

Choosing health  
coverage that's  
right for you.

Flagler and  
Volusia Counties



FHCP Medicare means more **where you live**

# About FHCP Medicare

FHCP Medicare is administered by Florida Health Care Plan, Inc. and has been caring for residents of our communities **for over 49 years**



Dedicated Medicare specialists, like me, offering personal service and help in finding the right plan



19 FHCP Facilities in Brevard, Flagler, Seminole, St. Johns & Volusia Counties plus large network of contracted providers.

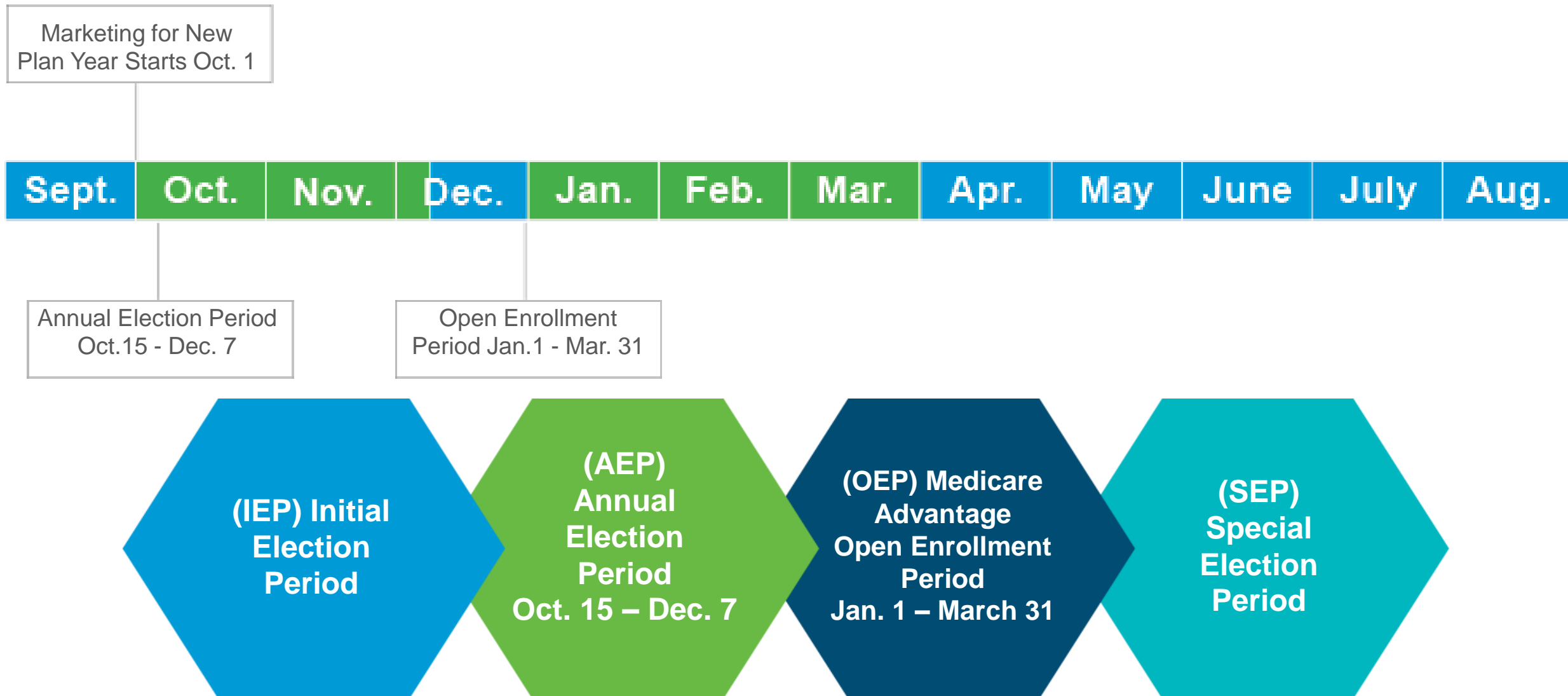


# What are we going to cover today?

- Important Medicare Enrollment Periods
- What are your Medicare options?
- Medicare guidelines and facts
- FHCP Medicare Summary of Benefits
- What to expect when you enroll
- A look back at what we've talked about today
- What's next... where to go from here



# Important Medicare Enrollment Periods



**Initial Enrollment Period** – is the period during which an individual is first eligible to enroll in Medicare.

**Special Election Period** – constitutes a period outside of the usual IEP, AEP, or MA OEP when an individual may elect a plan or change his or her current plan election.

