



Get the most from your FHCP Medicare plan

Step 1

Create your Member Portal Account.

To sign up, visit <https://www.fhcpmedicare.com/> and click the *Member Portal* button at the top. Then click *New Member Registration*. All you need to get started is your email address plus your member ID number from the front of your FHCP Medicare member ID card.

Step 2

Take your Health Assessment.

After you log in to your member portal, click on *My Health* and then *Welcome to Wellness*. Taking your confidential health assessment provides you with valuable insight on your own health and can help us connect you with FHCP resources on your path to healthy living.

Step 3

Get to Know your Plan.

The better you understand your plan, the more confident you'll feel using it. This planner will give you a great start and help you learn where to find key information. Your *Evidence of Coverage* is an important legal document that gives you details about what the plan covers, how much you pay and more. You can download it from your Member Portal Account after you log in.

Save time by managing your health through your Member Portal Account.

It's safe, secure and available when you need it.

Set up your account today at <https://www.fhcpmedicare.com/>.
You need your FHCP Medicare member ID card to get started.



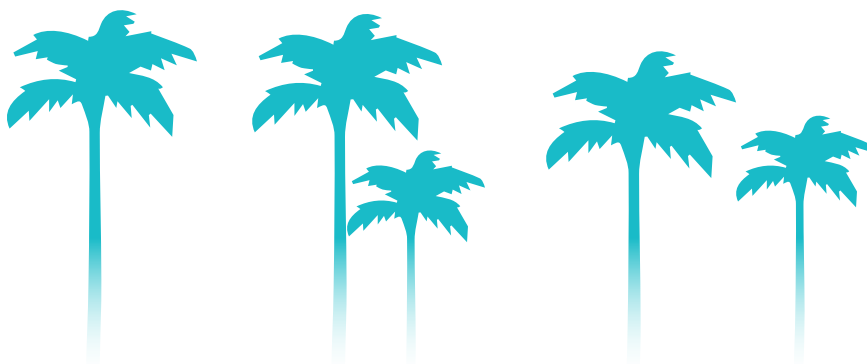
Set up your online account.

Log in to explore all the convenient tools for you.

- View your benefit coverage details
- Manage your claims
- Request a prescription refill
- Get important reminders about your health and wellness
- Visit Welcome to Wellness, your personal health and wellness page

Learn more about your benefit coverage.

- How your plan works
- Medications your plan covers
- Check your claims and cost-sharing amounts
- View and print copies of your FHCP Medicare Member ID Card
- Find in-network doctors and pharmacies
- And much more...





Here's what you need to know.

Get the most out of your plan by using doctors, hospitals, and pharmacies in your network.




- FHCP Medicare HMO members: Out-of-network costs are usually not covered.
- FHCP Medicare POS members: Out-of-network costs may be higher.

Find out more in your *Evidence of Coverage*.





Get the right care when you need it.

Doctors, specialists, urgent care, and emergency rooms, with so many choices, it's sometimes hard to know the right type of care you need, especially when you're not feeling well.

Type of Care	Best for:	Advantages	Tips
 Your primary care physician	<ul style="list-style-type: none">• Annual wellness visit• Preventive care• Minor illnesses or injuries• Screenings/vaccines• Managing most ongoing health conditions like diabetes, high blood pressure or osteoporosis	One Resource: <ul style="list-style-type: none">• Knows you and your medical history• Can direct any follow-up care or referrals you may need• Can track and guide all aspects of your care	<p>Choose one doctor who can help watch over your care.</p> <p>Set your next appointment before you leave your doctor's office.</p>
 Specialist	<ul style="list-style-type: none">• Treats a specific type of illness or a specific area of the body• You may need a referral from your primary care doctor in order for your specialist care to be covered	Specialized care: <ul style="list-style-type: none">• Can help you with specific issues, like heart or lung health• Your doctor may refer you	<p>Scheduling your first appointment, when it's not urgent, may sometimes take several weeks. Ask your referring doctor for help if you have trouble making an appointment.</p> <p>Be sure you ask your specialist to share information with your primary care doctor and get a copy for your records.</p>
 (Virtual visit)	<ul style="list-style-type: none">• Urgent Care• Cold and Flu• Allergies• Psychology Services	Accessibility: <ul style="list-style-type: none">• \$10 PCP Visit copay• \$30 Psychologist Visit copay• Always available (24/7/365)	<p>Set up your account before you need to use it. Visit Doctor on Demand for FHCP at https://doctorondemand.com/fhcpmedicare/</p>



