

2019 Summary of Benefits

Medicare Advantage Plans with Part D Prescription Drug Coverage

FHCP Medicare Rx Plus (HMO-POS) H1035-002

FHCP Medicare Rx (HMO) H1035-006

FHCP Medicare Rx Savings (HMO) H1035-014

January 1, 2019 – December 31, 2019

The plan's service area includes:

Flagler and Volusia Counties

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage." You may also view the "Evidence of Coverage" for these plans on our website, www.fhcpmedicare.com. The Evidence of Coverage includes a complete list of services we cover.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as FHCP Medicare Rx Plus (HMO-POS), FHCP Medicare Rx (HMO) and FHCP Medicare Rx Savings (HMO)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what FHCP Medicare Rx Plus (HMO-POS), FHCP Medicare Rx (HMO) and FHCP Medicare Rx Savings (HMO) covers and what you pay.

- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About FHCP Medicare Rx Plus (HMO-POS), FHCP Medicare Rx (HMO) and FHCP Medicare Rx Savings (HMO)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available for free in other language. Please call us at 1-855-462-3427. (TTY users should call 1-800-955-8770.) Hours are 8:00 a.m. – 8:00 p.m. local time, seven days a week from October 1 – March 31, except for Thanksgiving and Christmas. From April 1 to September 30, we are open Monday – Friday, 8:00 a.m. – 8:00 p.m., local time.

Things to Know About FHCP Medicare Rx Plus (HMO-POS), FHCP Medicare Rx (HMO) and FHCP Medicare Rx Savings (HMO)

Hours of Operation

- From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. local time.
- From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. local time.

FHCP Medicare Rx Plus (HMO-POS), FHCP Medicare Rx (HMO) and FHCP Medicare Rx Savings (HMO) Phone Numbers and Website

- If you are a member of this plan, call us at 1-833-866-6559, TTY: 1-800-955-8770.
- If you are not a member of this plan, call us at 1-855-462-3427, TTY: 1-800-955-8770.
- Our website: www.fhcpmedicare.com

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Who can join?

To join FHCP Medicare Rx Plus (HMO-POS), FHCP Medicare Rx (HMO) and FHCP Medicare Rx Savings (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Florida: **Flagler and Volusia**.

Which doctors, hospitals, and pharmacies can I use?

FHCP Medicare Rx (HMO) and FHCP Medicare Rx Savings (HMO) have a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

FHCP Medicare Rx Plus (HMO-POS) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services. However, our Optional Point of Service benefit allows you to get care from providers not in our network, as long as they are Medicare participating.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these preferred pharmacies.

You can see our plan's provider and pharmacy directories at our website (www.fhcpmedicare.com).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

- Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- Our plan members also get *more than what* is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some other drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.fhcpmedicare.com.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Deductible, Initial Coverage, Coverage Gap and Catastrophic Coverage.

**If you have any questions about this plan's benefits or costs, please contact
FHCP Medicare for details.**

SECTION II - SUMMARY OF BENEFITS

**FHCP Medicare Rx Plus
(HMO-POS)**

**FHCP Medicare Rx
(HMO)**

**FHCP Medicare Rx
Savings (HMO)**

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

<p>How much is the monthly premium?</p>	<p>\$44 per month. In addition, you must keep paying your Medicare Part B premium.</p>	<p>You do not pay a separate monthly plan premium. You must continue to pay your Medicare Part B premium.</p>	<p>You do not pay a separate monthly plan premium. You must continue to pay your Medicare Part B premium.</p> <p>FHCP Medicare will reduce your Medicare Part B premium by up to \$100.</p>
<p>How much is the deductible?</p>	<p>This plan does not have a deductible.</p>	<p>\$300 per year. Applies only to Part D drugs in Tier 3, Tier 4 and Tier 5.</p>	<p>\$400 per year. Applies only to Part D drugs in Tier 3, Tier 4 and Tier 5.</p>
<p>Is there any limit on how much I will pay for my covered services?</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$4700 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Note: Amounts you pay for Part D drugs and dental, hearing and vision services not covered under Medicare Part A or Part B do not count toward your out-of-pocket maximum.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6700 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Note: Amounts you pay for Part D drugs and dental, hearing and vision services not covered under Medicare Part A or Part B do not count toward your out-of-pocket maximum.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6700 for services you receive from in-network providers. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Note: Amounts you pay for Part D drugs and dental, hearing and vision services not covered under Medicare Part A or Part B do not count toward your out-of-pocket maximum.</p>

