

Benefits at-a-Glance

Brevard, Flagler, Seminole & Volusia Counties

Plan Costs & Details

	FHCP Medicare Rx Savings (HMO)	FHCP Medicare Premier Advantage (HMO)	FHCP Medicare Valor (HMO)
PBP Number	H1035-014	H1035-040	H1035-049
How much is the monthly premium?	<p>\$0 You must continue to pay your Medicare Part B premium.</p> <p>FHCP Medicare will reduce your Medicare Part B premium by up to \$100</p>	<p>\$0 You must continue to pay your Medicare Part B premium.</p> <p>This plan does not include a Part B premium buy-down.</p>	<p>\$0 You must continue to pay your Medicare Part B premium.</p> <p>FHCP Medicare will reduce your Medicare Part B premium by up to \$100</p>
How much is the deductible?	<p>\$0 per year for health care services</p> <p>\$395 per year for Part D prescription drugs. Applies only to Part D drugs in Tiers 3, 4 and 5.</p>	<p>\$0 per year for health care services</p> <p>\$0 per year for Part D prescription drugs.</p>	<p>\$0 per year for health care services</p> <p>This plan does not include Part D Prescription Drug benefits.</p>
Is there any limit on how much I will pay for my covered services?	\$7,300 for services you receive from in-network providers.	\$3,400 for services you receive from in-network providers.	\$6,500 for services you receive from in-network providers.

Medical & Hospital Benefits

Doctor's Office Visits	<p>\$20 copay Primary Care Physician</p> <p>\$50 copay Specialist</p>	<p>\$0 copay Primary Care Physician</p> <p>\$15 copay Specialist</p>	<p>\$0 copay Primary Care Physician</p> <p>\$30 copay Specialist</p>
Preventive Care	\$0 copay	\$0 copay	\$0 copay
Inpatient Hospital Care	<p>Days 1-4: \$500 copay per day</p> <p>After the 4th day the plan pays 100% of covered expenses.</p>	<p>Days 1-5: \$215 copay per day</p> <p>After the 5th day the plan pays 100% of covered expenses.</p>	<p>Days 1-6: \$320 copay per day</p> <p>After the 6th day the plan pays 100% of covered expenses.</p>
Outpatient Hospital	\$400 copay	\$150 copay	\$250 copay
Outpatient Surgery	<p>\$300 copay in an Ambulatory Surgical Center</p> <p>\$400 copay in an Outpatient Hospital Facility</p>	<p>\$75 copay in an Ambulatory Surgical Center</p> <p>\$150 copay in an Outpatient Hospital Facility</p>	<p>\$200 copay in an Ambulatory Surgical Center</p> <p>\$250 copay in an Outpatient Hospital Facility</p>

Medical & Hospital Benefits (continued)

	FHCP Medicare Rx Savings (HMO)	FHCP Medicare Premier Advantage (HMO)	FHCP Medicare Valor (HMO)
Urgently Needed Services	\$20 copay at a FHCP Extended Hours Care Center \$50 copay at an Urgent Care Center	\$0 copay at a FHCP Extended Hours Care Center \$10 copay at an Urgent Care Center	\$0 copay at a FHCP Extended Hours Care Center \$30 copay at an Urgent Care Center
Emergency Room	\$90 copay	\$120 copay	\$90 copay
Ambulance	\$300 copay	\$265 copay	\$225 copay

Part D Prescription Drug Benefits

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

Tier 1 (Preferred Generic)	\$4 copay	\$0 copay	Not Applicable
Tier 2 (Generic)	\$10 copay	\$5 copay	Not Applicable
Tier 3 (Preferred Brand)	Deductible then \$45 copay	\$44 copay	Not Applicable
Tier 4 (Non-Preferred Brand)	Deductible then \$98 copay	\$95 copay	Not Applicable
Tier 5 (Specialty Tier)	Deductible then 25% coinsurance	33% coinsurance	Not Applicable

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

Tier 1 (Preferred Generic)	\$9 copay	\$0 copay	Not Applicable
Tier 2 (Generic)	\$27 copay	\$12 copay	Not Applicable
Tier 3 (Preferred Brand)	Deductible then \$132 copay	\$129 copay	Not Applicable
Tier 4 (Non-Preferred Brand)	Deductible then \$291 copay	\$282 copay	Not Applicable
Tier 5 (Specialty Tier)	Not Applicable	Not Applicable	Not Applicable

Additional Benefits

	FHCP Medicare Rx Savings (HMO)	FHCP Medicare Premier Advantage (HMO)	FHCP Medicare Valor (HMO)
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>\$0 copay for annual routine eye exam.</p> <p>\$180 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>
Dental Services	Not Covered	<p>\$0 copay for the following services:</p> <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). 	<p>\$0 copay for the following services:</p> <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	<p>\$0 copay for one routine hearing exam per year.</p> <p>\$0 copay for evaluation and fitting of hearing aids.</p> <p>\$300 maximum allowance for each hearing aid. Up to 2 hearing aids every year. Hearing aids must be purchased through our participating provider to have access to the benefit.</p>	<p>\$0 copay for one routine hearing exam per year.</p> <p>\$0 copay for evaluation and fitting of hearing aids.</p> <p>\$300 maximum allowance for each hearing aid. Up to 2 hearing aids every year. Hearing aids must be purchased through our participating provider to have access to the benefit.</p>	<p>\$0 copay for one routine hearing exam per year.</p> <p>\$0 copay for evaluation and fitting of hearing aids.</p> <p>\$300 maximum allowance for each hearing aid. Up to 2 hearing aids every year. Hearing aids must be purchased through our participating provider to have access to the benefit.</p>
Over-the-Counter Items	Not Covered	<p>\$75 quarterly allowance for the purchase of non-prescription items, such as vitamins and aspirin. What you need to know:</p> <p>Any balance not used for a quarter will not carry over to the next quarter.</p>	Not Covered

Additional Benefits (continued)

	FHCP Medicare Rx Savings (HMO)	FHCP Medicare Premier Advantage (HMO)	FHCP Medicare Valor (HMO)
Telehealth	<p>Telehealth via FHCP Medicare's contracted vendor</p> <p>\$10 copay PCP</p> <p>\$30 copay Psychologist</p> <p>Telehealth via ZOOM with an FHCP Staff Physician</p> <p>\$0 copay Primary Care Physician; Specialist; Outpatient Mental Health (Individual sessions only); Opioid Treatment Program Services; Outpatient Substance Abuse (Individual sessions only); Dietician Services and Diabetes Self-Management Training (through FHCP Medicare's Clinical staff by appointment only)</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).