Type of Care	Best for:	Advantages	Tips
 <p>Extended Hours Care Centers</p>	<ul style="list-style-type: none"> • Non-life threatening illnesses or issues when you can't get in to see your primary care doctor • Cold, flu, fever • Strains, sprains or breaks • Infections • Minor burns 	<p>Convenience:</p> <ul style="list-style-type: none"> • Less expensive and shorter wait time than the ER • When you want to be seen in person instead of a virtual visit 	<p>To find an Extended Hours Care Center visit https://www.fhcpmedicare.com/ and click <i>Find a Provider</i>. Check your benefits to find out what your copay is for an urgent care visit so you're not surprised. Be sure to let your primary care doctor know you visited an Extended Hours Care Center when you go in for your next appointment.</p>
 <p>Emergency Room</p>	<ul style="list-style-type: none"> • Use for very serious or potentially life-threatening issues like broken bones, severe burns, bleeding, fevers over 103 degrees; severe chest or abdominal pain 	<p>Accessibility:</p> <ul style="list-style-type: none"> • Always available (24/7/365) • Wait times can vary and are based on symptoms • Handles any type of sudden, serious illness or injury 	<p>Going to the ER for a non-life-threatening issue often results in long wait times and expensive medical bills. Keep a list of your current medications with you in case of an emergency. Include the medicine name, strength and dosage. Make sure you have your doctor's name and phone number with you. Share this information with a caregiver or family member too.</p>

Learn about your covered wellness exams.

Make a yearly appointment with your primary care doctor.

Why? It's a great way to catch any potential health issues early and find ways to improve your health.

For Medicare Advantage members, there are two types of wellness visits covered, depending on whether you're new to Medicare or have been enrolled for some time. Knowing the difference between these two visits can help you know what to expect during your appointment.

New to Medicare?

Schedule your one-time Welcome to Medicare exam.

You're eligible for a Welcome to Medicare exam only during the first 12 months you have Medicare Part B. It costs \$0 when you see a network doctor.

What happens during this exam?

- The Welcome to Medicare exam includes measuring things like your height, weight and blood pressure.
- During this exam, your doctor will:
 - Ask you about your medical and social history related to your health.
 - Give you information and recommendations about preventive services, including certain screenings, shots or vaccines (like flu, pneumonia and others).
 - Refer you for other care, if needed.

When you make your appointment, let your doctor's office know that you'd like to schedule your "Welcome to Medicare" preventive visit.

Enrolled in Medicare longer than one year?

It's time for your Annual Wellness Visit.

If you've had Medicare Part B longer than one year, your plan covers a wellness visit once every 12 months. It costs \$0 when you see a network doctor.



What can I expect at this yearly visit?

Your Annual Wellness Visit is a one-on-one visit with your doctor to talk about any health concerns or goals. During this visit, your doctor will:

- Discuss your personal and family medical history with you.
- Measure your height, weight and body mass index (BMI).
- Take your blood pressure reading and other measurements that may be appropriate for you.

Based on your health and any risk factors, your doctor will work with you to create a preventive care plan for the coming year. This plan will include a list of recommended tests and screenings and how often you should have them done. It may also include recommendations for improving your health and wellbeing, such as nutrition or exercise to reduce stress or lose weight.

How much will these exams cost me?

There is no out-of-pocket cost for a Welcome to Medicare exam or an Annual Wellness Visit. Both are covered at 100 percent when you see a network doctor.

However, if your doctor recommends screenings or tests as part of these exams, you may have to pay a copay or coinsurance for these additional services.

To view a list of covered preventive services, please refer to your *Evidence of Coverage*.

How Your Medical Coverage Works

(continued)

Need help finding a network doctor?

Visit <https://www.fhcpmedicare.com/>. Click on *Find a Provider*, then search for a provider based on provider name, your search area, or the type of provider you would like to see.

PROVIDER DIRECTORY

Quickly find a provider, pharmacy, or clinic, hospital or other facility.

[Provider Directory Definitions](#)

[How FHCP Builds Our Networks](#)

[Additional Benefit Providers](#)

[Need Help Using This Page? Click Here.](#)

ALREADY HAVE A PROVIDER IN MIND?

