



SALES NEWS

Florida Blue 
Your local Blue Cross Blue Shield

October 2, 2023
A23-115431

Change to vision provider network for Medicare Advantage members (Updated 12.13.23)

Sales Audience: Medicare

Summary

Beginning January 1, 2024, Premier Eye Care will be the new routine vendor for vision benefits for all Florida Blue Medicare plans. Our current vision provider, iCare, will no longer provide vision benefits for Medicare plans. Routine vision covers a comprehensive routine eye exam, diabetic retinal exam, glaucoma screening, and eyewear allowance. **Update: We've included links to member letters that will mail next week notifying members of the change to their vision provider.**

Details

We anticipate that most iCare providers will be contracted with Premier, but for those members or prospects that want to know what routine vision providers, **as a reminder, will be in-network starting January 1, 2024, a banner will appear on the member, visitor, and SalesConnect websites, either on the main page of the site or in the vision provider sites starting October 1.** This banner will read:

IMPORTANT: *Our Medicare routine vision network is changing to Premier on January 1, 2024. The majority of our current providers will remain in-network. To find a Premier in-network provider, use the link below. Select **Search by Health Plan**, choose **Florida Blue Medicare**, and enter your ZIP code.*

The link will take the members/prospects to the Premier provider lookup tool.

Premier Eye Care can be reached at 1-866-434-0015. This number will also be provided on the back of the member's ID cards. Premier provider network can be found at PremierEyeCare.net.

Member impact

Effective January 1, 2024, members will need to use the Premier provider network for their routine vision benefits. Members will be receiving a new Florida Blue ID card in December with Premier's customer service number on the back in case they need assistance with their routine vision benefits for 2024.

Member outreach

Members will also be receiving a letter notifying them of this change. **The letter is set to appear in mailboxes by December 16.** Links to the sample member letters are below:

- [English](#)
- [Spanish](#)
- [Creole](#)

Continued on Next Page

Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association. The information contained in this document may be confidential and intended solely for the use of the individual or entity to whom it is addressed. This document may contain material that is privileged or protected from disclosure under applicable law. If you are not the intended recipient or the individual responsible for delivering to the intended recipient, please (1) be advised that any use, dissemination, forwarding, or copying of this document IS STRICTLY PROHIBITED; and (2) notify sender immediately and destroy the document.

Next Steps

Review the information in this article so that you are prepared to answer questions from members and groups.

<Month day, year>

<insert member name>
<insert member address>
<insert member city, state ZIP>

**Important information about your
vision plan's (routine) provider
network.**

Your Health Plan: <health plan name>

Dear <insert member name>:

There are upcoming changes to your vision plan's provider network. As of <term date>, Dr. <insert provider and/or group name> may no longer be part of your plan's network.

What this means to you

- Your vision coverage and benefits have not changed, but this provider could now be considered out-of-network. Please keep in mind, you may pay a higher cost share or not have coverage for out-of-network services, depending on your plan.
- To find another provider in your plan, visit **www.PremierEyeCare.net** and click **Find a Provider** in the top right corner. Select **Search by Health Plan**, select **Florida Blue Medicare** and search providers by your zip code. You can also call Premier Eye Care Customer Service at 1-866-434-0015. (TTY:711).
- If you are currently undergoing treatment, please talk to your optometrist to discuss the options available to complete the treatment.

Important: If you receive services from Dr. <insert provider and/or group name> **after** <insert date of physician's termination>, they will be covered as out-of-network services or may not be covered if your plan does not cover out-of-network services.

We're here for you

If you have questions or need more information about your Florida Blue Medicare plan, call Florida Blue Medicare Member Services at 1-800-926-6565. TTY users should call 1-800-955-8770. Our team is available seven days a week from October 1 – March 31, from 8 a.m. – 8 p.m. ET, except for Thanksgiving and Christmas. From April 1 – September 30, we're available 8 a.m. – 8 p.m. ET, Monday – Friday, except on major holidays.

Sincerely,
Your Customer Service Team

<Month day, year>

<insert member name>
<insert member address>
<insert member city, state ZIP>

**Información importante sobre la
red de proveedores de su plan
para la vista (de rutina).**

Su plan de salud: <health plan name>

Estimado/a <insert member name>:

Pronto habrán cambios en la red de proveedores de su plan de la vista. Es posible que a partir del <fecha plazo>, el/la Dr(a). <insert provider and/or group name> ya no forme parte de la red de su plan.

¿Qué significa esto para usted?

- La cobertura y los beneficios de su seguro de la vista no han cambiado, pero este proveedor podría considerarse ahora fuera de la red. Tenga en cuenta que, dependiendo de su plan, podría tener que pagar un costo compartido más alto o podría ser que no tenga cobertura para los servicios prestados fuera de la red.
- Para encontrar otro proveedor dentro de su plan, visite www.PremierEyeCare.net y haga clic en **Find a Provider (Encontrar un proveedor)** en la esquina superior derecha. Seleccione **Search by Health Plan (Buscar por plan de salud)**, seleccione **Florida Blue Medicare** y busque proveedores según su código postal. También puede llamar al Centro de atención al cliente de Premier Eye Care al 1-866-434-0015. (TTY: 711).
- Si actualmente está en tratamiento, hable con su optometrista para que le explique las opciones disponibles para completar el tratamiento.