SECTION II - SUMMARY OF BENEFITS

	FHCP Medicare Rx Plus (HMO-POS)	FHCP Medicare Rx (HMO)	FHCP Medicare Rx Savings (HMO)
COVERED MEDICAL AND HOSPITAL BENEFITS			
Inpatient Hospital Care	<p><i>Authorization is required for non-emergency Inpatient Hospital stays</i></p> <ul style="list-style-type: none"> • Days 1-6: \$290 Copay per day. • Days 7-90: \$0 Copay per day. • \$0 Copay for additional hospital days. <p>A deductible and/or other cost-sharing is charged for each inpatient stay.</p>	<p><i>Authorization is required for non-emergency Inpatient Hospital stays</i></p> <ul style="list-style-type: none"> • Days 1-6: \$310 Copay per day. • Days 7-90: \$0 Copay per day. • \$0 Copay for additional hospital days. <p>A deductible and/or other cost-sharing is charged for each inpatient stay.</p>	<p><i>Authorization is required for non-emergency Inpatient Hospital stays</i></p> <ul style="list-style-type: none"> • Days 1-4: \$460 Copay per day. • Days 5-90: \$0 Copay per day. • \$0 Copay for additional hospital days. <p>A deductible and/or other cost-sharing is charged for each inpatient stay.</p>
Outpatient Hospital Care	<p><i>Authorization may be required for Medicare-covered Outpatient Hospital Care</i></p> <p>Medicare-covered Outpatient Hospital Services and Medicare-covered Observation Services - \$200 Copay per visit.</p>	<p><i>Authorization may be required for Medicare-covered Outpatient Hospital Care</i></p> <p>Medicare-covered Outpatient Hospital Services and Medicare-covered Observation Services - \$250 Copay per visit.</p>	<p><i>Authorization may be required for Medicare-covered Outpatient Hospital Care</i></p> <p>Medicare-covered Outpatient Hospital Services and Medicare-covered Observation Services - \$350 Copay per visit.</p>
Doctor's Office Visits	<p>Primary care physician visit: \$0 Copay.</p> <p><i>Authorization is required for most Specialist visits</i> Specialist visit: \$30 Copay.</p> <ul style="list-style-type: none"> • A copay will apply for No-show Specialist visits 	<p>Primary care physician visit: \$0 Copay.</p> <p><i>Authorization is required for most Specialist visits</i> Specialist visit: \$40 Copay.</p> <ul style="list-style-type: none"> • A copay will apply for No-show Specialist visits 	<p>Primary care physician visit: \$20 Copay.</p> <ul style="list-style-type: none"> • A copay will apply for no-show Primary Care physician visits <p><i>Authorization is required for most Specialist visits</i> Specialist visit: \$50 Copay.</p> <ul style="list-style-type: none"> • A copay will apply for No-show PCP and Specialist visits
Preventive Care	<p>You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by</p>	<p>You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by</p>	<p>You pay nothing for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by</p>

