

We Offer Medicare-Eligible Consumers a Variety of Health Plans

Florida Blue offers individuals who are eligible for Medicare a variety of HMO and PPO Medicare Advantage and Medicare Supplement health plans. Our BlueMedicareSM Medicare Advantage HMO plans require a member’s assigned primary care physician (PCP) to coordinate medical services or the services aren’t covered. Our BlueMedicare Medicare Advantage PPO health plans allow members to visit out-of-network providers, but their out-of-pocket costs are higher. Our BlueMedicare Supplements allow members to see any provider participating with Medicare.

We know that most providers understand the roles of PCPs and specialists. However, as a courtesy, we developed the table below to remind you of the differences between our BlueMedicare HMO, BlueMedicare PPO and Medicare Supplement health plans.

	BlueMedicare HMO Plans (Medicare Advantage)	BlueMedicare PPO Plans (Medicare Advantage)	Medicare Supplement Plans
Available For	Individuals over 65 years of age or deemed disabled.	Individuals over 65 years of age or deemed disabled	Individuals over 65 years of age or deemed disabled to purchase as a supplement to Original Medicare
Primary Care	Members must select a PCP or one will be assigned to them. They must see their designated PCP or another PCP in the same practice in order for the service to be covered.	Members are encouraged to select a PCP. However, they can visit any in-network physician for care.	Members are encouraged to select a PCP. However, they can visit any physician participating with Medicare for care.
Specialist Care	Referrals to specialists are required.	Referrals to specialists are not required.	Referrals to specialists are not required
Out-of-Network Coverage	Only dialysis, emergency and urgent care services are covered	Members pay more out-of-pocket if they use out-of-network providers.	Members could pay more out-of-pocket if they use non-Medicare providers.
Provider Networks	Sub-network of our Health Options, Inc. HMO provider network. Not all Health Options providers are in-network for BlueMedicare HMO	Sub-network of our Preferred Patient Care provider network.	Medicare network

See other helpful reminders on the next page.

Preauthorization Reminders

For certain services, vendors such as CareCentrix and National Imaging Associates (NIA) request authorization requests and/or provide services on our behalf. Here is a list of other vendors that provide services on our behalf:

- **Eye Management Inc. (EMI)** - BlueMedicare HMO, PPO and Group PPO members in Broward, Martin, Miami-Dade, Palm Beach and St. Lucie counties who require ophthalmology services *must be referred to Eye Management Inc. (EMI)*.
- **iCare** – Administers eye care services for BlueMedicare HMO, PPO and Group PPO members. Routine eye exams and glasses do not require a referral.
- **New Directions Behavioral Health** – manages mental health and substance abuse services for our members.

Please refer to the *Manual for Physicians and Providers* at floridablue.com for details about vendors and the services they provide on our behalf.

Other Important Reminders

Remember to ask your Florida Blue patients for a copy of their member ID card at each visit and verify eligibility and benefits electronically through Availity^{®1} at availity.com.

- You can also verify a patient's assigned PCP at availity.com.
- To find in-network providers, please use our online provider directory at floridablue.com and click on *Find a Doctor*.

For details about our Medicare health plans, including billing and authorization requirements, and member and provider responsibilities, refer to the [Manual for Physicians and Providers](#) at floridablue.com > *Providers* (top of the page) > *Provider Manual*.

¹Availity, LLC is a multi-payer joint venture company. For more information or to register, visit availity.com.
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