





## Monthly Premium, Deductible and Limits

	<b>FHCP Medicare Rx Savings (HMO)</b> Brevard, Flagler, Seminole and Volusia H1035-014	<b>FHCP Medicare Premier Advantage (HMO)</b> Brevard, Flagler, Seminole and Volusia H1035-040	<b>FHCP Medicare Valor (HMO)</b> Brevard, Flagler, Seminole and Volusia H1035-049
<b>Monthly Plan Premium</b>	<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>\$0</b> You must continue to pay your Medicare Part B premium
<b>Part B Premium Buy-Down</b>	FHCP Medicare will reduce your monthly Medicare Part B premium by up to <b>\$100</b>	This plan does not include a Part B premium buy-down.	FHCP Medicare will reduce your monthly Medicare Part B premium by up to <b>\$100</b>
<b>Deductible</b>	<b>\$0</b> per year for health care services  <b>\$395</b> per year for Part D Prescription drugs. Applies only to Part D drugs in Tier 3, Tier 4 and Tier 5.	<b>\$0</b> per year for health care services  <b>\$0</b> per year for Part D Prescription Drugs	<b>\$0</b> per year for health care services  This plan does not include Part D Prescription Drug benefits
<b>Maximum Out-of-Pocket Responsibility</b>	<b>\$7,300</b> is the most you pay for copays, coinsurance and other costs for Medicare-covered medical services from in-network providers for the year.	<b>\$3,400</b> is the most you pay for copays, coinsurance and other costs for Medicare-covered medical services from in-network providers for the year.	<b>\$6,500</b> is the most you pay for copays, coinsurance and other costs for Medicare-covered medical services from in-network providers for the year.

## Medical and Hospital Benefits

	<b>FHCP Medicare Rx Savings (HMO)</b> Brevard, Flagler, Seminole and Volusia H1035-014	<b>FHCP Medicare Premier Advantage (HMO)</b> Brevard, Flagler, Seminole and Volusia H1035-040	<b>FHCP Medicare Valor (HMO)</b> Brevard, Flagler, Seminole and Volusia H1035-049
<b>Inpatient Hospital Care</b> *◇	<ul style="list-style-type: none"> <li>▪ <b>\$500</b> copay per day, days 1-4</li> <li>▪ <b>\$0</b> copay per day after day 4</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>\$215</b> copay per day, days 1-5</li> <li>▪ <b>\$0</b> copay per day after day 5</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>\$320</b> copay per day, days 1-6</li> <li>▪ <b>\$0</b> copay per day after day 6</li> </ul>
<b>Outpatient Hospital Care</b> *◇	<ul style="list-style-type: none"> <li>▪ <b>\$400</b> copay per visit for Medicare-covered services</li> <li>▪ <b>\$400</b> copay per stay for Medicare-covered Observation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>\$150</b> copay per visit for Medicare-covered services</li> <li>▪ <b>\$150</b> copay per stay for Medicare-covered Observation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>\$250</b> copay per visit for Medicare-covered services</li> <li>▪ <b>\$250</b> copay per stay for Medicare-covered Observation services</li> </ul>

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<b>Ambulatory Surgery Center *◇</b>	<ul style="list-style-type: none"> <li>▪ <b>\$300</b> copay for surgery services provided at an Ambulatory Surgery Center</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>\$75</b> copay for surgery services provided at an Ambulatory Surgery Center</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>\$200</b> copay for surgery services provided at an Ambulatory Surgery Center</li> </ul>
<b>Doctor's Office Visits</b>	<ul style="list-style-type: none"> <li>▪ <b>\$20</b> copay per primary care visit</li> <li>▪ <b>\$50</b> copay per specialist visit *◇</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>\$0</b> copay per primary care visit</li> <li>▪ <b>\$15</b> copay per specialist visit *◇</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>\$0</b> copay per primary care visit</li> <li>▪ <b>\$30</b> copay per specialist visit *◇</li> </ul>
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>▪ <b>\$0</b> copay for Medicare-covered services</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>\$0</b> copay for Medicare-covered services</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>\$0</b> copay for Medicare-covered services</li> </ul>
	<ul style="list-style-type: none"> <li>▪ Abdominal aortic aneurysm screening</li> <li>▪ Annual wellness visit</li> <li>▪ Bone mass measurements</li> <li>▪ Breast cancer screening (mammograms)</li> <li>▪ Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>▪ Cardiovascular disease testing</li> <li>▪ Cervical and vaginal cancer screening</li> <li>▪ Colorectal cancer screening</li> <li>▪ Depression screening</li> <li>▪ Diabetes screening</li> <li>▪ Diabetes self-management training, diabetic services and supplies</li> <li>▪ Health and wellness education programs</li> <li>▪ Hepatitis C screening</li> <li>▪ HIV screening</li> <li>▪ Immunizations</li> <li>▪ Medical nutrition therapy</li> <li>▪ Medicare Diabetes Prevention Program (MDPP)</li> <li>▪ Obesity screening and therapy to promote sustained weight loss</li> <li>▪ Prostate cancer screening exams</li> <li>▪ Screening and counseling to reduce alcohol misuse</li> <li>▪ Screening for lung cancer with low dose computed tomography (LDCT)</li> <li>▪ Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>▪ Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>▪ Vision Care: Glaucoma screening</li> <li>▪ "Welcome to Medicare" preventive visit</li> </ul>		