SECTION II - SUMMARY OF BENEFITS

	FHCP Medicare Rx Plus (HMO-POS)	FHCP Medicare Rx (HMO)	FHCP Medicare Rx Savings (HMO)
Preventive Care, continued	Medicare during the contract year will be covered.	Medicare during the contract year will be covered.	Medicare during the contract year will be covered.
Emergency Care	<p>If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care.</p> <p>\$90 Copay.</p> <p>Worldwide coverage.</p>	<p>If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care.</p> <p>\$90 Copay.</p> <p>Worldwide coverage.</p>	<p>If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care.</p> <p>\$90 Copay.</p> <p>Worldwide coverage.</p>
Urgently Needed Services	<p>Medicare Covered Urgently Needed Services</p> <ul style="list-style-type: none"> • \$0 Copay per visit an at FHCP Extended Hours Care Center • \$30 Copay per visit at an Urgent Care Center. <p>Worldwide coverage.</p>	<p>Medicare Covered Urgently Needed Services</p> <ul style="list-style-type: none"> • \$0 Copay per visit an at FHCP Extended Hours Care Center • \$40 Copay per visit at an Urgent Care Center. <p>Worldwide coverage.</p>	<p>Medicare Covered Urgently Needed Services</p> <ul style="list-style-type: none"> • \$20 Copay per visit an at FHCP Extended Hours Care Center • \$50 Copay per visit at an Urgent Care Center. <p>Worldwide coverage.</p>
Diagnostic Services/Labs/Imaging	<p><i>Authorization may be required for certain services</i></p> <ul style="list-style-type: none"> • Diagnostic radiology services (CT Scans, MRIs, PET Scans, Nuclear Scans): \$10 - \$200 Copay. • Diagnostic tests and procedures: \$0 – \$175 Copay. • Lab services: \$0 Copay. • Outpatient x-rays: \$10 - \$50 Copay. • Therapeutic radiology services (such as radiation treatment for cancer): \$10 - \$50 Copay 	<p><i>Authorization may be required for certain services</i></p> <ul style="list-style-type: none"> • Diagnostic radiology services (CT Scans, MRIs, PET Scans, Nuclear Scans): \$10 - \$200 Copay. • Diagnostic tests and procedures: \$0 – \$175 Copay. • Lab services: \$0 Copay. • Outpatient x-rays: \$10 - \$50 Copay. • Therapeutic radiology services (such as radiation treatment for cancer): \$10 - \$50 Copay 	<p><i>Authorization may be required for certain services</i></p> <ul style="list-style-type: none"> • Diagnostic radiology services (CT Scans, MRIs, PET Scans, Nuclear Scans): \$10 - \$200 Copay. • Diagnostic tests and procedures: \$0 – \$300 Copay. • Lab services: \$0 Copay. • Outpatient x-rays: \$10 - \$50 Copay. • Therapeutic radiology services (such as radiation treatment for cancer): \$10 - \$50 Copay

SECTION II - SUMMARY OF BENEFITS

	FHCP Medicare Rx Plus (HMO-POS)	FHCP Medicare Rx (HMO)	FHCP Medicare Rx Savings (HMO)
Hearing Services	<p>Medicare-Covered Hearing Services</p> <p>Exam to diagnose and treat hearing and balance issues: \$30 Copay.</p> <p>Additional Hearing Services</p> <ul style="list-style-type: none"> • Routine hearing exam (1 per year): \$0 Copay. • Up to 2 hearing aids per year for <ul style="list-style-type: none"> - Standard Digital - \$610 per aid - Advanced Digital - \$1,630 – \$3,355 Copay per aid • \$0 Copay for evaluation and fitting of hearing aids within the first 30 day trial period • \$25 Copay for evaluation and fitting of hearing aids after the 30 day trial has ended. 	<p>Medicare-Covered Hearing Services</p> <p>Exam to diagnose and treat hearing and balance issues: \$40 Copay.</p> <p>Additional Hearing Services</p> <ul style="list-style-type: none"> • Routine hearing exam (1 per year): \$0 Copay. • Up to 2 hearing aids per year for <ul style="list-style-type: none"> - Standard Digital - \$610 per aid - Advanced Digital - \$1,630 – \$3,355 Copay per aid • \$0 Copay for evaluation and fitting of hearing aids within the first 30 day trial period • \$25 Copay for evaluation and fitting of hearing aids after the 30 day trial has ended. 	<p>Medicare-Covered Hearing Services</p> <p>Exam to diagnose and treat hearing and balance issues: \$50 Copay.</p> <p>Additional Hearing Services</p> <ul style="list-style-type: none"> • Routine hearing exam (1 per year): \$0 Copay. • Up to 2 hearing aids per year for <ul style="list-style-type: none"> - Standard Digital - \$610 per aid - Advanced Digital - \$1,630 – \$3,355 Copay per aid • \$0 Copay for evaluation and fitting of hearing aids within the first 30 day trial period • \$25 Copay for evaluation and fitting of hearing aids after the 30 day trial has ended.
Dental Services	<p><i>Prior authorization is required for Medicare-covered comprehensive dental services.</i></p> <p>Limited Medicare-covered Dental Services only (include: Extraction of teeth to prepare jaw for radiation treatment of neoplastic disease; Dental exams prior to kidney transplantation; and Certain non-routine dental services rendered in a hospital when incidental to a Medicare-covered service): \$30 Copay.</p>	<p><i>Prior authorization is required for Medicare-covered comprehensive dental services.</i></p> <p>Limited Medicare-covered Dental Services only (include: Extraction of teeth to prepare jaw for radiation treatment of neoplastic disease; Dental exams prior to kidney transplantation; and Certain non-routine dental services rendered in a hospital when incidental to a Medicare-covered service): \$40 Copay.</p>	<p><i>Prior authorization is required for Medicare-covered comprehensive dental services.</i></p> <p>Limited Medicare-covered Dental Services only (include: Extraction of teeth to prepare jaw for radiation treatment of neoplastic disease; Dental exams prior to kidney transplantation; and Certain non-routine dental services rendered in a hospital when incidental to a Medicare-covered service): \$50 Copay.</p>

