Medicare Advantage and Medicare Supplement Reminders At-A-Glance

We offer individuals over 65 years of age BlueMedicareSM HMO and BlueMedicare PPO Medicare Advantage health plans. We also offer Medicare Supplements.

The chart below explains the differences between our Medicare Advantage health plans and Medicare Supplements.

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

Our dual-eligible special needs health plan, BlueMedicare Complete, is for individuals in Broward, Clay, Duval, Hillsborough, Miami-Dade, Orange, Osceola, Palm Beach, Pinellas and Polk counties who are eligible for Medicare and receive either full or partial Medicaid from the State of Florida.

- BlueMedicare Complete uses the Florida Blue HMO (Health Options) Medicare Advantage provider network but has a limited number of PCPs. Not all Florida Blue HMO Medicare Advantage physicians are in-network for this plan.
- Participating in BlueMedicare Complete does not change your in-network status with our Florida Blue HMO network or any other Florida Blue network.
- BlueMedicare Complete members are assigned a PCP who is responsible for coordinating medical services. This means members must have a referral on file from their assigned PCP before visiting a specialist or other provider, or they may have to pay the entire bill.
- There is no out-of-network benefit, except for emergency and urgent care services.
- You can file claims as you do today for our other Medicare Advantage health plans.

Other Services

For certain services, vendors such as CareCentrix (durable medical equipment) and National Imaging Associates, Inc. (advanced imaging) request authorization when needed and/or provide services on our behalf. Below is a list of other vendors that provide services on our behalf for Medicare members:

- **Eye Management Inc. (EMI)** - BlueMedicare HMO members in Broward, Martin, Miami-Dade, Palm Beach and St. Lucie counties who require ophthalmology services must be referred to EMI.
- **iCare** – administers eye care services for BlueMedicare HMO and 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.

Important Reminders

- Remember to ask your patients for a copy of their member ID card at each visit and verify eligibility and benefits electronically through Availity® 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 Advantage health plans and Medicare Supplements, including billing and authorization requirements, and member and provider responsibilities, refer to our provider manual at floridablue.com > Providers (top of the page) > *Manual for Physicians and Providers*.

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

Florida Blue is a PPO, RPPO and Rx (PDP) plan with a Medicare contract. Florida Blue Medicare is an HMO plan with a Medicare contract. Enrollment in Florida Blue or Florida Blue Medicare depends on contract renewal. Health coverage is offered by Blue Cross and Blue Shield of Florida, Inc., doing business as Florida Blue. HMO coverage is offered by Florida Blue Medicare, Inc., doing business as Florida Blue Medicare. These companies are affiliates of Blue Cross and Blue Shield of Florida, Inc., and are Independent Licensees of the Blue Cross and Blue Shield Association.

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