Introduction

At Florida Blue Medicare, our mission is to help people and communities achieve better health. That's why it's important for you to know how we're committed to accomplishing this. The most important information about your health policy—including your rights, how we make important decisions and tips on how to make the most of your benefits—is highlighted here. Please take a few minutes now to read the following information, which is designed to help you better understand your plan. This information is available to you at any time upon your request. For specific benefits, coverage, and coinsurance information, please see your *Evidence of Coverage*.

Your Rights

In line with our mission, we extend the following list of rights to each and every Florida Blue Medicare member. You have the right to:

- Be informed about:
  - Florida Blue Medicare as a company
  - The products we offer and how they work
  - The doctors and providers in our network
  - Your rights and responsibilities as a member
- Be treated by doctors and providers who meet our credentialing standards
- Expect our network doctors and providers to:
  - Treat you without discrimination regardless of race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information or source of payment
  - Talk to you about all your treatment options regardless of cost or benefit coverage
  - Treat you as a partner who participates in major decisions about your health care
- Be treated courteously by Florida Blue Medicare
- Be treated with respect and recognition of your dignity and right to privacy
- Voice your complaints and appeal unfavorable medical or administrative decisions using the appeal or grievance procedures in your *Evidence of Coverage*
- Refuse treatment with the expectation that the provider will honor your decision
- Access your records and expect them to remain protected as outlined in the *Notice of Privacy Practices*
- Contact us anytime using the information on your ID card with comments, questions, observations or recommendations whether it's something you like about the plan or something you feel is a problem

Your Responsibilities

We can't truly fulfill our mission without a partnership with you. As a Florida Blue Medicare member, you will be responsible for:

- Seeing your primary care doctor (PCP) for all non-emergency care and working together with everyone involved in your care and treatment
- Respecting other people's rights, property, comfort, environment, privacy and not being disruptive
- Being actively involved in your health by:
  - Doing your best to understand your health problems and participating with your care team in developing mutually agreed-upon treatment goals
  - Committing to following the plans and instructions for care the best you can
  - Providing accurate and complete information about your health problems and medical history
- Paying copayments and non-covered services, and keeping your doctor updated on your enrollment status
- Following established procedures if you need to file a grievance or appeal
- Requesting your medical records in accordance with Florida Blue Medicare's rules and procedures and applicable law
- Following the Florida Blue Medicare's coverage access rules as outlined in your *Evidence of Coverage*
- Letting us know if you move

Your Confidentiality

We respect your privacy so we've designed policies and procedures to safeguard your personal information in all form - spoken, written and electronic. Refer to our *Notice of Privacy Practices*. If you need another copy, you may visit our website or call us at the number listed on the back of your member ID card.

How We Make Decisions About New Technology

We continually evaluate new medical advances to decide which ones can be added to your health care benefit package. Before we add them, we look to see that procedures and devices have been proven to be safe and effective by meeting certain criteria, among them:

- Approval by an appropriate regulatory agency, such as the U.S. Food and Drug Administration
- Scientific evidence of improved patient outcome when used in the usual medical setting, not just a research setting
- Benefit for patients that is equal to or better than that of established alternatives

During this process, we consult expert sources including published clinical studies from respected scientific journals and doctors from various medical specialty organizations.

Because we strive to cover only treatments that have been proven to be safe and effective for a particular disease or condition, Florida Blue Medicare does not cover experimental or investigational services until they have been validated and accepted by Medicare for coverage. Once Medicare begins to cover a new treatment, device or service, we must also cover it.

All About Primary Care Doctors

Why they're great

When you have an ongoing relationship with a primary care doctor (PCP), it gives them a chance to really get to know you and your health history. Then, when you need to visit a specialist, they can help you find one based on their knowledge of you and your specific health care needs. Primary care also usually costs you less money.

Helpful hints for meeting a new doctor

If you haven't already chosen a PCP, one will be assigned to you. You can call us or you can change your PCP online at any time: log in to www.floridablue.com/medicare and then click on Log In **.** Your PCP change will be effective on the first day of the following calendar month.