Looking for a specific provider? Enter a name to see if he/she is covered by our plans.

Provider Name

SEARCH

1 I WOULD LIKE TO FIND A PROVIDER IN ...

Tell us where you would like to search.

To help us find specialists near you, select either your Zip Code or County.

Zip

Distance

OR

County

2 I WOULD LIKE TO SEE ...

Tell us the type of provider you would like to visit.

Please select the type of provider you would like to see.

- ☐ Ambulatory Surgical Centers
- ☐ Behavioral Health (BH)
- ☐ Emergency Departments
- ☐ Extended Hours Care Centers
- ☐ Fitness Centers
- ☐ Hospital
- ☐ Imaging Services
- ☐ Laboratories
- ☐ Other Medical Service Providers
- ☐ Pharmacy
- ☐ Physical, Speech, Occupational Therapy
- ☒ Primary (PCP)
- ☐ Specialist



Florida
Health Care
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Hello

MY QUICK LINKS

MY BENEFIT PLAN

MY F

Good Afternoon

How can we help you?

[View My Benefit Coverage Details](#)

[View My Medical Claims / EOBs](#)

[View My Pharmacy Claims](#)

[Request a Prescription Refill](#)

[Request / Print My ID Card](#)

[Welcome to Wellness](#)

[FollowMyHealth® - Patient Portal](#)

[Change PCP](#)
[View My Pharmacy Claims](#)
[ID Card Request](#)
[Referrals & Authorizations](#)
[Benefits and Eligibility](#)
[View My Claims / EOBs](#)
[Consumer Provider Search](#)

To choose your Primary Care Provider (PCP), sign into your Member Portal Account. Click on *My Benefit Plan*, then *Change My PCP*. Use the search options to find a PCP, then click *Select* and *Accept*.

Get FHCP Medicare and get care that's built around you!

You're covered for the benefits that matter most.

Check your plan's *Evidence of Coverage* for full details.



Diabetic supplies and Nebulizers

are offered through Preferred Retail Pharmacy.

Durable Medical Equipment

is offered through Apria. You or your doctor can contact Apria at **1-855-613-8303**.



Save money on insulin.

When using a Preferred Retail Pharmacy, you can lower your out-of-pocket expenses. All FHCP Medicare members have a \$0 copay on:

- NovoLIN® N Vials and Pens
- NovoLIN® R Vials and Pens
- NovoLIN® 70/30 Vials and Pens

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible if applicable.

Your *Evidence of Coverage* explains the select insulins covered. You can also look up select insulins covered in your Formulary (covered drug list).



How Your Medical Coverage Works

(continued)

In addition to your health coverage, your plan comes with hearing and vision coverage. Most plans also include dental care. Check your *Evidence of Coverage* to see how your plan covers these important benefits.



Hearing care

You may have a copay for Medicare-covered hearing services. You also have an allowance for up to two hearing aids every year. Most plans also provide additional hearing services like a routine hearing exam and hearing aid fitting evaluation for a \$0 copay. Additional hearing services must be provided through our participating provider (NationsHearing®).



Vision care

You may have a copay for Medicare-covered vision services. Your plan also provides additional vision services like routine vision exams. Search the FHCP Medicare Provider Network for a participating Optometrist for your annual routine exam. You also have an allowance toward the purchase of eyeglasses (frames and lenses).



Dental care

You may have a copay for Medicare-covered dental services. Your plan may include dental coverage. Check your *Evidence of Coverage* (EOC) to see if your plan includes dental coverage. Visit <https://www.fhcpmedicare.com/medicare/resources-and-tools/additional-benefits/>



Over-the-Counter Products

Save money on over-the-counter health and wellness items. Depending on your plan, you may have an over-the-counter drug allowance. Check your *Evidence of Coverage* for details about how to save money on health and wellness products. Select your items from the catalog, place your order and enjoy free shipping to your home. Access the OTC Catalog at <https://www.fhcpmedicare.com/medicare/resources-and-tools/additional-benefits/>



Your FHCP Medicare plan includes even more perks.

Keep moving with FHCP Medicare Preferred Fitness.

Included with all of our Medicare Advantage plans at no extra cost to you.

The Preferred Fitness Program with free access to more than 80 participating gyms and fitness facilities in Brevard, Flagler, Seminole, St. Johns and Volusia Counties. This program is available to all FHCP Medicare members and may help you improve your health, reduce your risk of future disease, increase your energy, and help you meet new friends!

