

2019 Summary of Benefits
Medicare Advantage Plans with Part D Prescription Drug Coverage
FHCP Medicare Premier Plus (HMO) H1035-011

January 1, 2019 – December 31, 2019

The plan's service area includes:
Brevard, Seminole and St. Johns 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 Premier Plus (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **FHCP Medicare Premier Plus (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 Premier Plus (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 Premier Plus (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 Premier Plus (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 Premier Plus (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: **Brevard, Seminole and St. Johns.**

Which doctors, hospitals, and pharmacies can I use?

FHCP Medicare Premier Plus (HMO) 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.

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: 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 Premier Plus (HMO)

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

How much is the monthly premium?	You do not pay a separate monthly plan premium. You must continue to pay your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	<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"> • \$4900 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>

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital Care	<p>Authorization is required for non-emergency Inpatient Hospital stays</p> <ul style="list-style-type: none"> • Days 1-7: \$255 Copay per day. • Days 8-90: \$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>Authorization may be required for Medicare-covered Outpatient Hospital Care</p> <p>Medicare-covered Outpatient Hospital Services and Medicare-covered Observation Services: \$200 Copay per visit.</p>
Doctor's Office Visits	<p>Primary care physician visit: \$0 Copay.</p> <p>Authorization is required for most Specialist visits</p> <p>Specialist visit: \$20 Copay.</p> <ul style="list-style-type: none"> • A copay will apply for no-show Specialist visits
Preventive Care	You pay nothing for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by 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>

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FHCP Medicare Premier Plus (HMO)

<p>Urgently Needed Services</p>	<p>Medicare Covered Urgently Needed Services</p> <p>\$20 Copay.</p> <p>Worldwide coverage.</p>
<p>Diagnostic Services/Labs/Imaging</p>	<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 - \$175 Copay. • Diagnostic tests and procedures: \$0 – \$200 Copay. • Lab services: \$0 Copay. • Outpatient x-rays: \$10 Copay. • Therapeutic radiology services (such as radiation treatment for cancer): \$10 - \$50 Copay
<p>Hearing Services</p>	<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 either a \$699 or \$999 Copay per aid • \$0 Copay for evaluation and fitting of hearing aids (1 per year)
<p>Dental Services</p>	<p><i>Authorization is required for Medicare-covered comprehensive dental services.</i></p> <p>Medicare-covered Dental Services (non-routine dental care such as setting fractures of the jaw or facial bones, jaw surgery, extraction of teeth to prepare for radiation therapy, services covered when provided by a physician) \$20 Copay.</p> <p>Additional Dental Services (cleanings, oral exams, X-rays, extraction of erupted tooth or exposed root, adjustment of complete or partial denture): \$0 Copay.</p>
<p>Vision Services</p>	<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 - \$20 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>Mental Health Care</p>	<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 1-6: \$255 Copay per day. • Days 7-90: \$0 Copay. <p>A deductible and/or other cost-sharing is charged for each inpatient stay.</p>

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FHCP Medicare Premier Plus (HMO)

<p>Mental Health Care, continued</p>	<p>Outpatient Mental Health Care Individual or Group therapy visits: \$20 Copay.</p>
<p>Skilled Nursing Facility (SNF)</p>	<p><i>Authorization is required for SNF stays.</i> 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. 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>Physical Therapy</p>	<p>Physical therapy: \$20 Copay per visit</p>
<p>Ambulance</p>	<p>\$175 Copay for each Medicare-covered trip (one way) Worldwide coverage.</p>
<p>Transportation (Routine)</p>	<p><i>Authorization is required for non-emergency transportation to a plan approved location for health related purposes only.</i> \$0 Copay for one-way trips (unlimited)</p>
<p>Medicare Part B Drugs</p>	<p><i>Prior Authorization and/or Step Therapy may be required for Medicare Part B-covered prescription drugs</i> 20% coinsurance for chemotherapy drugs and other Part B drugs Medicare Part B drugs when administered in a dialysis center require a 20% coinsurance. 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>

SECTION II - SUMMARY OF BENEFITS

FHCP Medicare Premier Plus (HMO)

PRESCRIPTION DRUG BENEFITS

Deductible Stage

This plan does not have a deductible.

Initial Coverage Stage

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 your drugs and you pay your share of the cost.

You remain in this stage until your total yearly drug costs (total drug costs paid by you *and* any Part D plan) reach \$3,820.

You may get your drugs at Standard retail, Preferred retail pharmacies and mail order pharmacies.

Preferred Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 Copay	\$0 Copay
Tier 2 (Generic)	\$7 Copay	\$21 Copay
Tier 3 (Preferred Brand)	\$44 Copay	\$132 Copay
Tier 4 (Non-Preferred Brand)	\$95 Copay	\$285 Copay
Tier 5 (Specialty Tier)	33% Coinsurance	Not Applicable

Standard Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$17 Copay	\$51 Copay
Tier 2 (Generic)	\$20 Copay	\$60 Copay
Tier 3 (Preferred Brand)	\$47 Copay	\$141 Copay
Tier 4 (Non-Preferred Brand)	\$100 Copay	\$300 Copay
Tier 5 (Specialty Tier)	33% Coinsurance	Not Applicable

Mail Order

Tier	Three-month supply
Tier 1 (Preferred Generic)	\$0 Copay
Tier 2 (Generic)	\$18 Copay
Tier 3 (Preferred Brand)	\$129 Copay
Tier 4 (Non-Preferred Brand)	\$282 Copay
Tier 5 (Specialty Tier)	Not Applicable

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.

If you request and the plan approves a formulary exception, you will pay Tier 4: Non-Preferred Brand Drug cost sharing.

Coverage Gap

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.

During the Coverage Gap Stage:

- 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).

You stay in this stage until your year-to-date "**out-of-pocket**" costs reach a total of \$5,100.

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Catastrophic Amount	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: <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.
ADDITIONAL MEDICAL BENEFITS	
Wellness Programs	Preferred Fitness Program <ul style="list-style-type: none">• \$0 copay per visit Telemedicine <ul style="list-style-type: none">• Primary Care: \$10 copay per visit• Psychologist: \$30 copay per visit

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.