You don't have to wait until you are sick to meet your new doctor or care team. Schedule a wellness visit to go over your medical history, including past and current medications. During this visit:

- Share any special needs you may have, such as a language interpreter.
- Write down your questions and bring them to your next office visit. If you don't understand the answers, ask the doctor or nurse to explain in a different way.
- Work together to set goals physical, emotional, and social goals.
- Try to learn more about your health and how to improve it.

Finding Doctors

You can log in to our online provider directory to find a doctor who matches your needs:

- www.floridablue.com/medicare
- Member Resources
- Quick Links
- Find a Doctor

Both the online and hard-copy provider directory will give details about a doctor's specialties, phone numbers, addresses, languages spoken, and any age limits on patients. If you want to check their education, licensing credentials or board certification, you can click on each doctor's website through the online directory or call the Department of Health at 850-488- 0595.

Even if a doctor is listed in the directory, it's always a good idea to call their office and verify

they accept your plan before making an appointment.

To file a complaint or check the status of a disciplinary action against a doctor, call the Agency for Health Care Administration Information Center at 888-419-3456.

Quality Counts

Visit the Agency for Health Care Administration website to look up specific information about a provider, including number of surgeries performed in a particular hospital, whether they have medical insurance, and when they graduated from school.

The Centers for Medicare & Medicaid Services Hospital Compare website provides information on the quality of care for hospitals in your region and the treatments they provide for various medical conditions. The online provider directory provides links to hospitals listed in Hospital Compare.

Referrals and Authorizations

Do I need a referral for Specialist care?

You will need a referral from your PCP before you see most kinds of specialists who participate in your plan's network. Exceptions include the following network providers: Chiropractors, dentists, dermatologists, podiatrists, outpatient mental health and substance abuse providers, providers of routine vision and hearing services and gynecologists for routine and preventive health services. (For a complete list, please see your *Evidence of Coverage*) For all other specialists you must obtain a referral from your PCP.

Your PCP may consult with us regarding coverage or benefits and with the specialist in order to coordinate your care. This provides you with continuity of treatment by the physician who is most familiar with your medical history and who understands your total health profile.

Do I need a referral or prior authorization for a Hospital Inpatient Stay?

There may be times when your PCP will need to refer you to a contracted hospital or other facility for care. In these instances, the facility or your PCP's office will contact Florida Blue Medicare to obtain confirmation that these services have been authorized and approved before you receive care from the facility. Non-emergency/non-urgent care from most facilities that has not been authorized will not be covered.

Other services that might require a prior authorization include:

- Certain diabetic services and supplies;
- Skilled Nursing Facility care;
- Home Health care;
- Ambulance services, except in cases of emergency;
- Occupational/physical/speech therapy services;
- Certain types of durable medical equipment, prosthetics/orthotics and medical supplies.

For a complete list, see your *Evidence of Coverage.*

If you have questions about what services are covered under the authorization, such as the number of visits or days approved; the timeframe for these services; the facility listed; or the effective/expiration date for the authorization, please contact Member Services, or ask your PCP's office to explain.

Emergency Services and Care – What if I have an Emergency?

If you have a medical emergency:

- Get help as quickly as possible. Call 911 for help or go to the nearest emergency room or hospital. Call for an ambulance if you need it. You do not need to get approval or a referral first from your PCP.
- As soon as possible, make sure that our plan has been told about your emergency. We need to follow up on your emergency care. You or someone else should call to tell us about your emergency care, usually within 48 hours. Contact Member Services at the phone number listed on the back of your membership card. If you require emergency services and care as a result of an emergency medical condition, you will be required to pay only the copayment, coinsurance and/or deductible, if any, listed in your *Evidence of Coverage.*
- If you are admitted to the hospital as an inpatient at the time of the emergency room (ER) visit, your emergency room copay will be waived, but you will still be responsible for

your hospital copayment and any deductible.