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<b>Emergency Care</b>	<p><b>Medicare-Covered Emergency Care</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$90</b> copay per visit, in- or out-of-network</li> </ul> <p>This copay is waived if you are admitted to the hospital within 24 hours of an emergency room visit for the same condition.</p> <p><b>Worldwide Emergency Care Services</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$90</b> copay for Worldwide Emergency Care</li> <li>▪ <b>\$25,000</b> combined yearly limit for Worldwide Emergency Care, Worldwide Urgently Needed Services and Worldwide Ambulance Services</li> </ul>	<p><b>Medicare-Covered Emergency Care</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$120</b> copay per visit, in- or out-of-network</li> </ul> <p>This copay is waived if you are admitted to the hospital within 24 hours of an emergency room visit for the same condition.</p> <p><b>Worldwide Emergency Care Services</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$120</b> copay for Worldwide Emergency Care</li> <li>▪ <b>\$25,000</b> combined yearly limit for Worldwide Emergency Care, Worldwide Urgently Needed Services and Worldwide Ambulance Services</li> </ul>	<p><b>Medicare-Covered Emergency Care</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$90</b> copay per visit, in- or out-of-network</li> </ul> <p>This copay is waived if you are admitted to the hospital within 24 hours of an emergency room visit for the same condition.</p> <p><b>Worldwide Emergency Care Services</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$90</b> copay for Worldwide Emergency Care</li> <li>▪ <b>\$25,000</b> combined yearly limit for Worldwide Emergency Care, Worldwide Urgently Needed Services and Worldwide Ambulance Services</li> </ul>
<b>Urgently Needed Services</b>	<p><b>Medicare-Covered Urgently Needed Services</b></p> <p>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.</p> <ul style="list-style-type: none"> <li>▪ <b>\$20</b> copay at an FHCP Extended Hours Care Center</li> <li>▪ <b>\$50</b> copay at an Urgent Care Center, in- or out-of-network</li> </ul> <p><b>Worldwide Urgently Needed Services</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$50</b> copay for Worldwide Urgently Needed Services</li> </ul>	<p><b>Medicare-Covered Urgently Needed Services</b></p> <p>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.</p> <ul style="list-style-type: none"> <li>▪ <b>\$0</b> copay at an FHCP Extended Hours Care Center</li> <li>▪ <b>\$10</b> copay at an Urgent Care Center, in- or out-of-network</li> </ul> <p><b>Worldwide Urgently Needed Services</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$10</b> copay for Worldwide Urgently Needed Services</li> </ul>	<p><b>Medicare-Covered Urgently Needed Services</b></p> <p>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.</p> <ul style="list-style-type: none"> <li>▪ <b>\$0</b> copay at an FHCP Extended Hours Care Center</li> <li>▪ <b>\$30</b> copay at an Urgent Care Center, in- or out-of-network</li> </ul> <p><b>Worldwide Urgently Needed Services</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$30</b> copay for Worldwide Urgently Needed Services</li> </ul>













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	<b>Standard Retail / LTC</b> (31-day supply)	<b>Standard Retail / LTC</b> (31-day supply)	<b>Standard Retail / LTC</b> (31-day supply)
<b>Tier 1 – Preferred Generic</b>	<b>\$17</b> Copay	<b>\$17</b> Copay	N/A
<b>Tier 2 – Generic</b>	<b>\$20</b> Copay	<b>\$20</b> Copay	N/A
<b>Tier 3 – Preferred Brand</b>	<b>\$47</b> Copay	<b>\$47</b> Copay	N/A
<b>Tier 4 – Non-Preferred Brand</b>	<b>\$100</b> Copay	<b>\$100</b> Copay	N/A
<b>Tier 5 – Specialty Tier</b>	<b>25%</b> Coinsurance	<b>33%</b> Coinsurance	N/A
	<b>Mail Order</b> (93-day supply)	<b>Mail Order</b> (93-day supply)	<b>Mail Order</b> (93-day supply)
<b>Tier 1 – Preferred Generic</b>	<b>\$9</b> Copay	<b>\$0</b> Copay	N/A
<b>Tier 2 – Generic</b>	<b>\$27</b> Copay	<b>\$12</b> Copay	N/A
<b>Tier 3 – Preferred Brand</b>	<b>\$132</b> Copay	<b>\$129</b> Copay	N/A
<b>Tier 4 – Non-Preferred Brand</b>	<b>\$291</b> Copay	<b>\$282</b> Copay	N/A
<b>Tier 5 – Specialty Tier</b>	Not Applicable	Not Applicable	N/A

### Coverage Gap Stage

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The Coverage Gap Stage begins after the total yearly drug cost (your payments plus any Part D plan's payments) reaches **\$4,430**. You stay in this stage until your year-to-date "out-of-pocket" costs reach a total of **\$7,050**.

