

# Benefits at-a-Glance

Flagler & Volusia Counties

Plan Costs	<b>FHCP Medicare Rx Plus (HMO-POS)</b> H1035-002	<b>FHCP Medicare Rx (HMO)</b> H1035-006	<b>FHCP Medicare Rx Savings (HMO)</b> H1035-014
<b>How much is the monthly premium?</b>	<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>
<b>How much is the deductible?</b>	This plan does not have a deductible.	This plan does not have a deductible for medical services and supplies.  <b>\$295</b> per year for Part D prescription drugs. Applies only to Part D drugs in Tiers 3, 4 and 5.	This plan does not have a deductible for medical services and supplies.  <b>\$395</b> per year. for Part D prescription drugs. Applies only to Part D drugs in Tiers 3, 4 and 5.
<b>Is there any limit on how much I will pay for my covered services?</b>	<b>\$3,900</b> for services you receive from in-network providers.	<b>\$6,700</b> for services you receive from in-network providers.	<b>\$7,550</b> for services you receive from in-network providers.

## Medical & Hospital Benefits

<b>Doctor's Office Visits</b>	<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
<b>Preventive Care</b>	<b>\$0 copay</b>	<b>\$0 copay</b>	<b>\$0 copay</b>
<b>Inpatient Hospital Care</b>	Days 1-6: <b>\$300 copay</b> per day After the 6 <sup>th</sup> day the plan pays 100% of covered expenses.	Days 1-6: <b>\$320 copay</b> per day After the 6 <sup>th</sup> day the plan pays 100% of covered expenses.	Days 1-4: <b>\$500 copay</b> per day After the 4 <sup>th</sup> day the plan pays 100% of covered expenses.
<b>Outpatient Hospital</b>	<b>\$200 copay</b>	<b>\$250 copay</b>	<b>\$400 copay</b>
<b>Outpatient Surgery</b>	<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>\$0 copay</b> at a FHCP Extended Hours Care Center	<b>\$20 copay</b> at a FHCP Extended Hours Care Center
	<b>\$30 copay</b> at an Urgent Care Center	<b>\$40 copay</b> at an Urgent 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>

## 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>\$2 copay</b>	<b>\$6 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>

### 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>\$3 copay</b>	<b>\$15 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

## Additional Benefits

<b>Acupuncture</b> (Medicare-covered)	<b>\$20 copay</b>	<b>\$20 copay</b>	<b>\$20 copay</b>
<b>Vision Services</b>	<p><b>\$15 copay</b> for annual routine eye exam.</p> <p><b>\$90 allowance</b> every two years towards the purchase of eyeglasses (lenses and frames) from a participating Optometrist.</p>	<p><b>\$15 copay</b> for annual routine eye exam.</p> <p><b>\$90 allowance</b> every two years towards the purchase of eyeglasses (lenses and frames) from a participating Optometrist.</p>	Not Covered
<b>Dental Services</b>	<p><b>\$0 copay</b> for the following services:</p> <ul style="list-style-type: none"> <li>• Cleanings (2 every calendar year).</li> <li>• Oral exams (2 every calendar year).</li> <li>• X-rays (frequency varies).</li> </ul>	Not Covered	Not Covered
<b>Hearing Services and Hearing Aids</b>	<p><b>\$0 copay</b> for one routine hearing exam per year.</p> <p><b>\$0 copay</b> for evaluation and fitting of hearing aids within the first 30-day trial period.</p> <p><b>\$25 copay</b> for evaluation and fitting of hearing aids after the 30-day trial period has ended.</p> <p>Up to two hearing aids per year (one per ear) for:</p> <ul style="list-style-type: none"> <li>• \$610 per Standard Digital Hearing Aid</li> <li>• \$1,630-\$3,355 per Advanced Digital Hearing Aid</li> </ul>		
<b>Telemedicine</b>	<p>Medical Telemedicine via FHCP Medicare's contracted vendor</p> <p><b>\$10 copay</b> PCP</p> <p><b>\$30 copay</b> Psychologist</p> <p>Medical Telemedicine via ZOOM with an FHCP Staff Physician</p> <p><b>\$0 copay</b> PCP</p> <p><b>\$0 copay</b> Specialist</p>		
<b>FHCP Medicare Rewards</b>	Rewards for completing certain preventive health screenings.		
<b>Preferred Fitness Program</b>	Free unlimited visits to participating fitness centers and gyms in FHCP Medicare's Service Area.		

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