# Medicare & Medicare Supplement Plans

**Part A and Part B  
– Original Medicare**

**Medigap – Medicare  
Supplement Plans**

**Part D – Medicare  
Prescription Drug  
Coverage**

**Part C – Medicare  
Advantage Plans**

**= A + B**

*(You can also purchase  
a MAPD plan that includes  
prescription drug coverage)*

# Original Medicare

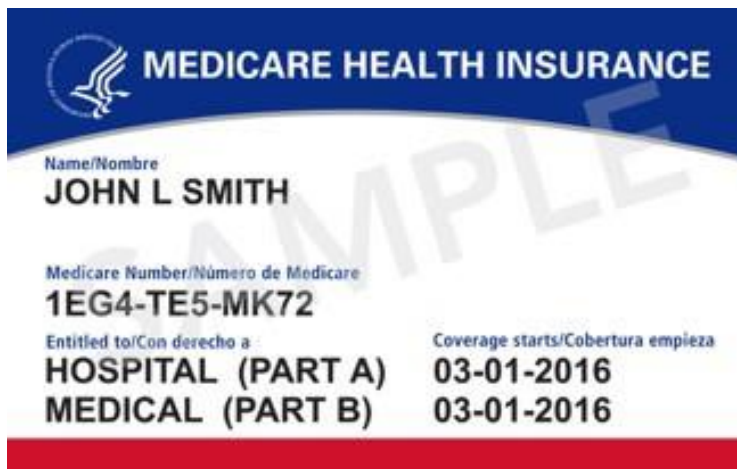


**Medicare Part A**  
Inpatient Hospital  
Skilled Nursing Facility  
Home Health Care



**Medicare Part B**  
Outpatient Services  
Physician Care

# Original Medicare



- You usually pay a monthly premium for Part B. For most people, Part A has no monthly premium.
- You will have access to any doctor or provider that accepts Medicare patients.
- Medicare Supplement insurance and Medicare prescription drug coverage (Part D) may be needed to help fill some of the gaps in Original Medicare coverage.
- If you do not sign up for Part B when you're first eligible, you may have to pay a late enrollment penalty.



# Original Medicare & Medicare Supplement Plans

- Medicare Supplement plans work together with Original Medicare to cover costs Original Medicare doesn't pay.
- Medicare Supplement plans usually **do not have a provider network.**
- Medicare Supplement plans **do not offer prescription drug coverage.**





# What are Part D Prescription Drug Plans?

## There are two ways you can get Part D Prescription Drug Coverage

- You can enroll in a stand-alone **Medicare Prescription Drug Plan**, called a PDP.
- Or... you can enroll in a **Medicare Advantage - Prescription Drug Plan** (MAPD) that includes both medical and prescription drug benefits in one convenient package.



# Part D Prescription Drug Plans

## Important things to know about Part D coverage

Make sure  
your drugs are  
listed on the  
plan's  
**Formulary.**



Plans may require  
you to try certain  
less expensive  
drugs first before  
they'll cover a more  
expensive drug.  
This is called  
**Step Therapy.**

If you choose NOT  
to enroll in Medicare  
Part D plan when  
you're first eligible,  
you may have to pay  
a **Late Enrollment  
Penalty** if you later  
decide to enroll.

# Part D Coverage Stages

## Initial Coverage Stage:

- Member and the Plan pay up to the \$5,030 limit

## Coverage Gap (Donut Hole):

- Gap starts at \$5,030 and ends once YOUR total out-of-pocket drug costs reach \$8,000 for the year
- Drug Manufacturers Provide 70% discount on brand name drugs
- Plan pays:  
Brand drugs = 5%,  
Generic drugs = 75%
- Member Responsibility:  
Brand drugs = 25%,  
Generic drugs = 25%

## Catastrophic Coverage:

- The plan pays the full cost for your covered Part D drugs. You will pay nothing.

