

Benefits at-a-Glance

St. Johns County

Plan Costs

FHCP Medicare
Flagler Advantage H1035-016



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| How much is the monthly premium? | \$0 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? | \$3,400 for services you receive from in-network providers. |

Medical & Hospital Benefits



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| Doctor's Office Visits | \$0 copay Primary Care Physician \$15 copay Specialist |
| Preventive Care | \$0 copay |
| Inpatient Hospital Care | Days 1-5: \$215 copay per day After the 5th day the plan pays 100% of covered expenses. |
| Outpatient Hospital | \$150 copay |
| Outpatient Surgery | \$75 copay in an Ambulatory Surgical Center \$150 copay in an Outpatient Hospital Facility |
| Urgently Needed Services | \$10 copay at an Urgent Care Center |
| Emergency Room | \$120 copay |
| Ambulance | \$265 copay |

Part D Prescription Drug Benefits

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



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| Tier 1 (Preferred Generic) | \$0 copay |
| Tier 2 (Generic) | \$5 copay |
| Tier 3 (Preferred Brand) | \$44 copay |
| Tier 4 (Non-Preferred Brand) | \$95 copay |
| Tier 5 (Specialty Tier) | 33% coinsurance |

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

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| Tier 1 (Preferred Generic) | \$0 copay |
| Tier 2 (Generic) | \$12 copay |
| Tier 3 (Preferred Brand) | \$129 copay |
| Tier 4 (Non-Preferred Brand) | \$282 copay |
| Tier 5 (Specialty Tier) | Not Applicable |

Additional Benefits



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| Acupuncture (Medicare-covered) | \$20 copay |
| Vision Services | \$0 copay for annual routine eye exam. \$180 allowance every two years towards the purchase of eyeglasses (lenses and frames) from a participating Optometrist. |
| Dental Services | \$0 copay for the following services: <ul style="list-style-type: none">• 2 cleanings per year (2 every 12 months).• Oral exams and X-rays.• Extraction, erupted tooth or exposed root (up to 2 per year).• Adjustment of complete or partial denture (up to 2 per year). |
| Hearing Services and Hearing Aids | \$0 copay for one routine hearing exam per year. \$0 copay for evaluation and fitting of hearing aids. \$300 maximum allowance for each hearing aid. Up to 2 hearing aids every year. Hearing aids must be purchased through NationsHearing. |
| Over-the-Counter Items | \$75 quarterly allowance for the purchase of non-prescription items, such as vitamins and aspirin. What you need to know: <ul style="list-style-type: none">• Any balance not used for a quarter will not carry over to the next quarter.• You must use your full benefit in one order.• Your order total may not exceed your benefit amount. |

Additional Benefits (continued)

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| Telemedicine | Medical Telemedicine via FHCP Medicare's contracted vendor \$10 copay PCP \$30 copay Psychologist Medical Telemedicine via ZOOM with an FHCP Staff Physician \$0 copay PCP \$0 copay Specialist |
| 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).