


## 2024 Quick Reference Guide

Plan	Group Number	ID Prefix	Prior Authorization	Provider Contacts
BlueAdvantage (PPO) <sup>SM</sup>	116884	ZXD	1-800-924-7141	1-800-924-7141
BlueAdvantage Plus (PPO) <sup>SM</sup>	Varies	ZXG	1-800-924-7141	1-800-924-7141
BlueCare Plus (HMO D-SNP) <sup>SM</sup>	129884	ZEU	1-866-789-6314	1-800-299-1407
BlueCare Plus Choice (HMO D-SNP) <sup>SM</sup>	129884	ZEU	1-866-789-6314	1-800-299-1407
BlueCare Plus Select (HMO D-SNP) <sup>SM</sup>	129884	ZEU	1-866-789-6314	1-800-299-1407
BlueElite <sup>SM</sup> Medicare Supplement	123776	ZEH	Not Applicable	1-800-924-7141

### BlueAdvantage Plus



BlueAdvantage Plus

Subscriber ID: \_\_\_\_\_

Medicare Contract # H7917-801


**MA** **PPO**  
MEDICARE ADVANTAGE

Group No. xxxxxx

RXBIN 004336  
RXPCN MEDDADV  
RXGRP RX76AE  
Issuer 80840

Copayments:  
Office Visit \$xx  
Specialist Visit \$xx  
ER Visit \$xx  
Vision \$xx

MedicareRx  
Prescription Drug Coverage



BlueAdvantage Plus

Subscriber ID: \_\_\_\_\_

Medicare Contract # H7917-802

**MA** **PPO**  
MEDICARE ADVANTAGE


Group No. xxxxxx

RXBIN 004336  
RXPCN MEDDADV  
RXGRP RX76AE  
Issuer 80840

Copayments:  
Office Visit \$xx  
Specialist Visit \$xx  
ER Visit \$xx  
Vision \$xx

MedicareRx  
Prescription Drug Coverage

### BlueAdvantage PPO



BlueAdvantage xxxxxxxx

MEDICAL / DENTAL

Subscriber ID: \_\_\_\_\_

Medicare Contract # H7917-xxx

**MA** **PPO**  
MEDICARE ADVANTAGE

Group No. xxxxxxxx


RXBIN 004336  
RXPCN MEDDADV  
RXGRP RX76AA  
Issuer 80840

Copayments:  
Office Visit \$xx  
Specialist Visit \$xx  
ER Visit \$xx  
Vision \$xx

Primary Care Provider (PCP) \_\_\_\_\_

MedicareRx  
Prescription Drug Coverage

### BlueAdvantage PPO Freedom



BlueAdvantage Freedom

MEDICAL / DENTAL

Subscriber ID: \_\_\_\_\_

Medicare Contract # H7917-039

**MA** **PPO**  
MEDICARE ADVANTAGE


Group No. xxxxxx

Issuer 80840

Copayments:  
Office Visit \$xx  
Specialist Visit \$xx  
ER Visit \$xx  
Vision \$xx

Primary Care Provider (PCP) \_\_\_\_\_

### Group 44 BlueAdvantage



BlueAdvantage

Subscriber ID: \_\_\_\_\_

Medicare Contract # H7917-801

**MA** **PPO**  
MEDICARE ADVANTAGE

Group No. xxxxxxxx



RXBIN 004336  
RXPCN MEDDADV  
RXGRP RX76AE  
Issuer 80840

Copayments:  
Office Visit \$xx  
Specialist Visit \$xx  
ER Visit \$xx


MedicareRx  
Prescription Drug Coverage

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## BlueCare Plus

	
<b>CHRIS B HALL</b>	
Subscriber ID: <b>ABCD12345678</b>	Medicare Contract # H3259-001
Group No. 129884	<b>Copayments:</b> Office Visit \$xx Specialist Visit \$xx ER Visit \$xx Hospital Stay \$xx
<b>RXBIN</b> 004336 <b>RXPCN</b> MEDDADV <b>RXGRP</b> RX76AD <b>Issuer</b> 80840	

## BlueCare Plus Choice

	
<b>BlueCare Plus Choice</b>	
Subscriber ID:	Medicare Contract # H3259-002
Group No. 129884	<b>Copayments:</b> Office Visit \$xx Specialist Visit \$xx ER Visit \$xx Hospital Stay \$xx
<b>RXBIN</b> 004336 <b>RXPCN</b> MEDDADV <b>RXGRP</b> RX76AD <b>Issuer</b> 80840	