SECTION II - SUMMARY OF BENEFITS

	FHCP Medicare Rx Plus (HMO-POS)	FHCP Medicare Rx (HMO)	FHCP Medicare Rx Savings (HMO)
Dental Services, continued	Additional Dental Services: (cleanings, oral exams, and X-rays): \$0 Copay.	Additional Dental Services: Not Covered	Additional Dental Services Not Covered
Vision Services	<p>Medicare-Covered Vision Services</p> <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): <ul style="list-style-type: none"> - \$15 Copay when performed by an Optometrist - \$30 Copay when performed by an Ophthalmologist • One pair of eyeglasses or contact lenses after each cataract surgery: \$0 Copay <p>Additional Vision Services</p> <ul style="list-style-type: none"> • Routine eye exam (1 every year): \$15 Copay. • Plan pays up to \$90 every two years toward the purchase of eyeglasses (lenses and frames) from a participating Optometrist. 	<p>Medicare-Covered Vision Services</p> <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): <ul style="list-style-type: none"> - \$15 Copay when performed by an Optometrist - \$40 Copay when performed by an Ophthalmologist • One pair of eyeglasses or contact lenses after each cataract surgery: \$0 Copay <p>Additional Vision Services</p> <ul style="list-style-type: none"> • Routine eye exam (1 every year): \$15 Copay. • Plan pays up to \$90 every two years toward the purchase of eyeglasses (lenses and frames) from a participating Optometrist. 	<p>Medicare-Covered Vision Services</p> <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): <ul style="list-style-type: none"> - \$50 Copay when performed by an Optometrist - \$50 Copay when performed by an Ophthalmologist • One pair of eyeglasses or contact lenses after each cataract surgery: \$0 Copay <p>Additional Vision Services</p> <ul style="list-style-type: none"> • Routine vision services are not covered.
Mental Health Care	<p>Inpatient Mental Health Care</p> <p><i>Authorization is required for non-emergency inpatient mental health care.</i></p> <ul style="list-style-type: none"> • Days 1-5: \$290 Copay per day. • Days 6-90: \$0 Copay. 	<p>Inpatient Mental Health Care</p> <p><i>Authorization is required for non-emergency inpatient mental health care.</i></p> <ul style="list-style-type: none"> • Days 1-5: \$310 Copay per day. • Days 6-90: \$0 Copay. 	<p>Inpatient Mental Health Care</p> <p><i>Authorization is required for non-emergency inpatient mental health care.</i></p> <ul style="list-style-type: none"> • .Days 1-4: \$410 Copay per day. • Days 5-90: \$0 Copay.