# “Extra Help” for Prescription Drug Costs

The Federal government has set aside money to help people with drug expenses, such as:

- Monthly plan premium

- Yearly deductible

- Coinsurance

- Copayments



**Call to see if you qualify.**

**1-800-MEDICARE (1-800-633-4227).**  
TTY users should call 1-877-486-2048,  
24 hours a day, seven days a week  
or visit [www.Medicare.gov](http://www.Medicare.gov)

**The Social Security office**

at 1-800-772-1213.

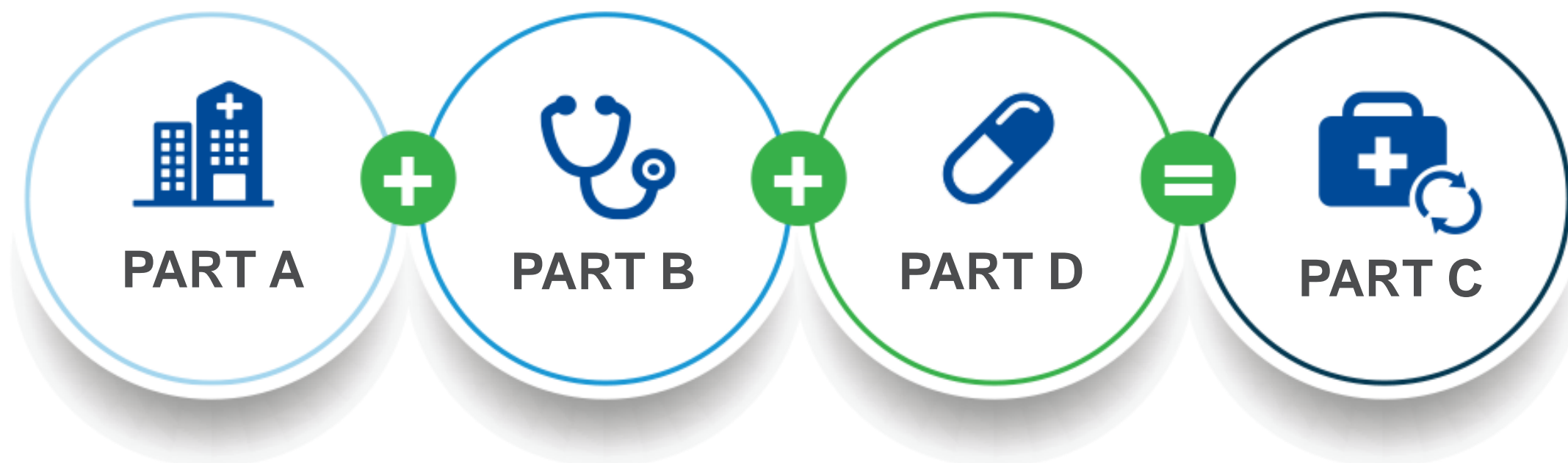
TTY users should call 1-800-325-0778  
between 7 a.m. - 7 p.m., Monday - Friday

**Florida state Medicaid office,**

at 1-888-419-3456 from 8 a.m. - 5 p.m.,  
Monday - Friday

# What is Part C or a Medicare Advantage Plan?

All your health care coverage **ROLLED INTO ONE PLAN!**



- ▶ Medicare Advantage (MA) plans are health plans offered by private health insurers that contract with Medicare.
- ▶ They combine all the benefits of Medicare Part A and Part B, and usually include prescription drug coverage.
- ▶ Many plans include additional benefits like dental, hearing and vision.



# Medicare: How Does It All Work?

## Step 1::

Enroll in Original Medicare when you are eligible



Covers hospital stays, skilled nursing facilities, and home health care

+



Covers doctor and outpatient visits

**Original Medicare:** Government Provided

# Medicare: How Does It All Work?

## Step 2:

If you need more coverage, you can choose:

### Option 1:

Keep Original Medicare and add:

#### Medicare Supplement Insurance



Covers some or all costs not covered by Parts A & B

and/or



**Medicare Part D**  
Covers prescription drugs

Offered by private companies that contract with Medicare.