Importante: Si recibe servicios por parte del(la) Dr(a). <insert provider and/or group name> **después** del <insert date of physician's termination>, estarán cubiertos como servicios fuera de la red o podrían no estar cubiertos si su plan no cubre servicios fuera de la red.

Estamos aquí para ayudarle

Si tiene alguna pregunta o necesita más información sobre su plan Florida Blue Medicare, llame a Servicios para el Miembro de Florida Blue Medicare al 1-800-926-6565. Los usuarios de TTY deberán llamar al 1-877-955-8773. Nuestro equipo está disponible los siete días de la semana del 1 de octubre al 31 de marzo, de 8:00 a.m. a 8:00 p.m. hora del Este, excepto el día de Acción de Gracias y el día de Navidad. Del 1 de abril al 30 de septiembre, estamos disponibles de lunes a viernes, de 8:00 a.m. a 8:00 p.m. hora del Este, excepto los días feriados principales.

Atentamente,
Su equipo de atención al cliente

Florida Blue y Florida Blue Medicare son Licenciatarías Independientes de Blue Cross and Blue Shield Association. Florida Blue es el nombre comercial de Blue Cross and Blue Shield of Florida Inc. Premier Eye Care es una empresa independiente que ofrece servicios de de la vista a los miembros de Florida Blue. © 2023 Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue. Todos los derechos reservados.

Esta es una traducción de su original en inglés. La versión en inglés prevalecerá.
Y0011_115565S 2023_C

<Month day, year>

<insert member name>
<insert member address>
<insert member city, state ZIP>

**Kèk enfòmasyon enpòtan sou rezo
pwofesyonèl ak etablisman sante
(woutin) ki nan plan vizyon w.**

Plan sante w: <health plan name>

Chè <insert member name>:

Genyen kèk chanjman ki pral fèt talè konsa nan rezo pwofesyonèl ak etablisman sante plan vizyon w. Apati <term date>, Dr. <insert provider and/or group name> ka pa fè pati rezo plan w lan ankò.

Ki konsekans sa genyen pou ou

- Plan ak prestasyon vizyon w pa chanje, men li posib pou pwofesyonèl sante sa a pa nan rezo a ankò. Pa bliye, ou ka gen pou peye yon depans pataje ki pi wo oswa plan an ka pa peye pou sèviz ou resevwa deyò rezo a, selon plan w.
- Pou jwenn yon lòt pwofesyonèl sante nan plan w, ale sou **www.PremierEyeCare.net** epi klike sou **Find a Provider** nan kwen ki anwo adwat la. Chwazi **Search by Health Plan**, chwazi **Florida Blue Medicare** epi chèche pwofesyonèl sante yo nan kòd postal ou. Osinon, ou ka rele ekip sèvis kliyan Premier Eye Care a nan 1-866-434-0015. (TTY: 711).
- Si w ap resevwa yon tretman kounye a, tanpri pale sou sa avèk optometris ou pou konnen ki opsyon ki disponib pou w fini tretman an.

Enpòtan: Si w resevwa sèvis nan men Dr. <insert provider and/or group name> **apre** <insert date of physician's termination>, plan an ap peye pou yo menm jan ak tout lòt sèvis ki deyò rezo a oswa plan an pa p peye pou yo ditou si plan w pa peye pou okenn sèvis deyò rezo a.

Nou la pou ou

Si w gen kesyon oswa si w bezwen plis enfòmasyon sou plan Florida Blue Medicare w, rele ekip sèvis pou manm Florida Blue Medicare a nan 1-800-926-6565. Nimewo TTY pou moun ki pa tande byen yo se 1-800-955-8770. Ekip nou an disponib sèt jou sou sèt ant 1^{ye} oktòb ak 31 mas, soti 8 è nan maten rive 8 è diswa nan lè ET, sof nan jou Thanksgiving ak nan jou Nwèl. Ant 1^{ye} avril ak 30 septanm, nou disponib soti 8 è nan maten rive 8 è diswa nan lè ET, lendi pou vandredi, sof nan jou ferye ki pi enpòtan yo.

Tanpri resevwa salitasyon nou.
Ekip sèvis kliyan w

Florida Blue ak Florida Blue Medicare se konpayi ki endepandan ki jwenn lisans nan men Blue Cross and Blue Shield Association. Florida Blue se non biznis Blue Cross and Blue Shield of Florida Inc. Premier Eye Care se yon konpayi ki endepandan ki bay manm Florida Blue yo sèvis swen je. © 2023 Blue Cross and Blue Shield of Florida, Inc. ki fonksyone sou non Florida Blue. Tout dwa rezève.