

Benefits at-a-Glance

FHCP MEDICARE	PREMIER PLUS (HMO)	RX SAVINGS (HMO)	PREMIER ADVANTAGE (HMO)
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Plan Costs & Details

PBP Number	H1035-011	H1035-014	H1035-040
Service Area	Brevard, Seminole	Brevard, Flagler, Seminole, Volusia	Brevard, Flagler, Seminole, Volusia
How much is the monthly premium?	\$0 You must continue to pay your Medicare Part B premium. This plan does not include a Part B premium buy-down.	\$0 You must continue to pay your Medicare Part B premium. FHCP Medicare will reduce your Medicare Part B premium by up to \$63	\$0 You must continue to pay your Medicare Part B premium. This plan does not include a Part B premium buy-down.
How much is the deductible?	\$0 for health care services	\$0 for health care services	\$0 for health care services
Is there any limit on how much I will pay for my covered medical services?	\$5,200 for services you receive from In-Network providers.	\$8,300 for services you receive from In-Network providers.	\$3,650 for services you receive from In-Network providers.

Medical & Hospital Benefits

Doctor's Office Visits	\$0 copay Primary Care Physician \$20 copay Specialist	\$20 copay Primary Care Physician \$50 copay Specialist	\$0 copay Primary Care Physician \$15 copay Specialist
Preventive Care	\$0 copay	\$0 copay	\$0 copay
Inpatient Hospital	Days 1-7: \$280 copay per day. After the 7 th day the plan pays 100% of covered expenses.	Days 1-4: \$500 copay per day. After the 4 th day the plan pays 100% of covered expenses.	Days 1-5: \$215 copay per day. After the 5 th day the plan pays 100% of covered expenses.

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Medical & Hospital Benefits (continued)

Outpatient Hospital	\$200 copay	\$400 copay	\$150 copay
Outpatient Surgery	\$150 copay in an Ambulatory Surgical Center \$200 copay in an Outpatient Hospital Facility	\$300 copay in an Ambulatory Surgical Center \$400 copay in an Outpatient Hospital Facility	\$75 copay in an Ambulatory Surgical Center \$150 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	\$20 copay per visit at an FHCP Extended Hours Care Center \$50 copay at an Urgent Care Center	\$0 copay per visit at an FHCP Extended Hours Care Center \$10 copay at an Urgent Care Center
Emergency Room	\$100 copay	\$100 copay	\$125 copay

Part D Prescription Drug Benefits

Deductible	\$0 per year for Part D prescription drugs.	\$395 per year for Part D prescription drugs. Applies only to Part D drugs in Tiers 3, 4 and 5.	\$0 per year for Part D prescription drugs.
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What you pay at a Preferred Pharmacy for a 31-day supply

Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$7 copay	\$10 copay	\$5 copay
Tier 3 (Preferred Brand)	\$45 copay	Deductible then \$45 copay	\$44 copay
Tier 4 (Non-Preferred)	\$98 copay	Deductible then \$98 copay	\$95 copay
Tier 5 (Specialty)	33% coinsurance	Deductible then 25% coinsurance	33% coinsurance
Tier 6 (Vaccines)	\$0 copay	\$0 copay	\$0 copay

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

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

Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Tier 2 (Generic)	\$18 copay	\$27 copay	\$12 copay
Tier 3 (Preferred Brand)	\$132 copay	Deductible then \$132 copay	\$129 copay
Tier 4 (Non-Preferred)	\$291 copay	Deductible then \$291 copay	\$282 copay
Tier 5 (Specialty)	Not Applicable	Not Applicable	Not Applicable
Tier 6 (Vaccines)	Not Applicable	Not Applicable	Not Applicable

You won't pay more than \$70 for up to a two-month supply or \$105 for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Additional Benefits

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.	\$15 copay for annual routine eye exam. \$90 allowance every two years towards the purchase of eyeglasses (lenses and frames) from a participating Optometrist.	\$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"> • Oral exams, cleanings, and X-rays • Non-surgical extractions • Adjustment of complete or partial denture Refer to the Evidence of Coverage for coverage limits and frequency.	Not covered	\$0 copay for the following services <ul style="list-style-type: none"> • Oral exams, cleanings, and X-rays • Non-surgical extractions • Adjustment of complete or partial denture Refer to the Evidence of Coverage for coverage limits and frequency.

Additional Benefits (continued)

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	<p>\$60 quarterly allowance for the purchase of non-prescription items, such as vitamins and aspirin. What you need to know: Any balance not used for a quarter will not carry over to the next quarter.</p>	Not Applicable	<p>\$80 quarterly allowance for the purchase of non-prescription items, such as vitamins and aspirin. What you need to know: Any balance not used for a quarter will not carry over to the next quarter.</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 sex. Visit fhcpmedicare.com/ndnotice_ENG for information on our free language assistance services.