### Option 2:

#### Medicare Advantage (Part C)



Combines Part A & B



Additional benefits



Most plans also include Medicare Prescription Drug coverage

Offered by private companies like FHCP Medicare that contract with Medicare.

# You have options.

**There are a lot of different Medicare Advantage plans, with a lot of different benefits.**

Two of the most common types of Medicare Advantage plans are:

- **An HMO plan**, short for “Health Maintenance Organization”
- **A PPO plan**, which stands for “Preferred Provider Organization”



# HMO Plans

## What does Enrolling in an HMO plan mean?

Out-of-pocket costs may be lower than Original Medicare's

In most cases you will not be covered unless you use in-network providers, except for emergency or urgent care or kidney dialysis.

You choose a primary care doctor from a network to coordinate most of your care. If you do not choose a primary care doctor, one will be assigned to you.

You have to receive a referral from your PCP to see most kinds of specialists.

# PPO Plans

## What does Enrolling in an PPO plan mean?

Most PPO plans have a monthly premium, however, you have the flexibility to see providers outside of the plan's network.

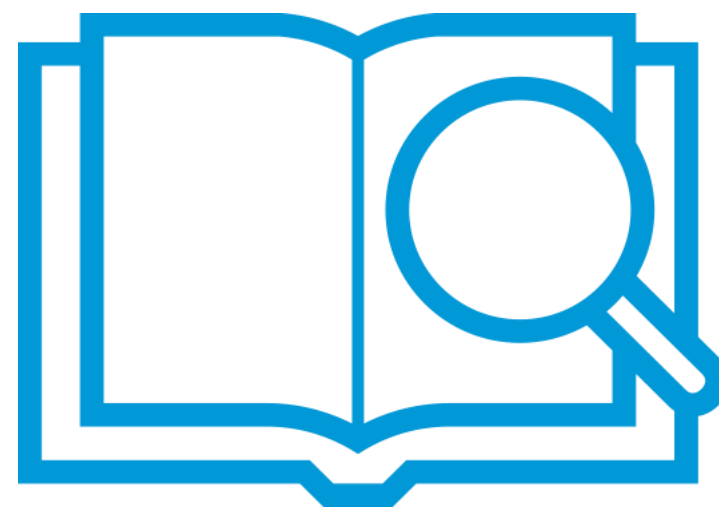
If you are in a PPO plan you can choose healthcare providers that are in the plan's network or outside the network. However, you will usually pay more if you use an out-of-network provider, except when you need emergency or urgent care and kidney dialysis. You pay the in-network cost-sharing amount for emergency and urgent care whether you use in-network or out-of-network providers.

Although it is not mandatory, it is still important to pick a primary doctor when you are in a PPO plan to help coordinate your health care.



# Medicare Facts: Guidelines and Procedures

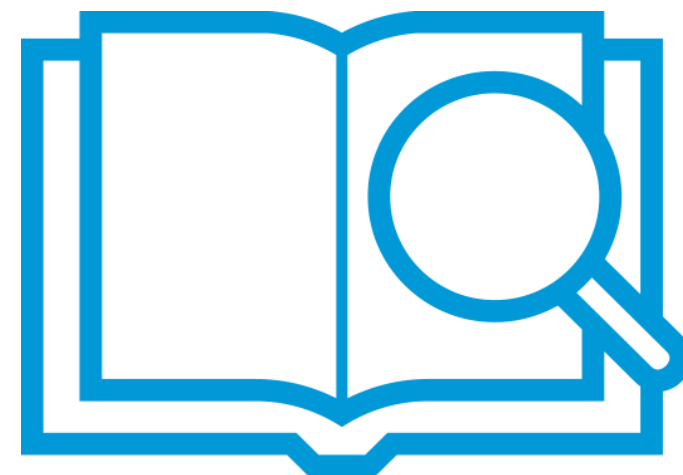
- Medicare Advantage (MA) Plans are offered by private insurance companies contracting with Medicare, and they cover everything that Original Medicare Part A and Part B cover; most also cover prescription drugs.
- When you enroll in a Medicare Advantage Plan you still have Medicare, you do not lose it. The MA plan offers an alternate way to receive your Medicare benefits.



