

Benefits at-a-Glance

FHCP MEDICARE FLAGLER ADVANTAGE (HMO)

Plan Costs & Details

PBP Number	H1035-016
Service Area	St. Johns
How much is the monthly premium?	\$0 You must continue to pay your Medicare Part B premium.
How much is the deductible?	\$0 for health care services
Is there any limit on how much I will pay for my covered medical services?	\$3,650 for services you receive from In-Network providers.

Medical & Hospital Benefits

Doctor's Office Visits	\$0 copay Primary Care Physician \$15 copay Specialist
Preventive Care	\$0 copay
Inpatient Hospital	Days 1-5: \$215 copay per day. After the 5 th day the plan pays 100% of covered expenses.
Outpatient Hospital	\$150 copay
Outpatient Surgery	\$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 \$10 copay at an Urgent Care Center
Emergency Room	\$125 copay

Part D Prescription Drug Benefits

Deductible **\$0 per year** for Part D prescription drugs.

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

Tier 1 (Preferred Generic)	\$0 copay
Tier 2 (Generic)	\$5 copay
Tier 3 (Preferred Brand)	\$44 copay
Tier 4 (Non-Preferred)	\$95 copay
Tier 5 (Specialty)	33% coinsurance
Tier 6 (Vaccines)	\$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.

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

Tier 1 (Preferred Generic)	\$0 copay
Tier 2 (Generic)	\$12 copay
Tier 3 (Preferred Brand)	\$129 copay
Tier 4 (Non-Preferred)	\$282 copay
Tier 5 (Specialty)	Not Applicable
Tier 6 (Vaccines)	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	<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>
Dental Services	<p>\$0 copay for the following services</p> <ul style="list-style-type: none">• Oral exams, cleanings, and X-rays• Non-surgical extractions• Adjustment of complete or partial denture <p>Refer to the Evidence of Coverage for coverage limits and frequency.</p>
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>
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:</p> <p>Any balance not used for a quarter will not carry over to the next quarter.</p>
FHCP Medicare Rewards	<p>Rewards for completing certain preventive health screenings.</p>
Preferred Fitness Program	<p>Free unlimited visits to participating fitness centers and gyms in FHCP Medicare's Service Area.</p>