

# Benefits at-a-Glance

Flagler & Volusia Counties

Plan Costs	FHCP Medicare <b>Rx Plus</b> H1035-002	FHCP Medicare <b>Rx</b> H1035-006	FHCP Medicare <b>Rx Savings</b> H1035-014
How much is the monthly premium?	<b>\$44</b> You must continue to pay your Medicare Part B premium.	<b>\$0</b> You must continue to pay your Medicare Part B premium.	<b>\$0</b> You must continue to pay your Medicare Part B premium. <b>FHCP Medicare will reduce your Medicare Part B premium by up to \$100</b>
How much is the deductible?	This plan does not have a deductible.	This plan does not have a deductible for medical services and supplies. Part D prescription drugs: <b>\$295</b> per year. Applies to Tiers 3, 4 and 5.	This plan does not have a deductible for medical services and supplies. Part D prescription drugs: <b>\$395</b> per year. Applies to Tiers 3, 4 and 5.
Is there any limit on how much I will pay for my covered services?	<b>\$4,700</b> for services you receive from in-network providers.	<b>\$6,700</b> for services you receive from in-network providers.	<b>\$6,700</b> for services you receive from in-network providers.

## Medical & Hospital Benefits

Doctor's Office Visits	<b>\$0 copay</b> Primary Care Physician <b>\$30 copay</b> Specialist	<b>\$0 copay</b> Primary Care Physician <b>\$40 copay</b> Specialist	<b>\$20 copay</b> Primary Care Physician <b>\$50 copay</b> Specialist
Preventive Care	<b>\$0 copay</b>	<b>\$0 copay</b>	<b>\$0 copay</b>
Inpatient Hospital Care	Days 1-6: <b>\$295 copay</b> per day After the 6 <sup>th</sup> day the plan pays 100% of covered expenses.	Days 1-6: <b>\$315 copay</b> per day After the 6 <sup>th</sup> day the plan pays 100% of covered expenses.	Days 1-4: <b>\$490 copay</b> per day After the 4 <sup>th</sup> day the plan pays 100% of covered expenses.
Outpatient Hospital	<b>\$200 copay</b>	<b>\$250 copay</b>	<b>\$400 copay</b>
Outpatient Surgery	<b>\$150 copay</b> in an Ambulatory Surgical Center <b>\$200 copay</b> in an Outpatient Hospital Facility	<b>\$200 copay</b> in an Ambulatory Surgical Center <b>\$250 copay</b> in an Outpatient Hospital Facility	<b>\$300 copay</b> in an Ambulatory Surgical Center <b>\$400 copay</b> in an Outpatient Hospital Facility

## Medical & Hospital Benefits continued

<b>Urgently Needed Services</b>	<b>\$0 copay</b> at a FHCP Extended Hours Care Center <b>\$30 copay</b> at an Urgent Care Center	<b>\$0 copay</b> at a FHCP Extended Hours Care Center <b>\$40 copay</b> at an Urgent Care Center	<b>\$20 copay</b> at a FHCP Extended Hours Care Center <b>\$50 copay</b> at an Urgent Care Center
<b>Emergency Room</b>	<b>\$90 copay</b>	<b>\$90 copay</b>	<b>\$90 copay</b>
<b>Ambulance</b>	<b>\$175 copay</b>	<b>\$225 copay</b>	<b>\$300 copay</b>

## Additional Benefits

<b>Hearing Services</b>	<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>	<b>\$0 copay</b> for routine hearing exam. Hearing aid coverage. <sup>1</sup>
<b>Dental Services</b>	<b>\$0 copay</b> for cleanings and other services. <sup>1</sup>	Not Covered	Not Covered
<b>Vision Services</b>	<b>\$15 copay</b> for annual routine eye exam. Allowance for purchase of eyeglasses. <sup>1</sup>	<b>\$15 copay</b> for annual routine eye exam. Allowance for purchase of eyeglasses. <sup>1</sup>	Not Covered
<b>Fitness Gym Membership</b>	Preferred Fitness Program	Preferred Fitness Program	Preferred Fitness Program
<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.	<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>\$4 copay</b>
<b>Tier 2</b> (Generic)	<b>\$3 copay</b>	<b>\$7 copay</b>	<b>\$10 copay</b>
<b>Tier 3</b> (Preferred Brand)	<b>\$42 copay</b>	Deductible then <b>\$44 copay</b>	Deductible then <b>\$45 copay</b>
<b>Tier 4</b> (Non-Preferred Brand)	<b>\$92 copay</b>	Deductible then <b>\$95 copay</b>	Deductible then <b>\$98 copay</b>
<b>Tier 5</b> (Specialty Tier)	<b>33% coinsurance</b>	Deductible then <b>26% coinsurance</b>	Deductible then <b>25% coinsurance</b>

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## Part D Prescription Drug Benefits continued

### 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>\$9 copay</b>
<b>Tier 2</b> (Generic)	<b>\$6 copay</b>	<b>\$18 copay</b>	<b>\$27 copay</b>
<b>Tier 3</b> (Preferred Brand)	<b>\$123 copay</b>	Deductible then <b>\$129 copay</b>	Deductible then <b>\$132 copay</b>
<b>Tier 4</b> (Non-Preferred Brand)	<b>\$273 copay</b>	Deductible then <b>\$282 copay</b>	Deductible then <b>\$291 copay</b>
<b>Tier 5</b> (Specialty Tier)	Not Applicable	Not Applicable	Not Applicable

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