



Benefits at-a-Glance

Brevard & Seminole Counties

Plan Costs & Details

FHCP Medicare Premier Plus (HMO)		
	PBP Number	H1035-011
	How much is the monthly premium?	\$0 You must continue to pay your Medicare Part B premium.
	How much is the deductible?	\$0 per year for health care services \$0 per year for Part D Prescription Drugs
	Is there any limit on how much I will pay for my covered services?	\$4,900 for services you receive from in-network providers.

Medical & Hospital Benefits

	Doctor's Office Visits	\$0 copay Primary Care Physician \$20 copay Specialist
	Preventive Care	\$0 copay
	Inpatient Hospital Care	Days 1-7: \$280 copay per day After the 7 th day the plan pays 100% of covered expenses.
	Outpatient Hospital	\$200 copay
	Outpatient Surgery	\$150 copay in an Ambulatory Surgical Center \$200 copay in an Outpatient Hospital Facility
	Urgently Needed Services	\$0 copay per visit at an FHCP Extended Hours Care Center \$20 copay at an Urgent Care Center
	Emergency Room	\$90 copay
	Ambulance	\$295 copay

Part D Prescription Drug Benefits

FHCP Medicare Premier Plus (HMO)

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



Tier 1 (Preferred Generic)	\$0 copay
Tier 2 (Generic)	\$7 copay
Tier 3 (Preferred Brand)	\$45 copay
Tier 4 (Non-Preferred Brand)	\$98 copay
Tier 5 (Specialty Tier)	33% coinsurance

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

Tier 1 (Preferred Generic)	\$0 copay
Tier 2 (Generic)	\$18 copay
Tier 3 (Preferred Brand)	\$132 copay
Tier 4 (Non-Preferred Brand)	\$291 copay
Tier 5 (Specialty Tier)	Not Applicable

Additional Benefits



Acupuncture (Medicare-covered)	\$20 copay
Vision Services	\$15 copay for annual routine eye exam. \$90 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).

Additional Benefits (continued)

FHCP Medicare Premier Plus (HMO)	
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>
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 sévis èd pou lang ki disponib gratis pou ou. Rele 1-833-866-6559 (TTY: 1-800-955-8770).