



BlueMedicare MyTime Plus

Effective January 1, 2017 Florida Blue is offering to its members a BlueMedicare MyTime Plus medical plans with embedded dental benefits for individuals in Miami-Dade, Broward and Orange counties. Florida Combined Life will administer the dental benefits for this new plan, and because of your participation in the BlueDental Copayment PPO network you will be a participating provider for the BlueMedicare MyTime Plus plan and will now have access to its members.

This plans covers a limited number of services in network at 100% of the BlueDental Copayment maximum allowable charge with a \$0 in network copayment to the member, it also covers a limited number of services at a member fixed copayment with a \$1000 maximum benefit per year for additional services. Any services not covered by the member's plan may be billed at the provider's usual and customary charge, this does not include procedures denied due to frequency. There is no Out of Network coverage.

Florida Blue 		BlueMedicare HMO	
HMO		MyTime Plus (HMO)	
		Medicare Advantage	
Member Name <J J Test>	Member Number <XH1H45678910>	Primary Care Provider: <Dr. First Name M. Last Name>	RxBIN <012833>
Group Number <9999616501>	Printed Date: <MMDDYYYY>	RxPCN <MedDPrime>	RxGrp <H1026>
		Issuer <80840>	
		MedicareRx Prescription Drug Coverage  <CMS H1026 061>	

<BlueMedicareFL.com>



Florida Blue 
HMO

This card is for identification only and is non-transferable. It does not automatically guarantee eligibility for benefits or create any legal obligations. Consult your Evidence of Coverage for complete benefit information.

Participating Providers: Some services require authorization and/or pre-certification. Contact Florida Blue HMO. Authorization not required for emergency or urgent services.

Out of State Providers: Submit all claims to the BCBS Plan Licensee serving your area.
Pharmacies: For helpful information, visit <BlueMedicareFL.com>

Member Services	<1-800-926-6565>
Member Services	<TTY 1-800-955-8770>
Outside of Area	<1-800-810-BLUE (2583)>
Provider Services	<1-800-727-2227>
Rx Help Desk*	<1-888-877-6420>
Dental Services*	<1-888-223-4892>
Vision Services	<1-800-496-1388>

*Not a BlueCross BlueShield service

Health Claims: <PO Box 1798 Jacksonville, FL 32231>
Rx Claims: <PO Box 25136 Lehigh Valley, PA 18002-5136>

HMO coverage is offered by Health Options, Inc., DBA Florida Blue HMO, an affiliate of Blue Cross and Blue Shield of Florida Inc. These companies are independent licensees of the Blue Cross and Blue Shield Association.

Benefits for

BlueMedicare MyTime Plus HMO

Covered Services

\$1,000 maximum benefit per year for additional dental services. Out of Network - Not Covered

Preventive Services	In-Network	Out-of-Network
Annual Examination (D0120) - up to 1 per year	\$0 Copay	Not Covered
Cleaning (D1110) - 1 every six months	\$0 Copay	Not Covered
Scaling and Root Planing per quadrant(D4341, D4342)	\$55 Copay	Not Covered
Full Mouth Debridement (D4355)	\$20 Copay	Not Covered
Periodontal Maintenance (D4910)	\$10 Copay	Not Covered
Bitewing X-rays (D0272, D0273, D0274, D0277) 1 set every six months	\$0 Copay	Not Covered
Full Mouth X-rays (D0210 or D0330) - 1 set every 12 months	\$0 Copay	Not Covered
BASIC		
Simple Extraction (D7140) -3 per year (for an erupted tooth or exposed tooth)	\$35 Copay	Not Covered
Surgical Extraction (D7210, D7220, D7230, D7240, D7250, D7251)	\$75 Copay	Not Covered
Complete Maxillary Denture (D5110, Including routine post-delivery care) 1 every 5 years	\$195 Copay	Not Covered
Complete Mandibular Denture (D5120, Including routine post-delivery care) 1 every 5 years	\$195 Copay	Not Covered
Maxillary Partial Denture (D5211, D5213)	\$195 Copay	Not Covered
Mandibular Partial Denture (D5212, D5214)	\$195 Copay	Not Covered
Crown (D2710,D2740,D2750,D2751, D2752,D2790,D2791,D2792) 1 every 12 months	\$195 Copay	Not Covered
Re-cement Crown (D2920)	\$10 Copay	Not Covered
Sedative Filling (D2940)	\$10 Copay	Not Covered
Amalgam Restoration (D2140, D2150 D2160, D2161) 4 per year	\$20 Copay	Not Covered
Resin based Composite Restoration D2330,D2331,D2332,D2335,D2391, D2392,D32393,D2394 including posterior) 4 per	\$20 Copay	Not Covered
Denture or Partial Adjustment (D5410, D5411, D5421 or D5422) - up to 2 per year	\$0 Copay	Not Covered
Denture Repairs (D5610, D5620,D5630)	\$25 Copay	Not Covered
Denture Relines (D5730,D5731,D5740,D5741,D5750,D5751,D5760, D5761) 1 per year-not covered within 6 months of initial denture placement.	\$25 Copay	Not Covered

Blue Medicare Preferred HMO(C-SNP): Duval, Clay, Manatee, Sarasota and Pinellas Counties
Plan Numbers: H2758-002, H2758-004, H2758-005, H2758-006, H2758-007