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<b>During the Coverage Gap Stage:</b>	<ul style="list-style-type: none"> <li>For generic drugs, you pay 25% of the cost.</li> <li>For brand-name drugs, you pay 25% of the cost (plus a portion of the dispensing fee).</li> </ul>	<ul style="list-style-type: none"> <li>You pay the same copays that you paid in the Initial Coverage Stage for drugs in Tier 1 (Preferred Generic) and Tier 2 (Generic) – or 25% of the cost, whichever is lower.</li> <li>For generic drugs in all other tiers, you pay 25% of the cost.</li> </ul>	This plan does not include Part D Prescription Drug Benefits

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	<ul style="list-style-type: none"> <li>For brand-name drugs, you pay 25% of the cost (plus a portion of the dispensing fee).</li> </ul>	

### Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs reach **\$7,050**, you pay the *greater* of:

- \$3.95** copay for generic drugs in all tiers (including brand drugs treated as generic) and a **\$9.85** copay for all other drugs in all tiers, or **5%** of the cost.

### Additional Drug Coverage

- Please call us or see the plan’s “Evidence of Coverage” on our website ([www.fhcpmedicare.com](http://www.fhcpmedicare.com)) for complete information about your costs for covered drugs. If you request and the plan approves a formulary exception, you will pay Tier 4 (Non-Preferred Brand) cost sharing.
- Your cost sharing may be different if you use a Long-Term Care (LTC) pharmacy, a home infusion pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 93 days) of a drug.

### Additional Benefits

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<b>Diabetic Supplies</b>	<b>Medicare-covered Diabetes Monitoring supplies</b> <ul style="list-style-type: none"> <li><b>\$10</b> copay for 50 test strips/sensors</li> <li><b>\$10</b> copay for lancets</li> <li><b>\$0</b> copay for Glucometer</li> </ul>	<b>Medicare-covered Diabetes Monitoring supplies</b> <ul style="list-style-type: none"> <li><b>\$10</b> copay for 50 test strips/sensors</li> <li><b>\$10</b> copay for lancets</li> <li><b>\$0</b> copay for Glucometer</li> </ul>	<b>Medicare-covered Diabetes Monitoring supplies</b> <ul style="list-style-type: none"> <li><b>\$10</b> copay for 50 test strips/sensors</li> <li><b>\$10</b> copay for lancets</li> <li><b>\$0</b> copay for Glucometer</li> </ul>
<b>Podiatry</b>	<b>Medicare-Covered Podiatry Services</b> <ul style="list-style-type: none"> <li><b>\$50</b> copay for each Medicare-covered podiatry visit</li> </ul> <b>Additional Podiatry Services</b> <ul style="list-style-type: none"> <li><b>\$10</b> copay per routine visit. Limited to 6 visits per year</li> </ul>	<b>Medicare-covered Podiatry Services</b> <ul style="list-style-type: none"> <li><b>\$15</b> copay for each Medicare-covered podiatry visit</li> </ul> <b>Additional Podiatry Services</b> <ul style="list-style-type: none"> <li><b>\$10</b> copay per routine visit. Limited to 6 visits per year</li> </ul>	<b>Medicare-Covered Podiatry Services</b> <ul style="list-style-type: none"> <li><b>\$30</b> copay for each Medicare-covered podiatry visit</li> </ul> <b>Additional Podiatry Services</b> <ul style="list-style-type: none"> <li><b>\$10</b> copay per routine visit. Limited to 6 visits per year</li> </ul>
<b>Chiropractic</b>	<ul style="list-style-type: none"> <li><b>\$20</b> copay for each Medicare-covered chiropractic visit</li> </ul>	<ul style="list-style-type: none"> <li><b>\$20</b> copay for each Medicare-covered chiropractic visit</li> </ul>	<ul style="list-style-type: none"> <li><b>\$20</b> copay for each Medicare-covered chiropractic visit</li> </ul>