- Follow-up care must be provided by your PCP or by a network specialist. If you are told you need follow-up care after your ER visit, be sure to contact your PCP first. Any follow-up care you receive from a doctor other than your PCP or a doctor to whom your PCP referred you may not be covered by your plan.
- If you go to an ER while you are out of your network service area, present your member ID card. Depending on the hospital's billing policy, the bill for emergency services and care will be sent directly to Florida Blue Medicare or to you. If you receive a bill for emergency services and care, send the unpaid bill to Florida Blue Medicare with an explanation regarding the nature of the emergency. You'll find our address on your member ID card. For ER copayment or coinsurance information, please refer to your *Evidence of Coverage*.
- Except for emergency transportation, your plan also covers emergency service outside of the United States and its territories. You may be required to pay 100% of the charges at the time of service then submit copies of your receipts for reimbursement consideration. Proof of payment, translations, and currency conversion will all be required with your claim submission. Benefit restriction apply to **Ambulance and other transportation services may not be covered outside of the US or its territories.**

Urgent Care Services

What do I do when my Doctor's Office Is Closed?

For non-critical but urgent care needs, you can reduce your out-of-pocket expenses and, in many cases, your wait time for care by using an urgent care center. All urgent care centers maintain extended weekday after normal business hours and weekend hours and are covered at the same cost-sharing regardless of whether they are in or out of network. Urgent care centers treat non-emergency conditions such as:

- Animal bites
- Cuts, scrapes and minor wounds
- Minor burns
- Minor eye irritations or infections
- Rash, poison ivy
- Sprains, strains, dislocations and minor fractures

For a list of Urgent Care Clinics in your network, go to the Find a Doctor link at www.floridablue.com/medicare.

Services for Disease Management/Complex Case Management

Florida Blue Medicare has Complex Case Management, Case Management and Disease Management services to help members, their families and caregivers with serious and long-term health problems. By finding problems early, we can better help with cost- effective, quality health care. The services are voluntary and offered at no additional cost, members can opt in or out at any time. When you have questions about health care services or treatments or need help figuring out the health care system, call 1-800-955-5692 and choose option #4.

Mental Health or Behavioral Health Services

Lucet administers mental and behavioral health benefits as specified in your plan contract. Their team includes psychiatrists, psychologists and licensed therapists. There are three ways to make an appointment with Lucet mental health professional:

- Call your PCP
- Choose a participating provider from our online provider directory
- Call Lucet directly at 1-866-287-9569, 24 hours a day, seven days a week

Lucet follows NCQA standards regarding your ability to reach a provider easily and to get an appointment in a timely manner. Their quality improvement committee continually addresses areas related to overall member satisfaction. For information about their quality improvement program, including a description of the program and a progress report on meeting its goals, call 1-866-287-9569. For TTY, call the Florida Relay Service at 1-800-955-8770.

How am I covered if I travel outside the State of Florida?

Plans provide emergency coverage and coverage for urgently needed care.

A medical emergency is when you, or any other prudent layperson with an average knowledge

of health and medicine, believe that you have medical symptoms that require immediate medical attention to prevent loss of life, loss of a limb, or loss of function of a limb. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse.

Urgently needed care is care provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care, when the plan's network of providers is temporarily unavailable or inaccessible.

You may be required to pay 100% of charges at the time services are rendered when received outside the United States and its territories. Claims may then be submitted for reimbursement.

Under Medicare Advantage rules, if members are absent from the service area for more than six months, they must be disenrolled.

How do I file a Claim?

Always show your member ID card when you receive health care services. When you receive covered medical services and use providers who contract with Florida Blue Medicare, you will not have to file any claim forms. Contracting providers have either already been paid for their services or will file claims for you.

If you receive emergency medical services and care from a provider who does not contract with Florida Blue Medicare, you may need to send copies of your bill and documentation of any payment you have made to Florida Blue Medicare at the address on your ID card. Please call Member Services first to determine whether or not a claim has been filed.

You must submit your claim to us within 12 months of the date you received the service, item, or drug.

How do I contact Member Services?

Call **1-800-926-6565**, TTY 1-800-955-8770, Hours: 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 through March 31, except for Thanksgiving and Christmas. From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday, except for major holidays.