Get a printable participating gym list at <https://www.fhcp.com/documents/FHCP-Gym-List.pdf>

Explore deals just for you.



**Florida
Health Care
Plans®**



Blue365®

An Independent Licensee of the Blue Cross and Blue Shield Association

Maintaining a healthy lifestyle comes down to making positive choices every day. Florida Blue Medicare, DBA FHCP Medicare can make these choices easier and affordable with our exclusive, free member program, Blue365. Blue365 keeps you healthy and happy every day of the year by delivering top discounts from your favorite national brands and local retailers on fitness gear, gym memberships, vision care, healthy eating options, and much more.

You know what it takes to keep your mind and body in tip-top shape, and Blue365 has the deals to help you every step of the way. Getting started is simple. After registering online, Blue365 members will receive personalized health and wellness deals straight to their inbox, so savings are just a click away.

Take advantage of this exciting Florida Blue Medicare, DBA FHCP Medicare program, and take charge of your health. Visit us today at www.blue365deals.com to learn more.

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Make sense out of your drug costs.

Worried about how much your medicine costs?



Prescription Drugs

Get to know your plan's covered drug list (also called a formulary). Find it online in your Member Portal Account, or call FHCP Medicare Member Services at **1-833-866-6559** (TTY 1-800-955-8770)*. Look up the medications you take, so you can see if they are covered and how much they'll cost you.

* 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.



Save money. Find and use your nearest Preferred Retail Pharmacy to fill your prescriptions. Your local FHCP Pharmacy offers low pricing with personal hometown service to our members. Visit <https://www.fhcpmedicare.com/> and click on *Find a Pharmacy* at the top of the page to locate the FHCP Pharmacy near you.



Save time with home delivery. No need to wait for your prescriptions to be filled or worry about getting to the pharmacy. FHCP Medicare offers the convenience of our FHCP Pharmacy Mail Order service*. Have your prescriptions delivered to your home at no extra cost*. For more information call **1-800-232-0216** (TTY 1-800-955-8770). Hours are 8:30 a.m. to 5:30 p.m., local time, Monday through Friday.

* There is no charge for standard shipping via US Postal Service. We do charge for overnight or expedited shipping.



How Your Prescription Drug Coverage Works

Always take your medication exactly the way your doctor told you.

There's no need to split pills or go without your medicine.

Common reasons people stop taking their medication	What you can do to stick to your medication routine
It's too expensive.	 Ask your doctor or call Member Services for a different medicine that costs less.
It makes me feel worse.	 Ask your doctor or pharmacist if there is a different medicine you can try.
I don't have a ride to get to the pharmacy.	 Sign up for home delivery through FHCP Pharmacy Mail Order.



Lower your medicine costs. Ask your doctor:

- **Is there a generic or preferred version of the same medicine?** — By law, generic versions of a medicine must use the same active ingredients and meet the same quality and safety standards as the brand name medicine. Generics are typically less expensive.
- **Is there a different version of the same medicine?** — For example, if you're taking an extended-release version of a medicine once a day, you could try a less expensive, immediate-release version twice a day instead. The cost savings might make up for the inconvenience of taking two doses.
- **Is there a medication on a lower drug tier that can treat my condition?** — Share your covered drug list with your doctor. If you have a condition like diabetes, high cholesterol, or high blood pressure, you may be able to get your medication at no cost if the drug is listed on a lower drug tier.



How Your Prescription Drug Coverage Works

(continued)

The health insurance plan you had before Medicare likely included prescription drug coverage. When you join a Medicare Advantage Plan, you still have Medicare. A Medicare Advantage plan is a “bundled” plan, including coverage for Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance), and usually Medicare prescription drugs (Part D). Most FHCP Medicare Advantage HMO and POS plans include coverage for prescriptions drugs.

Knowing how your drug coverage works isn’t always as easy as it should be. You want to know the medication you take is covered by your Medicare plan and how much it will cost you. Remember that the medications you currently use may or may not be covered under your new FHCP Medicare plan.

Here’s the information you need to avoid surprises next time you fill your prescriptions. Let’s start with the basics: Why are some drugs covered under Medicare Part B, and others under Medicare Part D?