SECTION II - SUMMARY OF BENEFITS

	FHCP Medicare Rx Plus (HMO-POS)	FHCP Medicare Rx (HMO)	FHCP Medicare Rx Savings (HMO)
Mental Health Care, continued	<p>A deductible and/or other cost-sharing is charged for each inpatient stay.</p> <p>Outpatient Mental Health Care</p> <p>Individual or Group therapy visits: \$30 Copay.</p>	<p>A deductible and/or other cost-sharing is charged for each inpatient stay.</p> <p>Outpatient Mental Health Care</p> <p>Individual or Group therapy visits: \$40 Copay.</p>	<p>A deductible and/or other cost-sharing is charged for each inpatient stay.</p> <p>Outpatient Mental Health Care</p> <p>Individual or Group therapy visits: \$40 Copay.</p>
Skilled Nursing Facility (SNF)	<p><i>Authorization is required for SNF stays.</i></p> <p>No prior hospital stay required. When admitted to a Skilled Nursing Facility (SNF), you're covered as defined by Original Medicare guidelines. FHCP Medicare does not cover custodial care. FHCP Medicare follows Original Medicare guidelines in determining authorization and benefit period for SNF services.</p> <p>Our plan covers up to 100 days in a SNF per benefit period.</p> <ul style="list-style-type: none"> • Days 1-20: \$0 Copay per day per benefit period. • Days 21-100: \$172 Copay per day per benefit period. 	<p><i>Authorization is required for SNF stays.</i></p> <p>No prior hospital stay required. When admitted to a Skilled Nursing Facility (SNF), you're covered as defined by Original Medicare guidelines. FHCP Medicare does not cover custodial care. FHCP Medicare follows Original Medicare guidelines in determining authorization and benefit period for SNF services.</p> <p>Our plan covers up to 100 days in a SNF per benefit period.</p> <ul style="list-style-type: none"> • Days 1-20: \$0 Copay per day per benefit period. • Days 21-100: \$172 Copay per day per benefit period. 	<p><i>Authorization is required for SNF stays.</i></p> <p>No prior hospital stay required. When admitted to a Skilled Nursing Facility (SNF), you're covered as defined by Original Medicare guidelines. FHCP Medicare does not cover custodial care. FHCP Medicare follows Original Medicare guidelines in determining authorization and benefit period for SNF services.</p> <p>Our plan covers up to 100 days in a SNF per benefit period.</p> <ul style="list-style-type: none"> • Days 1-20: \$0 Copay per day per benefit period. • Days 21-100: \$172 Copay per day per benefit period.
Physical Therapy	Physical therapy: \$20 Copay per visit	Physical therapy: \$30 Copay per visit	Physical therapy: \$40 Copay per visit
Ambulance	<p>\$175 Copay for each Medicare-covered trip (one way)</p> <p>Worldwide coverage.</p>	<p>\$225 Copay for each Medicare-covered trip (one way)</p> <p>Worldwide coverage.</p>	<p>\$300 Copay for each Medicare-covered trip (one way)</p> <p>Worldwide coverage.</p>

SECTION II - SUMMARY OF BENEFITS

	FHCP Medicare Rx Plus (HMO-POS)	FHCP Medicare Rx (HMO)	FHCP Medicare Rx Savings (HMO)
Transportation (Routine)	<p><i>Authorization is required for non-emergency transportation to a plan approved location for health related purposes only.</i></p> <p>\$0 Copay for one-way trips (unlimited)</p>	<p><i>Authorization is required for non-emergency transportation to a plan approved location for health related purposes only.</i></p> <p>\$0 Copay for one-way trips (unlimited)</p>	<p><i>Authorization is required for non-emergency transportation to a plan approved location for health related purposes only.</i></p> <p>\$0 Copay for one-way trips (unlimited)</p>
Medicare Part B Drugs	<p><i>Prior Authorization and/or Step Therapy may be required for Medicare Part B-covered prescription drugs</i></p> <p>20% coinsurance for chemotherapy drugs and other Part B drugs</p> <p>Medicare Part B drugs when administered in a dialysis center require a 20% coinsurance.</p> <p>Part B drugs are available at FHCP Medicare's In-network preferred retail pharmacies only, up to a 31-day supply, OR when administered by an in-network physician or an out-of-network physician.</p>	<p><i>Prior Authorization and/or Step Therapy may be required for Medicare Part B-covered prescription drugs</i></p> <p>20% coinsurance for chemotherapy drugs and other Part B drugs</p> <p>Medicare Part B drugs when administered in a dialysis center require a 20% coinsurance.</p> <p>Part B drugs are available at FHCP Medicare's In-network preferred retail pharmacies only, up to a 31-day supply, OR when administered by an in-network physician or an out-of-network physician.</p>	<p><i>Prior Authorization and/or Step Therapy may be required for Medicare Part B-covered prescription drugs</i></p> <p>20% coinsurance for chemotherapy drugs and other Part B drugs</p> <p>Medicare Part B drugs when administered in a dialysis center require a 20% coinsurance.</p> <p>Part B drugs are available at FHCP Medicare's In-network preferred retail pharmacies only, up to a 31-day supply, OR when administered by an in-network physician or an out-of-network physician.</p>
PRESCRIPTION DRUG BENEFITS			
Deductible	This plan does not have a deductible.	<p>\$300 per year</p> <p>Applies to the following Tiers:</p> <ul style="list-style-type: none"> • Tier 3 – Preferred Brand • Tier 4 – Non-Preferred Brand • Tier 5 - Special Tier 	<p>\$400 per year</p> <p>Applies to the following Tiers:</p> <ul style="list-style-type: none"> • Tier 3 – Preferred Brand • Tier 4 – Non-Preferred Brand • Tier 5 - Special Tier
Initial Coverage	You begin in this stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of	During this stage, the plan pays its share of the cost of your Tier 1 and Tier 2 drugs and you pay your share of the cost.	During this stage, the plan pays its share of the cost of your Tier 1 and Tier 2 drugs and you pay your share of the cost.

