

PREMERA BLUE CROSS

# 2024 Medicare Advantage Plans



PREMERA | 

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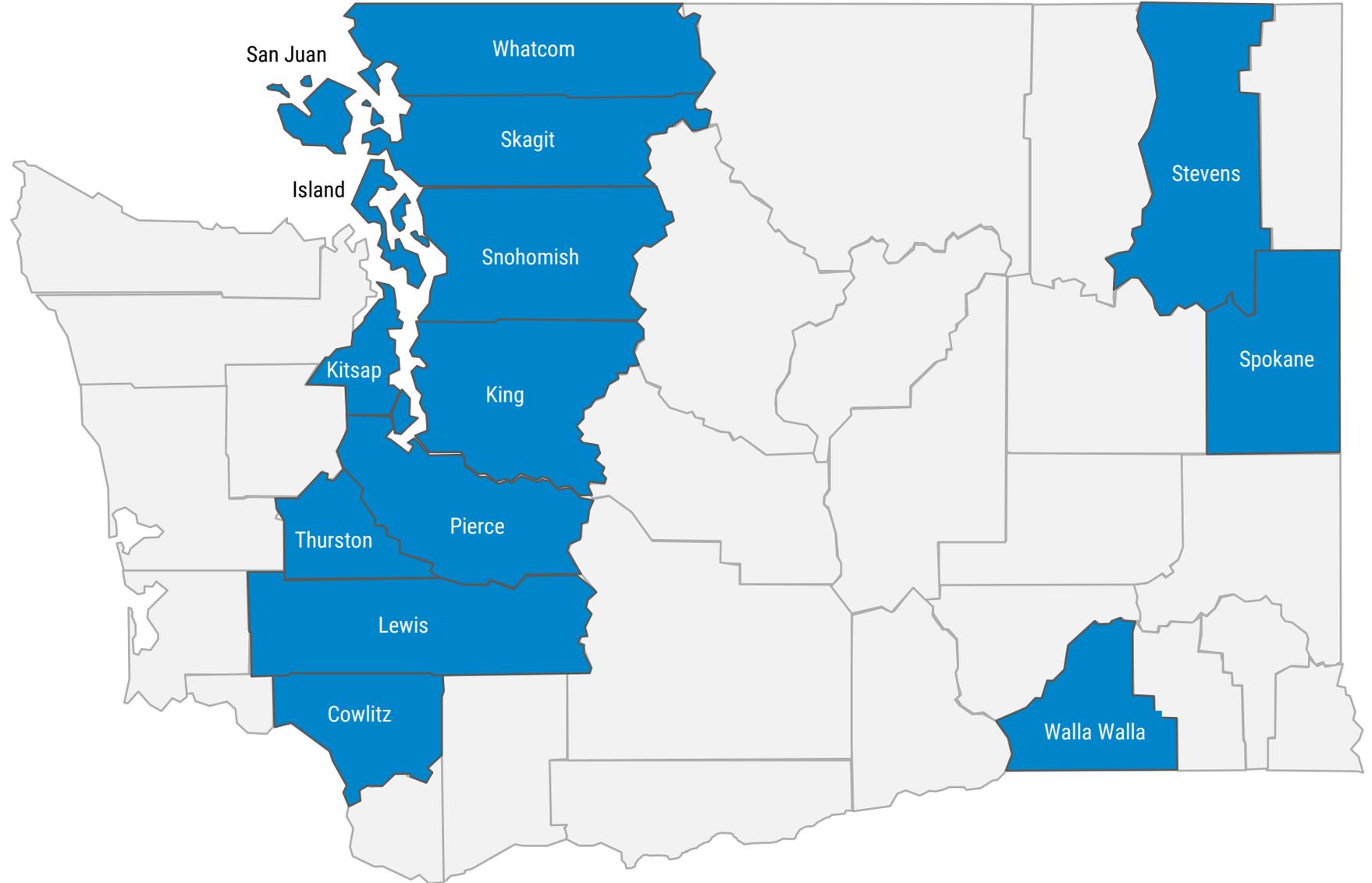
# Service area

## Eastern Washington

Spokane  
Stevens  
Walla Walla

## Western Washington

Cowlitz  
Island  
King  
Kitsap  
Lewis  
Pierce  
San Juan  
Skagit  
Snohomish  
Thurston  
Whatcom



# 2024 Premera Blue Cross Medicare Advantage plans

	*HMO \$0	*Classic HMO	Total Health HMO
<b>Premium</b>	<b>\$0</b>	<b>\$54</b>	<b>\$23</b>
Cowlitz, Island, King, Kitsap, Lewis, Pierce, San Juan, Skagit, Snohomish, Thurston, and Whatcom	✓	✓	
Walla Walla	✓	✓	✓
Spokane	✓		✓
Stevens			✓

# Alternative medicine benefits for 2024

	HMO \$0	Classic HMO, Total Health HMO
<b>Routine acupuncture services</b>	✓	✓
Number of allowed visits	6	10
Copays	\$20	\$20
<b>Routine chiropractic services</b>	✓	✓
Number of allowed visits	6	10
Copays	\$20	\$20
<b>Routine naturopathic services</b>	Not covered	✓
Number of allowed visits	N/A	6
Copays	N/A	\$30

# Medicare Advantage HMO plans

## All Premera MA plans are HMO plans this means:

- The primary care provider (PCP) is responsible for communicating and arranging care from specialists. Referrals to in-network providers don't need to be submitted to Premera.
- Referrals to out-of-network specialists will require submission to Premera for review and approval.
- Premera HMO plans require members to see in-network providers unless it's emergency care.