Part B	Part D
Included with your FHCP Medicare Advantage plan	
Medicare’s outpatient medical benefit	Medicare’s outpatient prescription drug benefit
Covers most doctor services, durable medical equipment (like diabetic test strips and wheelchairs), preventive care (like flu and pneumonia shots), and more. Typically Part B drugs are covered as medications provided by your doctor or another health professional at their office or facility.	Part D pays for the medications you may take regularly to manage a health condition like heart disease, high cholesterol or asthma. Part D also covers medications you may take for a short time such as antibiotics. Typically these are the drugs you get a prescription for and get from your pharmacy. If you’re in the hospital under observation, any medication you receive would be covered under Part D. Some drugs can be Part B or Part D drugs; it just depends on what the drug is used for and how it’s used.

Are my prescriptions covered?

The quickest way to find out if a medication you take is covered by your FHCP Medicare plan is to check your covered drug list (called a formulary).



Sign in to your Member Portal account to access our Drug Pricing Tool.



You can also call FHCP Medicare Member Services **1-833-866-6559** (TTY: 1-800-955-8770). Sometimes it’s hard to know the exact name or dose of your medication.

We’re happy to help you with your questions.

How Your Prescription Drug Coverage Works

(continued)

Helpful Terms to Know

Here are some common words we use to talk about how your drugs are covered. When you understand what they mean you may feel more confident using your plan.

- **Deductible** — The amount you pay before FHCP Medicare begins to pay its share of the cost. Some plans have a separate drug deductible before they start to pay for your prescriptions.
- **Copay** — A flat dollar amount (for example, \$10) you pay each time you fill a drug.
- **Coinsurance** — A percentage (for example, 10%) of the amount a pharmacy is allowed to charge for a drug.
- **MOOP** — The Maximum Out-of-Pocket Amount is the most that you pay out-of-pocket during the calendar year for in-network covered Part A and Part B services.

Drug Tiers

Drug Tier	What it means
Tier 1	Preferred Generic. Generic drugs in our lowest cost-sharing tier.
Tier 2	Generic. The cost-sharing amount is greater than Tier 1 drugs.
Tier 3	Preferred Brand. The cost-sharing amount for drugs in this tier is greater than Tier 2 drugs.
Tier 4	Non-Preferred Drug. The cost-sharing amount for drugs in this tier is greater than Tier 3 drugs.
Tier 5	Specialty Tier. Specialty Drugs are very high-cost drugs. The cost-sharing amount for drugs in this tier is greatest.
Tier 6	Vaccines (\$0 cost sharing). All covered vaccines that are listed on the ACIP Adult Recommended Vaccine list.

How do I know what tier my drugs are in?

The easiest way to find out what tier your drugs are in is by using your plan's drug list. When you look up a drug, the second column of the drug list will show you what tier it's in.



How Your Prescription Drug Coverage Works

(continued)

Medication Therapy Management (MTM)

When you have ongoing health conditions like high blood pressure or diabetes, prescription drugs can be a big part of your life. **The Medication Therapy Management program** helps make sure the prescription drugs you're taking are working for you. It also helps us identify any potential problems. If you're eligible for this program, our team of pharmacists and qualified pharmacy staff will work with you one-on-one. They'll make sure you get the best results from the prescription drugs you take.

You're eligible if you:

- Have at least three qualifying health conditions, and
- Take eight or more maintenance prescriptions for Part D drugs each month, and
- Spend an average of \$4,417.50 on Part D prescription drugs each year.

While this program isn't a benefit, it's included in all our FHCP Medicare plans that include prescription drug coverage. Your enrollment is free, voluntary, and doesn't affect your drug coverage under Medicare.

How does it work?

Once you're in the program, we'll keep track of the prescriptions you're taking in two ways.

- At least four times a year, our team of pharmacists will review the list of prescriptions you're taking. We call this a **Targeted Medication Review**. We may reach out to you or your doctor if we see any potential problems.
- At least once a year, we'll offer to talk to you about how to use your prescriptions safely. We call this a **Comprehensive Medication Review**. The conversation can happen over the phone and takes about 30 minutes. After the call, we'll send you a complete drug list and a plan to help you get the best results from your prescriptions. We call it a **Medication Action Plan**.
- If you'd like to include a family member or trusted friend who helps with your care in a medication review conversation, let us know. We can arrange for a 3-way phone call to include them. We'll also send you a list of the medications you're taking to help you keep track of them. It's called a **Personal Medication List**.

How do I sign up?



