

# Benefits at-a-Glance

Brevard & Seminole Counties

## Plan Costs



	FHCP Medicare <b>Premier Plus</b> H1035-011	FHCP Medicare <b>Premier Advantage</b> H1035-040
How much is the monthly premium?	<b>\$0</b> You must continue to pay your Medicare Part B premium.	<b>\$20</b> You must continue to pay your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	<b>\$4,900</b> for services you receive from in-network providers.	<b>\$3,400</b> for services you receive from in-network providers.

## Medical & Hospital Benefits



Doctor's Office Visits	<b>\$0 copay</b> Primary Care Physician <b>\$20 copay</b> Specialist	<b>\$0 copay</b> Primary Care Physician <b>\$15 copay</b> Specialist
Preventive Care	<b>\$0 copay</b>	<b>\$0 copay</b>
Inpatient Hospital Care	Days 1-7: <b>\$270 copay</b> per day After the 7 <sup>th</sup> day the plan pays 100% of covered expenses.	Days 1-5: <b>\$205 copay</b> per day After the 5 <sup>th</sup> day the plan pays 100% of covered expenses.
Outpatient Hospital	<b>\$200 copay</b>	<b>\$150 copay</b>
Outpatient Surgery	<b>\$150 copay</b> in an Ambulatory Surgical Center <b>\$200 copay</b> in an Outpatient Hospital Facility	<b>\$75 copay</b> in an Ambulatory Surgical Center <b>\$150 copay</b> in an Outpatient Hospital Facility
Urgently Needed Services	<b>\$20 copay</b> at an Urgent Care Center	<b>\$10 copay</b> at an Urgent Care Center
Emergency Room	<b>\$90 copay</b>	<b>\$120 copay</b>
Ambulance	<b>\$295 copay</b>	<b>\$265 copay</b>

## Additional Benefits



Hearing Services	<b>\$0 copay</b> for routine hearing exam. Hearing aid coverage. <sup>1</sup>	<b>\$0 copay</b> for routine hearing exam. Hearing aid coverage. <sup>1</sup>
Dental Services	<b>\$0 copay</b> for cleanings and other services. <sup>1</sup>	<b>\$0 copay</b> for cleanings and other services. <sup>1</sup>
Vision Services	<b>\$15 copay</b> for annual routine eye exam. Allowance for purchase of eyeglasses. <sup>1</sup>	<b>\$0 copay</b> for annual routine eye exam. Allowance for purchase of eyeglasses. <sup>1</sup>


## Additional Benefits (continued)

<b>Fitness Gym Membership</b>	Preferred Fitness Program	Preferred Fitness Program
<b>Over-the-Counter Items</b>	Not Covered	<b>\$75</b> quarterly allowance
<b>Transportation</b>	<b>\$0 copay</b> for 6 one-way trips annually for medically necessary non-emergency transportation to a plan approved location.	<b>\$0 copay</b> for 6 one-way trips annually for medically necessary non-emergency transportation to a plan approved location.

<sup>1</sup> See Summary of Benefits for more details

## Part D Prescription Drug Benefits

### What you pay at a Preferred Pharmacy for a 31-day Supply



<b>Tier 1</b> (Preferred Generic)	<b>\$0 copay</b>	<b>\$0 copay</b>
<b>Tier 2</b> (Generic)	<b>\$7 copay</b>	<b>\$5 copay</b>
<b>Tier 3</b> (Preferred Brand)	<b>\$45 copay</b>	<b>\$44 copay</b>
<b>Tier 4</b> (Non-Preferred Brand)	<b>\$98 copay</b>	<b>\$95 copay</b>
<b>Tier 5</b> (Specialty Tier)	<b>33% coinsurance</b>	<b>33% coinsurance</b>

### What you pay at a FHCP Mail Order Pharmacy for a 93-day supply

<b>Tier 1</b> (Preferred Generic)	<b>\$0 copay</b>	<b>\$0 copay</b>
<b>Tier 2</b> (Generic)	<b>\$18 copay</b>	<b>\$12 copay</b>
<b>Tier 3</b> (Preferred Brand)	<b>\$132 copay</b>	<b>\$129 copay</b>
<b>Tier 4</b> (Non-Preferred Brand)	<b>\$291 copay</b>	<b>\$282 copay</b>
<b>Tier 5</b> (Specialty Tier)	Not Applicable	Not Applicable

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