



January 2012

2012 BlueMedicare HMO and PPO Product Changes

Beginning January 1, 2012, Blue Cross and Blue Shield of Florida, Inc. (BCBSF) will implement several enhancements, to our BlueMedicareSM HMO and PPO Medicare Advantage plans. Members' annual cost share amounts will also change.

Medicare Advantage plans, such as BlueMedicare, replace Original Medicare Part A and Part B coverage. BCBSF BlueMedicare plans include BlueMedicare HMO, Regional PPO, PPO and Rx and our employer-based plans BlueMedicare Group HMO and PPO.

The following is a summary of each BlueMedicare plan and the 2012 benefit changes.

BlueMedicare HMO and BlueMedicare Group HMO

For individual BlueMedicare HMO members in Hillsborough, Palm Beach, Pasco, Pinellas and Polk Counties:

- Referrals are still required from a primary care physician to all BlueMedicare HMO participating specialists. Referrals are not required for chiropractors, dermatologists, podiatrists and women's health specialists (routine and preventive services.)

For individual BlueMedicare HMO members in Broward and Miami-Dade counties, as well as all BlueMedicare Group HMO members:

- Referrals are no longer required.

Please Note: BlueMedicare HMO members in the following South Florida Counties who require ophthalmology services must be referred to Eye Management Inc. (EMI.) There is no change to this utilization management process in 2012.

- Broward, Miami-Dade and Palm Beach

BlueMedicare Regional PPO

The Essential Hospital designation is no longer required. Effective January 1, 2012, **non-emergency** services rendered at the following facilities will be covered as out-of-network benefits:

- Ed Fraser Memorial Hospital
- Baptist Medical Center Nassau
- Raulerson Hospital
- Putnam Community Medical Center

BlueMedicare PPO and BlueMedicare Group PPO

BlueMedicare PPO and BlueMedicare Group PPO members are encouraged to select a primary care physician. However, this is not a requirement.

BlueMedicare Rx

Both the Option 1 and Option 2 plans will continue to offer low copays for generic drugs and \$0 copays for home delivery generic drugs. Option 1 plan members will receive lower copays for prescription drugs if they use the following preferred pharmacy locations:

- Publix
- CVS
- Navarro Pharmacy

Remember to ask members for a copy of their identification (ID) card each January to update your patient record. You may verify eligibility and benefits electronically through the Availity¹ Health Information Network.

If you have questions, please call the Provider Contact Center at (800) 727-2227.

Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

¹Availity, LLC, is a multi-payer joint venture company. For more information or to register, visit Availity's website at www.availity.com.
900-2730-1211