- The Medicare Advantage plan will issue you a new Member ID card to use when you receive medical services or prescription drugs.

# Medicare Facts: Guidelines and Procedures

- When you select a MA plan, you usually still have to pay a monthly premium for your Part B coverage.
- A Medicare Advantage plan is not a Medicare Supplement plan.
- The Centers for Medicare & Medicaid Services (CMS) requires all private insurance companies to provide all the benefits that Original Medicare covers.
- CMS reviews and approves these plans every year.
- If you aren't happy with the Medicare Advantage plan you enrolled in when you became eligible for Medicare Part B, you may be able to return to Original Medicare and buy a Medigap plan during the first 12 months of your MA plan membership.



# Plan Star Rating



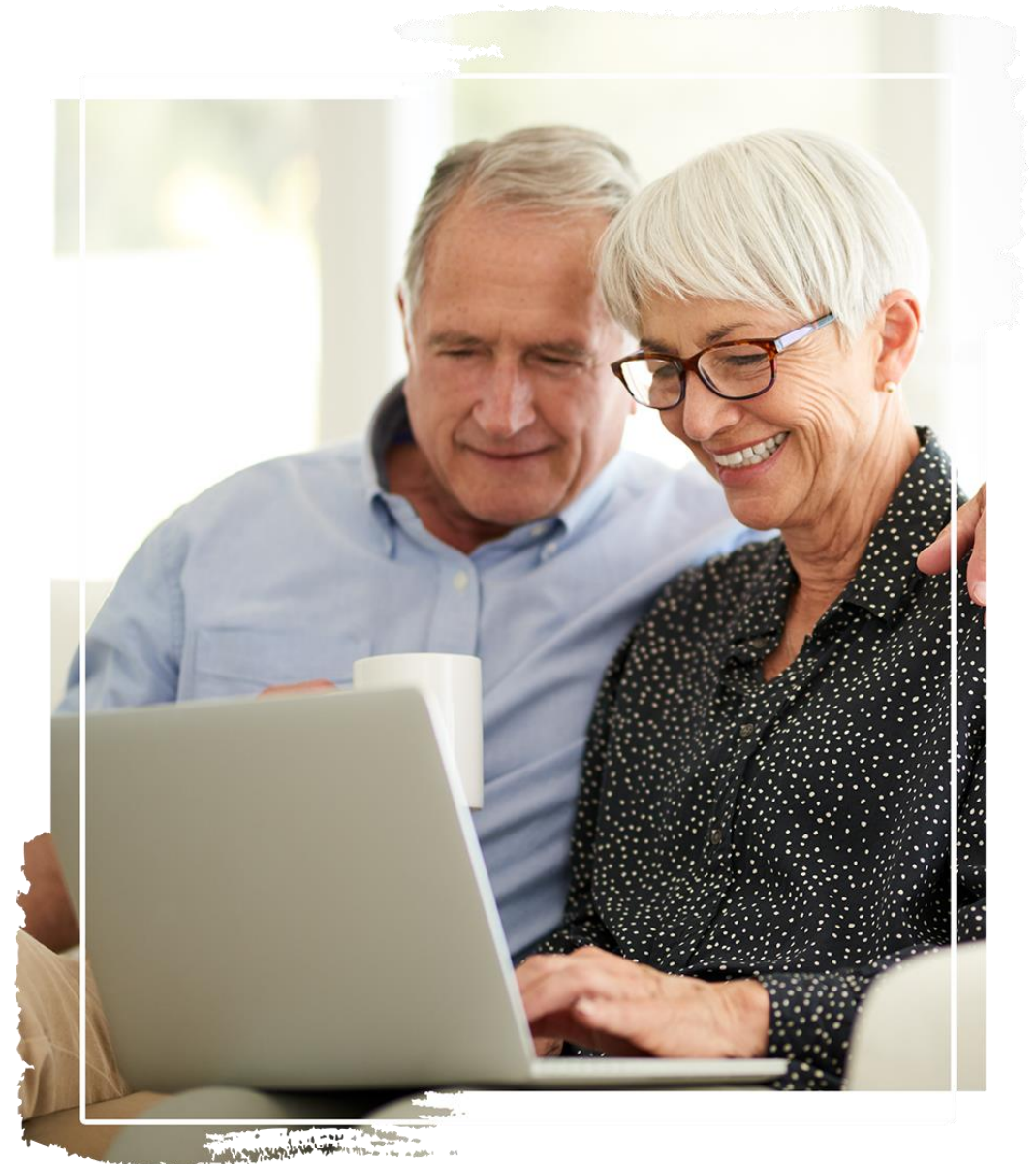
**Every year Medicare evaluates plans based on a 5-STAR rating system.**