## Prior Authorizations

- A prior authorization is required for some non-emergent care services.
- Members who don't receive a prior authorization for some non-emergent services may be required to pay 100 percent of the costs.

# Check the member's ID card

- All Medicare Advantage cards have the ID prefix, ZNP.
- All contact phone numbers are on the back of the card.
- Member PCP and designated clinic are on the back of the card.
- The information for processing prescriptions is on the back right hand side of the card.

 <p><b>PREMERA</b>   </p> <p><b>BLUE CROSS</b></p> <p><small>An Independent Licensee of the Blue Cross Blue Shield Association</small></p>		<p>&lt;Name of specific plan&gt;</p>	
<p>Enrollee Name</p> <p><b>FIRST M LASTNAME JR</b></p>		<p>Plan &lt;H7245 XXX&gt;</p>	
<p>Enrollee ID</p> <p>Prefix <b>ZNP 123456789</b> PC 00</p> <p>Health Plan (80849) &lt;0000000000&gt;</p>		<p>Medical Network Medicare Advantage</p> <p>RXBIN: 004336 RXPCN: MEDDADV RXGRP: RX8644 RXID: 12345678900</p>	
<p>Group Number <b>12345</b></p>		<p>Issued: <b>MM/YYYY</b></p>	
<p>&lt;DENTAL, VISION, HEARING&gt;</p>		<p>MEDICARE ADVANTAGE <b>IHMO</b></p> <p><b>MedicareRx</b> Prescription Drug Coverage</p>	

<p>Members: <a href="http://www.premera.com/MA">www.premera.com/MA</a></p> 	
<p>Premera Blue Cross An Independent Licensee of the Blue Cross Blue Shield Association</p>	
<p>Use of this card is subject to terms of applicable contracts, conditions and use agreements.</p>	
<p>Providers outside of WA, local plan.</p>	
<p><b>Mail Provider claims to:</b></p> <p>Premera Blue Cross PO Box 91059 Seattle, WA 98111-9159</p>	
<p>&lt;first/last name&gt; &lt;Designated Clinic&gt;</p>	
<p><b>Customer Service: 888-850-8526</b> TTY/TDD: 711</p>	
<p>PCP: &lt;XXX-XXX-XXXX&gt;</p> <p>Mental health/substance abuse treatment: 844-884-1855</p> <p>Dental Inquiries: 888-850-8526</p> <p>Vision/Hearing Inquiries: 888-850-8526</p> <p>24/7 Nurseline: 855-339-8123</p> <p>Medical Authorizations: 855-339-8127</p> <p>Dental Provider Service: 855-612-7477</p> <p>Pharmacist Call: 866-693-4620</p>	

# Delegated providers

- Some provider groups are delegated to provide utilization and claims management services for our members.
- For patients who've selected a PCP associated with the following groups, it's important that you contact the group before providing services that require referral, authorization, or admission.

The following providers manage UM and claims for our Medicare Advantage members:

## Optum Care Network:

Polyclinic/The Everett Clinic/  
Western Washington Medical  
Group/Island/CHAS/Virginia  
Mason Franciscan Health

Physicians of Southwest  
Washington (PSW)

Seoul Medical Group

The name of the designated clinic is on the [back of the member ID card](#).

# Primary care provider (PCP) selection during enrollment

Members can specify their PCP choice on the enrollment application; if they don't:

- A member is auto assigned a PCP based on their home address.
- A letter is mailed to the member with the name of the PCP that was auto selected.
- The ID card will show the PCP that was auto selected.
- Members can call customer service and change their PCP at any time.

# Medicare Advantage PCP

- Members are required to select a PCP.
- Only in-network providers can be assigned as PCPs.
- If a member changes their PCP, that change will be effective on the first of the following month.
- The PCP is responsible for communicating and arranging care with specialists.

PCP types	
Geriatric physician	General practice
Internal medicine	Family practice
Pediatrician	ARNP or PA

# Identifying a member's PCP

- Look for the PCP name and designated clinic on the back of the member's card.
- Use the eligibility and benefits tool on the MA provider website.
- Use electronic 270/271 inquiry transactions.
- Call the customer service phone number on the back of the card.

# Contact information for Medicare Advantage

Department	Phone Number
Medicare Advantage homepage, Find A Doctor, and forms	800-722-9780
General information, member benefits, claims payment questions, pharmacy policy questions, drug list questions, and more	888-850-8526