## BlueCare Plus Select

	
<b>BlueCare Plus Select</b>	
Subscriber ID: <b>ABCD12345678</b>	Medicare Contract # H3259-003
Group No. 129884	<b>Copayments:</b> Office Visit \$0 Specialist Visit \$0 ER Visit \$0 Hospital Stay \$0
<b>RXBIN</b> 004336 <b>RXPCN</b> MEDDADV <b>RXGRP</b> RX76AD <b>Issuer</b> 80840	

## 2024 Prior Authorization List

### BlueAdvantage

<b>Acupuncture</b>
<b>Ambulance</b>
Non-Emergency Transportation (such as transport to a routine doctor's office visit or dialysis)
<b>Diabetes Supplies and Services</b>
Diabetes Monitoring Supplies
Diabetes Self-Management Training
<b>Diagnostic Tests, Lab and Advanced Radiology Services</b>
Advanced Imaging Services (such as MRIs, CT, PET scans)
Diagnostic Tests and Procedures (such as radiation therapy, genetic testing, cardiac echo includes but not limited to proton beam therapy and all genetic testing)
Non-routine Lab Services (including genetic testing, out-of-network lab services)
Therapeutic Radiology Services

### BlueAdvantage (cont.)

<b>Radiation Therapy</b>
Proton Beam Therapy (proton radiotherapy, proton beam)
Selective interventional radiology and standard radiation treatment
<b>Durable Medical Equipment</b>
All purchases greater than \$500 and all rentals (including oxygen equipment)
<b>Home Health Care</b>
Home Infusion Therapy
Skilled Nursing Visits and Skilled Therapies (Occupational, Physical or Speech services provided in the home)
<b>Acute and Sub-Acute Inpatient Services</b>
Acute Inpatient Admission
Inpatient Rehab, Long-Term Acute Care and Skilled Nursing Facility Admissions

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## BlueAdvantage (cont.)

### Certain Medicare Part B Drugs and Certain Part D Prescription Medications

(see authorization list and formulary on Provider web page)

### Mental Health Care

Inpatient Services

Outpatient Group Therapy Visits

Outpatient Individual Therapy Visits

### Prosthetic Devices

Required for orthotics and prosthetics purchases greater than \$200

### Opioid Treatment Program Services

### Outpatient Rehabilitation and Chiropractic Care

Phase II Cardiac and Pulmonary Rehab Services

Occupational Therapy, Physical Therapy and Speech Therapy Visits

### Outpatient Surgery (all potential cosmetic/ investigational)

Ambulatory Surgical Center (for specific procedures, sleep studies)

Outpatient Hospital (for specific procedures)

### Supervised Exercise Therapy (SET)

### Transplant Services

Solid Organ, Bone Marrow, Stem Cell and Cornea

## BlueCare Plus

### Acupuncture

### Ambulance

Non-Emergency Transportation (such as transport to a routine doctor's office visit or dialysis)

### Diabetes Supplies and Services

Diabetes Monitoring Supplies

Diabetes Self-Management Training

### Diagnostic Tests, Lab and Advanced Radiology Services

Advanced Imaging Services (such as MRIs, CT, PET scans)

Diagnostic Tests and Procedures (such as radiation therapy, genetic testing, cardiac echo includes but not limited to proton beam therapy and all genetic testing)

Non-routine Lab Services (including genetic testing, out-of-network lab services)

Therapeutic Radiology Services

### Radiation Therapy

Proton Beam Therapy (proton radiotherapy, proton beam)

Selective interventional radiology and standard radiation treatment

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## BlueCare Plus (cont.)

### Durable Medical Equipment

All purchases greater than \$500 and all rentals (including oxygen equipment)

### Home Health Care

Home Infusion Therapy

Home Health Service to include all therapies, nursing visits, and psychiatric visits

### Acute and Sub-Acute Initial Inpatient Services

Acute Inpatient Admission

Non-emergent out-of-network services

Inpatient Rehab, Long-Term Acute Care and Skilled Nursing Facility Admissions

### Certain Medicare Part B Drugs and Certain Part D Prescription Medications (see authorization list and formulary on Provider web page)

### Mental Health Care

Inpatient Services

Outpatient Services

## BlueCare Plus (cont.)

### Prosthetic Devices

Required for orthotics and prosthetics purchases greater than \$200

### Outpatient Rehabilitation and Chiropractic Care

Occupational Therapy, Physical Therapy and Speech Therapy Visits

### Outpatient Surgery (all potential cosmetic/ investigational)

Ambulatory Surgical Center (for specific procedures, sleep studies)

Outpatient Hospital (for specific procedures)

### Transplant Services

Solid Organ, Bone Marrow, Stem Cell and Cornea

### Notes:

Observation stays require notification from the provider to facilitate discharge planning and care management referrals.

Please check Availability for the most up to date information or contact Provider Services.