If you qualify for **Medication Therapy Management**, we'll send you a letter letting you know you've been automatically enrolled. The letter will also have more information about the program.

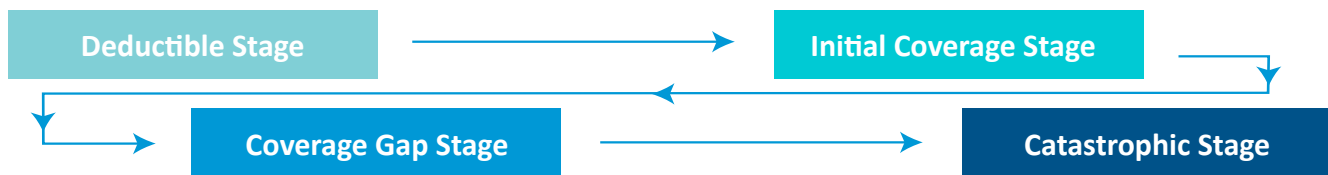



If you have any other questions about this program or want to know if you qualify, call FHCP Medicare Member Services at **1-833-866-6559** (TTY 1-800-955-8770).

How Your Prescription Drug Coverage Works

(continued)

All Medicare Advantage Part D plans have coverage stages.



- **Deductible Stage** — If your plan has a prescription drug deductible, you'll start the year paying the full cost of your medications until you meet your deductible.
 - **Initial Coverage Stage** — During the initial coverage stage, your plan helps cover the costs of your prescription drugs. How much you pay depends on which plan you have, what tier your prescription is in, and where and how you fill your prescription. Check your plan's *Evidence of Coverage* or covered drug list (formulary) for more details about what you will pay. In 2024, you'll stay in the initial coverage stage until you and your plan spend a total of \$5,030 on prescription drugs. If you don't take a lot of medications, it's possible you could stay in the initial coverage stage for the whole plan year. However, if you take several medications, or expensive medications, you may reach the coverage gap more quickly. You may experience sticker shock the first time your medication falls into the coverage gap.
 - **Coverage Gap Stage (Donut Hole) Stage** — In the coverage gap, you're responsible for a higher percentage of the cost than you were in the initial coverage stage. That's why it's called a "gap." When you're in the coverage gap, you'll usually pay 25 percent of the plan's costs for brand name and generic drugs. Check your plan's formulary to learn more. You stay in the coverage gap until your total out-of-pocket drug spending reaches \$8,000. If you get any discounts on brand-name drugs, we count it as though you paid the full price.
-  **Note:** Not everyone has a coverage gap. If you get Extra Help paying for your prescriptions, you don't have a coverage gap. Check your plan's formulary to learn more.
- **Catastrophic Coverage Stage** — If you reach \$8,000 in out-of-pocket prescription drug costs, you'll be in the catastrophic stage through the end of the year. During this stage, the plan pays the full cost for your covered Part D drugs. You will pay nothing. Call FHCP Medicare Member Services to see how you may qualify for extra help **1-833-866-6559** (TTY 1-800-955-8770).

So how do you know which stage you're in?

It depends on how much you've spent on prescription drugs. The table below can help you figure that out.

How to know what stage you're in:

Stage	
Initial Coverage Stage	Until your total drug costs reach \$5,030
Coverage Gap Stage	When your drug costs exceeds \$5,030 but your out of pocket costs are less than \$8,000
Catastrophic Coverage Stage	When your total out of pocket costs exceed \$8,000

How Your Prescription Drug Coverage Works

(continued)

It's important to know what stage you're in because it affects what you pay for your prescription drugs. The same drug could cost less in the initial coverage stage, more in the coverage gap and then much less in the catastrophic coverage stage.

Not sure which stage you're in?



Your monthly prescription drug *Explanation of Benefits* can help. It explains what stage you're in and how much you've spent on prescription drugs to date.



You can also **give us a call** at FHCP Medicare Member Services **1-833-866-6559** (TTY: 1-800-955-8770) to find out.

Where can I find out how much I'll pay for drugs in each tier?

Your plan's *Evidence of Coverage* will have a section on prescription drug costs. It will break down your copay or coinsurance for each drug tier. You can also always call FHCP Medicare Member Services at **1-833-866-6559** (TTY: 1-800-955-8770) if you have questions.



Tip: Keep in mind that you'll pay the full price on brand and specialty medications if you haven't met your plan's pharmacy deductible (if applicable). You'll also pay more when you're in the coverage gap, or donut hole.