SECTION II - SUMMARY OF BENEFITS

	FHCP Medicare Rx Plus (HMO-POS)	FHCP Medicare Rx (HMO)	FHCP Medicare Rx Savings (HMO)
Initial Coverage, continued	<p>your drugs and you pay your share of the cost.</p> <p>You remain in this stage until your total yearly drug costs (total drug costs paid by you <i>and</i> any Part D plan) reach \$3,820.</p> <p>You may get your drugs at Standard retail, Preferred retail pharmacies and mail order pharmacies.</p>	<p>After you (or others on your behalf) have met your Tier 3, Tier 4 and Tier 5 deductible, the plan pays its share of the costs of your Tier 3, Tier 4 and Tier 5 drugs and you pay your share.</p> <p>You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$3,820.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies</p>	<p>After you (or others on your behalf) have met your Tier 3, Tier 4 and Tier 5 deductible, the plan pays its share of the costs of your Tier 3, Tier 4 and Tier 5 drugs and you pay your share.</p> <p>You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$3,820.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies</p>
	Preferred Retail Cost-Sharing	Preferred Retail Cost-Sharing	Preferred Retail Cost-Sharing
Tier	One-month supply	One-month supply	One-month supply
Tier 1 (Preferred Generic)	\$0 Copay	\$2 Copay	\$4 Copay
Tier 2 (Generic)	\$4 Copay	\$7 Copay	\$10 Copay
Tier 3 (Preferred Brand)	\$42 Copay	\$44 Copay	\$45 Copay
Tier 4 (Non-Preferred Brand)	\$92 Copay	\$95 Copay	\$98 Copay
Tier 5 (Specialty Tier)	33% Coinsurance	26% Coinsurance	25% Coinsurance
	Preferred Retail Cost-Sharing	Preferred Retail Cost-Sharing	Preferred Retail Cost-Sharing
Tier	Three-month supply	Three-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 Copay	\$6 Copay	\$12 Copay
Tier 2 (Generic)	\$12 Copay	\$21 Copay	\$30 Copay
Tier 3 (Preferred Brand)	\$126 Copay	\$132 Copay	\$135 Copay
Tier 4 (Non-Preferred Brand)	\$276 Copay	\$285 Copay	\$294 Copay
Tier 5 (Specialty Tier)	Not Applicable	Not Applicable	Not Applicable