The government gives private health plans an overall star rating every year based on how well they performed in previous years.

**STAR ratings** are calculated each year and may change from one year to the next based on plan performance for that year.

# Are you eligible for Medicare Advantage Plans?

- You must be entitled to Medicare Part A and enrolled in Medicare Part B.
- You have to live in the plan's service area.



# Why FHCP Medicare?





# The Good Life

...convenience, savings and service...

## Convenience

- Multiple, all-in-one health care facilities, many offering lab, pharmacy, and provider services under one roof.
- Members-only pharmacies with individualized, one-on-one consultation with pharmacists available.
- **Local** Customer Service to answer your questions, address coverage concerns or help you find a provider or facility near you.
- Electronic Health Record System connecting FHCP providers with the most up-to-date patient health information.
- Member Portal Account.



# FHCP Provider Network

- Extensive provider network that provides access to care in locations that are conveniently located throughout Volusia, Flagler, Seminole, Brevard and St. Johns Counties.
- FHCP has over 9,300 providers in our service area.
- Your PCP leads a team that coordinates the care you receive.
- The following five specialties do not need a referral (open access): Dermatology, Podiatry, Optometry, Gynecology, and Chiropractic.



To find out if a particular provider accepts your plan visit:  
[www.fhcpmedicare.com](http://www.fhcpmedicare.com) and click on “find a provider.”  
Please make sure that your provider is in our network.

# Out-of-Network Services

Out-of-network coverage is limited to emergency care, urgent care, and kidney dialysis services, including associated hospital care, you receive while outside the plan's service area.

The Optional Point-of-Service (POS) Rider can be **ADDED** to the **FHCP Medicare Rx Plus** for an additional premium. The Optional POS benefit is "Open Access," meaning you do not need a referral to see an Out-of-Network specialist. The Optional POS benefit is limited to contracted HMO providers or facilities AND Medicare-participating providers and facilities outside of FHCP's network, without a referral. Prior Authorization from FHCP Medicare is required for certain services. When you receive services under the Optional POS benefit, including preventive care, you are responsible for the applicable copay and/or coinsurance.



# Pharmacy Network



- **Preferred Pharmacies**
  - FHCP Preferred Pharmacy Locations
  - Prescriptions available at a lower out-of-pocket cost
- **Standard Retail Pharmacies**
  - Standard Retail Cost-Sharing
  - Publix, Walgreens & Winn Dixie Locations
- **FHCP's Mail-Order service**
  - Standard Mail Order Cost-Sharing
  - Up to a three-month supply is available with free standard shipping
  - Typically, mail-order drugs arrive within 7 to 10 days

For a complete listing of FHCP's pharmacy network, please visit [www.fhcpmedicare.com](http://www.fhcpmedicare.com) and click on "find a pharmacy."



# Formulary

FHCP's Formulary covers all drug classes required by Medicare.