Multi-language Interpreter Services

We have free interpreter services to answer any questions you may have about your plan. To reach an interpreter, just call us at 1-800-926-6565. Someone who speaks the language in which you need assistance can help you. This is a free service.

Making My Wishes Known – What if I'm incapacitated?

If you are incapacitated and cannot make decisions about your medical care, your wishes can be known if you have an advance directive. It ensures that your doctor, the health care facility and anyone else faced with making a decision about your medical treatment know what you would want. An advance directive is a witnessed oral or written statement that indicates your choices and preferences with respect to medical care. It preserves your right to accept or decline medical care even if you cannot speak for yourself. Below are examples:

- A living will
- A health care surrogate designation (a person who has limited decision making powers)
- A durable power of attorney for health care (a person becomes an attorney-in-fact and can make all decisions regarding your care)
- A do-not-resuscitate order

You may obtain information regarding advance directives from the following sources:

- Your physician or health care provider
- Your local hospital or skilled nursing facility
- The Agency for Health Care Administration (AHCA) website, www.ahca.MyFlorida.com provides downloadable information, forms and a wallet card

Provide a copy of your advance directive to family members and all your physicians so that it becomes part of your medical record. We also recommend keeping a copy in the glove compartment of your car. For more information, contact your Member Services representative,

physician or local hospital.

If you have complaints concerning noncompliance with the advance directive requirements, you may contact AHCA:

Agency for Health Care Administration
Subscriber Assistance Program
2727 Mahan Drive
Tallahassee, FL 32308

How does Florida Blue manage and protect my health care experience?

Utilization Management

Utilization Management (UM) is part of our benefits management process and currently includes activities such as authorizations, concurrent review, discharge planning, retrospective review and the Case Management program.

The authorization process is designed to review and record your inpatient hospital admissions and other services (e.g., outpatient services, office surgery, self-injectable medications, etc.) for medical appropriateness and coverage under your plan.

The concurrent review process is designed so nurses/concurrent review coordinators can evaluate and monitor your inpatient admission(s) throughout your stay.

Discharge planning is designed to provide your timely and appropriate discharge from the acute-care hospital setting to your home or an appropriate alternate facility.

Retrospective review is an evaluation of the medical appropriateness of care/services that you have already received.

Case Management is a voluntary program that may be made available to you by Florida Blue Medicare. if you have a catastrophic or chronic condition. For questions related to Utilization Management/Case Management, please call Member Services at the number on the back of your Member ID card.

Provider Financial Incentives Policy

We have the following policy on provider financial incentives. It is designed to assist practitioners, providers, employees and supervisors involved in, or who supervise those involved in, making coverage and benefit utilization management and/or utilization review decisions. Utilization management and/or utilization review decision making is based only on:

- The appropriateness of care and service (i.e., medical necessity) that are in effect at the time of service; and whether the item is covered by your Medicare plan.

Florida Blue Medicare is solely responsible for determining whether expenses incurred (or to be incurred) or medical care are (or would be) covered or paid under a contract or policy.

In fulfilling this responsibility, Florida Blue Medicare shall not be deemed to participate in or override the medical decisions of any member's practitioner or provider.

Florida Blue Medicare does not specifically reward practitioners or other individuals conducting utilization management and/or utilization review for issuing denials of coverage or benefits.

Financial incentives for utilization management and/or utilization review decision makers do not encourage decisions that result in underutilization. The intent is to minimize coverage and payment for unnecessary or inappropriate health care services, reduce waste in the application of medical resources and minimize inefficiencies that may lead to the artificial inflation of health care costs.

How do I contact Florida Blue Medicare if I have a problem or concern about my coverage?

Florida Blue Medicare has processes in place to address problems or concerns you may have about coverage under your plan, the payment decisions we make and the quality of care you receive. Chapter 2 of your *"Evidence of Coverage"* contains information on how to contact us to report a problem. Chapter 9 of the *"Evidence of Coverage"* provides detailed information about the processes you should use to report and resolve different types of problems and concerns.

Out-of-network/non-contracted providers are under no obligation to treat Florida Blue Medicare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services