SECTION II - SUMMARY OF BENEFITS

	FHCP Medicare Rx Plus (HMO-POS)	FHCP Medicare Rx (HMO)	FHCP Medicare Rx Savings (HMO)
	Standard Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Retail Cost-Sharing
Tier	One-month supply	One-month supply	One-month supply
Tier 1 (Preferred Generic)	\$17 Copay	\$17 Copay	\$17 Copay
Tier 2 (Generic)	\$20 Copay	\$20 Copay	\$20 Copay
Tier 3 (Preferred Brand)	\$47 Copay	\$47 Copay	\$47 Copay
Tier 4 (Non-Preferred Brand)	\$100 Copay	\$100 Copay	\$100 Copay
Tier 5 (Specialty Tier)	33% Coinsurance	26% Coinsurance	25% Coinsurance
	Standard Retail Cost-Sharing	Standard Retail Cost-Sharing	Standard Retail Cost-Sharing
Tier	Three-month supply	Three-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$51 Copay	\$51 Copay	\$51 Copay
Tier 2 (Generic)	\$60 Copay	\$60 Copay	\$60 Copay
Tier 3 (Preferred Brand)	\$141 Copay	\$141 Copay	\$141 Copay
Tier 4 (Non-Preferred Brand)	\$300 Copay	\$300 Copay	\$300 Copay
Tier 5 (Specialty Tier)	Not Applicable	Not Applicable	Not Applicable
	Mail Order	Mail Order	Mail Order
Tier	Three-month supply	Three-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 Copay	\$3 Copay	\$9 Copay
Tier 2 (Generic)	\$9 Copay	\$18 Copay	\$27 Copay
Tier 3 (Preferred Brand)	\$123 Copay	\$129 Copay	\$132 Copay
Tier 4 (Non-Preferred Brand)	\$273 Copay	\$282 Copay	\$291 Copay
Tier 5 (Specialty Tier)	Not Applicable	Not Applicable	Not Applicable
Initial Coverage	<p>Your cost-sharing may be different if you use a Long Term Care pharmacy, a home infusion pharmacy, or an out-of-network pharmacy. Please call us or see the plan's "Evidence of Coverage" on our website (www.fhcpmedicare.com) for complete information about your costs for covered drugs.</p> <p>If you request and the plan approves a formulary exception, you will pay Tier 4: Non-Preferred Brand Drug cost sharing.</p>	<p>Your cost-sharing may be different if you use a Long Term Care pharmacy, a home infusion pharmacy, or an out-of-network pharmacy. Please call us or see the plan's "Evidence of Coverage" on our website (www.fhcpmedicare.com) for complete information about your costs for covered drugs.</p> <p>If you request and the plan approves a formulary exception, you will pay Tier 4: Non-Preferred Brand Drug cost sharing.</p>	<p>Your cost-sharing may be different if you use a Long Term Care pharmacy, a home infusion pharmacy, or an out-of-network pharmacy. Please call us or see the plan's "Evidence of Coverage" on our website (www.fhcpmedicare.com) for complete information about your costs for covered drugs.</p> <p>If you request and the plan approves a formulary exception, you will pay Tier 4: Non-Preferred Brand Drug cost sharing.</p>

SECTION II - SUMMARY OF BENEFITS

	FHCP Medicare Rx Plus (HMO-POS)	FHCP Medicare Rx (HMO)	FHCP Medicare Rx Savings (HMO)
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The Coverage Gap Stage begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,820.</p> <p>During the Coverage Gap Stage:</p> <ul style="list-style-type: none"> You pay the same copays that you paid in the Initial Coverage Stage for drugs in Tier 1 (Preferred Generic) and Tier 2 (Generic) – or 37% of the cost, whichever is lower. For brand-name drugs, you pay 25% of the cost (plus a portion of the dispensing fee). <p>You stay in this stage until your year-to-date "out-of-pocket" costs reach a total of \$5,100.</p>	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The Coverage Gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,820.</p> <p>During the Coverage Gap Stage, you pay:</p> <ul style="list-style-type: none"> 25% of the plan's cost for covered brand name drugs; and 37% of the plan's cost for covered generic drugs <p>You stay in this stage until your year-to-date "out-of-pocket" costs reach a total \$5,100.</p>	<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The Coverage Gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,820.</p> <p>During the Coverage Gap Stage, you pay:</p> <ul style="list-style-type: none"> 25% of the plan's cost for covered brand name drugs; and 37% of the plan's cost for covered generic drugs <p>You stay in this stage until your year-to-date "out-of-pocket" costs reach a total \$5,100.</p>
Catastrophic Amount	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:</p> <ul style="list-style-type: none"> \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copayment for all other drugs, or 5% of the cost. 	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:</p> <ul style="list-style-type: none"> \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copayment for all other drugs, or 5% of the cost. 	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:</p> <ul style="list-style-type: none"> \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copayment for all other drugs, or 5% of the cost.