Why does my medication cost more this month?

Prices can vary from pharmacy to pharmacy for the same medicine and, these prices can change.

Is there a way to know how much my medicine will cost before I fill my prescription?



Log in to your Member Portal or call **Member Services 1-833-866-6559** to find out the cost. They can talk you through where to go for the best price.

Benefits of using an FHCP Preferred Pharmacy

The FHCP Medicare Pharmacy Network includes both preferred and standard choices. FHCP Medicare members may go to either type of network pharmacy to receive covered prescription drugs. However, your cost sharing may be lower when you use a preferred pharmacy.

Check out the "Make sense out of your drug costs" section in this planner to learn more about preferred pharmacies.

How Your Prescription Drug Coverage Works

(continued)

See if you qualify for Extra Help

If you meet certain income and resource limits, you may qualify for Extra Help from Medicare to pay the costs of Medicare prescription drug coverage. You automatically qualify for Extra Help if you have Medicare **and meet any of these conditions:**

- Have full Medicaid coverage
- Get help from your state Medicaid program to pay your Part B premiums (from a Medicare Savings Program)
- Get Supplemental Security Income (SSI) benefits.

Even if you automatically qualify this year, you may not qualify for Extra Help next year. Changes in your income or resources may cause you to no longer qualify for one of the programs listed above.



To learn more, visit <https://www.medicare.gov/>. Click on *Basics*, then click on *Medicare costs*, then click on *Get Help with Costs*, then click on *Lower Drug Costs*. You may also call FHCP Medicare Member Services **1-833-866-6559** (TTY: 1-800-955-8770).

If you have concerns about the cost of a prescription, let the pharmacist know that you need to get more information about the cost. Then call us. We can help answer your questions and let you know if there are less-expensive options available to you. You or your pharmacist can also work with your doctor to find other options.



What is myFHCP Rx App?

A fast, easy and convenient way to track and manage your prescriptions. No need to call the Pharmacy, it's like having a pharmacy in your pocket! With the myFHCP Rx App you can:



Refill from a list of your prescriptions



Refill by scanning the RX label



Organize your Doctors, view their contact info, and click-to-call the office



Transfer your prescriptions



Set up reminders & notifications



Find an FHCP Pharmacy & view hours



Account settings & preferences



What is FHCP Pharmacy Mail Order?

A fast, convenient way to receive your prescriptions. Getting started is easy.



Front door delivery



No-hassle refills



Low copay/coinsurance apply



Standard shipping is free



Keep your health in check.

Always start with your primary care doctor.

FHCP is more than just an insurance company. We want to provide our members with high quality, personalized healthcare and that includes offering our members a variety of health and wellness programs.

Health Topics and Concerns	FHCP Resources
Flu Shots, Shingles Shot, and other Vaccines	Adults need vaccines to help stay healthy, just like kids do. Talk to your health care provider to find out what vaccines may be right for you.
Nutrition, Diabetes Management, Weight Management	FHCP Medicare provides a comprehensive Diabetes Education Program approved by the American Diabetes Association. It is provided by Registered Nurses and Registered Dietitians who are Certified Diabetes Educators. Click HERE for more information
Exercise and Physical Activity	FHCP Medicare Members have access to our exclusive Preferred Fitness Program. This program offers you and your dependents free, unlimited access to over 80 gyms and fitness facilities. We partner with a wide variety of facilities so that you can find your best fit. Click HERE for more information



Track Your Progress

When you create your online Member Portal Account, you'll get access to tools that can help you manage your health and track your progress towards your wellness goals.

- Complete your online Health Assessment and get a personalized report that you can share with your doctor.
- Try out different Action Plans and work towards creating new healthy habits.
- Search through the Knowledge-based Library for the best most reliable health and wellness information.

Log into your Member Portal Account at <https://www.fhcpmedicare.com/> and click on *My Health* to explore your options.



Coronavirus (COVID-19) and Flu: We've got you covered.



Here are some helpful tips to help slow the spread of COVID-19.

The easiest way to protect yourself is to avoid being exposed to the virus by **staying at home and social distancing.**



Wash your hands often with soap and water or use a hand sanitizer that contains at least 60% alcohol



Avoid contact with people who are sick and stay home when you are sick



Cover your cough or sneeze with a tissue and throw it away



Wear cloth face coverings in public where it would be difficult to maintain social distancing



Follow government travel restrictions

Visit <https://www.fhcp.com/covid-19-information/> for updates, resources, and news about COVID-19.