- Although our formulary includes many drug choices, it does not cover every medication. Please carefully review our formulary located at [www.fhcpmedicare.com](http://www.fhcpmedicare.com) before choosing your plan.
- Our plan has drug tiers that identify the type and cost of covered medications which you can also find at [www.fhcpmedicare.com](http://www.fhcpmedicare.com)





# Formulary Features

- Medication Transition: FHCP will allow a one-time transition supply within 90 days of enrollment at a covered rate unless medication is being used for a condition that is not covered by your plan (example: cosmetic medication for growing eye lashes). The transition supply may be up to a 31-day supply and is intended to allow time for you and your doctor to find a formulary alternative when possible to do so. If there are no medically reasonable alternatives, your doctor may request a formulary exception.
- Step Therapy: Some medications on the formulary are classified as “Step Therapy.” Step Therapy is used to promote cost-effective medication use. A step therapy drug may require a trial of one or more medications that are used for the same purpose as the step therapy drug before the step therapy medication is covered by the plan.
- Prior Authorization: If prior authorization is required for a drug, it means that the plan will cover if pre-specified coverage criteria are satisfied.
- Quantity Limits: Certain medications have quantity limits, which are used to promote medication safety, reduce waste, and improve cost-effective medication use.

# Additional Benefits

- **Telehealth** – Video visits with licensed, board-certified physicians who can treat a host of common illnesses quickly and effectively (also known as Telemedicine).
- **Preferred Fitness Program** – Unlimited free visits to over 80 fitness centers & gyms throughout our service area.
- **Health and Wellness education classes**
- **Member Portal** – Check your claim history, look at your benefits, personal health assessments.
- **Hearing Aids** – Annual allowance towards two hearing aids per year.
- **Vision** – Routine coverage & eyeglass credit every two years.
- **Dental** - Preventive and Comprehensive coverage available on some plans.
- **Over-the-Counter** – Quarterly allowance available on some plans.

# What to expect when you enroll.

1



Your application will be sent to CMS for approval

4



You'll receive your Medicare Advantage Plan member ID card

2



You'll receive a letter to confirm that your application has been processed

5



Your member kit will arrive in your mailbox

3



Medicare will confirm your enrollment

6



You will be contacted about completing a health questionnaire and to schedule a health evaluation

# Overall Review



## Original Medicare

Part A and Part B cover most costs associated with hospital stays, Skilled Nursing Facilities, home health care, visits to your doctor, and many preventive services.



In addition to Original Medicare you can purchase a **Medicare Supplement plan**, with or without a stand-alone Prescription Drug Plan.



For Drug coverage, you can purchase just a stand-alone **Prescription Drug Plan (PDP)**.



If you want an alternative to Original Medicare and to have prescription drug coverage with a single plan, you can enroll in a **Medicare Advantage Prescription Drug Plan (MAPD)**.

# Next Steps

After this presentation we will review two very important documents:



The **Summary of Benefits**, which covers important information and many of the specific features of the FHCP Medicare plans that are available in your area.



And the **Formulary**, which is a list of drugs covered by our plan.

# Summary of Benefits & Formulary



## 2024 Formulary

(List of Covered Drugs)

- FHCP Medicare Rx Plus (HMO-POS)
- FHCP Medicare Rx (HMO)
- FHCP Medicare Rx Savings (HMO)
- FHCP Medicare Premier Plus (HMO)
- FHCP Medicare Flagler Advantage (HMO)
- FHCP Medicare Premier Advantage (HMO)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE DRUGS WE COVER IN THIS PLAN**

This formulary was updated on 06/15/2023. For more recent information or other questions, please contact FHCP Medicare Member Services at 1-833-866-6559 (TTY users should call 1-800-955-8770). Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week from October 1 through March 31, except for Thanksgiving and Christmas. From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday, except for major holidays, or visit [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.



### 2024 Summary of Benefits Medicare Advantage Plans with Part D Prescription Drug Coverage

FHCP Medicare Premier Plus (HMO) H1035-011  
FHCP Medicare Rx Savings (HMO) H1035-014  
FHCP Medicare Premier Advantage (HMO) H1035-040

1/1/2024 – 12/31/2024

The plans' service area includes:  
**Brevard, Flagler, Seminole and Volusia Counties**



# Thank you for attending.



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](http://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 sex. Visit **[fhcpmedicare.com/ndnotice\\_ENG](http://fhcpmedicare.com/ndnotice_ENG)** for information on our free language assistance services. 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).



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