SECTION II - SUMMARY OF BENEFITS

	FHCP Medicare Rx Plus (HMO-POS)	FHCP Medicare Rx (HMO)	FHCP Medicare Rx Savings (HMO)
ADDITIONAL MEDICAL BENEFITS			
Wellness Programs	<p>Preferred Fitness Program</p> <ul style="list-style-type: none"> • \$0 copay per visit <p>Telemedicine</p> <ul style="list-style-type: none"> • Primary Care: \$10 copay per visit • Psychologist: \$30 copay per visit 	<p>Preferred Fitness Program</p> <ul style="list-style-type: none"> • \$0 copay per visit <p>Telemedicine</p> <ul style="list-style-type: none"> • Primary Care: \$10 copay per visit • Psychologist: \$30 copay per visit 	<p>Preferred Fitness Program</p> <ul style="list-style-type: none"> • \$0 copay per visit <p>Telemedicine</p> <ul style="list-style-type: none"> • Primary Care: \$10 copay per visit • Psychologist: \$30 copay per visit
OPTIONAL SUPPLEMENTAL BENEFITS <i>(YOU MUST PAY AN ADDITIONAL PREMIUM EACH MONTH FOR THESE BENEFITS)</i>			
<p>Premium and Other Important Information</p> <p>The Optional Point of Service (POS) benefit is “Open Access” meaning you do not need a referral if you need specialized treatment.</p> <p>The Optional POS benefit is limited to contract HMO participating providers or facilities AND Medicare participating providers and facilities outside of FHCP Medicare’s network.</p>	<p>Optional Point of Service Benefit</p> <p>\$114 (\$70 monthly premium plus your \$44 monthly plan premium) in addition to your monthly Medicare Part B premium</p>		
<p>Maximum Out-of-Pocket responsibility (out-of-network)</p>	\$8,000 Annually	Not Covered	Not Covered
<p>Inpatient Hospital Acute (out-of-network)</p>	<ul style="list-style-type: none"> ➤ \$300 copay (days 1-6) ➤ \$0 copay per day beginning on day 7 		
<p>Inpatient Psychiatric Hospital (out-of-network)</p>	<ul style="list-style-type: none"> ➤ \$300 copay (days 1-5) ➤ \$0 copay per day beginning on day 6 		
<p>Skilled Nursing Facility (out-of-network)</p>	<ul style="list-style-type: none"> ➤ \$175 copay (days 1-58) ➤ \$0 copay (for days 59-100) 		

SECTION II - SUMMARY OF BENEFITS

	FHCP Medicare Rx Plus (HMO-POS)	FHCP Medicare Rx (HMO)	FHCP Medicare Rx Savings (HMO)
Group 1 (out-of-network) Service categories include: ➤ Home Health Services ➤ All Outpatient Procedures/Tests, Lab & Radiology Services, and X-rays ➤ Outpatient Hospital Services, including Surgery and Observation Services ➤ Durable Medical Equipment ➤ Prosthetics/Medical Supplies ➤ Diabetic Supplies/Services ➤ Medicare Part B Drugs ➤ Preventive Services	20% coinsurance NOTE: Coinsurance is based on the Medicare Fee Schedule in effect at the time of service. Under this benefit you pay the following for Medicare-covered services.	Not Covered	Not Covered
Group 2 (out-of-network) Service categories include: ➤ Primary Care or Specialty physicians ➤ Outpatient Rehab (Cardiac, Pulmonary, Occupational, Physical & Speech-Language Pathology Therapy) ➤ Podiatry ➤ Chiropractic ➤ Mental Health ➤ Outpatient Substance Abuse ➤ Comprehensive Dental	\$40 copay		

FHCP Medicare is an HMO plan with a Medicare contract. Enrollment in FHCP Medicare depends on contract renewal.

This information is not a complete description of benefits. Call our Service Center at 1-855-462-3427 (TTY user call <1-800-955-8770) for more information.

FHCP Medicare's pharmacy network includes limited lower-cost, preferred pharmacies in Brevard, Flagler, Seminole, St. Johns and Volusia counties, Florida. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-833-866-6559 (TTY user call 1-800-955-8770) or consult the online pharmacy directory at www.fhcpmedicare.com.

HMO coverage is offered by Health Options, Inc., DBA FHCP Medicare, an affiliate of Florida Blue.