$40,000 lifetime maximum. Charges over the \$40,000 lifetime maximum, services at a non-Blue Distinction Center, or services by an out-of-network provider will be the member's responsibility.

	HMO 55	0727	03559	03748	05168	05169	05172
Financial Information							
Deductible	\$0	\$500	\$750	\$0	\$1,500	\$3,000	\$5,000
Coinsurance	N/A	20%	20%	\$0	\$0	\$0	10%
Out-of-Pocket Maximum	\$1,500	\$1,500	\$3,000	\$1,500	\$1,500	\$3,000	\$6,550
Lab work & x-rays – Cost share based on place of service:							
Independent Lab (Quest)	\$0	20% Coins	\$0	\$0	Ded & 20% Coins	Ded & 20% Coins	Ded & 10% Coins
Independent Diagnostic Testing Facility	\$0	\$15	\$50	\$50	Ded & 20% Coins	Ded & 20% Coins	Ded & 10% Coins
Outpatient Hospital	\$100	Ded & 20% Coins	Ded & 20% Coins	Option 1 - \$100 Option 2 - \$200	Ded & 20% Coins	Ded & 20% Coins	Ded & 10% Coins
Inpatient Hospital – per visit or admit	\$250	Ded & 20% Coins	Ded & 20% Coins	Option 1 - \$250 Option 2 - \$500	Ded & 20% Coins	Ded & 20% Coins	Ded & 10% Coins
Consultation							
Specialist – billed as Office Visit	\$10	\$15	\$35	\$20	Ded & 20% Coins	Ded & 20% Coins	Ded & 10% Coins
Specialist – billed as Outpatient Hospital	\$100	Ded & 20% Coins	Ded & 20% Coins	Option 1 - \$100 Option 2 - \$200			
Psychological Evaluation							
Specialist – billed as Office Visit	\$10	\$15	\$35	\$20	Ded & 20% Coins	Ded & 20% Coins	Ded & 10% Coins
Specialist – billed as Outpatient Hospital	\$100	Ded & 20% Coins	Ded & 20% Coins	Option 1 - \$100 Option 2 - \$200			
Inpatient Facility – per admit	\$250	Ded & 20% Coins	Ded & 20% Coins	Option 1 - \$250 Option 2 - \$500	Ded & 20% Coins	Ded & 20% Coins	Ded & 10% Coins
Surgeon & Surgical Assistants at Hospital	\$0	Ded & 20% Coins	Ded & 20% Coins	\$0	Ded & 20% Coins	Ded & 20% Coins	Ded & 10% Coins
Related Specialists Including Radiology, Pathology and Anesthesiology at Hospital	\$0	Ded & 20% Coins	Ded & 20% Coins	\$0	Ded & 20% Coins	Ded & 20% Coins	Ded & 10% Coins

Payment of Gastric Sleeve Surgery Services:

All medical care related to bariatric surgery procedures will follow the plan benefits for the member's health plan coverage. Deductible, coinsurance, copays, and all amounts the plan pays, will apply toward the \$40,000 lifetime maximum. Charges over the \$40,000 lifetime maximum, services at a non-Blue Distinction Center, or services by an out-of-network provider will be the member's responsibility.

	05173	05180	05181	05360	05787	05901	05904
Financial Information							
Deductible	\$5,000	\$2,500	\$5,000	\$1,500	\$7,350	\$2,000	\$2,500
Coinsurance	10%	N/A	N/A	20%	N/A	50%	20%
Out-of-Pocket Maximum	\$6,850	\$2,500	\$5,000	\$3,000	\$7,350	\$6,350	\$6,000
Lab work & x-rays – Cost share based on place of service:							
Independent Lab (Quest)	Ded & 10% Coins	Deductible	Deductible	\$0	\$0	\$0	\$0
Independent Diagnostic Testing Facility	Ded & 10% Coins	Deductible	Deductible	Ded & 20% Coins	Deductible	\$50	\$50
Outpatient Hospital	Ded & 10% Coins	Deductible	Deductible	Ded & 20% Coins	Deductible	Option 1 - \$300 Option 2 - \$400	Ded & 20% Coins
Inpatient Hospital – per visit or admit	Ded & 10% Coins	Deductible	Deductible	Deductible	Deductible	Option 1 - \$2,000 Option 2 - \$3,000	Ded & 20% Coins
Consultation							
Specialist – billed as Office Visit	Ded & 10% Coins	Deductible	Deductible	Ded & 20% Coins	\$90	\$75	\$75
Specialist – billed as Outpatient Hospital	Ded & 10% Coins	Deductible	Deductible	Ded & 20% Coins	Deductible	Option 1 - \$300 Option 2 - \$400	Ded & 20% Coins
Psychological Evaluation							
Specialist – billed as Office Visit	Ded & 10% Coins	Deductible	Deductible	Ded & 20% Coins	\$75	\$75	\$75
Specialist – billed as Outpatient Hospital	Ded & 10% Coins	Deductible	Deductible	Ded & 20% Coins	Deductible	Option 1 - \$300 Option 2 - \$400	Ded & 20% Coins
Inpatient Facility – per admit	Ded & 10% Coins	Deductible	Deductible	Ded & 20% Coins	Deductible	Option 1 - \$3,000 Option 2 - \$4,000	Ded & 20% Coins
Surgeon & Surgical Assistants at Hospital	Ded & 10% Coins	Deductible	Deductible	Ded & 20% Coins	Deductible	Ded & 50% Coins	Ded & 20% Coins
Related Specialists Including Radiology, Pathology and Anesthesiology at Hospital	Ded & 10% Coins	Deductible	Deductible	Deductible	Deductible	Ded & 50% Coins	Ded & 20% Coins