

Benefits at-a-Glance

Flagler & Volusia Counties

Plan Costs	FHCP Medicare Rx Plus (HMO-POS) H1035-002	FHCP Medicare Rx (HMO) H1035-006	FHCP Medicare Rx Savings (HMO) H1035-014
How much is the monthly premium?	\$44 You must continue to pay your Medicare Part B premium.	\$0 You must continue to pay your Medicare Part B premium.	\$0 You must continue to pay your Medicare Part B premium. FHCP Medicare will reduce your Medicare Part B premium by up to \$100
How much is the deductible?	This plan does not have a deductible.	This plan does not have a deductible for medical services and supplies. \$295 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. \$395 per year. for Part D prescription drugs. Applies only to Part D drugs in Tiers 3, 4 and 5.
Is there any limit on how much I will pay for my covered services?	\$3,900 for services you receive from in-network providers.	\$6,700 for services you receive from in-network providers.	\$7,550 for services you receive from in-network providers.

Medical & Hospital Benefits

Doctor's Office Visits	\$0 copay Primary Care Physician \$30 copay Specialist	\$0 copay Primary Care Physician \$40 copay Specialist	\$20 copay Primary Care Physician \$50 copay Specialist
Preventive Care	\$0 copay	\$0 copay	\$0 copay
Inpatient Hospital Care	Days 1-6: \$300 copay per day After the 6 th day the plan pays 100% of covered expenses.	Days 1-6: \$320 copay per day After the 6 th day the plan pays 100% of covered expenses.	Days 1-4: \$500 copay per day After the 4 th day the plan pays 100% of covered expenses.
Outpatient Hospital	\$200 copay	\$250 copay	\$400 copay
Outpatient Surgery	\$150 copay in an Ambulatory Surgical Center \$200 copay in an Outpatient Hospital Facility	\$200 copay in an Ambulatory Surgical Center \$250 copay in an Outpatient Hospital Facility	\$300 copay in an Ambulatory Surgical Center \$400 copay in an Outpatient Hospital Facility

Medical & Hospital Benefits (continued)

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

Part D Prescription Drug Benefits

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

Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$4 copay
Tier 2 (Generic)	\$2 copay	\$6 copay	\$10 copay
Tier 3 (Preferred Brand)	\$42 copay	Deductible then \$44 copay	Deductible then \$45 copay
Tier 4 (Non-Preferred Brand)	\$92 copay	Deductible then \$95 copay	Deductible then \$98 copay
Tier 5 (Specialty Tier)	33% coinsurance	Deductible then 26% coinsurance	Deductible then 25% coinsurance

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

Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$9 copay
Tier 2 (Generic)	\$3 copay	\$15 copay	\$27 copay
Tier 3 (Preferred Brand)	\$123 copay	Deductible then \$129 copay	Deductible then \$132 copay
Tier 4 (Non-Preferred Brand)	\$273 copay	Deductible then \$282 copay	Deductible then \$291 copay
Tier 5 (Specialty Tier)	Not Applicable	Not Applicable	Not Applicable

Additional Benefits

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

FHCP Medicare is an HMO plan with a Medicare contract. Enrollment in FHCP Medicare depends on contract renewal. HMO coverage is offered by Florida Blue Medicare, Inc., dba FHCP Medicare, an Independent Licensee of the Blue Cross and Blue Shield Association. 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 users, call 1-800-955-8770) or consult the online pharmacy directory at www.fhcpmedicare.com. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or gender. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-866-6559 (TTY: 1-877-955-8773). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-833-866-6559 (TTY: 1-800-955-8770).