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<b>Medical Equipment and Supplies</b> ◇	<ul style="list-style-type: none"> <li>▪ <b>20%</b> of the cost for plan-approved Medicare-covered durable medical equipment</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>20%</b> of the cost for plan-approved Medicare-covered durable medical equipment</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>20%</b> of the cost for plan-approved Medicare-covered durable medical equipment</li> </ul>
<b>Outpatient Occupational and Speech Therapy</b> *	<ul style="list-style-type: none"> <li>▪ <b>\$40</b> copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>\$20</b> copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>\$30</b> copay per visit</li> </ul>
<b>Telehealth</b>	<p><b>Telehealth via FHCP Medicare's contracted vendor:</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$10</b> copay for a PCP visit</li> <li>▪ <b>\$30</b> copay for a Psychologist visit</li> </ul> <p><b>Telehealth visits with an FHCP Staff Provider:</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$0</b> copay per visit for 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)</li> </ul>	<p><b>Telehealth via FHCP Medicare's contracted vendor:</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$10</b> copay for a PCP visit</li> <li>▪ <b>\$30</b> copay for a Psychologist visit</li> </ul> <p><b>Telehealth visits with an FHCP Staff Provider:</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$0</b> copay per visit for 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)</li> </ul>	<p><b>Telehealth via FHCP Medicare's contracted vendor:</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$10</b> copay for a PCP visit</li> <li>▪ <b>\$30</b> copay for a Psychologist visit</li> </ul> <p><b>Telehealth visits with an FHCP Staff Provider:</b></p> <ul style="list-style-type: none"> <li>▪ <b>\$0</b> copay per visit for 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)</li> </ul>

## You Get More with FHCP Medicare

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<b>Over-the-Counter Items</b>	<ul style="list-style-type: none"> <li>▪ Not covered</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>\$75</b> quarterly allowance for the purchase of non-prescription items, such as vitamins and aspirin</li> <li>▪ Any balance not used for a quarter will not carry over to the next quarter</li> </ul>	<ul style="list-style-type: none"> <li>▪ Not covered</li> </ul>
<b>Preferred Fitness Program</b>	<ul style="list-style-type: none"> <li>▪ Free unlimited visits to participating fitness centers and gyms in FHCP Medicare's service area</li> </ul>	<ul style="list-style-type: none"> <li>▪ Free unlimited visits to participating fitness centers and gyms in FHCP Medicare's service area</li> </ul>	<ul style="list-style-type: none"> <li>▪ Free unlimited visits to participating fitness centers and gyms in FHCP Medicare's service area</li> </ul>
<b>FHCP Medicare Rewards</b>	<ul style="list-style-type: none"> <li>▪ Rewards for completing certain preventive health screenings.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rewards for completing certain preventive health screenings.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rewards for completing certain preventive health screenings.</li> </ul>

## Disclaimers

FHCP Medicare is an HMO plan with a Medicare contract. Enrollment in FHCP Medicare depends on contract renewal.

This information is not a complete description of benefits. Call our Service Center at 1-855-462-3427 (TTY users call 1-800-955-8770) for more information.

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 user call 1-800-955-8770) or consult the online pharmacy directory at [www.fhcpmedicare.com](http://www.fhcpmedicare.com).

HMO coverage is offered by Florida Blue Medicare, Inc., DBA FHCP Medicare, an Independent Licensee of the Blue Cross and Blue Shield Association.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

## **Section 1557 Notification: Discrimination is Against the Law**

FHCP Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. FHCP Medicare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

FHCP Medicare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  
- Provides free language services to people whose primary language is not English, such as:
  - Qualified Interpreters
  - Information written in other languages

If you need these services, contact:

- FHCP Medicare: 1-833-866-6559

If you believe that FHCP Medicare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

FHCP Medicare  
Civil Rights Coordinator  
P.O. Box 9910,  
Daytona Beach, FL 32120.  
Phone: 1-844-219-6137,  
TTY: 1-800-955-8770  
Fax: 386-676-7149,  
Email: [rights@fhcp.com](mailto:rights@fhcp.com).

You can file grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-833-866-6559. (TTY: 1-800-955-8770)**

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-866-6559 (TTY: 1-800-955-8770)**.

**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).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-833-866-6559 (TTY: 1-800-955-8770).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-833-866-6559 (TTY: 1-800-955-8770).

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-833-866-6559 (TTY: 1-800-955-8770)

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-833-866-6559 (ATS : 1-800-955-8770).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-833-866-6559 (TTY: 1-800-955-8770).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-866-6559 (телетайп: 1-800-955-8770).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-833-866-6559 (رقم هاتف الصم والبكم: 1-800-955-8770).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-833-866-6559 (TTY: 1-800-955-8770).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-833-866-6559 (TTY: 1-800-955-8770).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-833-866-6559 (TTY: 1-800-955-8770)번으로 전화해 주십시오.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-833-866-6559 (TTY: 1-800-955-8770).

**સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-833-866-6559 (TTY: 1-800-955-8770).

**เรียน:** ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-833-866-6559 (TTY: 1-800-955-8770).