Thinking of skipping your flu shot?

Protect yourself – and others – with a flu shot. The flu can be serious, even deadly. A flu shot helps keep you and your family safe. A flu shot is safe. You can't get the flu from the flu shot. Reducing your exposure to the flu helps health care workers and resources stay focused on the pandemic.

- Be mindful of COVID-19.
- You can get the flu shot at the same time as your COVID-19 vaccine.
- \$0 copay when you get your flu shot from a network doctor or pharmacy like Walgreens.
- See the list of network providers online.
 - Member Portal Account, or
 - Go to <https://www.fhcpmedicare.com/> and click *Find a Provider*

FHCP Medicare Centers connect neighbors like you to services, support and advice that help you achieve better health.

Call 1-833-866-6559 (TTY: 1-800-955-8770) to be automatically routed to your local FHCP Medicare Center team



Join us for BAM! Balance and Motion.

“Balance and Motion” is an upbeat senior fitness class. Develop balance, coordination, core strength, flexibility and range of motion with this FREE class. Sessions are 45 minutes, very gentle, and offer an upbeat, supporting environment for all fitness levels.

For more details and how you can join, please call 386-676-7100 ext. 7293

You can also visit <https://www.fhcp.com/events-calendar/>

or email mmartinez2@fhcp.com



Care Programs

Managing a health condition?

FHCP Medicare offers special care programs and resources to our members who need extra help with their chronic conditions.

- Diabetes Management
- Asthma Medication Management
- Osteoporosis
- Healthy Heart Nutrition
- Hypertension Management
- Health Service Navigation

Go to <https://www.fhcp.com/preventative-care/> for more information.



Call us to learn more at **1-833-866-6559** (TTY users call 1-800-955-8770).

Press option 1, then option 2 to speak to one of our care program specialists.

Our goal is to exceed the expectations of every member, always.

Let us know how we're doing. We're listening.

If we are not exceeding your expectations, call or email us. We want your feedback.

Helpful contact information:

Member Services	1-833-866-6559 (TTY: 1-800-955-8770) Oct. 1 to Mar. 31: 8 a.m.–8 p.m. local time, 7 days a week, except for Thanksgiving and Christmas and Apr. 1 to Sept. 30: 8 a.m.–8 p.m. local time, Monday to Friday, except certain Federal holidays
Member Portal Account	https://www.fhcpmedicare.com/ and click on <i>MEMBER PORTAL</i>
Doctor On Demand Get help 24/7/365 when your regular doctor isn't available	https://doctorondemand.com/fhcpmedicare/ or download the Doctor on Demand app from your favorite app store.
Care Programs	https://www.fhcp.com/preventative-care/
Preferred Fitness	https://www.fhcp.com/wellness/preferred-fitness/
FHCP Pharmacy Mail Order	1-855-745-5725 (TTY: 1-800-955-8770)

Terms to know:



Deductible — The total amount you pay for certain medical or prescription drug services before your health plan begins to pay its share. Depending on your plan, you may have a separate prescription drug deductible.



Copay — A fixed amount (**\$20**, for example) you pay for your care and drugs.



Coinsurance — A percentage (**20%**, for example) you pay for your care or drugs after you meet your deductible.



Evidence of Coverage — This document explains the services and supplies your plan covers.



Formulary — A list of drugs your plan covers.



Maximum Out-of-Pocket Amount — Your Maximum Out-of-Pocket Costs (MOOP) are all the payments you make for in-network covered Part A and Part B services.



Cost-Sharing Tier — Every drug on the list of covered drugs is in one of five cost-sharing tiers. In general, the higher the cost-sharing tier, the higher your cost for the drug.

Notes

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

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.

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

Blue365® offers access to savings on items that members may purchase directly from independent vendors. Blue365 does not include items covered under your policy with Florida Blue Medicare, DBA FHCP Medicare. To find out what is covered under your policies, call FHCP Medicare. Blue Cross and Blue Shield Association (BCBSA) may receive payments from Blue365 vendors. Neither BCBSA nor any local Blue company recommends, endorses, warrants, or guarantees any specific Blue365 vendor or item. For more information about Blue365, go to www.blue365deals.com.